

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:

Frank & Julie Raig
1658 Tim Currin Road
Lillington NC 27546



9590 9402 8519 3186 8217 56

2. Article Number (Transfer from service label)

7019 0700 0000 1036 0477

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

Julie Raig

☐ Agent☐ Addressee**B. Received by (Printed Name)**

Julie Raig

C. Date of Delivery

4.5.2

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)

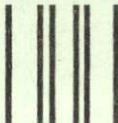
☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



RALEIGH NC 275

5 APR 2025 PM 4 L



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

9590 9402 8519 3186 8217 56

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

939507

