

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:

Mary Butler
989 Bailey Road
Coats NC 27521



9590 9402 4372 8190 5214 59

2. Article Number (Transfer from service label)

7020 2450 0002 2668 1524

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mary Butler

☒ Agent☐ Addressee

B. Received by (Printed Name)

Mary Butler

C. Date of Delivery

6/08

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☐ 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

USPS TRACKING #



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

9590 9402 4372 8190 5214 59

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

46-933507

