

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <input checked="" type="checkbox"/> Agent, <input type="checkbox"/> Addressee</p> <p><i>P. Guffin</i></p>   |
| <p>1. Article Addressed to</p> <p><i>COA-07-2006-0016</i></p> <p><i>Royal Canin</i></p> <p>Joseph Kellmeyer Esq.<br/>Thompson Coburn<br/>One US Bank Plaza<br/>St. Louis, Missouri 63101</p>   | <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>12/18/06</i></p>   |
| <p>2. Article Number<br/>(Transfer from service label)</p>   | <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No<br/>If YES, enter delivery address below:</p>   |
| <p>PS Form 3811, February 2004</p>   | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><i>7004 2510 0006 9719 8258</i></p> <p>Domestic Return Receipt 102595-02-M-1540</p> |