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.

EH

1. Article Addressed to:

Betty Deserene Moore
26 David Lewis Lane
Lillington, NC 27546

9590 9402 5927 0049 0668 22

2. Article Number *(Transfer from service label)*

7019 2970 0000 1860 0354

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Betty M. Cook ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Betty Moore

C. Date of Delivery 4/5/23

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

LILLINGTON, NC 27546
APR - 5 2023
USPS

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
- ☐ ed Mail Restricted Delivery $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

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