

U.S. DEPARTMENT OF AGRICULTURE
 FOOD SAFETY AND INSPECTION SERVICE
 OFFICE OF PROGRAM EVALUATION, ENFORCEMENT AND REVIEW

DISTRIBUTION: RETAIN ONE COPY FOR YOUR FILES, AND RETURN ONE COPY OF THIS REPORT TO:

USDA, FSIS, PEER, EED
 300 West End Court Building
 1255 22nd St., N.W., Room 300
 Washington, D.C. 20250-3700

**REGISTRATION OF
 MEAT AND POULTRY HANDLERS**

NOTICE TO MEAT AND POULTRY HANDLERS

Unless you operate under Federal Inspection, you are required by law to register with the U.S. Department of Agriculture if you deal in meat or poultry products in or for commerce. (The term "commerce" means commerce between any State, any territory, or the District of Columbia, and any place outside thereof; or within any territory not organized with a legislative body, or the District of Columbia), or within a State or Territory that has been designated for 21 U.S.C. 643 and/or 21 U.S.C. 460 because such State or Territory does not operate a program of its own.

INSTRUCTIONS: Complete items 1 through 9 and send both copies to the address in the upper right corner. USDA will return one copy of the completed registration to the registrant in item 1.

<p>1. NAME AND MAILING ADDRESS OF REGISTRANT <i>(Include Zip Code)</i></p> <p>VANTAGE USA LLC 4740 S. WHIPPLE ST. CHICAGO, ILL 60632</p>	<p>2. FORM OF ORGANIZATION <i>(Check or specify)</i></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> INDIVIDUALLY OWNED</td> <td><input checked="" type="checkbox"/> PARTNERSHIP</td> </tr> <tr> <td><input type="checkbox"/> INCORPORATED</td> <td><input type="checkbox"/> COOPERATIVE ASSOCIATION</td> </tr> <tr> <td><input type="checkbox"/> LIMITED LIABILITY CORPORATION</td> <td><input type="checkbox"/> OTHER <i>(Specify)</i></td> </tr> </table>	<input type="checkbox"/> INDIVIDUALLY OWNED	<input checked="" type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INCORPORATED	<input type="checkbox"/> COOPERATIVE ASSOCIATION	<input type="checkbox"/> LIMITED LIABILITY CORPORATION	<input type="checkbox"/> OTHER <i>(Specify)</i>
<input type="checkbox"/> INDIVIDUALLY OWNED	<input checked="" type="checkbox"/> PARTNERSHIP						
<input type="checkbox"/> INCORPORATED	<input type="checkbox"/> COOPERATIVE ASSOCIATION						
<input type="checkbox"/> LIMITED LIABILITY CORPORATION	<input type="checkbox"/> OTHER <i>(Specify)</i>						
PHONE: (773) 247-1086	E-MAIL: help@vantageusa.net						

3. NATURE OF BUSINESS *(Check one)*

<input type="checkbox"/> MEAT OR MEAT PRODUCTS	<input type="checkbox"/> POULTRY OR POULTRY PRODUCTS	<input checked="" type="checkbox"/> BOTH MEAT AND POULTRY PRODUCTS	<input type="checkbox"/> OTHER: _____
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4. CHECK EACH TYPE OF BUSINESS YOU ARE ENGAGED IN

<input type="checkbox"/> DOMESTIC BROKER	<input type="checkbox"/> IMPORT BROKER	<input type="checkbox"/> RENDERER	<input type="checkbox"/> ANIMAL FOOD MANUFACTURER
<input type="checkbox"/> WAREHOUSEMAN	<input checked="" type="checkbox"/> WHOLESALER	<input type="checkbox"/> OTHER: _____	

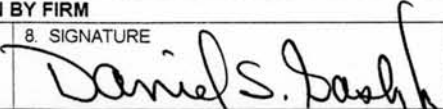
Buying, selling, transporting, or importing any dead, dying, disabled, or diseased cattle, sheep, swine, goats, horses, mules, equines, poultry, or parts of the carcasses of any such animals or poultry that died otherwise than by slaughter. *(4D Operator)*

5. Address(es) of subsidiaries, branches, or divisions of your organization which engage in business of the type identified in Item 4. Include trade or other names if different from your organization's. *(If none, so state)*

N/A

PHONE:	E-MAIL:	HOURS OF OPERATION:
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CHANGES: If you make any changes in the names, including trade names, or addresses of the place or places where you do business, report such changes within 15 days to address in upper right corner.

CERTIFICATION BY FIRM			
6. TYPED OR PRINTED NAME	7. TITLE	8. SIGNATURE	9. DATE
Daniel S. Gash Jr.	Partner		05/24/2004

NOTICE OF REGISTRATION BY USDA (COMPLETED BY USDA OFFICIAL)			
a. REGISTRATION NO.	b. DATE OF REGISTRATION	c. TITLE OF USDA OFFICIAL	d. SIGNATURE OF USDA OFFICIAL
259	6/2/04	Magdal. Ann.	