## 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:

Robert 3 Constance Hicks 555 Asset Parkway Sanford NC 27332



9590 9402 8519 3186 8216 19

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery FOR

If YES, enter delivery address below:

KODERT L HICKS D. Is delivery address different from item 1?

☐ Yes П No

3. Service Type ☐ Adult Signature

(over \$500)

☐, Adult Signature Restricted Delivery Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery

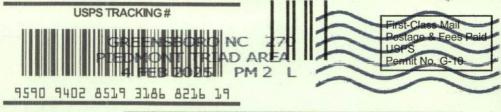
☐ Insured Mail ☐ Insured Mail Restricted Delivery ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted

Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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



United States Postal Service Sender: Please print your name, address, and ZIP+4<sup>®</sup> in this box

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546