

04/25/03 20:33 NO BTR 276-1

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-78

Elizabeth Ullrich

**U.S. NUCLEAR REGULATORY COMMISSION
REGION 1
475 ALLENDALE ROAD
KING OF PRUSSIA, PENNSYLVANIA 19406-1498**

AT

92-076946

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. 	<table style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly) <i>Mike Wilk</i></td> <td style="width: 50%;">B. Date of Delivery <i>4-25</i></td> </tr> <tr> <td>C. Signature <i>[Signature]</i></td> <td style="text-align: right;">-03</td> </tr> </table>	A. Received by (Please Print Clearly) <i>Mike Wilk</i>	B. Date of Delivery <i>4-25</i>	C. Signature <i>[Signature]</i>	-03		
A. Received by (Please Print Clearly) <i>Mike Wilk</i>	B. Date of Delivery <i>4-25</i>						
C. Signature <i>[Signature]</i>	-03						
<p>1. Article Addressed to:</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td style="width: 50%;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No				
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No						
<p>2. Article Number (Copy from service label)</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>	<input checked="" type="checkbox"/> Certified Mail	<input 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.
<input checked="" type="checkbox"/> Certified Mail	<input 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.						
<p>4. Restricted Delivery? (Extra Fee)</p>	<p><input type="checkbox"/> Yes</p>						

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

NMSS/RGNI MATERIALS-002