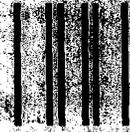
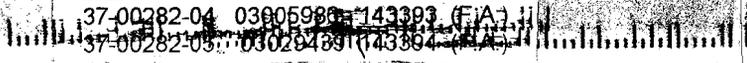


UNITED STATES POSTAL SERVICE



• 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, LAT
Division of Nuclear Materials Safety
475 Allendale Road
King of Prussia, Pa 19406-1415**



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Mary Vacchiano, CTP Treasury Analyst GlaxoSmithKline SmithKline Beecham Corporation dba GlaxoSmithKline Corporate Treasury, FP2310 200 North 16th Street Philadelphia, PA 19102</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Ed + Kos</i> 4/15/05</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>PHILADELPHIA PA 19104 APR 15 REC'D</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input checked="" 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.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7103 1680 0004 9103 1746

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

143393/143394
NRCSS/RGN MATERIALS 002