

**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:  
Brian L. Baker, Center Director  
Department of Health and  
Human Services  
Food and Drug Administration  
Winchester Engineering &  
Analytical Center  
109 Holton Street  
Winchester, MA 01890-1197

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name)

☐ Agent

☒ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7003 2260 0005 1382 6449

Domestic Return Receipt

102595-02-M-1540

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: DONNA M. GRUBER, DNMS, RI  
2100 RENAISSANCE BOULEVARD  
KING OF PRUSSIA, PA 19406

20-08361-0103004675 CN 591020

PROCESSED MATERIALS