

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addon <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) JH Adams	C. Date of Delivery 4/2/14
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
<b>Dale McKenney</b> <b>Director</b> <b>CH2M HILL Plateau Remediation Company</b> <b>P.O. Box 1600, MS H8-43</b> <b>Richland, Washington 99352</b>	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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<b>Mr. Matthew S. McCormick</b> <b>Manager</b> <b>U.S. Department of Energy</b> <b>Richland Operations Office</b> <b>P.O. Box 550</b> <b>Richland, Washington 99352</b>	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.	
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