

UNITED STATES POSTAL SERVICE

ND 207
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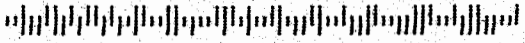


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

19-00915-03 03004530 CN 581317
19-00915-06 03006923 CN 582187



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 <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Thomas Horrick</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>JOHN T. JENSEN, CHIEF, RADIATION SAFETY DIVISION UNITED STATES DEPART. OF AGRICULTURE OFFICE OF HOMELAND SECURITY AND EMERGENCY COORDINATION RADIATION SAFETY STAFF 5601 SUNNYSIDE AVE., MAILSTOP 5510 BELTSVILLE, MD 20705</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</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) 7003 1680 0004 9103 7113</p>	