

**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. (in)

1. Article Addressed to:

Robert Hicks  
555 Asset Pkwy  
Spartanburg, NC 27332



9590 9402 8519 3186 8223 19

2. Article Number (Transfer from service label)

7019 0700 0000 1036 3805

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Robert L Hicks Jr

C. Date of Delivery

12 MAR 25

- 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

Insured Mail

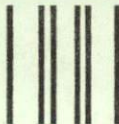
Insured Mail Restricted Delivery  
(over \$500)

USPS TRACKING #



GREENSBORO NC 270

13 MAR 2025PM 5 L



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

9590 9402 8519 3186 8223 19

**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

