

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Joshua + Kirsten Glover
3841 Rawls Ch Rd
Fuquay Varina, NC 27526



9590 9402 8519 3186 8213 74

2. Article Number (Transfer from service label)

7019 0700 0000 1036 3874

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Insured Mail Restricted Delivery
(over \$500)



Harnett
COUNTY
NORTH CAROLINA

Harnett County Government Complex
307 W. Cornelius Harnett Boulevard
Lillington, NC 27546

EH



RALEIGH NC 275

14 MAY 2025PM 6 L

7019 0700 0000 1036 3874



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FIRST-CLASS MAIL

IMI

\$009.64⁰

05/14/2025 ZIP 27546
043M31227258

US POSTAGE

Joshua + Kirsten Glover
3841 Rawls Ch Rd
Varina, NC 27526

AH
5/16/25
5/27
6/7

NEXIC 275 DC 1 0000/11/25

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

BC: 27546955507 #2948-05164-14-38



strong roots

441

