

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:

Practical Properties LLC
116 W Academy St
Fuquay Varina, NC 27526



9590 9402 8519 3186 8223 40

2. Article Number (Transfer from service label)

7019 0700 0000 1036 3829

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Caleigh Humphrey*☐ Agent☐ Addressee

B. Received by (Printed Name)

Caleigh Humphrey

C. Date of Delivery

*3/14/25*D. Is delivery address different from item 1? ☐ YesIf 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 #



RALEIGH NC 275

14 MAR 2025PM 6 L



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

9590 9402 8519 3186 8223 40

**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

