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:

Gand L Horizon Properties LC 115 Hillcrest Drive Sanford NC 27331

9590 9402 4372 8190 5215 27

- 2. Article Number (Transfer from service label)
- 7020 2450 0002 2668 1968

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent

☐ Address

B. Received by (Printed Name)

C. Date of Deli

C. Date of Delivery

II No

D. Is delivery address different from item 1? If YES, enter delivery address below:

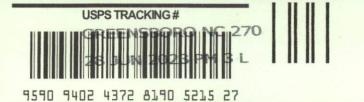
- 3. Service Type

 ☐ Adult Signature
- ☐ 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™
 ☐ Registered Mail Restricted
- Registered Mail Restricts
 Delivery
 Return Receipt for
 - Merchandise

 ☐ Signature Confirmation™
 ☐ Signature Confirmation
- Restricted Delivery

 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