

**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:

Charles Sabatos  
 Deputy Executive Officer  
 Department of Health & Human Services  
 Food and Drug Administration  
 Harvey W. Wiley Building, HFS-657  
 5100 Paint Branch Parkway  
 College Park, MD 20740

2. Article Number  
(Transfer from service label)

7003 1680 0004 9103 3665

**COMPLETE THIS SECTION ON DELIVERY**

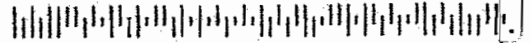
A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 11-15-12

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



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  
 Region I  
 ATTN: Rebecca L. Junod  
 Senior Processing Assistant, LAT  
 Division of Nuclear Materials Safety  
 475 Allendale Road  
 King of Prussia, Pa 19406-1415

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