

UNITED STATES POSTAL SERVICE



POSTAGE WILL BE PAID BY ADDRESSEE  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

• Sender: Please print your name, address, and ZIP on the back of this card.  
U. S. NUCLEAR REGULATORY COMMISSION  
ATTN: DONALD H. ...  
...  
47-15279-01, 030403356, 201-130243

SENDER. COMPLETE THIS SECTION	RECIPIENT. 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. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery 5/18/07</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>WILLIAM E. WALLACE, JR., PhD CHAIRMAN, RADIATION SAFETY COMM DEPARTMENT OF HEALTH AND HUMAN SERVICES U. S. PUBLIC HEALTH SERVICE CENTER FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE OF OCCUP. HEALTH AND SAFETY</p>	<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service label)</p>	<p>1095 WILLOWDALE ROAD, MORGANTOWN, WV 26505-2888</p>
<p>PS Form 3811, August 2001</p>	<p>Domestic Return Receipt 7003 1680 0004 9095 7542</p>

NMSS/RGNI MATERIALS-001