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:

Cora Jackson 110 Gibson Lane Dunn NC 28334

9590 9402 4372 8190 5213 05

2. Article Number (Transfer from service label)

7020 2450 0002 2668 1517

COMPLETE THIS SECTION ON DELIVERY

A. Signature B. Received by (Printed Name)

☐ Agent ☐ Addressee C. Date of Delivery

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

3. Service Type

□ Adult Signature

Certified Mail®

☐ Insured Mail

(over \$500)

☐ Collect on Delivery

☐ Insured Mail Restricted Delivery

□ Priority Mail Express®

П No

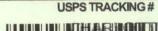
☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Delivery Return Receipt for Certified Mail Restricted Delivery

Merchandise

☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation

□ Registered Mail™

Restricted Delivery





9590 9402 4372 8190 5213 05

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