

UNITED STATES POSTAL SERVICE

NEW YORK

NY 100

15 SEP '15



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

PM 10 L
• Sender: Please print your name, address, and ZIP+4 in this box •

U. S. NUCLEAR REGULATORY COMMISSION
SUITE 100
ATTN: DONNA M. GRUBER, DNMS, RI
2100 RENAISSANCE BOULEVARD
KING OF PRUSSIA, PA 19406

06-05868-01030523790, CN5-85768

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>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>coliver</i> <i>9-14-15</i></p>
<p>1. Article Addressed to:</p> <p>Gareth J. Port, Senior Paralegal Pfizer Inc. Environmental Law 235 East 42nd Street (MS: 235/25/01) New York, NY 10017</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</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>
<p>2. Article Number (Transfer from service label)</p> <p>70031680 00049103 7342</p>	<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>

NUREG/RGNI MATERIALS-002