

(29-00139-02 030-05222 131014 F.A.)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>Article Addressed to:</li> <li>John Mamone Vice President, Operations Support WMG Technical Operations Bristol-Myers Squibb Company NB137-261 P.O. Box 191 New Brunswick, NJ 08903-0191</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	3. Service Type
	4. Restricted Delivery? (Extra Fee)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

131014

NMSS/RGNI MATERIALS-002

Note: Certified Mail Return Receipt Card received in RI on 7/3/2002 without licensee signature/date.