

UNITED STATES POSTAL SERVICE

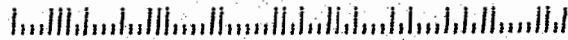


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

07-03990-01, 030-03868, CN 576178



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 checked="" type="checkbox"/> <i>Donna M. Gruber</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>SHAUN WALSH, VICE PRESIDENT BUSINESS SERVICES, ASTRAZENECA PHARMACEUTICALS LP 1800 CONCORD PIKE P. O. BOX 15437 WILMINGTON, DE 19850-5437</p>	<p>B. Received by (Printed Name) <i>DE</i> <input checked="" type="checkbox"/> C. Date of Delivery <i>DEC 1 2 2011</i></p> <p><i>STEVEN LOCKHART</i></p>
<p>2. Article Number (Transfer from service label) 7003 1680 0004 9095 7740</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

NMSS/RGN-materials-002