

07-13441-02

03020681

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: E.I. du Pont de Nemours and Co., Inc. Attn: Leo F. Hamilton Site Facilities Manager Stine Haskell Research Center P.O. Box 30 Newark, DE 19714-0030	B. Received by (Printed Name) <input checked="" type="checkbox"/> C. Date of Delivery Audie Williams 9/13/17
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input type="checkbox"/> Certified Mail <input checked="" 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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	Article Number: 7003 1680 0004 9103 7519

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

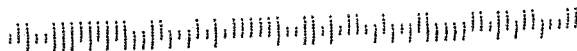
UNITED STATES POSTAL SERVICE



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



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NMSS/RGN1 MATERIALS-002