

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:

Brenda McLamb
 28416 Oak Grove Chrd
 Angier, NC 27504

6-1



9590 9402 9488 5069 6259 47

2. Article Number (Transfer from service label)

7019 0700 0000 1035 2007

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

X

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

Delia Gray

C. Date of Delivery

9/22/25

D. Is delivery address different from item 1?

If YES, enter delivery address below:

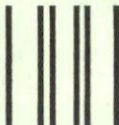
- Yes
 No

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 #



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

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**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

