

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverso that we can return the card to you. Attach this card to the back of the mailpin or on the front if space permits. 1. Article Addressed to: Michelle C. Bruno sanofi-aventis, U.S. Inc. 55 Corporate Drive P.O. Box 5925 Bridgewater, NJ 08807 	rse	 a. Service Type Certified Mail Registered Return Receip Insured Mail C.O.D. 	□ No
		4. Restricted Delivery? (Extra Fee)	Yes
2. Article Number (Transfer from service label)	2003	1680 0004 9095 6798	
PS Form 3811, August 2001 Do	Domestic Return Receipt		102595-02-M-1540