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: DONNA M. GRUBER
DNMS, RI
475 ALLENDALE ROAD
KING OF PRUSSIA, PA !($)¢

10-06772-01, 30-04001, CN 141118

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:

PAUL SIMPSON, RADIATION SAFETY OFFICER
U. S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION
1600 CLIFTON ROAD, NE
ATLANTA, GA 30333-4018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
XX ☐ Agent
XX ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: XX ☐ No

3. Service Type
XX ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7003 2260 0005 1388 7716

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540