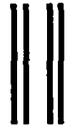


UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. 6-10

• Sender: Please print your name, address, and ZIP+4 in this box •

**U.S. NUCLEAR REGULATORY COMMISSION
REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PENNSYLVANIA 19406-1498**

06-30139-01 131003
RJB

19406+1498



| 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. | <table border="1"> <tr> <td>A. Received by (Please Print Clearly) <i>Sharon L. Gordon</i></td> <td>B. Date of Delivery <i>6/2/03</i></td> </tr> <tr> <td colspan="2">C. Signature <i>x Sharon L. Gordon</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table> | A. Received by (Please Print Clearly) <i>Sharon L. Gordon</i> | B. Date of Delivery <i>6/2/03</i> | C. Signature <i>x Sharon L. Gordon</i> | | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| A. Received by (Please Print Clearly) <i>Sharon L. Gordon</i> | B. Date of Delivery <i>6/2/03</i> | | | | | | | | |
| C. Signature <i>x Sharon L. Gordon</i> | | | | | | | | | |
| <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | | | | | | | | | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | | | | | | | | | |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Sharon L. Gordon Legal & Contracts Director Severn Trent Laboratories, II 4857 - 61st Road Udall, KS 67146</p> </div> | 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) 7001 2510 0002 5791 7650 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | | | | | | | |

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

NMSS/RGNI MATERIALS-002