

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

7012 2210 0000 5367 8334

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

CAFO
 4/18/19
 Postmark Here

Shannon Crespin
 DePuy Synthes Products, Inc.
 430 US Highway 22
 Bridgewater, NJ 08807
 RCRA-08-2019-0002

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP

PS Form 3800, August 2004

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:

Shannon Crespin
 DePuy Synthes Products, Inc.
 430 US Highway 22
 Bridgewater, NJ 08807
 RCRA-08-2019-0002

APR 09 2019

2. Article Number
 (Transfer from service label)

7012 2210 0000 5367 8334

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 KATHA KULBA

C. Date of Delivery
 4/18/19

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

Domestic Return Receipt