

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:**

John Allen  
 40 Box 80  
 Benson, NC 27504



9590 9402 1782 6074 2989 32

7014 0510 0001 8694 3973

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**
 Agent Addressee

B. Received by (Printed Name)

John Allen

C. Date of Delivery

3-9-17

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

 No**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

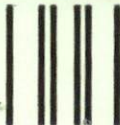
 Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery

(over \$500)

USPS TRACKING#



9590 9402 1782 6074 2989 32  
MAR 10 2017



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

9590 9402 1782 6074 2989 32

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SECTION  
307 W. CORNELIUS HARNETT BOULEVARD  
LILLINGTON, NC 27546

MAR 10 2017

