

**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:**

Ronnie Baker  
385 McLaughlin Rd  
Cameron, NC 28326



9590 9402 8519 3186 8216 33

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

7022 3330 0002 2107 2350

PS Form 3811, July 2020 PSN 7530-02-000-9053

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

*[Signature]*

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

*Diane Baker*

**C. Date of Delivery**

*11/25/24*

**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

Domestic Return Receipt

USPS TRACKING #



RALEIGH NC 275

25 NOV 2024PM 3 L



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

9590 9402 8519 3186 8216 33

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

