

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

06-30423-01 / 030-34615
38-30746-01 / 030-36064

U. S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

ATTN: Sheryl Villar
Licensing Assistance Team

2002 SEP -9 PM 1:45
RECEIVED
REGION I

(06-30423-01 030-34615 131703 (TEAM))
(38-30746-01 030-36064 131702 (TEAM))

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. Received by (Please Print Clearly) _____ B. Date of Delivery <u>9/6/02</u></p> <p>C. Signature <input checked="" type="checkbox"/> <u>Garry J. Balestracci</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Garry Balestracci Radiation Safety Officer for Megarad, Inc. Balestracci Unlimited 29 Ridgewood Road Charlestown, RI 02813</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Copy from service label)
7000 1530 0005 8059 2324

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

131703 / 131702
NMSS/RONI MATERIALS-002