

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

J. Richard Pooler
Assistant General Counsel
Bristol-Myers Squibb PRI
5 Research Parkway
Wallingford, CT 06492

2. Article Number
(Transfer from service label)

7003 2260 0005 1382 7194

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Keith Hommes

C. Date of Delivery

MAR 8 2010

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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, 03029266,

CN 590557



NMCS/RGNI MATERIALS-002