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U. S. NUCLEAR REGULATORY COMMISSION  
ATTN: DONNA M. GRUBER  
DNMS, RI  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406

45-15877-01, 030-09947, CN 136159

13406+1431



SENDER COMPLETE THIS SECTION	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Received by (Please Print Clearly) <i>Chas Nunn</i></p> <p>B. Date of Delivery <i>7-11-05</i></p> <p>C. Signature <i>xChas N</i></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>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>
<p>1. Article Addressed to:</p> <p>LaMARR G. BEUCHLER, RADIATION SAFETY OFFICER EASTERN VIRGINIA MEDICAL SCHOOL ENVIRONMENTAL HEALTH AND SAFETY PROGRAMS 700 OLNEY ROAD, P. O. BOX 1980 NORFOLK, VA 23501</p>	
<p>2. Article Number (Copy from service label) 7003 2260 0005 1388 7532</p>	

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0062