

**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.

(H)

SEP 08 2014

**Brian Poletti, EHS Specialist  
GlaxoSmithKline Vaccines, NA  
533 Old Corvallis Road  
Hamilton, MT 59840  
Cert # 7008 3230 0003 0726 0290**

docket # CAA-08-2014-0009

2. Article Number (Transfer from service) 7008 3230 0003 0726 0290

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *Josh Backer*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If 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

SEP 08 2014 3:24 PM  
LED  
REGION VIII  
MAILING CLERK