

# 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.

EH

## 1. Article Addressed to:

Robert Card  
4050 Anne St.  
Angles MI 48703



9590 9402 5927 0049 0726 63

## 2. Article Number (Transfer from service label)

7019 2970 0000 1864 3375

# COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

*Don Card*

☒ Agent

☐ Addressee

## B. Received by (Printed Name)

*Don Card*

## C. Date of Delivery

10-18-24

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

## 3. Service Type

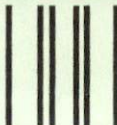
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



METROPLEX MI 480

18 OCT 2024 PM 17 L



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

9590 9402 5927 0049 0726 63

**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

