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 Co. UC

9590 9402 5927 0049 0715 12

2. Article Number (Transfer from service label)

0005 5669 7020 2450

COMPLETE THIS SECTION ON DELIVERY

A. Signature B. Received by (Printed Name)

Addressee C. Date of Delivery 2-2-22

☐ Agent

П No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

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

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 5927 0049 0715 12



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

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