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:

Enrique Bosch 4351 Curry Road Manuel TX 77578-2888



9590 9402 7883 2234 3253 64

2. Article Number (Transfer from service label) 7019 2970 0000 1860 1160 D. Is delivery address different from item 1? If YES, enter delivery address below:

B. Received by (Printed Name)

COMPLETE THIS SECTION ON DELIVERY

3. Service Type

☐ Adult Signature ☐ Adult Signature Restricted Delivery

A. Signature

Certified Mail® Certified Mail Restricted Delivery

☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery

☐ Insured Mail ☐ Insured Mail Restricted Delivery

(over \$500)

Priori	ty Mai	Expre	ss®
Regis	stered	MailTM	

☐ Agent ☐ Addressee

C. Date of Delivery

☐ Yes

ПNO

Registered Mail Restricted Delivery

Signature Confirmation™ ☐ Signature Confirmation

Domestic Return Receipt

Restricted Delivery



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

9590 9402 7883 2234 3253 64

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