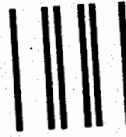


UNITED STATES POSTAL SERVICE



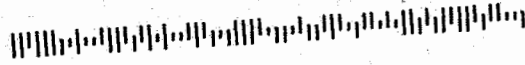
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

06-27843-02, 030-29266, CN 581560

06271325



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>Joe Simone</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joe Simone</i> SEE Date of Delivery <i>SEP 29 2015</i></p>
<p>1. Article Addressed to:</p> <p>Carl Grant, Director of Wallingford Facilities Bristol-Myers Squibb PRI 5 Research Parkway Wallingford, CT 06492</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><i>7003 1680 0004 9103 7366</i></p>

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

MISSION MATERIALS-002