

## 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:

Mr Eric COATES  
Ablation Technologies  
1450 N. 7 mile Rd.  
Casper, WY 82604

## 2. Article Number

(Transfer from service label)

7012 3050 0001 6123 1220

PS Form 3811, February 2004

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

8-19-13

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

John

## 3. Service Type

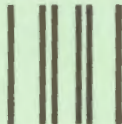
☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

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 •

US NRC  
11555 Rockville PK.  
Rockville, MD 20852  
(Attn.: D. Mandeville,  
T-8F5)

