

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>Robert C. Davis</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Robert C. Davis</i> <i>7/10</i></p>
<p>1. Article Addressed to:</p> <p>Robert C. Davis President Timken NCT LLC 30 Gando Drive New Haven, CT 06513</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input 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>	<p>7003 1680 0004 9103 7410</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> <p style="text-align: right; font-size: 2em;">586411</p>	

UNITED STATES POSTAL SERVICE

CT 0651
06 JUL '15

PM 7 L

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

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

U.S. Nuclear Regulatory Commission
Suite 100
Attn: Lyn Walt, DNMS
2100 Renaissance Blvd.
King of Prussia, PA 19406-2745

06-31045-01
03036931

586411
NMSS/RGN1 MATERIALS-002