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.
Article Addressed to:
Domio & Pauly Maxwel
Domio & Pawa Maxwell 200 Overbox Bluff
Lillington. NC 27544
9590 9402 5927 0049 0708 12
2. Article Number (Transfer from service label)
7019 2970 0000 1863 5721

COMPLETE THIS SECTION	ON ON DELIVERY
A. Signature	
V	☐ Agent

B. Received by (Printed Name)

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

3. Service Type ☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Collect on Delivery Restricted Delivery

ured Mail Restricted Delivery

☐ Certified Mail Restricted Delivery

Certified Mail®

☐ Collect on Delivery

☐ Priority Mail Express®

☐ Addressee

☐ Yes

□ No

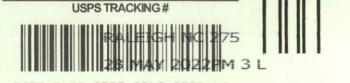
□ Registered MailTM ☐ Registered Mail Restricted

Delivery Return Receipt for Merchandise

☐ Signature Confirmation™ □ Signature Confirmation Restricted Delivery

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

er \$500) Domestic Return Receipt



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

9590 9402 5927 0049 0708 12

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

