

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.

EX

1. Article Addressed to:

Robert & Constance Hicks
 555 Asset Parkway
 Sanford NC 27332



9590 9402 9488 5069 6254 59

2. Article Number (Transfer from service label)

7019 0700 0000 1036 0187

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

X

- Agent
 Addressee

B. Received by (Printed Name)

ROBERT L HICKS II

C. Date of Delivery

- 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 #

GREENSBORO NC 270

PIEDMONT ROAD AREA

10 SEP 2025 PM 4



First-Class Mail
Postage & Fees Paid

USPS
Permit No. G-10

1775-0005



9590 9402 9488 5069 6254 59

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

46-933507

