## 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: Alan Smith & Paul Juhl B(x 636 Olivia NC 28368-0636



- 2. Article Number (Transfer from service label)
- 7019 0700 0000 1036

COMPLETE THIS SECTION ON DELIVERY

Signature ☐ Agent □ Addressee B. Received by (Printed Name)

If YES, enter delivery address below:

ALAN L SMITH

C. Date of Delivery □/Yes D. Is delivery address different from item 1?

T 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)

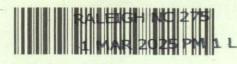
□ Priority Mail Expre

☐ Registered Mail™ ☐ Registered Mail F

Delivery ☐ Signature Confirmation™

□ Signature Confirmation Restricted Delivery

USPS TRACKING#



9590 9402 8519 3186 8215 58



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

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

