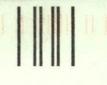
## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Rrinted Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. ☐ Yes 1. Article Addressed to: D. Is delivery address different from item 1? Neben + May Frenes Pagars Po Box 1892 If YES, enter delivery address below: П No ington, NC 2754 3. Service Type □ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Addlt Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery ☐ Signature Confirmation™ ☐ Certified Mail Restricted Delivery 21 59 ☐ Collect on Delivery ☐ Signature Confirmation 2. Article Number (Transfer ), ☐ Collect on Delivery Restricted Delivery Restricted Delivery ☐ Insured Mail Insured Mail Restricted Delivery 0000 (over \$500)

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

USPS TRACKING#



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

9590 9402 8519 3186 8221 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