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:

Robert Rust & Shony Jeffrey 810 Broad St Beaufat, NC 28514

9590 9402 4372 8190 5215 34

- 2. Article Number (Transfer from service label)
- 7020 2450 0002 2668 2217

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery

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

□ No

Service Type ☐ Adult Signature

☐ Addlt Signature Restricted Delivery Certified Mail® ☐ Certified Mail Restricted Delivery

☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery

red Mail red Mail Restricted Delivery r \$500)

☐ Priority Mail Express® ☐ Registered Mail™

□ Registered Mail Restricted Delivery

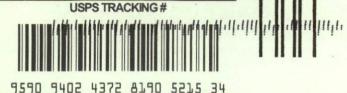
Return Receipt for Merchandise ☐ Signature Confirmation™

□ Signature Confirmation

Restricted Delivery

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

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