

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:

Javier I. Ramis, General Manager
 Baxter Healthcare of Puerto Rico
 P.O. Box 1389
 Aibonito, PR 00705

2. Article Number

(Transfer from service label)

7003 2260 0005 1382 7316

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Ramon Santiago

C. Date of Delivery

8/21/17

Agent

Addressee

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

UNITED STATES POSTAL SERVICE



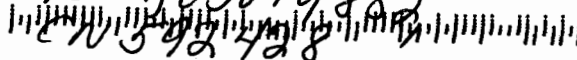
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-18

• 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

+2713

52-21175-01 03019882



NUCLEAR MATERIALS-002