

# 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. *CH*

1. Article Addressed to:

*Keyonda Viera  
28 Anthy Dr Lot 12  
Lumberton, NC 28360*



9590 9402 5927 0049 0706 69

2. Article Number (Transfer from service label)

7019 2970 0000 1863 5875

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

*x SB R-4 C-19* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

*K. Viera*

C. Date of Delivery

*3-30-22*

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
- ☐ Insured Mail

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

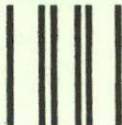
Insured Mail Restricted Delivery (over \$500)

USPS TRACKING #

CHARLOTTE NC 280



60 MAR 2022PM 4 L



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

9590 9402 5927 0049 0706 69

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

