

19-09880-01  
SMB-707  
SNM-860

03004550  
04007008  
07000867

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 <i>x [Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Beris L Stealy</i></p> <p>C. Date of Delivery <i>12/16/13</i></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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;"><p>John J. Resita, Director Department of the Army US Army Public Health Center MCHB-CG-R50 5158 Blackhawk Road Aberdeen Proving Ground, MD 21010-5403</p></div>	<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 1680 0004 9103 7458</p>
PS Form 3811, August 2001	Domestic Return Receipt <i>588794</i>

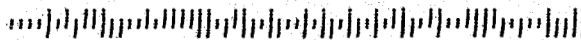
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NMSS/RGN1 MATERIALS-002