

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. *EH*

1. Article Addressed to:

Floyd + Frances Owsley
133 Lakeview Dr
Spring Lake, NC 28390



9590 9402 5927 0049 0717 72

2. Article Number (Transfer from service label)

7020 2450 0002 2668 0633

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X*[Signature]* *RY CA*☐ Agent☒ Addressee

B. Received by (Printed Name)

Frances Owsley

C. Date of Delivery

7/24

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

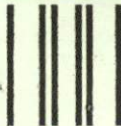
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

USPS TRACKING#
CHARLOTTE NC 280



26 JUL 2021 PM 4 L



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

9590 9402 5927 0049 0717 72

**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

