SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
na Water Service, Inc. of North Carolina 4944 Parkway Plaza Boulevard Suite 375 Charlotte, NC 28217	If YES, enter delivery address below:
9590 9402 6135 0209 2331 74 2. Article Number (Transfer from service label) 7019 1120 0001 4899 3575	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail Restricted Delivery □ Collect Meal
PS Form 3811, July 2015 PSN 7530-02-000-9053 N -	354 S 414 TB Domestic Return Receipt

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