

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 R. Raines
340 Unwinding Lane
Cameron NC 28326



9590 9402 8519 3186 8251 36

2. Article Number (Transfer from service label)

7019 2970 0000 1860 2464

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

☒ Mary R. Raines

☐ Agent☐ Addressee**B. Received by (Printed Name)**

Mary R. Raines

C. Date of Delivery

11-18-24

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☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING#
RALEIGH NC 275



18 NOV 2024PM 5 L



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

9590 9402 8519 3186 8251 36

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

