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.
- t. Article Addressed to:

Bunnlevel MHP LLC 2400 Old Milton Pkuy Ste 128 Alpharetta GA 30009



9590 9402 7883 2234 3252 89

- 2. Article Number (Transfer from service label)
 - 7019 2970 0000 1860

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent □ Addressee

B. Received by (Printed Name) for 1367 4

C. Date of Delivery ☐ Yes

□ No

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

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
- □ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

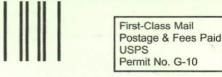
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 7883 2234 3252 89



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