

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mary J. [Signature]</i> C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Charles L. Rice, M.D.  President  Uniformed Services University of the Health Sciences  4301 Jones Bridge Road  Bethesda, MD 20814-4799</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>	<p>7003 16 80 0004 9103 7427</p>	
PS Form 3811, August 2001	Domestic Return Receipt	102595-02-M-1540

UNITED STATES POSTAL SERVICE

MD 2017  
14 DEC 15



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  
SUITE 100  
ATTN: DONNA M. GRUBER, DNMS, RI  
2100 RENAISSANCE BOULEVARD  
KING OF PRUSSIA, PA 19406

19-23344-01 03020775

CN 589116

