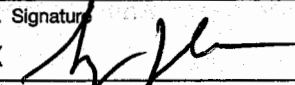


29-00206-07 03011969
29-02608-03 03010814
29-16223-01 03010611

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29-17001-02 03017839

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"/> X  <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <u>Spt. Zalmer</u> C. Date of Delivery <u>8-4-14</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: James Kwiatkowski Senior Manager Johnson & Johnson Environmental Health and Safety 1000 US Route 202 Raritan, NJ 08869		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7003 1680 0004 9103 2736			

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-15

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Licensing Assistant
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29-00206-07 03011969 142452
29-02608-03 03010814 139123
29-16223-01 03010611 142453
29-17001-02 03017839 142453

142454/142453
142452/139123
NRC/RNMT MATERIALS-002