

**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.

EH

**1. Article Addressed to:**

Joy Ragan Heirs  
 5192 McDougald Rd  
 Lillington NC 27546



9590 9402 9488 5069 6256 26

**2. Article Number (Transfer from service label)**

7019 0700 0000 1036 0675

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

X

Robert Reynolds

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

Robert Reynolds

**C. Date of Delivery**

Feb 3

**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 #



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

9590 9402 9488 5069 6256 26

**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

