

**LOS ALAMOS** **NPDES NO 17-05**

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)          Chris Ross</p> <p>C. Date of Delivery          3-16-18</p>	
<p>1. Article Addressed to:</p> <p>Susan L. McMichael          Office of Laboratory Counsel          Los Alamos National Laboratory          P.O. Box 1663 (MS A187)          Los Alamos, NM 87545-0001</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number          (Transfer from service label)</p> <p>7008 3230 0000 9476 7040</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

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<p>1. Article Addressed to:</p> <p>Charles F. McMillan, Director          Los Alamos National Laboratory          P.O. Box 1663 (MS K499)          Los Alamos, NM 87545</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number          (Transfer from service label)</p> <p>7008 3230 0000 9476 7033</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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<p>1. Article Addressed to:</p> <p>Butch Tongate, Secretary          New Mexico Environment Department          P.O. Box 5469          Santa Fe, NM 87502-5469</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number          (Transfer from service label)</p> <p>7008 3230 0000 9476 7057</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P

**LOS ALAMOS** **NPDDES APPEAL NO. 17-05**

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Silas R. DeRoma Field Office Counsel U.S. Department of Energy National Nuclear Security Administration 3745 West Jemez Road Los Alamos, NM 87544	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" 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>
2. Article Number (Transfer from service label)	7008 3230 0000 9476 6241
PS Form 3811, August 2001	Domestic Return Receipt
	2ACPRI-03-P-4081

**LOS ALAMOS** **NPDDES APPEAL NO. 17-06**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to:  Kimberly D. Lebak, Manager U.S. DOE Los Alamos Field Office 3747 West Jemez Road (MS A316) Los Alamos, NM 87544	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" 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>
2. Article Number (Transfer from service label)	7008 3230 0000 9476 7064
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540