

UNITED STATES POSTAL SERVICE
 28 JUL 2005 PM 10:10
 First Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

U.S. Nuclear Regulatory Commission
 Region I
 475 Allendale Road
 King of Prussia, PA 19406-1415

ATTN: Michael A. Perkins
 Licensing Assistance Team

52-19336-01 03017451 139105

1415 C002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Robert L. Coleman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Robert L. Coleman Wittnauer Worldwide, L.P. 12033 Avery Lane Bridgeton, MO 63044</p>		<p>B. Received by, (Printed Name) <input checked="" type="checkbox"/> <i>R. Coleman</i></p> <p>C. Date of Delivery <input checked="" type="checkbox"/> 7-28-06</p>	
<p>2. Article Number (Transfer from service label) 7003 2260 0005 1388 6665</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type <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>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

139105
 NMCC/RQNI MATERIALS-002