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<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. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent</p>
<p>1. Article Addressed to:</p> <p>Col. L. Andrew Huff, Director, AFRR Uniformed Services University of the Health Sciences, Armed Forces Radiobiology Research Institute 8901 Wisconsin Avenue, Building 42 Bethesda, MD 20889-5603</p>	<p>B. Received by (<i>Printed Name</i>) <i>Shaw, Daniel A. RSO</i></p> <p>C. Date of Delivery <i>10 May 2018</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>70032260000513826463</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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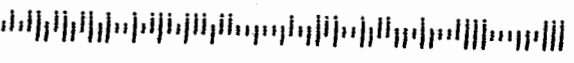
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