

45-00048-17
03003297

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:

Mary Beth Taormina
Assistant Director
Virginia Commonwealth University
Office of Environmental Health & Safety
1101 E. Marshall Street/Sanger Hall B2-012
P. O. Box 980112
Richmond, VA 23298-0112

2. Article Number

(Transfer from service label)

7003 2260 0005 1382 6715

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Luke Miller

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Luke Miller

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

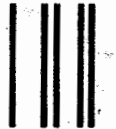
☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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: Lyn Walt, DNMS
2100 Renaissance Blvd.
King of Prussia, PA 19406-2745