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:

Prices Real Estate Compon A Bex 1603 Kriightdale, NC 27545

9590 9402 5927 0049 0707 82

2. Article Number (Transfer from service label)

7019 2970 0000 1863

COMPLETE THIS SECTION ON DELIVERY

A. Signature

□ Agent □ Addressee

C. Date of Delivery

B. Received by (Printed Name)

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes П 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

nsured Mail Restricted Delivery over \$500)

☐ Priority Mail Express® ☐ Registered Mail™

☐ Registered Mail Restricted Delivery Return Receipt for

Merchandise ☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#

19 MAY 2022PM 1 L



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

9590 9402 5927 0049 0707 82

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

ովիվիիիայիմբմիիկիրդ<mark>Մուս</mark>ունիիկինիանումիիոնի