

UNITED STATES POSTAL SERVICE

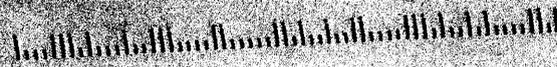


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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, PA 19406

06-10183-01, 030-17101, CN 139894



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:

TRACIE N. JASER, ASSOCIATE
DIRECTOR TREASURY SERVICES
BOEHRINGER INGELHEIM
PHARMACEUTICALS, INC.
900 RIDGEBURY ROAD? P. O. BOX 368
RIDGEFIELD, CT 06877-0368

2. Article Number

(Transfer from service label) 7003 1680 0004 9095 7573

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1549

RECEIVER

| | | |
|---|-----------------------------|---|
| A. Signature | | <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee |
| B. Received by (Printed Name) T. JASER | C. Date of Delivery 6/10 | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No | | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |

NMSS/RQNI MATERIALS-002