SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

John J. Resta, Director
Department of the Army
U. S. Army Public Health Center
MCHB-CG-RSO
5158 Blackhawk Road
Aberdeen Proving Ground, MD
21010-5403

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☒ Addressee

B. Received by (*Printed Name*)
Bernice Stanley

C. Date of Delivery
8/11/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number
(*Transfer from service label*) 7003 2260 0005 1382 7217

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

19-09880-01, 030-04550, CN590246
SMB-[illegible]
SNM-860, 070-00867, CN590248

NMSS/RGNI MATERIALS-002