

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. **CHI**

1. Article Addressed to:

Ronald Byrd
PO Box 1374
Angier, NC 27501



9590 9402 8519 3186 8295 30

2. Article Number (Transfer from service label)

7019 2970 0000 1860 0880

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

X *Ronald Byrd*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)*Ronald Byrd***C. Date of Delivery***7-24-2024*

- 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

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Registered Mail

Registered Mail Restricted Delivery

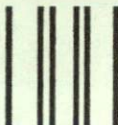
(over \$500)

USPS TRACKING #



RALEIGH NC 275

24 FEB 2002 PM 4 L



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

9590 9402 8519 3186 8295 30

**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

939507

