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:

Michael Sheetz, MS, CHP, DABMP
Director, Radiation Safety Office
Radiation Safety Officer
Clinical Assistant Professor of Radiology
University of Pittsburgh
G-7 Parran Hall, 130 DeSoto St.
Pittsburgh, PA 15261

2. Article Number
(Transfer from service label) 7003 2260 0005 1382 7255

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☒ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 11/22/16

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

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

UNITED STATES POSTAL SERVICE

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Postage & Fees Paid
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KING OF PRUSSIA, PA 19406

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