



1500 LAWRENCE AVENUE
CN7807
OCEAN, NEW JERSEY 07712
732-922-1000
732-922-6161 (FAX)

365 RIFLE CAMP ROAD
WOODLAND PARK, NEW JERSEY 07424
973-247-9000
973-247-9199 (FAX)

214 CARNEGIE CENTER
SUITE 112
PRINCETON, NEW JERSEY 08540
609-751-5551

140 GRAND STREET
SUITE 705
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800-569-3886

41 UNIVERSITY DRIVE
SUITE 400
NEWTOWN, PENNSYLVANIA 18940
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ELYSA D. BERGENFELD
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KELLY M. CAREY

RETIRED
ROBERT I. ANSELL
LISA GOLDWASSER

IN MEMORIAM
LEON ANSCHELEWITZ (1929-1986)
MAX M. BARR (1929-1993)
MILTON M. ABRAMOFF (1935-2004)
DAVID K. ANSELL † (1962-2019)

Email: jsk@ansellgrimm.com
Direct Dial: 732-643-5284

February 5, 2021

Via Federal Express and Email awalby@neptunetownship.org
Township of Neptune Historic Preservation Commission
Attn: Alison Walby, Commission Secretary
25 Neptune Boulevard
Neptune, New Jersey 07753

RE: Scheier/Casey - Neptune Historic Preservation Commission Application
PQ: 63 Webb Avenue
Block 226, Lot 13
Our File No. 94568-0

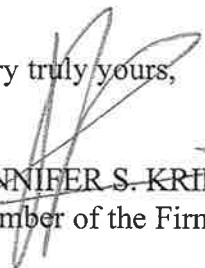
Dear Ms. Walby:

With regard to the above-referenced matter and in anticipation of the hearing on **February 9, 2021**, enclosed herein please find the following:

1. Copy of the Notice of Hearing;
2. Affidavit of Publication;
3. Copy of the Certified List of Property Owners;
4. Affidavit of Mailing; and
5. Certified Mail Slips.

My best.

Very truly yours,


JENNIFER S. KRIMKO
Member of the Firm

JSK:lm
Enclosure

c.c. Susan Scheier (w/o enc.) Via Email scheiersj@embarqmail.com
Vicki Casey (w/o enc.) Via Email vicki.casey@minalex.com
Stephen J. Carlidge, AIA (w/o enc.) Via Email sjc@shorepointarch.com
Andrea Fitzpatrick, AIA (w/o enc.) Via Email a.fitzpatrick@shorepointarch.com
Steven R. Tombalakian, Esq., HPC Attorney (w/enc.) Via Email stombalakian@weiner.law



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□ PENN. • FLA. • CALIF.

† FELLOW, AMERICAN
ACADEMY OF MATRIMONIAL
LAWYERS

‡ CERTIFIED BY THE SUPREME
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Email: jsk@ansellgrimm.com
Telephone No. 732-922-1000

TOWNSHIP OF NEPTUNE

IN THE MATTER OF THE APPLICATION OF
SHORE POINT ARCHITECTURE, PA FOR
PREMISES KNOWN AS LOT 13 IN BLOCK 226
ON THE OFFICIAL TAX MAP OF THE
TOWNSHIP OF NEPTUNE

NOTICE OF HEARING

PLEASE TAKE NOTICE that the Historic Preservation Commission (HPC) of the Township of Neptune will hold a virtual/remote public hearing on Tuesday, February 9, 2021 at 7:00 p.m. to consider the application of Shore Point Architecture, PA (on behalf of the owners, Vicki Casey and Susan Scheier) with regard to property known as Lot 13 in Block 226 as shown on the Official Tax Map of the Township of Neptune and located at 63 Webb Avenue in the Ocean Grove section of the Township of Neptune, New Jersey.

Due to the current Coronavirus/COVID-19 State Directives, this meeting is being held **virtually/remotely via ZOOM**. You are hereby notified that you are invited to participate in this remote hearing and present any and all comments you may have to the granting of said approvals. Instructions on how to access the meeting via ZOOM are listed below.

PUBLIC ACCESS TO ZOOM MEETING:

To access the virtual hearing, you must join the ZOOM meeting. To access the ZOOM meeting, you will need access to a computer with internet access and/or dial in through a mobile or landline phone to log into the meeting. To join the ZOOM meeting via computer, enter the link below into your web browser and when prompted, type in the Meeting ID and Password. You will join the meeting and be able to listen and view the evidence shared on the screen at the meeting.

Join Zoom Meeting:

<https://us02web.zoom.us/j/88263838223?pwd=R2VQMDBpUzIMZWRRPSzE3Q3dZnkRFUT09>

A commitment to excellence. A commitment to people. Since 1929.

Meeting ID: 882 6383 8223
Passcode: 794084

To join the ZOOM meeting via telephone, dial any of the following numbers and enter the Meeting ID and Password when prompted:

One tap mobile:

+13126266799,,88263838223# US (Chicago)
+16465588656,,88263838223# US (New York)

Dial by your location:

+1 312 626 6799 US (Chicago)
+1 646 558 8656 US (New York)
+1 301 715 8592 US (Washington D.C.)
+1 346 248 7799 US (Houston)
+1 669 900 9128 US (San Jose)
+1 253 215 8782 US (Tacoma)

Meeting ID: 882 6383 8223
Passcode: 794084

Find your local number: <https://us02web.zoom.us/j/88263838223>

PUBLIC PARTICIPATION IN ZOOM MEETING:

At the direction of the Commission Chairperson, you will be permitted to participate during the public portion of the hearing, either by asking questions and/or cross examining the witnesses or making a statement when the Applicant concludes its case. The Commission Chairperson will limit public comments to 5 minutes per person. If you have any questions for the Applicant or its professionals prepared in advance, please email them to the Commission Secretary at awalby@neptunetownship.org prior to the meeting. Your question(s) will be read into the record and answered. If you have information or exhibits you wish to be considered and entered into the record, please email them to the Commission Secretary at awalby@neptunetownship.org in advance of the meeting so they may be marked into evidence. For those who are in opposition of the application, you have the right to obtain an attorney to represent you, although this is not a requirement.

PUBLIC INSPECTION OF APPLICATION MATERIALS:

You will be able to access the application materials via the following Neptune Township website page: <http://neptunetownship.org/agendas-minutes/historic-preservation-commission>

ALTERNATE ACCESS TO APPLICATION FILES:

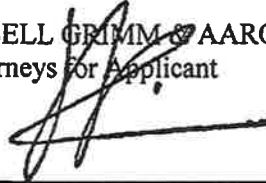
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THE APPLICATION:

Pursuant to Section 907 of the Land Development Ordinance of the Township of Neptune, Applicant seeks approval from the HPC for a Demolition Permit for the partial (19.5%) demolition of the rear portion of the existing, 2-story dwelling to facilitate construction of a new, two-story addition along with other renovations. Tax records indicate that the existing structure (or a portion thereof) was constructed in 1873, which classifies it as a Key Structure.

PLEASE TAKE FURTHER NOTICE that you are invited to attend this virtual/remote public hearing either by web conference or telephone as outlined above to present any and all comments you may have to the granting of said Demolition Permit. The application and supporting documents are on file with the office of the HPC, Neptune Municipal Complex, 25 Neptune Boulevard, Neptune, New Jersey and are available for inspection as outlined above. Any questions can be addressed to the Commission Secretary at (732) 988-5200 ext. 236, or by contacting the undersigned attorney at (732) 643-5284 or jsk@ansellgrimm.com (1500 Lawrence Avenue, Ocean, New Jersey 07712). The within application may be adjourned or carried by the HPC without further publication or notice.

ANSELL GRIMM & AARON, P.C.
Attorneys for Applicant



JENNIFER S. KRIMKO, ESQ.

January 28, 2021

AFFIDAVIT OF PUBLICATION

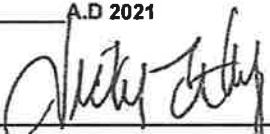
Publisher's Fee \$109.80 Affidavit \$35.00

**STATE OF WISCONSIN
Brown County**

Personally appeared  at County of Brown, State of Wisconsin.

Of the **Asbury Park Press**, newspaper printed in Freehold, New Jersey and published in Neptune, in State of New Jersey and Monmouth/Ocean Counties, and of general circulation in Monmouth/Ocean Counties, who being duly sworn, depose and saith that the advertisement of which the annexed is a true copy, has been published in the said newspaper 1 times, once in each issue as follows:

01/30/2021 A.D 2021


Notary Public State of Wisconsin, County of Brown

919.21
My commission expires

VICKY FELTY
Notary Public
State of Wisconsin

TOWNSHIP OF NEPTUNE
NOTICE OF HEARING

IN THE MATTER OF THE APPLICATION OF SHORE POINT ARCHITECTURE, PA FOR PREMISES KNOWN AS LOT 13 IN BLOCK 226 ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF NEPTUNE

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+1 301 715 8592 US (Washington D.C.)
+1 346 248 7799 US (Houston)
+1 669 900 9128 US (San Jose)
+1 253 215 8762 US (Tacoma)

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ANSELL GRIMM & AARON, P.C.
Attorneys for Applicant

JENNIFER S. KRIMKO, ESQ.

January 28, 2021
(\$109.80)

0004578358 01

Dr. Michael Brantley, Mayor
Nicholas Williams, Deputy Mayor
Robert Lane Jr.
Carol Rizzo
Keith Cafferty



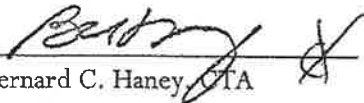
Neptune

Township - NJ

Where Community, Business & Tourism Prosper

Vito D. Gadaleta, R.M.C., Q.P.A.
Business Administrator
Richard J. Cuttrell, R.M.C.
Township Clerk
Michael J. Bascom, C.M.F.O., C.T.C.
Chief Financial Officer

I, Bernard C. Haney, CTA, Assessor of the Township of Neptune, do hereby certify that this list represents all of the interested parties to be notified of the proposed development of the property known as **Block: 226 Lot: 13**; in accordance with the requirements of R.S. 40:55D 12.


Bernard C. Haney, CTA
Assessor

Date: January 15, 2021

25 Neptune Boulevard • Neptune, New Jersey 07753

Tel: 732-988-5200 • Fax: 732-988-6433 • www.neptunetownship.org



Buffer Report

NEPTUNE TOWNSHIP
 Office of the Assessor
 25 Neptune Blvd
 PO Box 1125
 Neptune, NJ 07754-1125
 732.988.5200

Highlighted feature(s)

Subject Property (1)

Block	Lot	Qualifier	Location	Owner	Owner Street	Owner City/State/Zip	Additional Lots
226	13		63 WEBB AVE	PETTIBONE, ROBERT	63 WEBB AVENUE	OCEAN GROVE, NJ 07756	

§

List of adjoining feature(s) that intersect 200 foot buffer from Subject Property.

Adjoining Properties (69)

Block	Lot	Qualifier	Location	Owner	Owner Street	Owner City/State/Zip	Additional Lots
214	17		57 EMBURY AVE	CHRISTOPHERSEN, KATHLEEN	4 ROUTE 59	NYACK, NY 10960	
214	18		59 EMBURY AVE	TREMBLY, ALAN & VALERIE	59 EMBURY AVENUE	OCEAN GROVE, NJ 07756	
214	19		61 EMBURY AVE	BUTLER, ROBIN & HUGH	27 PROVIDENCE CT	NEWTOWN, PA 18940	
215	5		70 HECK AVE 1/2	BORRELLI, JOSEPH & VICKI	180 MULBERRY DRIVE	MILFORD, PA 18337	
215	6		70 HECK AVE	JACOBSON, RUTH	70 HECK AVENUE	OCEAN GROVE, NJ 07756	
215	7		68 HECK AVE	FLYNN, JACQUELINE R.	146 NOTTINGHAM DRIVE	WILLINGBORO, NJ 08046	
215	8		66 HECK AVE	HUIZENGA FAMILY IRREVOCABLE LIVING	67 MAIN AVENUE	OCEAN GROVE, NJ 07756	
215	9		64 HECK AVE	HUANG, JIANPING & HUEY, BELINA	27 HAMILTON AVE	CRANFORD, NJ 07016	
215	10		61 PILGRIM PATHWAY	PILGRIM APARTMENTS CONDOMINIUM	25 NEPTUNE BLVD	NEPTUNE TWP, NJ 07753	
215	10	C101	61 PILGRIM PATHWAY	CLARKE, WILLIAM F	61 PILGRIM PATHWAY UNIT 1	OCEAN GROVE, NJ 07756	
215	10	C103	61 PILGRIM PATHWAY	HENDRON, CHARLES & MARCIA	1880 BROOKWOOD AVE APT320	BURLINGTON, NC 27215	
215	10	C205	61 PILGRIM PATHWAY	MERCHANT, ELI & DIANA	30 FIFTH AVE APT 4K	NEW YORK, NY 10011	
215	10	C207	61 PILGRIM PATHWAY	HAROOTUNIAN, B & VARTOUKIAN, QUEENIE	61 PILGRIM PATHWAY UNIT 7	OCEAN GROVE, NJ 07756	
215	10	C309	61 PILGRIM PATHWAY	KULEBA, HELEN	PO BOX 219	ALBEMURLE, NC 28002	
215	10	C311	61 PILGRIM PATHWAY	KAPLAN, DAVID M	61 PILGRIM PATHWAY APT 11	OCEAN GROVE, NJ 07756	

Block	Lot	Qualifier	Location	Owner	Owner Street	Owner City/State/Zip	Additional Lots
215	11		65 PILGRIM PATHWAY	HICKMAN, CAROLYN A	65 PILGRIM PATHWAY	OCEAN GROVE, NJ 07756	
215	12		63 EMBURY AVE	FRANZESE, G. ROBERT & LINDA	63 EMBURY AVENUE	OCEAN GROVE, NJ 07756	
215	13		65 EMBURY AVE	KIECZYKOWSKI, GERARD & MARTHA	65 EMBURY AVE	OCEAN GROVE, NJ 07756	
215	14		67 EMBURY AVE	WAKED, WILLIAM J & DI LAURENZIO, LAU	116 PINEHURST AVE J52	NEW YORK, NY 10033	
215	15		69 EMBURY AVE	ZUIDEMA REALTY LLC	179 PARK AVENUE	MIDLAND PARK, NJ 07432	
215	16		71 EMBURY AVE	ROESSLE, RANDALL W & KATHERINE W	71 EMBURY AVENUE	OCEAN GROVE, NJ 07756	
215	17		73 EMBURY AVE	EPSTEIN, MATTHEW & JULIANE	1006 BLOOMFIELD STREET	HOBOKEN, NJ 07030	
226	1		78 EMBURY AVE	GILlich, KERRY & TEPEDINO, LINDA	78 EMBURY AVENUE	OCEAN GROVE, NJ 07756	
226	2		76 EMBURY AVE	ROGERS, MARY B.	76 EMBURY AVENUE	OCEAN GROVE, NJ 07756	
226	3		74 EMBURY AVE	OLIVE, JAMES & PARATHYRAS, EILEEN	74 EMBURY AVENUE	OCEAN GROVE, NJ 07756	
226	4		72 EMBURY AVE 1/2	QUINN, BRIAN M & RARITA	72 1/2 EMBURY AVENUE	OCEAN GROVE, NJ 07756	
226	5		72 EMBURY AVE	MOORE, ALLISON S	161 MAIN STREET	NEW PALTZ, NY 12561	
226	6		70 EMBURY AVE	ADAMO, DAMARIS	70 EMBURY AVE	OCEAN GROVE, NJ 07756	
226	7		68 EMBURY AVE	KARPOUSIS, JOHN F & KATHRYN	68 EMBURY AVENUE	OCEAN GROVE, NJ 07756	
226	8		66 EMBURY AVE 1/2	TOWER, DIANE	66 EMBURY AVE 1/2	OCEAN GROVE, NJ 07756	
226	9		66 EMBURY AVE	FERRARI, MARIA	311 WEST 19TH ST, APT 62	NEW YORK, NY 10011	
226	10		64 EMBURY AVE	ROGERS, THOMAS & SIOBHAN	64 EMBURY AVE	OCEAN GROVE, NJ 07756	
226	11		67 PILGRIM PATHWAY	TRONCOSO, ALEXIS B II & FRANCOIS, R	67 PILGRIM PATHWAY	OCEAN GROVE, NJ 07756	
226	12		61 WEBB AVE	ELYSEEV, PAUL & JULIE	61 WEBB AVENUE	OCEAN GROVE, NJ 07756	
226	13		63 WEBB AVE	PETTIBONE, ROBERT	63 WEBB AVENUE	OCEAN GROVE, NJ 07756	
226	14		65 WEBB AVE	PETTIBONE, ROBERT E. & MARY HENSLEY	65 WEBB AVENUE	OCEAN GROVE, NJ 07756	
226	15		67 WEBB AVE	PATERSON, SHELLY D & KARINS, JOHN	67 WEBB AVE	OCEAN GROVE, NJ 07756	
226	16		69 WEBB AVE	M&M HISTORIC HOMES, LLC% MIKE LEE	69 WEBB AVENUE	OCEAN GROVE, NJ 07756	
226	17		71-73 WEBB AVE	KAPELA, ZACHARY D & DIEHM, CASSANDRA	317 SACKETT STREET	BROOKLYN, NY 11231	

Block	Lot	Qualifier	Location	Owner	Owner Street	Owner City/State/Zip	Additional Lots
226	18		75 WEBB AVE	DUGAN, LAURA	2 TORONTO COURT	MARLBORO, NJ 07746	
226	19		77 WEBB AVE	CAVANAGH, JOHN & DZIENIS, JOHN	77 WEBB AVENUE	OCEAN GROVE, NJ 07756	
227	1		68 PILGRIM PATHWAY	ONDISH, MARY ANN	508 1ST STREET, #4E	HOBOKEN, NJ 07030	
227	2		58 EMBURY AVE	NAGOURNEY, CAROL	519 RIDGEWOOD AVENUE	GLEN RIDGE, NJ 07028	
227	3		56 EMBURY AVE	BURNS, DANIEL & MARY ELLEN DUPRE	23 GALWAY DRIVE	MENDHAM, NJ 07945	
227	16		55 WEBB AVE	KINARD, ELIZABETH	55 WEBB AVENUE	OCEAN GROVE, NJ 07756	
227	17		57 WEBB AVE	PARSONS, LANDON & CASSIE	57 WEBB AVENUE	OCEAN GROVE, NJ 07756	
227	18		59 WEBB AVE	GREEN, JACK R & VALERIE N	59 WEBB AVENUE	OCEAN GROVE, NJ 07756	
232	1		60 WEBB AVE	BILLS, BRUCE & LORRAINE	10624 S EASTERN AVE, #A432	HENDERSON, NY 89052	
232	2		54 WEBB AVE	KRIGER, JACOB & LINDA S	1031 WEST ALLENS LANE	PHILADELPHIA, PA 19119	
232	12		57 ABBOTT AVE	THE GEORGE YANKOSCHUK LIVING TRUST	515 EAST 14TH ST APT 9F	NEW YORK, NY 10009	
232	13		61 ABBOTT AVE	ARPERT, DOUGLAS & JEANNE	61 ABBOTT AVE	OCEAN GROVE, NJ 07756	
233	2		76 WEBB AVE	HAUGENES, STEVEN TOR & SUSAN SCHRAM	11 LAURELWOOD DRIVE	LITTLE SILVER, NJ 07739	
233	3		74 WEBB AVE	MEADS, GENE & JULIE EHLERT-	10 BROOME STREET	BROOKLYN, NY 11222	
233	4		72 WEBB AVE	WALLAR, ERIC & PENROD, MARJORIE	79 W 12TH STREET, #13D	NEW YORK, NY 10011	
233	5		70 WEBB AVE	NETCHERT, CINDY	70 WEBB AVENUE	OCEAN GROVE, NJ 07756	
233	6		68 WEBB AVE	MEIKLE, GEORGE	68 WEBB AVENUE	OCEAN GROVE, NJ 07756	
233	7		66 WEBB AVE 1/2	CASSELBERRY, JAMES R & DEBORAH O	121 SWALLOWTAIL LANE	BOALSBURG, PA 16827	
233	8		66 WEBB AVE	FIGURELLI, FRANCES G	66 WEBB AVENUE	OCEAN GROVE, NJ 07756	
233	9		64 WEBB AVE	LOMBARDI, JOHN	185 PRISCILLA DRIVE	LINCROFT, NJ 07738	
233	10		62 WEBB AVE	MORAN, MARK & LOIS	62 WEBB AVENUE	OCEAN GROVE, NJ 07756	
233	11		77 PILGRIM PATHWAY	VAILLANCOURT, LILLIAN	77 PILGRIM PATHWAY	OCEAN GROVE, NJ 07756	
233	12		79 PILGRIM PATHWAY	RYAN, KATHLEEN A	79 PILGRIM PATHWAY	OCEAN GROVE, NJ 07756	
233	13		81 PILGRIM PATHWAY	MERMAID HOMES, LLC	105 8TH AVENUE	BELMAR, NJ 07719	

Block	Lot	Qualifier	Location	Owner	Owner Street	Owner City/State/Zip	Additional Lots
233	14		63 ABBOTT AVE	DEBIASE-DANAR, MARIA	400 CHAMBERS ST APT 10G	NEW YORK, NY 10282	
233	15		65 ABBOTT AVE	MILLERING, ROBBIN & NODELMAN, EDWARD	65 ABBOTT AVENUE	OCEAN GROVE, NJ 07756	
233	16		67 ABBOTT AVE	TULP, LUCETTE	124 WEST 60TH STREET #46E	NEW YORK, NY 10023	
233	17		69 ABBOTT AVE	LODEWYKS, CHRISTOPHER A & HUTCHISON, C	5 HEMLOCK TERRACE	KINNELON, NJ 07405	
233	18		71 ABBOTT AVE	SCHAEFFER, GORDON B & GRACE H	3099 COUNTRY CLUB BLVD	ORANGE PARK, FL 32073	
233	19		73 ABBOTT AVE	GALEOTA, JAMES J JR & KIMBERLY J	31 OAK AVENUE	METUCHEN, NJ 08840	

<u>UTILITY</u>	<u>COMPANY NAME & ADDRESS</u>
GAS	New Jersey Natural Gas 1415 Wyckoff Road Wall, NJ 07719
ELECTRIC	JCP&L 880 Pinewald-Keswick Rd. Berkeley Township, NJ 08731
TELEPHONE	Verizon 1 Verizon Way Basking Ridge, NJ 07920
CABLE TV	Monmouth Cablevision 1501 18 th Avenue Wall, NJ 07719
WATER	New Jersey American Water 1025 Laurel Oak Road Berkeley Township, NJ 08731
SEWER	Township of Neptune 25 Neptune Blvd. Neptune, NJ 07753

7020 1810 0002 0939 7214

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Total P&F

Sent To
Christophersen, Kathleen
4 Route 59
Nyack, NY 10960



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0939 7221

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Total Postage

Sent To
Trembly, Alan & Valerie
59 Embury Avenue
Ocean Grove, NJ 07756



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0939 7238

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Total Postage

Sent To
Butler, Robin & Hugh
27 Providence Ct
Newtown, PA 18940



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0939 7245

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage

Total Postage

Sent To
Borrelli, Joseph & Vicki
180 Mulberry Drive
Milford, PA 18337



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0939 7252

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Jacobson, Ruth
70 Heck Avenue
Ocean Grove, NJ 07756

Street and Apt. 1

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

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.

Jacobson, Ruth
70 Heck Avenue
Ocean Grove, NJ 07756



9590 9402 6262 0265 0882 54

2. Article Number (Transfer from service label)
7020 1810 0002 0939 7252

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 1810 0002 0939 7269

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Flynn, Jacqueline R.
146 Nottingham Drive
Willingboro, NJ 08046

Street and Apt. A

City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

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.

Huizenga Family Irrevocable Living
67 Main Avenue
Ocean Grove, NJ 07756



9590 9402 6262 0265 0882 30

2. Article Number (Transfer from service label)
7020 1810 0002 0939 7276

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

7020 1810 0002 0939 7276

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Huizenga Family Irrevocable L
67 Main Avenue
Ocean Grove, NJ 07756

Street and Apt.

City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

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.

Huang, Jianping & Huey, Belina
27 Hamilton Ave
Cranford, NJ 07016



9590 9402 6262 0265 0882 23

2. Article Number (Transfer from service label)
7020 1810 0002 0939 7283

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 1810 0002 0939 7283

7020 1810 0002 0939 7290

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT *HPC*
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Pilgrim Apartments Condominium**
 25 Neptune Blvd
 Neptune Twp, NJ 07753

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0939 7306

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT *HPC*
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Clarke, William F**
 61 Pilgrim Pathway, Unit 1
 Ocean Grove, NJ 07756

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0939 7313

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT *HPC*
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

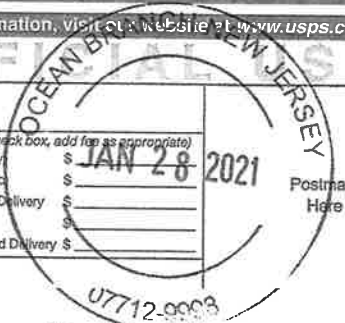
Postage \$ _____

Total Postage \$ _____

Sent To **Hendron, Charles & Marcia**
 1880 Brookwood Ave, Apt 320
 Burlington, NC 27215

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0939 7320

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT *HPC*
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Merchant, Eli & Diana**
 30 Fifth Ave Apt. 4K
 New York, NY 10011

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0939 7337

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Harootunian, B & Vartoukian, Queenie
61 Pilgrim Pathway, Unit 7
Ocean Grove, NJ 07756

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0939 7344

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Kuleba, Helen
PO Box 219
Albemarle, NC 28002

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0938 9479

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Kaplan, David M
61 Pilgrim Path, Apt. 11
Ocean Grove, NJ 07756

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0438 7574

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

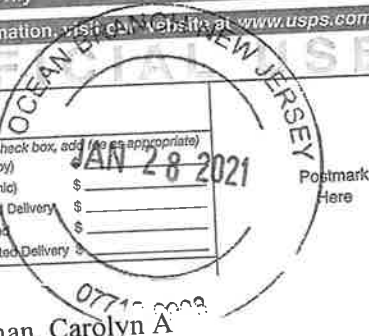
Postage \$

Total Postage \$

Sent To Hickman, Carolyn A
65 Pilgrim Pathway
Ocean Grove, NJ 07756

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0938 9288

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Franzese, G. Robert & Linda**

63 Embury Avenue *07712-9098*

Ocean Grove, NJ 07756

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 9295

U.S. Postal Service™
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 Domestic Mail Only *HPC*

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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Kieczkowski, Gerard & Martha**

65 Embury Ave

Ocean Grove, NJ 07756

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 9301

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Waked, William J & Di Lorenzo, Lau**

116 Pinehurst Ave J52

New York, NY 10033

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 9318

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Zuidema Realty LLC**

179 Park Ave *07712-9098*

Midland Park, NJ 07432

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Zuidema Realty LLC
 179 Park Ave
 Midland Park, NJ 07432

2. Article Number (Transfer from service label)

9590 9402 6262 0265 0881 00

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X HPC C-19

B. Received by (Printed Name) **RT 8 C-19**

C. Date of Delivery **01/29/21**

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below: _____

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation®

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Insured Mail

Insured Mail

7020 1810 0002 0938 9318

7020 1810 0002 0938 9325

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

OFFICIAL NEW JERSEY

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To
 Street and No. 71 Embury Avenue
 City, State, ZIP+4® Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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:
 Epstein, Matthew & Juliane
 1006 Bloomfield Street
 Hoboken, NJ 07030

2. Article Number (Transfer from service label)
 7020 1810 0002 0938 9332



COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X MATTHEW EPSTEIN Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 1/30/21

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail

7020 1810 0002 0938 9332

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

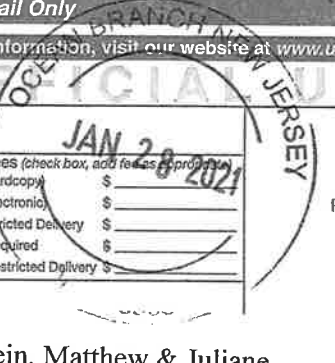
OFFICIAL NEW JERSEY

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To
 Street and No. 1006 Bloomfield Street
 City, State, ZIP+4® Hoboken, NJ 07030

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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:
 Gillich, Kerry & Tepedino, Linda
 78 Embury Avenue
 Ocean Grove, NJ 07756

2. Article Number (Transfer from service label)
 7020 1810 0002 0938 9349



COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 1/29/21

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

7020 1810 0002 0938 9344

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

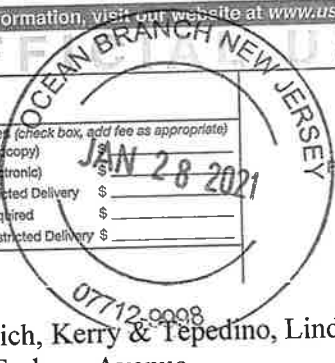
OFFICIAL NEW JERSEY

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To
 Street and No. 78 Embury Avenue
 City, State, ZIP+4® Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



PS Form 3811, July 2020 PSN 7530-02-000-9053

7020 1810 0002 0938 9356

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

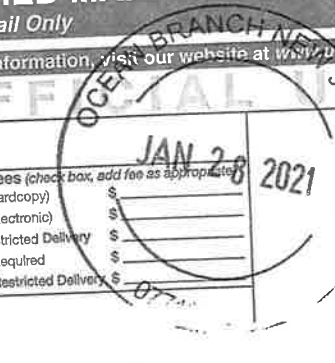
OFFICIAL NEW JERSEY

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To
 Street and No. 76 Embury Avenue
 City, State, ZIP+4® Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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:
 Rogers, Mary B
 76 Embury Avenue
 Ocean Grove, NJ 07756

2. Article Number (Transfer from service label)
 7020 1810 0002 0938 9356



COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 1/30/21

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 1810 0002 0938 9363

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT HPC
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$



Sent To Olive, James & Parathyras, Eileen
74 Embury Avenue
Street and Address Ocean Grove, NJ 07756
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 9370

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT HPC
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$



Sent To Quinn, Brian M & Rarita
72 1/2 Embury Avenue
Street and Address Ocean Grove, NJ 07756
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 9387

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT HPC
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

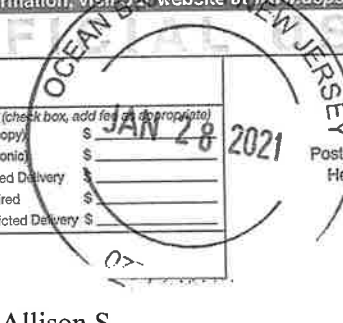
Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$



Sent To Moore, Allison S
161 Main Street
Street and Address New Paltz, NY 12561
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 9394

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT HPC
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$



Sent To Adamo, Damaris
70 Embury Avenue
Street and Address Ocean Grove, NJ 07756
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 9400

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Karpousis, John F & Kathryn
68 Embury Avenue
Street and Apt. Ocean Grove, NJ 07756
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0938 9417

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

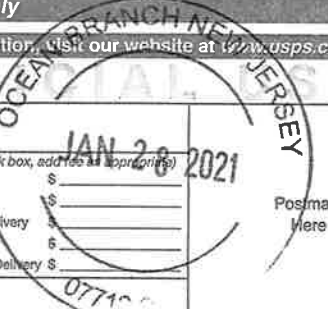
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fee \$

Sent To Tower, Diane
66 Embury Ave 1/2
Street and Apt. No. Ocean Grove, NJ 07756
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0938 9424

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fee \$

Sent To Ferrari, Maria
311 West 19th St. Apt. 62
Street and Apt. No. New York, NY 10011
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0938 9431

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fee \$

Sent To Rogers, Thomas & Siobhan
64 Embury Ave
Street and Apt. Ocean Grove, NJ 07756
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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:
Rogers, Thomas & Siobhan
64 Embury Ave
Ocean Grove, NJ 07756



2. F 7020 1810 0002 0938 9431

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery 1/28/21

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation

Signature Confirmation Restricted Delivery

7020 1810 0002 0938 9448

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE
 OCEAN BRANCH NEW JERSEY
 JAN 28 2021
 07712 0000

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Sent To \$
 Street and Apt. No.,
 City, State, ZIP+4®

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:
 Troncoso, Alexis B II & Francois, R
 67 Pilgrim Pathway
 Ocean Grove, NJ 07756

2. Article Number (Transfer from service label)
 7020 1810 0002 0938 9448

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 1/30/21

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
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 1810 0002 0938 9455

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE
 OCEAN BRANCH NEW JERSEY
 JAN 28 2021
 07712 0000

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Sent To \$
 Street and Apt. No.,
 City, State, ZIP

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Elyseev, Paul & Julie
 61 Webb Avenue
 Ocean Grove, NJ 07756

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 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
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3800, April 2015 PSN 7530-02-000-9047

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE
 OCEAN BRANCH NEW JERSEY
 JAN 28 2021
 07712 0000

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Sent To \$
 Street and Apt. No.,
 City, State, ZIP

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Pettibone, Robert
 63 Webb Avenue
 Ocean Grove, NJ 07756

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 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
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3800, April 2015 PSN 7530-02-000-9047

7020 1810 0002 0939 7382

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE
 OCEAN BRANCH NEW JERSEY
 JAN 28 2021
 07712 0000

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Sent To \$
 Street and Apt. No.,
 City, State, ZIP

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:
 Pettibone, Robert E. & Mary Hensley
 65 Webb Avenue
 Ocean Grove, NJ 07756

2. Article Number (Transfer from service label)
 7020 1810 0002 0939 7382

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 FEB 3 2021

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
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 1810 0002 0939 7399

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE
 OCEAN BRANCH NEW JERSEY
 JAN 28 2021

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To Paterson, Shelly D & Karins, Joh
 67 Webb Ave
 Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

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:
 Paterson, Shelly D & Karins, John
 67 Webb Ave
 Ocean Grove, NJ 07756

2. Article Number (Transfer from service label)
 9590 9402 6262 0265 0883 46

7020 1810 0002 0939 7399

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 2/2/21

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

7020 1810 0002 0939 7405

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE
 OCEAN BRANCH NEW JERSEY
 JAN 28 2021

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To M&M Historic Homes, LLC
 c/o Mike Lee
 69 Webb Avenue
 Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 M&M Historic Homes, LLC
 c/o Mike Lee
 69 Webb Avenue
 Ocean Grove, NJ 07756

2. Article Number (Transfer from service label)
 9590 9402 6262 0265 0883 46

7020 1810 0002 0939 7405

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 1/29

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

7020 1810 0002 0939 7412

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE
 OCEAN BRANCH NEW JERSEY
 JAN 28 2021

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To Kapela, Zachary D. &
 Diehm, Cassandra
 317 Sackett Street
 Brooklyn, NY 11231

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Kapela, Zachary D. &
 Diehm, Cassandra
 317 Sackett Street
 Brooklyn, NY 11231

2. Article Number (Transfer from service label)
 9590 9402 6262 0265 0883 15

7020 1810 0002 0939 7412

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 1/29

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

7020 1810 0002 0939 7429

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE
 OCEAN BRANCH NEW JERSEY
 JAN 28 2021

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To Dugan, Laura
 2 Toronto Court
 Marlboro, NJ 07746

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

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:
 Dugan, Laura
 2 Toronto Court
 Marlboro, NJ 07746

2. Article Number (Transfer from service label)
 9590 9402 6262 0265 0883 15

7020 1810 0002 0939 7429

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 1/29

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

7020 1810 0002 0939 7436

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **Cavanagh, John & Dzienis, J**
77 Webb Avenue
Ocean Grove, NJ 07756

Street and Apt. No. **Ocean Grove, NJ 07756**

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Cavanagh, John & Dzienis, John
77 Webb Avenue
Ocean Grove, NJ 07756

2. Article Number (Transfer from service label)
7020 1810 0002 0939 7436 Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery **1/30/21**

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

7020 1810 0002 0939 7443

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **Ondish, Mary Ann**
508 1st Street, #4E
Hoboken, NJ 07030

Street and Apt. No. **Hoboken, NJ 07030**

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

7020 1810 0002 0939 7444

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **Nagourney, Carol**
519 Ridgewood Avenue
Glen Ridge, NJ 07028

Street and Apt. No. **Glen Ridge, NJ 07028**

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

7020 1810 0002 0939 7467

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Postage and Insurance \$

Sent To **Burns, Daniel & Mary Ellen Dupre**
23 Galway Drive
Mendham, NJ 07945

Street and Apt. No. **Mendham, NJ 07945**

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

7020 1810 0002 0939 7474

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$



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:

Kinard, Elizabeth
55 Webb Avenue
Ocean Grove, NJ 07756



9590 9402 6262 0265 0875 54

2. Article Number (Transfer from service label)

7020 1810 0002 0939 7474

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

1/30/21

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

1 Delivery (over 350g)

7020 1810 0002 0939 7481

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$



Sent To Parsons, Landon & Cassie
57 Webb Avenue

Street and A Ocean Grove, NJ 07756

City, State, Z

7020 1810 0002 0939 7498

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$



Sent To Green, Jack R & Valerie N
59 Webb Avenue

Street and A Ocean Grove, NJ 07756

City, State, Z

7020 1810 0002 0939 7504

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

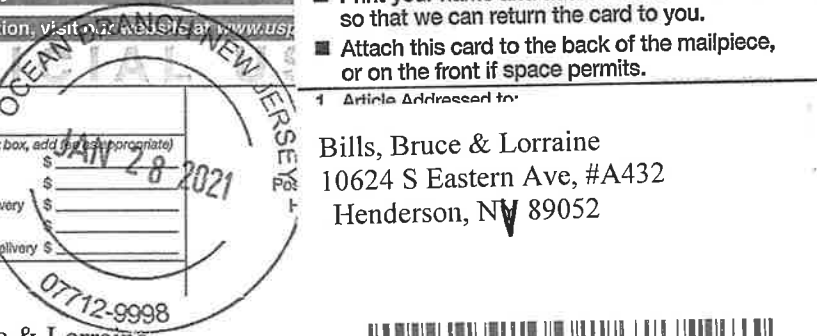
Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$



Sent To Bills, Bruce & Lorraine
10624 S Eastern Ave, #A432

Street Henderson, NY 89052

City, St

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:

Bills, Bruce & Lorraine
10624 S Eastern Ave, #A432
Henderson, NY 89052



9590 9402 6262 0265 0875 23

2. Article Number (Transfer from service label)

7020 1810 0002 0939 7504

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

M. McGovern 1-30-21

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

1 Delivery (over 350g)

7020 1810 0002 0938 9202

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

OCEAN BRANCH NEW JERSEY

07712-0998

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Kriger, Jacob & Linda S
1031 West Allens Lane
Philadelphia, PA 19119

Postmark Here: JAN 28 2021

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 9219

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

OCEAN BRANCH NEW JERSEY

07712-0998

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To The George Yankoschuk Living Trust
515 East 14th St Apt. 9F
New York, NY 10009

Postmark Here: JAN 28 2021

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0939 7368

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

OCEAN BRANCH NEW JERSEY

07712-0998

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Arpert, Douglas & Jeanne
61 Abbott Ave
Ocean Grove, NJ 07756

Postmark Here: JAN 28 2021

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:
Arpert, Douglas & Jeanne
61 Abbott Ave
Ocean Grove, NJ 07756

2. Article # 7020 1810 0002 0939 7368

Barcode: 9590 9402 6262 0265 0886 05

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Name]*

C. Date of Delivery 1/29/21

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt (over \$500)

7020 1810 0002 0939 7373

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

OCEAN BRANCH NEW JERSEY

07712-0998

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Haugenes, Steven For & Susan Schram
11 Laurelwood Drive
Little Silver, NJ 07739

Postmark Here: JAN 28 2021

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 3460

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Meads, Gene & Julie Ehler
 10 Broome Street
 Brooklyn, NY 11222

Street and Apt
 City, State, Zip

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 3477

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total P
 \$ _____

Sent To
 Wallar, Eric & Penrod, Marjorie
 79 W 12th Street, #13D
 New York, NY 10011

Street
 City, St.

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 3484

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total P
 \$ _____

Sent To
 Netchert, Cindy
 70 Webb Avenue
 Ocean Grove, NJ 07756

Street
 City, St.

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 3491

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Meikle, George
 68 Webb Avenue
 Ocean Grove, NJ 07756

Street and
 City, State,

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 3507

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

HRC

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

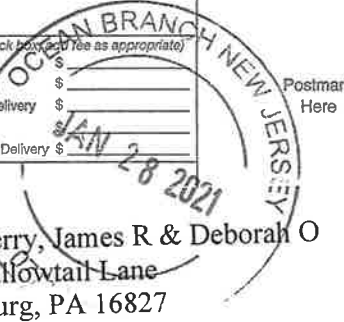
Total Postage \$

Sent To Casselberry, James R & Deborah O

Street and 121 Swallowtail Lane

City, State Boalsburg, PA 16827

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0938 3514

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

HRC

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

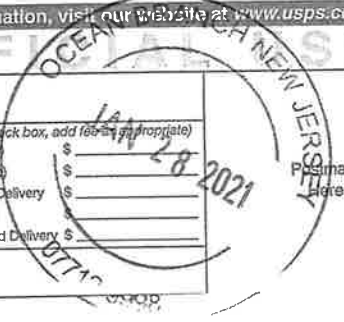
Total Postage \$

Sent To Figurelli, Frances G

Street and Ap 66 Webb Avenue

City, State, Zip Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047



7020 1810 0002 0938 3521

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

HRC

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

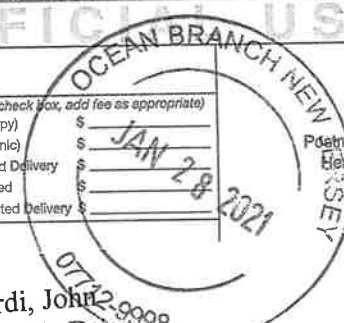
Total Postage \$

Sent To Lombardi, John

Street and 185 Priscilla Drive

City, State Lincroft, NJ 07738

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0938 3538

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

HRC

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

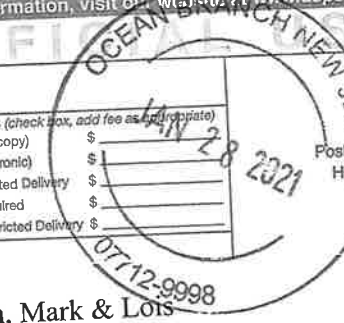
Total Postage \$

Sent To Moran, Mark & Lois

Street and 62 Webb Avenue

City, State Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 1810 0002 0938 3545

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *HRC*

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **Vaillancourt, William**

77 Pilgrim Pathway
 Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0938 3552

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **Ryan, Kathleen A**

79 Pilgrim Pathway
 Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

Ryan, Kathleen A
 79 Pilgrim Pathway
 Ocean Grove, NJ 07756

2. Article Number (Transfer from service label)

7020 1810 0002 0938 3552

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *A. Gonnewill* Addressee

B. Received by (Printed Name) _____

C. Date of Delivery *1/29/21*

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

7020 1810 0002 0939 3971

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *HRC*

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **Mermaid Homes, LLC**

105 8th Avenue
 Belmar, NJ 07719

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0939 3971

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *HRC*

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **Debiase-Danar, Maria**

400 Chambers St Apt. 10G
 New York, NY 10282

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0939 3945

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

**OFFICE OF THE POSTMASTER IN CHARGE
OCEAN BRANCH NEW JERSEY**
07712-9998

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To
Millering, Robbin &
Nodelman, Edward
65 Abbot Avenue
Ocean Grove, NJ 07756

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

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:

Millering, Robbin &
Nodelman, Edward
65 Abbot Avenue
Ocean Grove, NJ 07756

2. Article Number (Transfer from service label)

9590 9402 5997 0069 8015 63

7020 1810 0002 0939 3945

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
1/30/21

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7020 1810 0002 0939 4008

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

**OFFICE OF THE POSTMASTER IN CHARGE
OCEAN BRANCH NEW JERSEY**
07712-9998

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Pos \$

Sent To
Tulp, Lucette
124 West 60th Street #46E
New York, NY 10023

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

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:

Tulp, Lucette
124 West 60th Street #46E
New York, NY 10023

2. Article Number (Transfer from service label)

9590 9402 5997 0069 8015 56

7020 1810 0002 0939 4008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
1/29/21

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7020 1810 0002 0939 4015

**U.S. Postal Service™
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For delivery information, visit our website at www.usps.com

**OFFICE OF THE POSTMASTER IN CHARGE
OCEAN BRANCH NEW JERSEY**
07712-9998

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Pos \$

Sent To
Lodewyks, Christopher A
& Hutchison, C
5 Hemlock Terrace
Kinnelon, NJ 07405

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0002 0939 4022

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

**OFFICE OF THE POSTMASTER IN CHARGE
OCEAN BRANCH NEW JERSEY**
07712-9998

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Schaeffer, Gordon B & Grace H
3099 Country Club Blvd
Orange Park, FL 32073

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

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:

Schaeffer, Gordon B & Grace H
3099 Country Club Blvd
Orange Park, FL 32073

2. Article Number (Transfer from service label)

9590 9402 5997 0069 8015 32

7020 1810 0002 0939 4022

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
1/21/21

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7020 1810 0002 0939 4039

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL BUSINESS

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Galeota, James J Jr & Kimberly
31 Oak Avenue
Metuchen, NJ 08840

Street and City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

Galeota, James J Jr & Kimberly J
31 Oak Avenue
Metuchen, NJ 08840

2. Article Number (Transfer from...)

7020 1810 0002 0939 4039

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Insured Mail Restricted Delivery (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) James & Kimberly

C. Date of Delivery 1/29/21

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

7020 1810 0002 0939 4046

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL BUSINESS

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To New Jersey Natural Gas
1415 Wyckoff Road
Wall, NJ 07719

Street and City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

New Jersey Natural Gas
1415 Wyckoff Road
Wall, NJ 07719

2. Article

7020 1810 0002 0939 4046

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Insured Mail Restricted Delivery (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) LUIS R

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

7020 1810 0002 0939 4053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL BUSINESS

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To JCP&L
880 Pinewald-Keswick Rd.
Berkeley Township, NJ 08731

Street and City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

JCP&L
880 Pinewald-Keswick Rd.
Berkeley Township, NJ 08731

2. Article

7020 1810 0002 0939 4053

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Insured Mail Restricted Delivery (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

7020 1810 0002 0939 4060

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL BUSINESS

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Verizon
1 Verizon Way
Basking Ridge, NJ 07920

Street and City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

Verizon
1 Verizon Way
Basking Ridge, NJ 07920

2. Article

7020 1810 0002 0939 4060

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Insured Mail Restricted Delivery (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

7020 1810 0002 0939 7351

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Street and Apt
City, State, Zip

Monmouth Cablevision
1501 18th Avenue
Wall, NJ 07719



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:

Monmouth Cablevision
1501 18th Avenue
Wall, NJ 07719



9590 9402 5997 0069 8014 88

2. Article

7020 1810 0002 0939 7351

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Cable Vision

C. Date of Delivery

2-2-21

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee \$

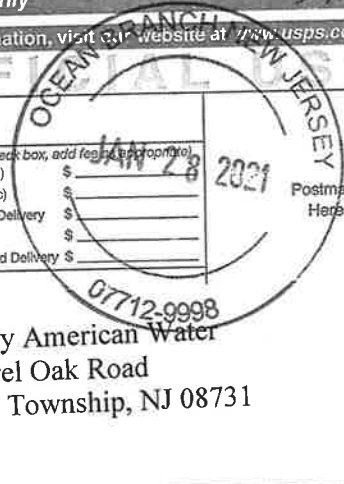
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Street
City, State, Zip

New Jersey American Water
1025 Laurel Oak Road
Berkeley Township, NJ 08731



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Street
City, State, Zip

Township of Neptune
25 Neptune Blvd.
Neptune, NJ 07753



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:

The Historical Society of Ocean Grove
Museum and Offices
50 Pitman Avenue
Ocean Grove, NJ 07756



9590 9402 5997 0069 8014 57

2. Article

7020 1810 0002 0938 9240

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Hickory

C. Date of Delivery

1/22/21

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

7020 1810 0002 0938 9226

7020 1810 0002 0938 9233

7020 1810 0002 0938 9240

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Certified Mail Fee \$

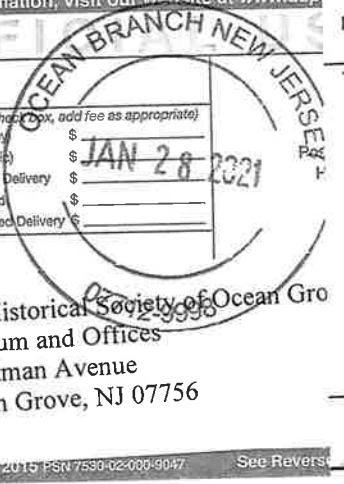
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Street and Apt
City, State, Zip

The Historical Society of Ocean Grove
Museum and Offices
50 Pitman Avenue
Ocean Grove, NJ 07756



7020 1810 0002 0938 9257

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Pos \$

Sent To State Office of Historic Preservation

PO Box 7815

West Trenton, NJ 08628

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Postmark Here

7020 1810 0002 0938 9264

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Pos \$

Sent To State Historic Sites Committee

NJ Historical Commission

P.O. Box 305

Trenton, NJ 08625

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Postmark Here

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:

State Historic Sites Committee
NJ Historical Commission
P.O. Box 305
Trenton, NJ 08625

2. Article

9590 9402 5997 0069 8014 33

7020 1810 0002 0938 9264

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature 8:01 AM Agent

B. Received by (Printed Name)

C. Date of Delivery JAN 29 2021

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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

RECEIVED

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7020 1810 0002 0939 4077

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Pos \$

Sent To Archaeological Society of New Jersey

c/o New Jersey State Museum

Bureau of Archeology & Ethnography

205 West State Street, PO Box 530

Trenton, NJ 08625-0530

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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:

Archaeological Society of New Jersey
c/o New Jersey State Museum
Bureau of Archeology & Ethnography
205 West State Street, PO Box 530
Trenton, NJ 08625-0530

2. Article

9590 9402 6262 0265 0876 15

7020 1810 0002 0939 4077

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature 8:01 AM Agent

B. Received by (Printed Name)

C. Date of Delivery JAN 29 2021

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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

RECEIVED

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 1810 0002 0939 4084

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OCEAN BRANCH NEW JERSEY

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Pos \$

Sent To State Historic Preservation & Dept. of Interior, Mail Code 501-04B

State of NJ, DEP, Historic Preservation Office

PO Box 420

Trenton, NJ 08625-0420

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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:

State Historic Preservation & Dept. of Interior, Mail Code 501-04B
State of NJ, DEP, Historic Preservation Office
PO Box 420
Trenton, NJ 08625-0420

2. Article Number (Transfer from service label)

9590 9402 6262 0265 0876 08

7020 1810 0002 0939 4084

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature 8:01 AM Agent

B. Received by (Printed Name)

C. Date of Delivery JAN 29 2021

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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

RECEIVED

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7020 1810 0002 0939 4091

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

HPC

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy)
- Return Receipt (electronic)
- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery

Postmark
Here

Postage

Total Post

Sent To

Street and

City, State

National Trust for Historic Preservation
2600 Virginia Avenue, NW Suite 1100
Washington, DC 20037

