Scanned by	Date	Doc ID #
Smith Barber	11/29/'10	12307

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

MR. WADE JERNIGAN
COLUMBUS COUNTY LCID LANDFILL
107 LANDFILL ROAD
WHITEVILLE, NORTH CAROLINA 28472

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Derek R. Addison
C. Date of Delivery 11/24/10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

NOV 24 2010

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7. B. 7008 0150 0000 3068 3926

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540