

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. *EM*

1. Article Addressed to:

Linda Johnson
PO Box 1329
Lillington, NC 27546



9590 9402 4372 8190 5214 35

2. Article Number (Transfer from service label)

7019 2970 0000 1860 0422

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X*Linda Johnson*☐ Agent☐ Addressee

B. Received by (Printed Name)

Linda Johnson

C. Date of Delivery

2-24-03

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☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Insured Mail

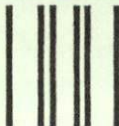
Insured Mail Restricted Delivery

(over \$500)

USPS TRACKING #



9590 9402 4372 8190 5214 35



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

