

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:

Mary Raines
340 Unwinding Lane
Cameron NC 28326



9590 9402 5927 0049 0747 28

2. Article Number (Transfer from service label)

7019 2970 0000 1860 1344

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X angel Raines

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Angel Raines

C. Date of Delivery

5-17-24

- D. Is delivery address different from item 1? ☐ Yes
If 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 #

RALEIGH NC 275



17 MAY 2024 PM 2 L



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

9590 9402 5927 0049 0747 28

**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

