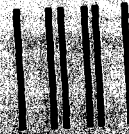


UNITED STATES POSTAL SERVICE

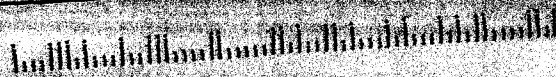


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

U. S. NUCLEAR REGULATORY COMMISSION
ATTN: DEBRA M. CRUBER
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406

06-11022-02, 080-01295, CN 141818



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:

CATO T. LAURENCIN, M.D.
VICE PRESIDENT FOR HEALTH AFFAIRS
UNIVERSITY OF CONNECTICUT
HEALTH CENTER
263 FARMINGTON AVENUE
FARMINGTON, CT 06030-3930

2. Article Number

(Transfer from service label)

7003 2260 0005 1388 7662

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

E. SCHWARTZ

C. Date of Delivery

11/19

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

NMSS/RGNI MATERIALS-002

141818