

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"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>30 Cybrowicz</u> C. Date of Delivery <u>3-31-15</u></p>
<p>1. Article Addressed to:</p> <p>Renee Welsh, Director, EH&S & Facilities-MCO United Technologies Corporation Pratt & Whitney 400 Main Street, 4MS 124-26 East Hartford, CT 06108</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) <u>7003 1680 0004 9103 7182</u></p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE

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First-Class Mail
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• 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
SMB-151, 040-00791, CN 585804

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NUSS/IGNI MATERIALS-002