

19-00294-19

03004523

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>XUBS of Secur</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Bernice Stanley</i> C. Date of Delivery <i>4/4/16</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> <p>Morris L. Bodrick, Colonel, AC          Commanding          Department of the Army          US Army Aberdeen Test Center          400 Collieran Road          Aberdeen Proving Ground, MD          21005-5059</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" 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 7465</p>

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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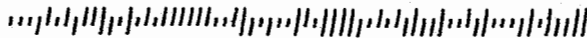
UNITED STATES POSTAL SERVICE



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: Lyn Walt, DNMS  
 2100 Renaissance Blvd.  
 King of Prussia, PA 19406-2745



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NMSS/RGN1 MATERIALS-002