

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:

Amado Jimenez
 PO Box 180
 Coats, NC 27521

EH



9590 9402 9488 5069 6259 85

2. Article Number (Transfer from service label)

7019 0700 0000 1036 0040

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

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

X

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

Nasmin Simon

C. Date of Delivery

9-17-25

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
- Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

USPS TRACKING #



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

9590 9402 9488 5069 6259 85

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

SEP 17 2025

COATS POST OFFICE

