

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. EH
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dwayne Staton
1188 Rainey Dr.
Spring Lake NC 28390



9590 9402 4372 8190 5220 98

2. Article Number (Transfer from service label)

7020 2450 0002 2668 2668

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

James Holmes

C. Date of Delivery

8-28-73

D. Is delivery address different from item 1? ☐ YesIf 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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

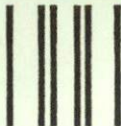
☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



CHARLOTTE NC 280

28 AUG 2023 PM 4 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 4372 8190 5220 98

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

46-933507

