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: Sardra Mejia Deley Bay Valley Rd 3. Service Type ☐ Adult Signature 9590 9402 5927 0049 0667 78 ☐ Collect on Delivery 2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature B. Received by (Printed Name)

☐ Agent ☐ Addressee C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below: □ No

☐ Priority Mail Express® ☐ Registered Mail™

☐ Adult Signature Restricted Delivery Certified Mail® ☐ Certified Mail Restricted Delivery

☐ Collect on Delivery Restricted Delivery

Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

□ Registered Mail Restricted

☐ Insured Mail

Mail Restricted Delivery

7019 2970 0000 1860 0316

Domestic Return Receipt

Delivery

USPS TRACKING#

RALEIGH INC 275

27 MAR 2023PM 1 L

9590 9402 5927 0049 0667 78



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