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• Sender: Please print your name, address, and ZIP+4 in this box •

U.S. Nuclear Regulatory Commission
Region I
ATTN: Rebecca L. Junod
Senior Processing Assistant, IAT
475 Allendale Road
King of Prussia, PA 19406-1415

37-00282-04 03005986 135908 (F.A.)

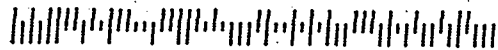
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kimberly R. Potts
Manager, Cash Management and
Banking
SmithKline Beecham Pharmaceu-
ticals
dba Glaxo SmithKline
200 North 16th Street, FP2310
Philadelphia, PA 19102

2. Article Number
(Transfer from s



PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) *Cealdross* C. Date of Delivery *2/24/06*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1540

135908
NMSS/RGNI MATERIALS-C02