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:

Brian Denkap 075 Bentaven School Rd Santad, NC 27332

9590 9402 5927 0049 0668 60

- 2. Article Number (Transfer from service label)
 - 7019 2970 1860

COMPLETE THIS SECTION ON DELIVERY

☐ Addressee

Received by (Rrinted Name) Nan

C. Date of Delivery 3-29-2023 ☐ Yes

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
- Incured Mail red 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

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