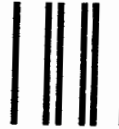


UNITED STATES POSTAL SERVICE

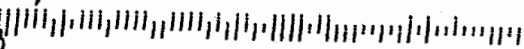


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• 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

52-01946-07  
03013584  
CN 609113



**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:  
 Segundo Rodríguez Quilichini, M.D.  
 Interim Chancellor of the Medical  
 Sciences Campus  
 University of Puerto Rico Medical  
 Sciences Campus  
 P.O. Box 365067  
 Chancellor's Office  
 San Juan, PR 00936-5067

2. Article Number  
 (Transfer from service label)

7003 2260 000513826517

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 Ronald Canacha 8/28/18  
 D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

NMSS/RGNI MATERIALS-001