

UNITED STATES POSTAL SERVICE
WEST PALM BCH FL 334
26 NOV 2021PM 3 L

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

• Sender: Please print your name, address, and ZIP+4 in this box •

United States Nuclear Regulatory Commission
Region I
Attn: A R S S Licensing Assistance Team
2100 Renaissance Boulevard
Suite 100
King of Prussia, PA 19406-2713

6-271325



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:

Anthony R. Madel, Vice President
& Corporate Controller
Pharmalogic Puerto Rico
10 Pharmalogic Holding Corp
433 Plaza Real, Suite 275
Boca Raton, FL 33432

2. Article Number
(Transfer from service label)

7003 2260 0005 1386 1495

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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