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:

James Leiste 22325 Jordan Rt

Dear bun, Mo 64439 9590 9402 4372 8190 5214 42

2. Article Number (Transfer from service label)

7019 2970 0000 1860

COMPLETE THIS SECTION ON DELIVERY

\$ignature ☐ Addressee eived by (Printed Name) C. Date of Delivery

☐ Yes D. Is delivery address different from item 1? 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

Incured Mail er \$500)

ured Mail Restricted Delivery

☐ Priority Mail Express® ☐ Registered Mail™

☐ Agent

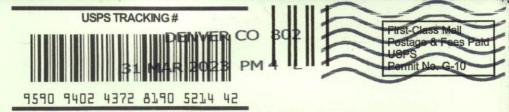
☐ Registered Mail Restricted Delivery Return Receipt for

Merchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt



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