

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>R. Young</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>STERIS Isomedix Puerto Rico, Inc. dba STERIS Applied Sterilization Technologies Attn: Jonathan C. Young Sr. Advisor, Radiation Technology 9 Apollo Drive Whippany, NJ 07981</p>		<p>B. Received by (Printed Name) <input checked="" type="checkbox"/> C. Date of Delivery <i>12/11</i></p>	
<p>2. Article Number (Transfer from service label) <b>7003 1680 0004 9103 7526</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>	
<p><b>600001</b></p>		<p>102595-02-M-1540</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

52-24994-01  
03030578

UNITED STATES POSTAL SERVICE

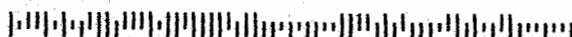


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• 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

6-271325



600001

102595-02-M-1540