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

U. S. NUCLEAR REGULATORY COMMISSION  
ATTN: DONNA M. GRUBER  
LICENSE RECORDS ASSISTANT  
DNMS, RI  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406

02



**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:

Center for Cancer Care and  
Research  
Department of Radiation Oncology  
1730 Lakeland Hills Blvd.  
Lakeland, FL 33805

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

11-17-03

C. Signature

X *Donna M. Gruber*

☐ 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

2. Article Number (Copy from service label)

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PS Form 3811, July 1999

Domestic Return Receipt

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