UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS Permit No. G-10 Sender: Please print your name, address, and ZIP+4 in this box U. S. NUCLEAR REGULATORY COMMISSION ATTN: DONNA M. GRUBER DNMS, RI 475 ALLENDALE ROAD KING OF PRUSSIA, PÅ 19406 06-19183-01, 030-17101; CN 138274 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete Agent 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.

3. Service Type XIII Certified Mail ☐ Registered ☐ Insured Mail	Express Ma	til eipt for Merchandise
4. Restricted Delivery? (Extra Fee)		☐ Yes

If YES, enter delivery address below: XX No

D. Is delivery address different from item 1

2. Article Number

1. Article Addressed to:

SEAN M. AUSTIN, RSO

900 RIDGEBURY ROAD P. O. BOX 368

BOEHRINGER INGELHEIM PHARM.

RIDGEFIELD, CT 06877-0368

(Transfer from service label)

7003 1680 0004 9095 7375

PS Form 3811, August 2001

Domestic Return Receipt 1 111 1 1111111

102595-02-M-154