

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. *ETJ*

1. Article Addressed to:

William + Cartney Wise
621 Wise Rd
Dunn, NC 28334



9590 9402 8519 3186 8216 26

2. Article Number (Transfer from service label)

7022 3330 0002 2107 2329

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

Jeff Bryant

C. Date of Delivery

11-26-24

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

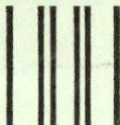
3. Service Type

☐ 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 #



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

9590 9402 8519 3186 8216 26

United States
Postal Service

B.C.
11/23/24 EC

• 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

-827700

