

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:

Johnny Faircloth
5278 W. 95 Rd
Broadway, NC 27505



9590 9402 8519 3186 8219 30

2. Article Number (Transfer from service label)

7019 2970 0000 1863 1938

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Johnny Faircloth

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Johnny Faircloth

C. Date of Delivery

8-5-25

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
- ☐ Insured Mail

☐ Priority Mail Express®

☐ Registered Mail™

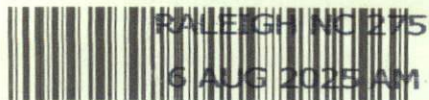
☐ Registered Mail Restricted Delivery

☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery (500)

USPS TRACKING #



RALEIGH NC 275

6 AUG 2025 AM 6 L



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

9590 9402 8519 3186 8219 30

**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

