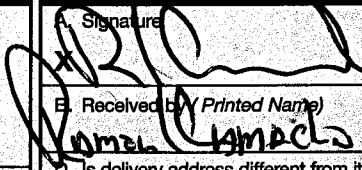


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: RAFAEL RODRIQUEZ MERCADO, M.D. CHANCELLOR, UNIVERSITY OF PUERTO RICO MEDICAL SCIENCE CAMPUS P.O. BOX 365067 SAN JUAN, PR 00936-5067</p>	<p>E. Received by (Printed Name) Rafael Mercado C. Date of Delivery 4/17/14</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>3. Service Type <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 054 288 551</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE

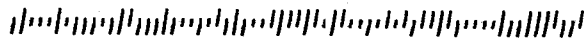


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

U.S. NUCLEAR REGULATORY COMMISSION
ATTN: DONNA M. GRUBER
DNMS
SUITE 100
2100 RENAISSANCE BOULEVARD
KING OF PRUSSIA, PA 19406

52-01946-07, 030-13584, CN 580884



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