


06-27843-02

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> <i>Robt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Delivered by (Printed Name) <i>Peter LaFare</i> <input checked="" type="checkbox"/> Date of Delivery <i>17 JUL 18</i></p>
<p>1. Article Addressed to:</p> <p><b>J. Richard Pooler</b>  Assistant General Counsel,  Environment, Health and Safety  Bristol-Myers Squibb Company  P.O. Box 4755  Syracuse, NY 13221-4755</p>	<p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If YES, enter delivery address below: <input type="checkbox"/> Yes <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 checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7003 1680 0004 9103 7533</p>
<p>PS Form 3811, August 2001 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">112205-02 99-1040</span></p>	

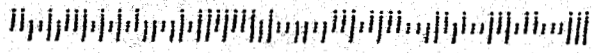
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