AFFIDAVIT OF SERVICE, TOWNSHIP OF NEPTUNE
HISTORIC PRESERVATION COMMISSION APPLICATION

IN RE MATTER OF: 76 Mt. Tabor Way, Ocean Grove
Block 149, Lot 2, Neptune Township
Applicant: Jill Martin and Jenny Martin

State of New Jersey)
County of Monmouth) SS:

JEFFREY P. BEEKMAN, ESQ., of full age, being duly sworn according to law, on his oath deposes and says that:

1. I am a Member of The Beekman Law Firm, LLC, the attorneys representing the Applicant, David Giovanella, and I have an office address at 47 Main Avenue, Ocean Grove, New Jersey 07756. I am fully familiar with the application, and am authorized to make this affidavit.

2. On or about **July 24, 2023** I did email to the Asbury Park Press a copy of the attached Notice of Public Hearing for publication in the Asbury Park Press at least ten (10) days prior to the hearing date. The Notice was published on **July 27, 2023**.

3. On **July 24, 2023**, at least ten (10) days prior to the hearing date, I did serve by certified mail return receipt requested upon all property owners within 200 feet of the herein property, a Notice of Public Hearing regarding the application for Demolition/Partial Demolition at the Applicant's property designated as **Block 149, Lot 2** on the tax map of the Township of Neptune, County of Monmouth, State of New Jersey **(76 Mt. Tabor Way, Ocean Grove, NJ 07756)**.

4. On **July 24, 2023**, at least ten (10) days prior to the hearing date, I did serve by certified mail return receipt requested a Notice of Public Hearing upon the Neptune Township Clerk, New Jersey Transit, New Jersey Department of Transportation, Monmouth County Planning Board and public utilities, as set forth in the service list provided by the Neptune Clerk/Assessor/Tax Office.

5. On **July 27, 2023**, at least ten (10) days prior to the hearing date, I did serve by certified mail return receipt requested a Notice of Public Hearing upon the Neptune Township Historical Society; Historical Society of Ocean Grove; NJ Historical Commission; New Jersey Historic Trust; NJDEP-Historic Preservation Office; and Department of the Interior, National Trust for Historic Preservation.

6. Attached hereto as Exhibit A is a true copy of the Notice of Hearing to property owners and the Affidavit of Publication from the Asbury Park Press indicating that the Notice of Public Hearing was published on **July 27, 2023**, which is at least ten (10) days prior to the hearing date for this application.

7. Attached hereto as Exhibit B is a certified list of the property owners within 200 feet, as well as public utilities, etc. in accordance with the tax rolls of the Township of Neptune, and in compliance with the Municipal Land Use Law, New Jersey Statutes Annotated 40:55D-12.

8. Attached hereto as Exhibit C are the original certified mail receipts evidencing the certified mailings to the property owners and public entities and utilities as set forth therein, and in accordance with the procedures and requirements of the Municipal Land Use Law and the Neptune Township Historic Preservation Commission.

JEFFREY P. BEEKMAN

Sworn to and subscribed before me
This 1st day of August, 2023

LORETTA DEBRA PFAU
Notary Public
New Jersey
My Commission Expires May 30, 2025

Exhibit A

NOTICE OF HEARING
APPLICATION TO THE
TOWNSHIP OF NEPTUNE
HISTORIC PRESERVATION COMMISSION

NOTICE is hereby given that the undersigned has applied to the Historic Preservation Commission of the Township of Neptune seeking a Certificate of Appropriateness and/or other approvals as noted below at the applicant's property commonly known as 76 Mt. Tabor Way, Ocean Grove, Neptune Township, New Jersey and designated as Block 149, Lot 2 on the Township of Neptune Tax Map. The Applicant requests the following approvals:

> Approval for demolition or partial demolition of the rear portion of the dwelling as set forth in the plans provided the Historic Preservation Commission.
>
> In addition, Applicant seeks any other approvals as may be required or identified by the Township of Neptune Historic Preservation Commission in connection with this Demolition or Partial Demolition Application and/or a Certificate of Appropriateness for any proposed modifications or additions to the dwelling and the property.

A virtual remote hearing will be held on this application by the Neptune Township Historic Preservation Commission **remotely via ZOOM and will commence at 7:00 PM on Tuesday, August 8, 2022**. At that time, you may participate via ZOOM and present any questions or objections you may have about this Application. Log-in and Participant information for this virtual ZOOM meeting is as follows:

PUBLIC ACCESS TO ZOOM MEETING:

Topic: 2023.8.8 HPC Monthly Meeting
Time: Aug 8, 2023 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/87845272760

Meeting ID: 878 4527 2760

One tap mobile
+16465588656,,87845272760# US (New York)
+16469313860,,87845272760# US

Dial by your location
- +1 646 558 8656 US (New York)
- +1 646 931 3860 US
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 669 900 9128 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US

• +1 253 215 8782 US (Tacoma)
• +1 346 248 7799 US (Houston)
• +1 360 209 5623 US
• +1 386 347 5053 US
• +1 507 473 4847 US
• +1 564 217 2000 US
• +1 669 444 9171 US

Meeting ID: 878 4527 2760

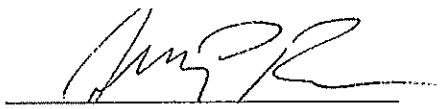
Find your local number: https://us02web.zoom.us/u/krw0idfwa

The file, application and plans may be inspected in the office of the Administrative Officer of the Historic Preservation Commission at the Neptune Municipal Building, 25 Neptune Boulevard, Neptune, New Jersey 07753, during normal business hours, or if you have any questions, you may contact the Board Office at (732) 988-5200 x278, or by email at hkepler@neptunetownship.org.

In addition, if any hearing on this application is adjourned or carried to another meeting date, the Historic Preservation Board will provide an announcement for the date, time, and location for where the next meeting will be held, and whether the next hearing will continue to be held virtually by ZOOM or other virtual platform, or if any subsequent meeting will be held in-person at the Neptune Township Municipal Offices, 25 Neptune Boulevard, Neptune, New Jersey, or at any other in-person location. Dates, times, and locations of additional meetings may also be posted on the Township's website for meetings held by the Neptune Township Historic Preservation Commission. If the matter is carried, there may not be a requirement for the applicant to re-notice, even if the meeting is changed from a virtual hearing to an in-person hearing, or from an in-person hearing to a virtual hearing.

Dated: July 20, 2023

Applicants/Owners: Jill Martin & Jenny Martin
Property Address: 76 Mt Tabor Way
Ocean Grove, New Jersey 07756



BY: JEFFREY P. BEEKMAN, ESQ.
THE BEEKMAN LAW FIRM, LLC
ATTORNEYS FOR APPLICANT
47 Main Ave., PO Box 395
Ocean Grove, NJ 07756
Phone #: 732-774-8262

AFFIDAVIT OF PUBLICATION

Publisher's Fee $91.52 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, deposeth 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 dated as follows:

07/27/2023 **A.D 2023**

_____
Notary Public State of Wisconsin County of Brown

4-6-27
_____
My commission expires

DENISE ROBERTS
Notary Public
State of Wisconsin

NOTICE OF HEARING
APPLICATION TO THE
TOWNSHIP OF NEPTUNE
HISTORIC PRESERVATION COMMISSION

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+16469313860,,87845272760# US

Dial by your location
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- +1 646 931 3860 US
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 669 900 9128 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US

Meeting ID: 878 4527 2760

Find your local number: **https://us02web.zoom.us/u/krw0idfwa**

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Dated: July 20, 2023

Applicants/Owners: Jill Martin & Jenny Martin
Property Address: 76 Mt Tabor Way
Ocean Grove, New Jersey 07756

BY: JEFFREY P. BEEKMAN, ESQ.
THE BEEKMAN LAW FIRM, LLC
ATTORNEYS FOR APPLICANT
47 Main Ave., PO Box 395
Ocean Grove, NJ 07756
Phone #: 732-774-8262
($91.52)

0005779877-01

Exhibit B

Keith Cafferty, Mayor
Tassie York, Deputy Mayor
Dr. Michael Brantley
Robert Lane Jr.
Nicholas Williams

Neptune Township - NJ
Where Community, Business & Tourism Prosper

Gina LaPlaca, Esq
Business Administrator
Gabriella Siboni, RMC, CMR QPA
Township Clerk
Michael J. Bascom, CMFO, CTC
Chief Financial Officer

I, Bernard C. Haney, CTA, Assessor of the Township of Neptune, do hereby certify that this list represents all the interested parties to be notified of the proposed development of the property known as **Block: 149 Lot: 2;** in accordance with the requirements of R.S. 40:55D-12.

Bernard C. Haney, CTA
Assessor

Date: June 27, 2023

Supplement to 200 Foot List Requests

Please be advised that pursuant to Chapter 245, P.L. 1991, as of August 7th, 1991, any Applicant seeking a major subdivision or site plan approval, is required to provide a **Notice of Public Hearing to all Public Utilities and CATV** companies that own land or possess any easement that is within 200 feet of the proposed development.

Below is a list of Public Utilities which provide this service to the Neptune Area:

New Jersey- American Water Company, Inc.
Att. Donna Short GIS Supervisor
1025 Laurel Oak Road
Voorhees, NJ 08043

Verizon
Legal Department, 17th Floor
C/O Land Use Matters
540 Broad Street
Newark, NJ 07102

New Jersey Natural Gas Company
Attn: Right of Way Department
1415 Wyckoff Road
Wall Twp., NJ 07719

Jersey Central Power & Light Company
Attn: Land Use Matters
300 Madison Avenue
Morristown, NJ 07960

Monmouth Cablevision
Attn: Land Use Matters
1501 18th Avenue
Wall Twp., NJ 07719

In accordance with the Land Use Law N.J.S.A. 40:55d-12[d-g], Notice of Property within two hundred feet [200'] of a County Road or Other County properties shall be given to:

Monmouth County Planning Board
Hall of Records Annex
PO Box 1255
Freehold, NJ 07728-1125

In accordance with the same Land Use law, Notice of Property adjacent to a State Highway shall be given to:

Department of Transportation
C/O Commissioner of Transportation
PO Box 600
Trenton, NJ 08625

Notice including maps or documents of an application which involves more than 150 acres or 500 dwelling units shall be given to the State Planning Commission

Please address mail to:
New Jersey Business Action Center
Office of Planning Advocacy
Department of State
P.O. Box 820
Trenton, New Jersey 08625-0820

Tel: 1-609-292-7156
Fax: 1-609-292-3292
Email: feedback@sos.nj.gov

On all applications where property is located in Ocean Grove, notice must be sent to:

Ocean Grove Camp Meeting Association
Attn: Finance Department
54 Pitman Avenue
PO Box 248
Ocean Grove, NJ 07756

Neptune Township NJ 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
149	2		76 MT TABOR WAY	MARTIN, JILL & JENNY	416 EAST THOMPSON STREET	PHILADELPHIA, PA 19125	

§

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

Adjoining Properties (63)

Block	Lot	Qualifier	Location	Owner	Owner Street	Owner City\State\Zip	Additional Lots
141	3		86 MT CARMEL WAY	O'MARA,JOHN&TERESA BEGLEY-O'MARA	86 MT CARMEL WAY	OCEAN GROVE, NJ 07756	
141	4		84 MT CARMEL WAY	NIEUWENHUIS, THEO & BREED, CORINE	SCHOUWWEG 102	WASSENAAR, NETHERLANDS 22430	
141	5		27 NEW YORK AVE	POLLARD, FRANCES H & BROWNING, J B	25 E 9TH STREET #3A	NEW YORK, NY 10003	
141	6		29 NEW YORK AVE	SHAFFER, MAUREEN	29 NEW YORK AVE	OCEAN GROVE, NJ 07756	
141	7		31 NEW YORK AVE	MASCITELLI-FOSTER LOIS	31 NEW YORK AVENUE	OCEAN GROVE, NJ 07756	
141	8		33 NEW YORK AVE	TERRY, EDWARD	33 NEW YORK AVENUE	OCEAN GROVE, NJ 07756	
141	9		81 MT TABOR WAY	GERDES, DWIGHT & CHERYL	414 LAREINE AVENUE	BRADLEY BEACH, NJ 07720	
141	10		83 MT TABOR WAY	STEITZ, THOMAS H & JACQUELINE M	59 CIRCLE DRIVE	HAMPTON, NJ 08827	
141	11		85 MT TABOR WAY	MORRISON, KENDALL D & D'APOLITO, GE	85 MT TABOR WAY	OCEAN GROVE, NJ 07756	
142	1		MT CARMEL WAY	OCEAN GROVE CAMP MEETING ASSN	PO BOX 248	OCEAN GROVE, NJ 07756	
142	2		70 MT CARMEL WAY	SCHUBERT, LELAND W & REHMKE, JANE T	110 SOUTH STREET APT 304	MORRISTOWN, NJ 07960	
142	3		68 MT CARMEL WAY	MCCORMICK OG REAL ESTATE IRA, LLC	68 MT TABOR WAY UNIT 2	OCEAN GROVE, NJ 07756	

Block	Lot	Qualifier	Location	Owner	Owner Street	Owner City\State\Zip	Additional Lots
142	4		63 MT TABOR WAY	OCEAN GROVE CAMP MEETING ASSN	54 PITMAN AVENUE POB 248	OCEAN GROVE, NJ 07756	
142	5		27-29 PILGRIM PATHWAY	OCEAN GROVE CAMP MEETING ASSN	PO BOX 248	OCEAN GROVE, NJ 07756	
142	6		69 MT TABOR WAY	WRIGHT, RITA	69 MT TABOR WAY APT 5	OCEAN GROVE, NJ 07756	
142	7		71 MT TABOR WAY	WENTZEL, DAVID & ANGIE	71 MT TABOR WAY	OCEAN GROVE, NJ 07756	
149	1		78 MT TABOR WAY	GOLDSTEIN,MICHAEL DOUGLAS&CAROL WET	78 MOUNT TABOR WAY	OCEAN GROVE, NJ 07756	
149	2		76 MT TABOR WAY	MARTIN, JILL & JENNY	416 EAST THOMPSON STREET	PHILADELPHIA, PA 19125	
149	3		74 MT TABOR WAY	CHECKI, TERRENCE J & THERESA	492 SUMMERFIELD WAY	VENICE, FL 34292	
149	4		72 MT TABOR WAY	DEL MASTRO, ROBERT & CHECKI, LAURA	72 MT TABOR WAY	OCEAN GROVE, NJ 07756	
149	5		70 MT TABOR WAY	BASSETT,KATHERINE&GLUCKOW,JOHN&WOOD	70 MOUNT TABOR WAY	OCEAN GROVE, NJ 07756	
149	6		68 MT TABOR WAY	MC CORMICK, CHRISTOPHER & STEPHANIE	302 EDGEVALE ROAD	BALTIMORE, MD 21210	
149	7		66 MT TABOR WAY	YUEN-KILLICK, MICHAEL & ANGUS	307 CARROLL STREET	BROOKLYN, NY 11231	
149	8		64 MT TABOR WAY	DEDRICK, RICHARD & KEALY, MARY BETH	470 BURBURY CLOSE	FAYETTEVILLE, GA 30215	
149	9		35 PILGRIM PATHWAY	35 PILGRIM PATHWAY ASSOCIATES	35 PILGRIM PATHWAY	OCEAN GROVE, NJ 07756	
149	10		39 PILGRIM PATHWAY	OCEAN PLAZA OF OCEAN GROVE,L.L.C.	72 MAIN AVENUE	OCEAN GROVE, NJ 07756	
149	11		41 PILGRIM PATHWAY	HANDFORD ENTERPRISES 41, LLC	118 PINE NEEDLE LANE	ALTAMONTE SPRINGS, FL 32714	
149	12		65 MT HERMON WAY	65 MT HERMON, LLC % JANE CASALE	31 BROADWAY	OCEAN GROVE, NJ 07756	
149	13		67 MT HERMON WAY	GORDON, KATHRYN M & RILEY, JESSIE E	547 74TH STREET	BROOKLYN, NY 11209	

Block	Lot	Qualifier	Location	Owner	Owner Street	Owner City\State\Zip	Additional Lots
149	14		69 MT HERMON WAY	BURROWS, JOHN JR.	69 MT HERMON WAY	OCEAN GROVE, NJ 07756	
149	15		71 MT HERMON WAY	FREER, ALEXANDRA	71 MT HERMON WAY	OCEAN GROVE, NJ 07756	
149	16		73 MT HERMON WAY	NOLL, WILLIAM T & FRANCES LAWRIE	73 MOUNT HERMON WAY	OCEAN GROVE, NJ 07756	
149	17		75 MT HERMON WAY	MICHELE D'AMATO GRNTR TRST 11/29/11	17 JARED LANE	MANALAPAN, NJ 07726	
149	18		77 MT HERMON WAY	HUSELAND,MARTHA M&SCHWEIZER,PAMELA	77 MT HERMON WAY	OCEAN GROVE, NJ 07756	
150	3		86 MT TABOR WAY	PETERSON, JOHN R. & DIANE L.	14 HUNT CLUB ROAD	HILLSBOROUGH, NJ 08844	
150	4		84 MT TABOR WAY	MICHELLE ANNA DAVIS LIVING TRUST	313 NORTH BOULEVARD	LAKE COMO, NJ 07719	
150	5		82 MT TABOR WAY	WOLNIANSKY, PETER & NIKITINA, OLGA	82 MT TABOR WAY	OCEAN GROVE, NJ 07756	
150	6		79 MT HERMON WAY	MARREN, JOAN M.	79 MOUNT HERMON WAY	OCEAN GROVE, NJ 07756	
150	7		79 MT HERMON WAY 1/2	DE ALMEIDA,DONNA L.	1203 RIVER ROAD PH3	EDGEWATER, NJ 07020	
150	8		81 MT HERMON WAY	MURPHY, MICHAEL	81 MT HERMON WAY	OCEAN GROVE, NJ 07756	
150	9		83 MT HERMON WAY	HOLTZ, HOWARD & LAURA PRATO-	250 RIDGEDALE AV UNIT C-2	FLORHAM PARK, NJ 07932	
150	10		85 MT HERMON WAY	AUDINO, MICHAEL & DONNA	85 MT HERMON WAY	OCEAN GROVE, NJ 07756	
162	4		84 MT HERMON WAY	SPOELSTRA, BERNHARD & SARA	84 MT HERMON WAY	OCEAN GROVE, NJ 07756	
162	5		82 MT HERMON WAY	LOESSER, EILEEN M	82 MT HERMON WAY	OCEAN GROVE, NJ 07756	
162	6		80 MT HERMON WAY	PETER, REGINA M & MCCREESH, PAMELA	80 MT HERMON WAY	OCEAN GROVE, NJ 07756	
162	7		79 MAIN AVE	67 MAIN AVE REALTY, LLC	556 GROVE STREET	MONTCLAIR, NJ 07043	
163	1		78 MT HERMON WAY	SOLTIS, JUDY B	78 MT HERMON WAY	OCEAN GROVE, NJ 07756	

Block	Lot	Qualifier	Location	Owner	Owner Street	Owner City\State\Zip	Additional Lots
163	2		76 MT HERMON WAY	DANZIGER, CARL%POPOK REALTY	PO BOX 597	OAKHURST, NJ 07755	
163	3		74 MT HERMON WAY	ALLEN, RENEE BANG	74 MOUNT HERMON WAY	OCEAN GROVE, NJ 07756	
163	4		70 MT HERMON WAY	MARZANO ASSOCIATES	6341 WALNUT CREEK DRIVE	EAST AMHERST, NY 14051	
163	5		68 MT HERMON WAY	STRANG, SANDRA E	68 MT HERMON WAY	OCEAN GROVE, NJ 07756	
163	6		63 MAIN AVE	OCEAN GROVE CAMP MEETING ASSN	54 PITMAN AVENUE POB 248	OCEAN GROVE, NJ 07756	
163	11		69 MAIN AVE	GANNON, MARK & DEBORAH	PO BOX 353	OCEAN GROVE, NJ 07756	
163	12		73 MAIN AVE	SKOKOS FAMILY LLC	280 HOCKHOCKSEN ROAD	TINTON FALLS, NJ 07724	
163	13		77 MAIN AVE	ST. ELMO HOTEL CONDOMINIUM	25 NEPTUNE BLVD	NEPTUNE TWP, NJ 07753	
163	13	C102	77 MAIN AVE SUITE 2	BECKERMAN, DANIEL & ELIZABETH	35 MUNCY DRIVE	WEST LONG BRANCH, NJ 07764	
163	13	C103	77 MAIN AVE SUITE 3	COOMBER REALTY, LLC	77 MAIN ST, UNIT C103	OCEAN GROVE, NJ 07756	
163	13	C202	77 MAIN AVE UNIT 2B	CAROLI,DONALD E.& LOFREDDO,ALICE C	8 HARTE CT	FREEHOLD, NJ 07728	
163	13	C203	77 MAIN AVE UNIT 2C	GALLE, JEAN	77 MAIN AVE UNIT 2C	OCEAN GROVE, NJ 07756	
163	13	C302	77 MAIN AVE UNIT 3B	WALCZAK, MIROSLAWA	77 MAIN AVE UNIT 3B	OCEAN GROVE, NJ 07756	
163	13	C303	77 MAIN AVE UNIT 3C	ANTONOVICH, JANE	77 MAIN AVE UNIT 3C	OCEAN GROVE, NJ 07756	
163	13	C402	77 MAIN AVE UNIT 4B	IACULLO, ROBERT J & ANITA	77 MAIN AVE UNIT 4B	OCEAN GROVE, NJ 07756	
163	13	C403	77 MAIN AVE UNIT 4C	QUISENBERRY, MARGARET M	77 MAIN AVENUE UNIT 4C	OCEAN GROVE, NJ 07756	

Buffer Report - Map

Developed by Civil Solutions using myiDV

Exhibit C

7022 1670 0002 4947 2959

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 $

New Jersey American Water Co.
Attn: Donna Short GIS Supervisor
1025 Laurel Oak Road
Voorhees, N.J. 08043

OCEAN GROVE NJ 07756 JUL 2023 USPS

Postmark Here

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

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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:

Jersey Central Power and Light Company
Attn: Land Use Matters
300 Madison Avenue
Morristown, NJ 07960

9590 9402 6787 1074 8023 63

2. Article Number (Transfer from service label)

7022 1670 0002 4947 2737

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

D. If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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Voorhees, N.J. 08043

9590 9402 7155 1251 9692 89

2. Article Number (Transfer from service label)

7022 1670 0002 4947 2959

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

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7022 1670 0002 4947 2737

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 $

Jersey Central Power and Light Company
Attn: Land Use Matters
300 Madison Avenue
Morristown, NJ 07960

OCEAN GROVE NJ 07756 JUL 24 2023 USPS

Postmark Here

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

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 $

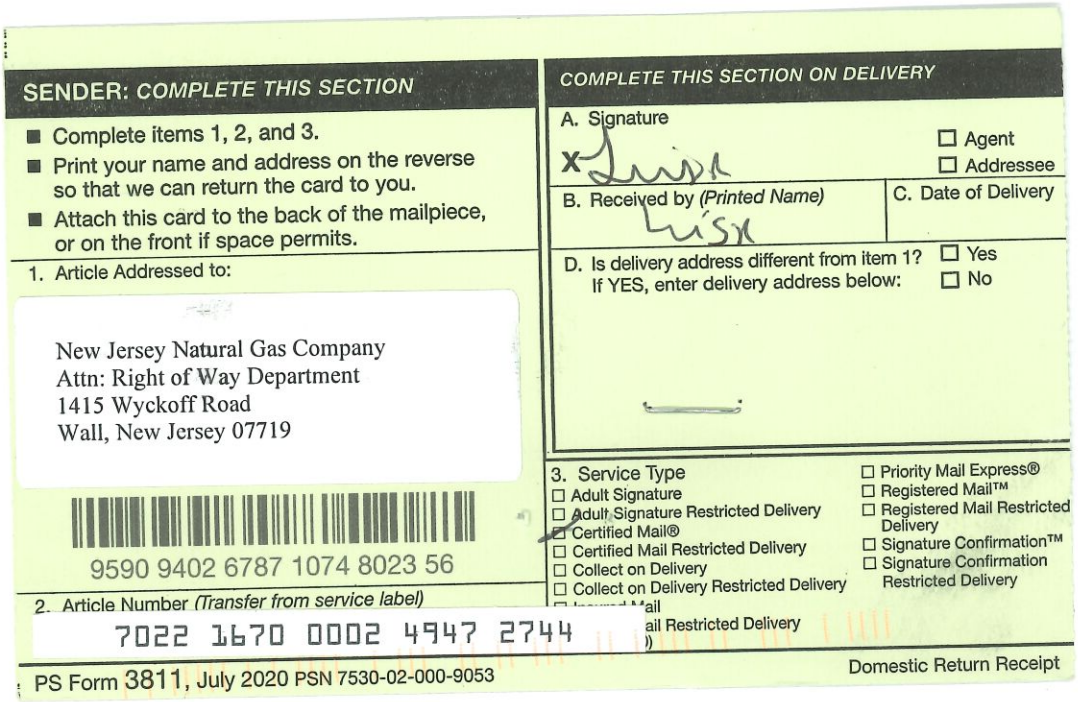
Postage
$

Postmark Here
JUL 24 2023
USPS
VENJ 07756

7022 1670 0002 4947 2744

New Jersey Natural Gas Company
Attn: Right of Way Department
1415 Wyckoff Road
Wall, New Jersey 07719

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

New Jersey Natural Gas Company
Attn: Right of Way Department
1415 Wyckoff Road
Wall, New Jersey 07719

9590 9402 6787 1074 8023 56

2. Article Number (Transfer from service label)
7022 1670 0002 4947 2744

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Luisa
☐ Agent
☐ Addressee

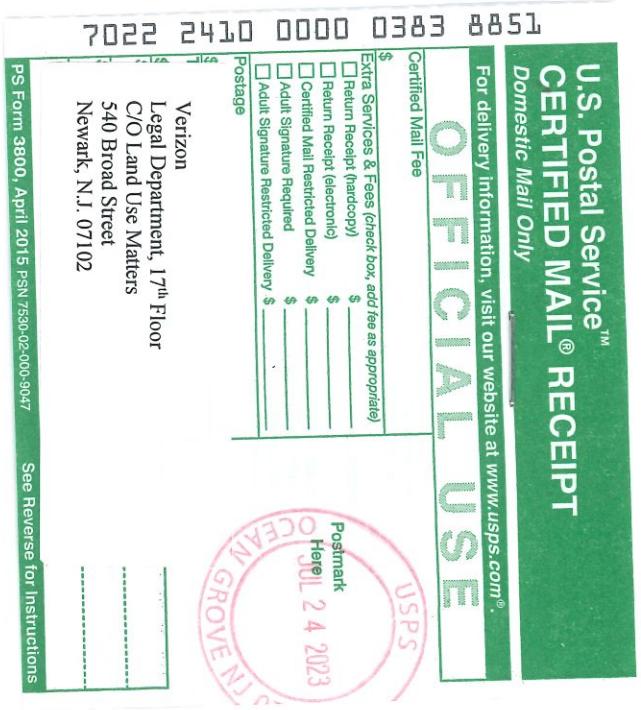
B. Received by (Printed Name)
Luisa

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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



7022 2410 0000 0383 8851

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OFFICIAL USE

Certified Mail Fee
$

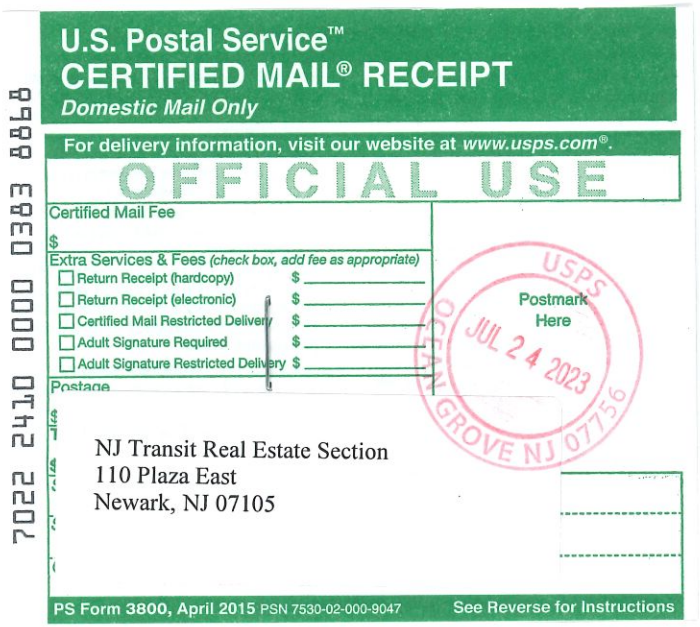
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here
JUL 24 2023
USPS
OCEAN GROVE NJ

Verizon
Legal Department, 17th Floor
C/O Land Use Matters
540 Broad Street
Newark, N.J. 07102

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



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

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

OFFICIAL USE

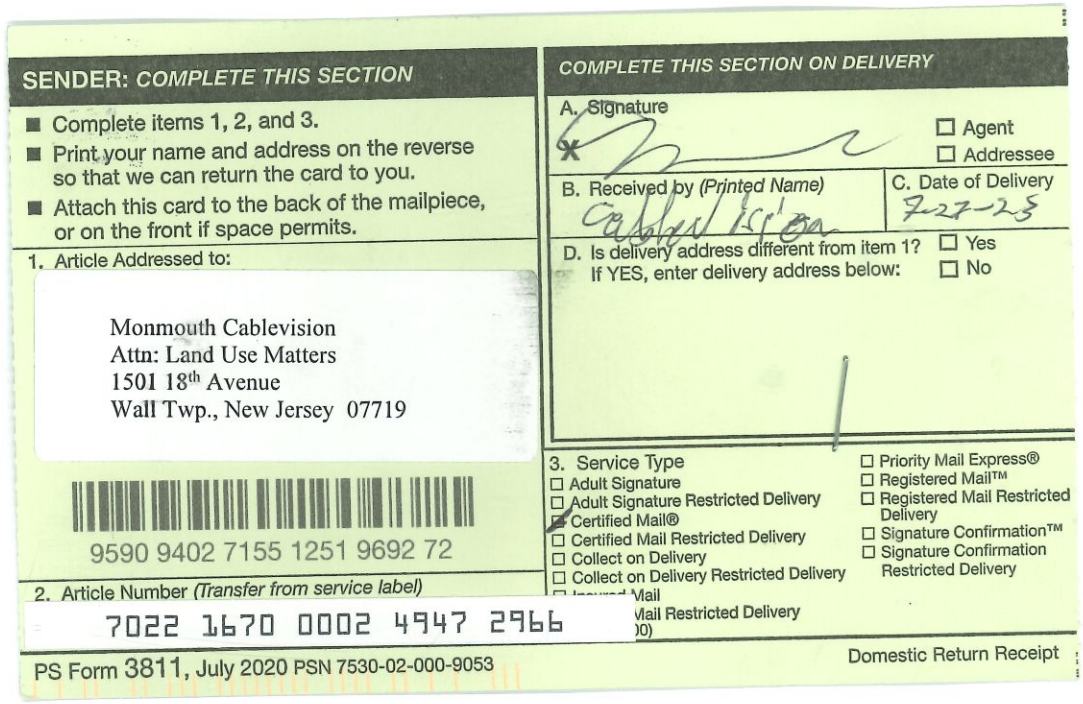
Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage

USPS OCEAN GROVE NJ 07756 Postmark Here JUL 24 2023

NJ Transit Real Estate Section
110 Plaza East
Newark, NJ 07105

7022 2410 0000 0383 8868

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:

Monmouth Cablevision
Attn: Land Use Matters
1501 18th Avenue
Wall Twp., New Jersey 07719

9590 9402 7155 1251 9692 72

2. Article Number (Transfer from service label)
7022 1670 0002 4947 2966

COMPLETE THIS SECTION ON DELIVERY

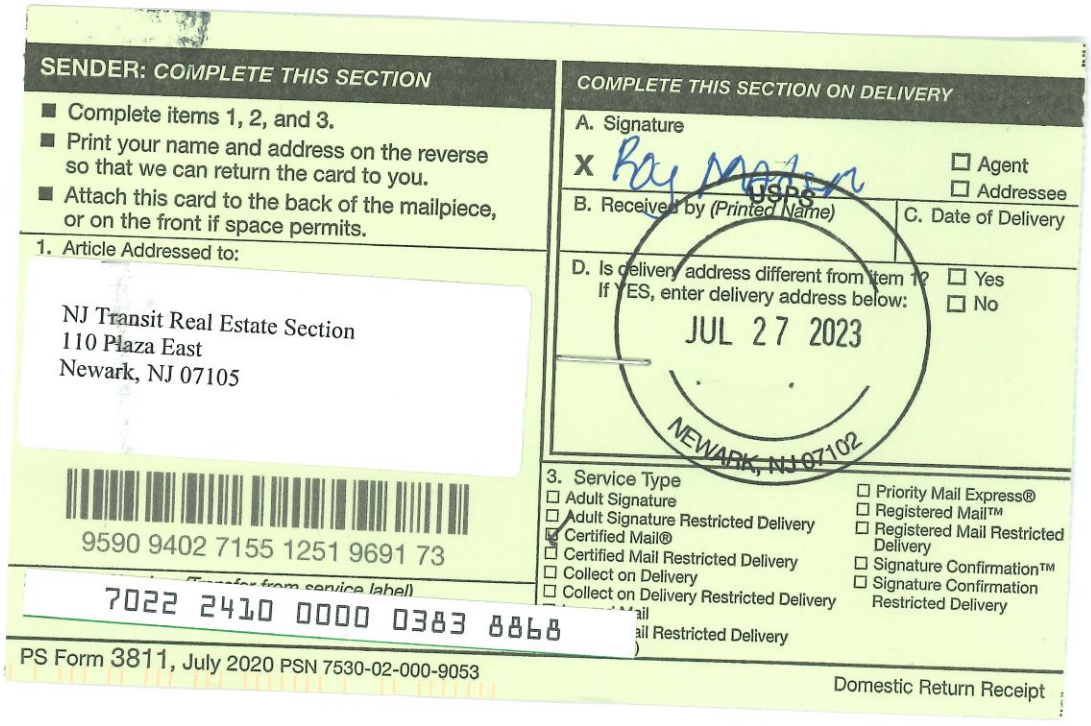
A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-27-23

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

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



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:

NJ Transit Real Estate Section
110 Plaza East
Newark, NJ 07105

9590 9402 7155 1251 9691 73

7022 2410 0000 0383 8868

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

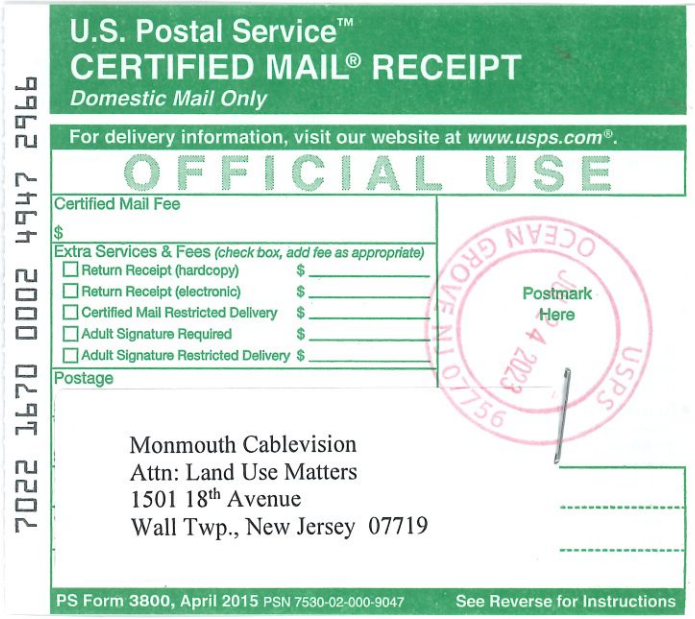
B. Received by (Printed Name) C. Date of Delivery

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

USPS JUL 27 2023 NEWARK, NJ 07102

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

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



7022 1670 0002 4947 2966

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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

USPS OCEAN GROVE NJ 07756 Postmark Here JUL 24 2023

Monmouth Cablevision
Attn: Land Use Matters
1501 18th Avenue
Wall Twp., New Jersey 07719

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

7022 1670 0002 4947 2973

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

OCEAN GROVE NJ 07756 JUL 2023 USPS
Postmark Here

Monmouth County Planning Board
Hall of Records Annex
P.O. Box 1255
Freehold, NJ 07728-1125

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:

Clerk, Township of Neptune
25 Neptune Boulevard
Neptune, NJ 07753

9590 9402 6787 1074 8023 49

2. Article Number *(Transfer from service label)*
7022 1670 0002 4947 2751

COMPLETE

A. Signature
X DLE ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* Edwards
C. Date of Delivery 7-25-23

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

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

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 County Planning Board
Hall of Records Annex
P.O. Box 1255
Freehold, NJ 07728-1125

9590 9402 7155 1251 9692 65

2. Article Number *(Transfer from service label)*
7022 1670 0002 4947 2973

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* E. J.
C. Date of Delivery 7-26-23

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

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

7022 1670 0002 4947 2751

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OFFICIAL USE

Certified Mail Fee
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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

OCEAN GROVE NJ 07756 JUL 24 2023 USPS
Postmark Here

Clerk, Township of Neptune
25 Neptune Boulevard
Neptune, NJ 07753

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

7022 1670 0002 4947 2881

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

Postmark Here
JUL 24 2023
OCEAN GROVE NJ 07756
USPS

Ocean Grove Camp Meeting Association
Attn: Finance Department
54 Pitman Avenue
P.O. Box 248
Ocean Grove, NJ 07756

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

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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:

Ocean Grove Camp Meeting Association
Attn: Finance Department
54 Pitman Avenue
P.O. Box 248
Ocean Grove, NJ 07756

9590 9402 6787 1074 8023 32

7022 1670 0002 4947 2881

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
(over $500)

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

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7022 2410 0000 0383 8875

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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 $ _____

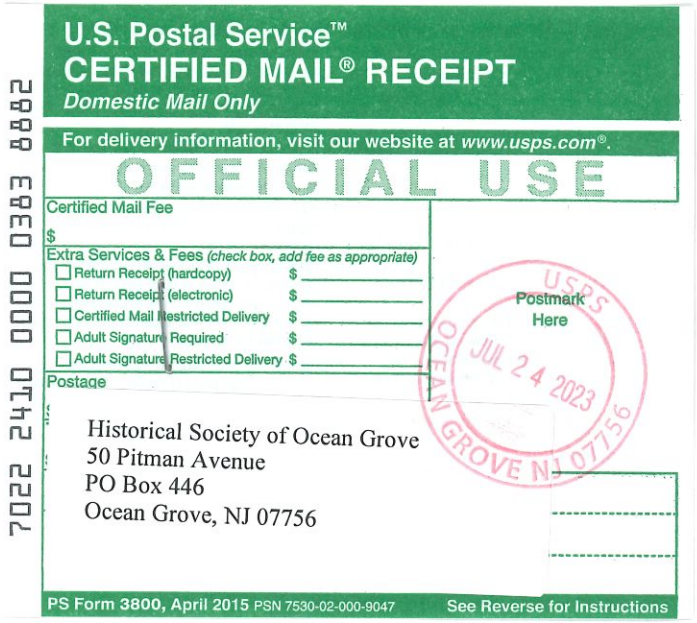
Postage

USPS
Postmark Here
JUL 24 2023
OCEAN GROVE NJ 07756

Department of Transportation
C/O Commissioner of Transportation
PO Box 600
Trenton, NJ 08625

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

7022 2410 0000 0383 8882



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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 $

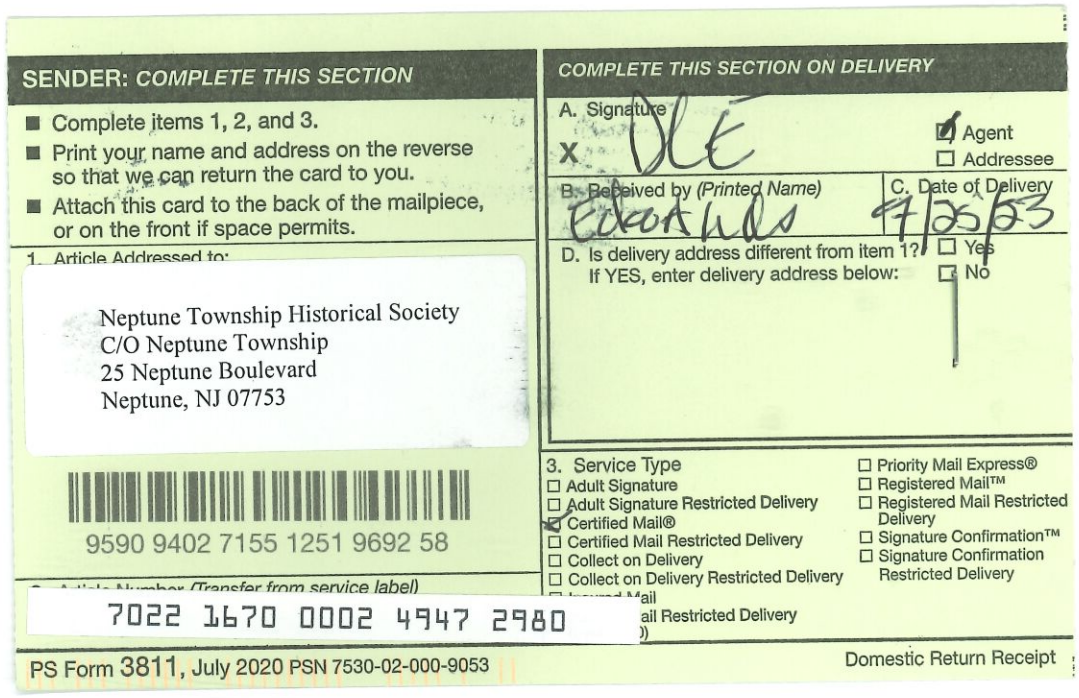
Postage

Postmark Here

USPS OCEAN GROVE NJ 07756 JUL 24 2023

Historical Society of Ocean Grove
50 Pitman Avenue
PO Box 446
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:

Neptune Township Historical Society
C/O Neptune Township
25 Neptune Boulevard
Neptune, NJ 07753

9590 9402 7155 1251 9692 58

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

7022 1670 0002 4947 2980

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X DLE
☑ Agent
☐ Addressee

B. Received by *(Printed Name)* Edgar Hds
C. Date of Delivery 7/25/23

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ 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

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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:

Historical Society of Ocean Grove
50 Pitman Avenue
PO Box 446
Ocean Grove, NJ 07756

9590 9402 7155 1251 9694 56

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

7022 2410 0000 0383 8882

COMPLETE THIS SECTION ON DELIVERY

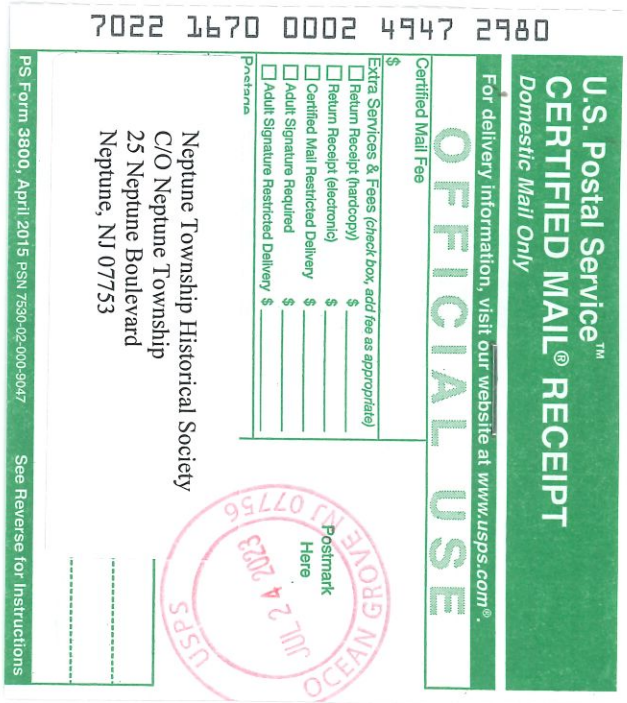
A. Signature
X [signature]
☐ Agent
☐ Addressee

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ 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



7022 1670 0002 4947 2980

U.S. Postal Service™
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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

Postmark Here

USPS OCEAN GROVE NJ 07756 JUL 24 2023

Neptune Township Historical Society
C/O Neptune Township
25 Neptune Boulevard
Neptune, NJ 07753

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

7022 1670 0002 4947 2997

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

OCEAN GROVE NJ 07756 JUL 24 2023 USPS
Postmark Here

NJ Historical Commission
P.O. Box 305
Trenton, New Jersey 08625

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

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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:

NJ Historical Commission
P.O. Box 305
Trenton, New Jersey 08625

9590 9402 7155 1251 9692 41

2. Article Number *(Transfer from service label)*
7022 1670 0002 4947 2997

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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

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7022 1670 0002 4947 2898

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

OCEAN GROVE NJ 07756 JUL 24 2023 USPS
Postmark Here

Department of the Interior,
National Trust for Historic Preservation
1849 C. Street
Washington, DC 20240

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

7022 1670 0002 4947 2904

U.S. Postal Service™
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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

Postmark Here
OCEAN GROVE NJ 07756 JUL 26 2023 USPS

NJDEP – Historic Preservation Office
Mail Code 501-04B
Post Office Box 420
Trenton, New Jersey 08625-0420

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

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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 Historic Trust
Department of Community Affairs
Post Office Box 457
Trenton, New Jersey 08625-0212

9590 9402 7155 1251 9694 49

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8899

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

RECEIVED JUL 26 2023 6:02 AM

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

---

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:

NJDEP – Historic Preservation Office
Mail Code 501-04B
Post Office Box 420
Trenton, New Jersey 08625-0420

9590 9402 6787 1074 8023 18

2. Article Number *(Transfer from service label)*
7022 1670 0002 4947 2904

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

RECEIVED JUL 26 2023 6:02 AM

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

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7022 2410 0000 0383 8899

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

New Jersey Historic Trust
Department of Community Affairs
Post Office Box 457
Trenton, New Jersey 08625-0212

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 $ ____

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OCEAN GROVE NJ 07756 JUL 26 2023 USPS

7022 2410 0000 0383 8905

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Certified Mail Fee
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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 $

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Nieuwenhuis, Theo & Breed, Corine
Schouwweg 102
Wassenaar, Netherlands
22430

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:

O'Mara,John&Teresa A Begley-O'Mara
86 MT Carmel Way
Ocean Grove, NJ 07756

9590 9402 7155 1251 9692 34

2. Article Number *(Transfer from service label)*
7022 1670 0002 4947 3000

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7022 1670 0002 4947 3000

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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
$

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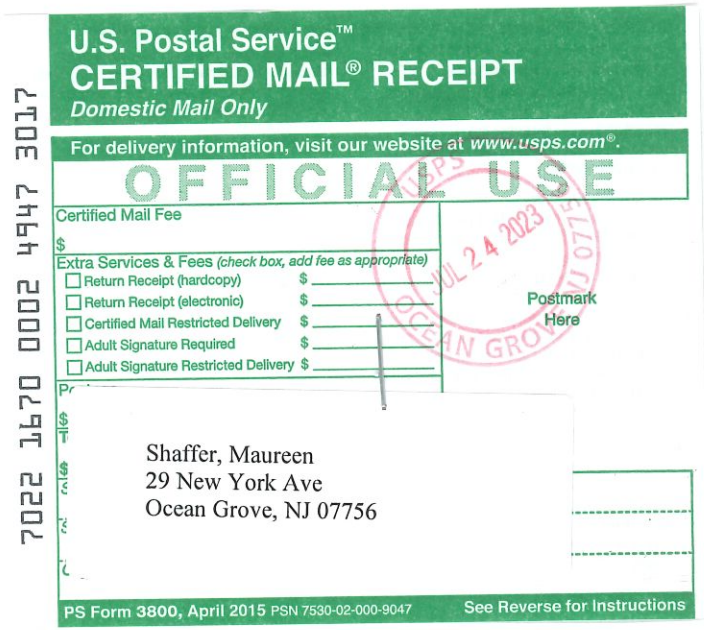
JUL 24 2023
OCEAN GROVE NJ 07756

O'Mara,John&Teresa A Begley-O'Mara
86 MT Carmel Way
Ocean Grove, NJ 07756

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



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Certified Mail Fee
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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

JUL 24 2023
OCEAN GROVE NJ 07756

7022 1670 0002 4947 3017

Shaffer, Maureen
29 New York Ave
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:

Shaffer, Maureen
29 New York Ave
Ocean Grove, NJ 07756

9590 9402 7155 1251 9692 27

2. Article Number (Transfer from service label)
7022 1670 0002 4947 3017

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

COMPLETE THIS SECTION ON DELIVERY

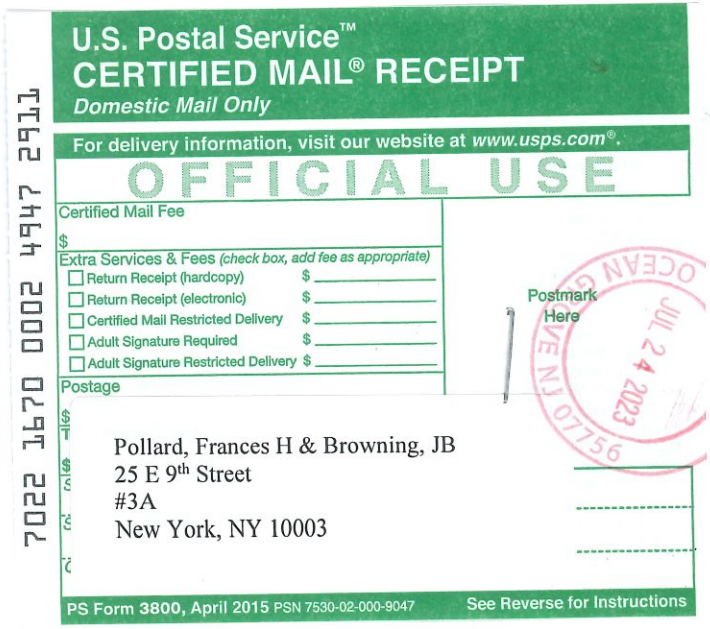
A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
7/26/23

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



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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

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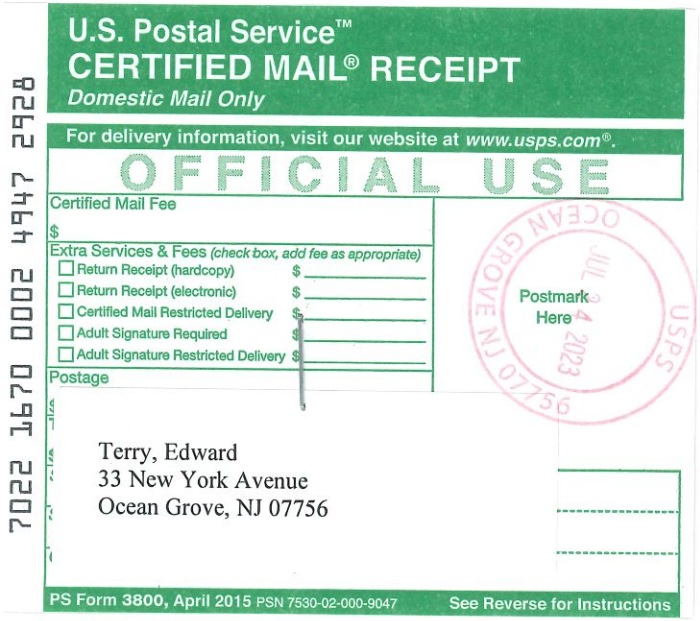
JUL 24 2023
OCEAN GROVE NJ 07756

7022 1670 0002 4947 2911

Pollard, Frances H & Browning, JB
25 E 9th Street
#3A
New York, NY 10003

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



7022 1670 0002 4947 2928

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Certified Mail Fee
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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

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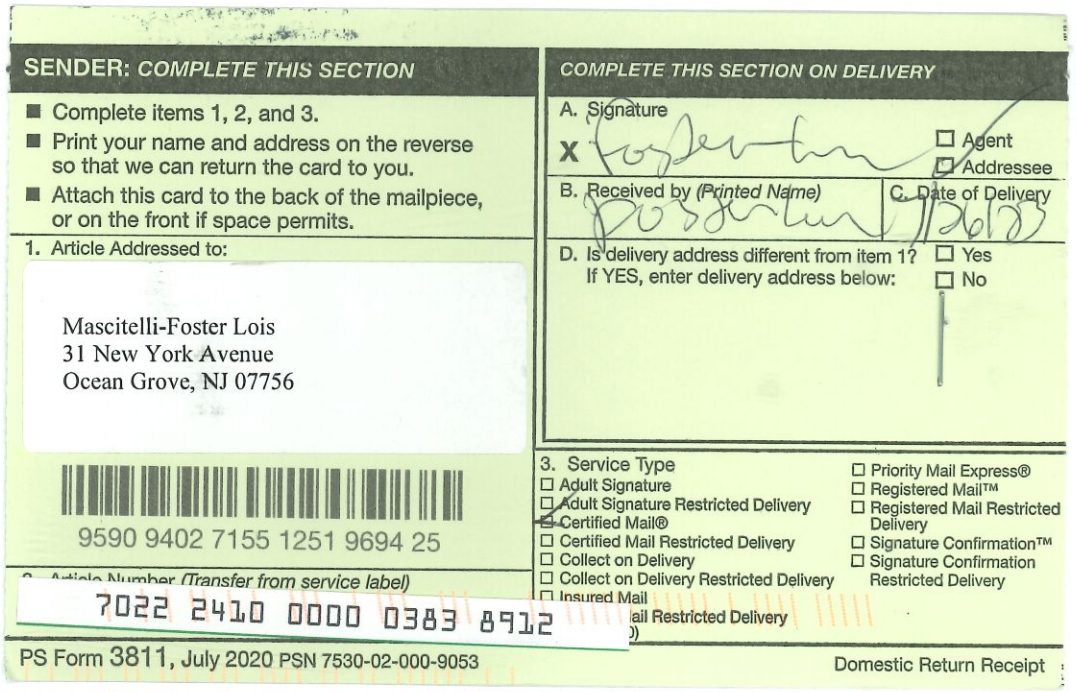
OCEAN GROVE NJ 07756 JUL 2023 USPS

Terry, Edward
33 New York Avenue
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:

Mascitelli-Foster Lois
31 New York Avenue
Ocean Grove, NJ 07756

9590 9402 7155 1251 9694 25

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8912

COMPLETE THIS SECTION ON DELIVERY

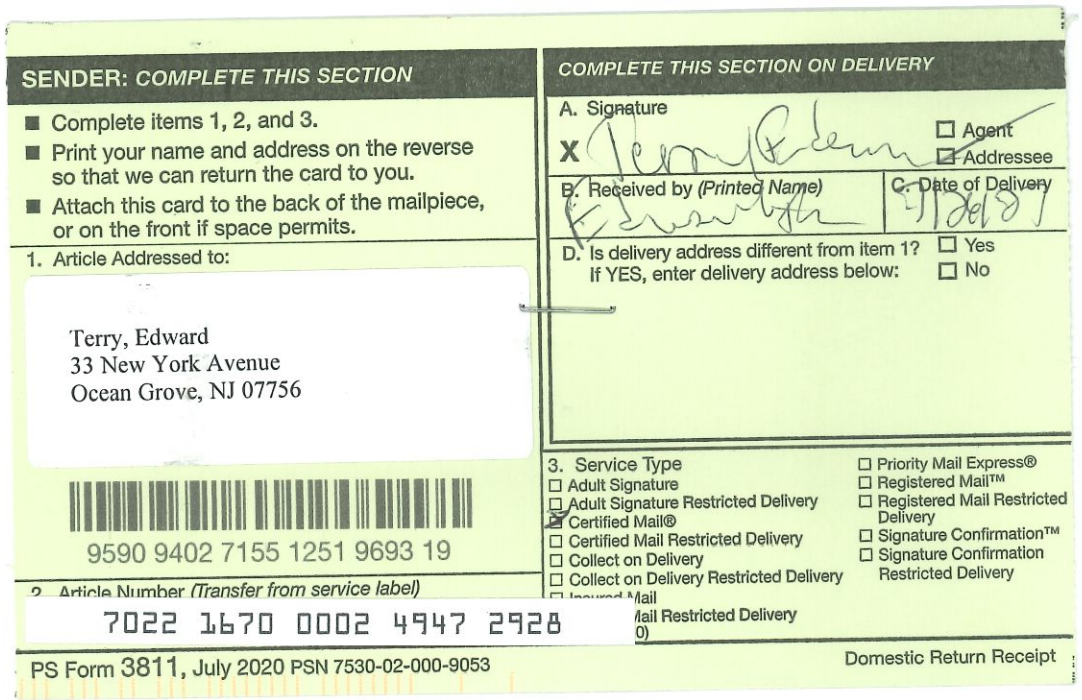
A. Signature
X ☐ Agent ☐ Addressee

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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



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:

Terry, Edward
33 New York Avenue
Ocean Grove, NJ 07756

9590 9402 7155 1251 9693 19

2. Article Number (Transfer from service label)
7022 1670 0002 4947 2928

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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

7022 2410 0000 0383 8912

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

Mascitelli-Foster Lois
31 New York Avenue
Ocean Grove, NJ 07756

Postage

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 $

Certified Mail Fee
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7022 1670 0002 4947 3024

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$

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

USPS Postmark Here JUL 24 2023 OCEAN GROVE NJ 07756

Steitz, Thomas H & Jacqueline M
59 Circle Drive
Hampton, NJ 08827

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:

Gerdes, Dwight & Cheryl
414 LaReine Avenue
Bradley Beach, NJ 07720

9590 9402 6787 1074 8017 86

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8417

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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:

Steitz, Thomas H & Jacqueline M
59 Circle Drive
Hampton, NJ 08827

9590 9402 7155 1251 9692 10

2. Article Number *(Transfer from service label)*
7022 1670 0002 4947 3024

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jacqueline M Steitz ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* Jacqueline M. Steitz C. Date of Delivery 7-26-23

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

7022 2410 0000 0383 8417

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

Gerdes, Dwight & Cheryl
414 LaReine Avenue
Bradley Beach, NJ 07720

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 $

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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
$

Postmark Here
USPS OCEAN GROVE NJ 07756 JUL 24 2023

Ocean Grove Camp Meeting Assn
PO Box 248
Ocean Grove, NJ 07756

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

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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:

Morrison, Kendall D & D'Apolito, GE
85 Mt. Tabor Way
Ocean Grove, NJ 07756

9590 9402 7155 1251 9694 18

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8929

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 7/24/23

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

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:

Ocean Grove Camp Meeting Assn
PO Box 248
Ocean Grove, NJ 07756

9590 9402 7155 1251 9691 97

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8844

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7022 2410 0000 0383 8929

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

Morrison, Kendall D & D'Apolito, GE
85 Mt. Tabor Way
Ocean Grove, NJ 07756

Postage
$

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 $

Certified Mail Fee
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Certified Mail Fee
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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 $

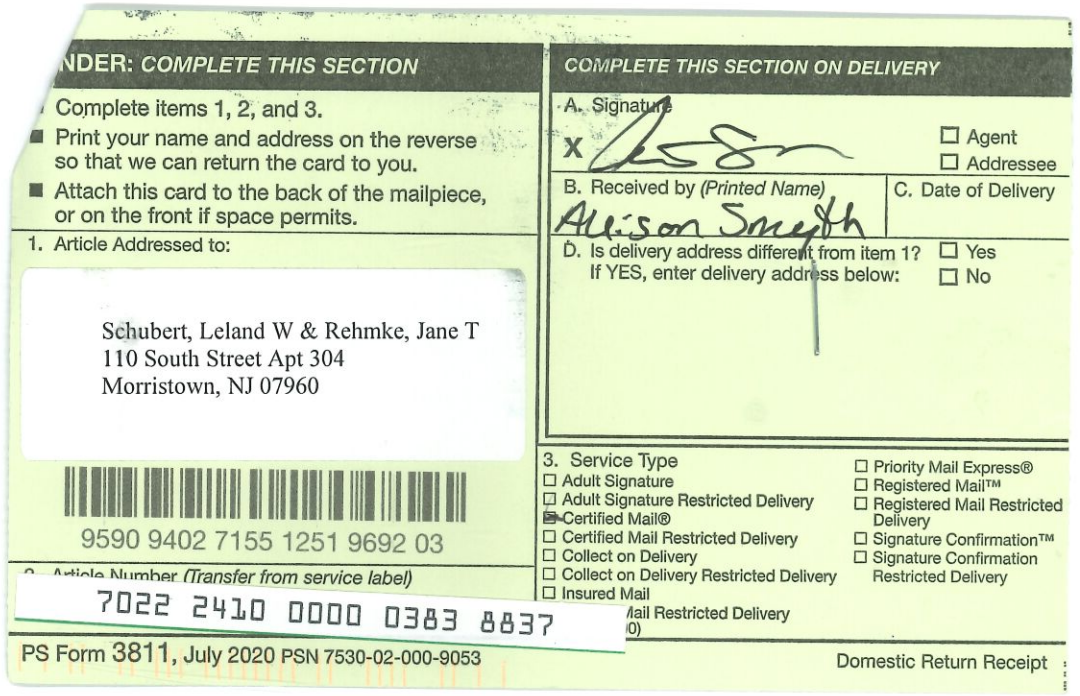
Postage

Postmark Here
USPS
JUL 24 2023
OCEAN GROVE NJ 07756

McCormick OG Real Estate IRA, LLC
68 Mt. Tabor Way – Unit 2
Ocean Grove, NJ 07756

7022 2410 0000 0383 8936

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:

Schubert, Leland W & Rehmke, Jane T
110 South Street Apt 304
Morristown, NJ 07960

9590 9402 7155 1251 9692 03

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8837

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Allison Smyth
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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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

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:

McCormick OG Real Estate IRA, LLC
68 Mt. Tabor Way – Unit 2
Ocean Grove, NJ 07756

9590 9402 7155 1251 9694 01

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8936

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) [signature]
C. Date of Delivery 7/24/23

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

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

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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

Postmark Here
USPS
JUL 24 2023
OCEAN GROVE NJ 07756

Schubert, Leland W & Rehmke, Jane T
110 South Street Apt 304
Morristown, NJ 07960

7022 2410 0000 0383 8837

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

7022 1670 0002 4947 2935

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

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OCEAN GROVE NJ 07756 JUL 24 2023 USPS

Ocean Grove Camp Meeting Assn
PO Box 248
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:

Ocean Grove Camp Meeting Assn
54 Pitman Avenue POB 248
Ocean Grove, NJ 07756

9590 9402 7155 1251 9692 96

2. Article Number *(Transfer from service label)*
7022 1670 0002 4947 2942

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

---

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:

Ocean Grove Camp Meeting Assn
PO Box 248
Ocean Grove, NJ 07756

9590 9402 7155 1251 9693 02

2. Article Number *(Transfer from service label)*
7022 1670 0002 4947 2935

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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

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7022 1670 0002 4947 2942

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

Ocean Grove Camp Meeting Assn
54 Pitman Avenue POB 248
Ocean Grove, NJ 07756

Postage
$
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 $

OCEAN GROVE NJ 07756 JUL 24 2023 USPS
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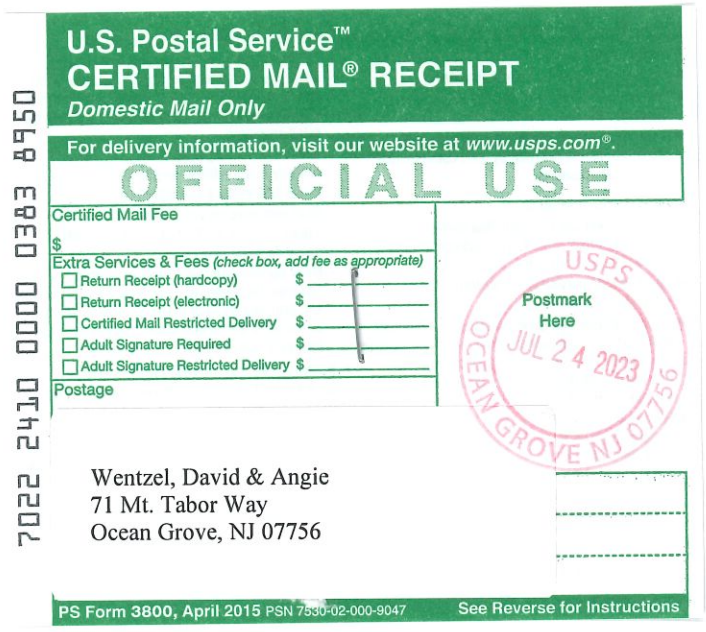

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

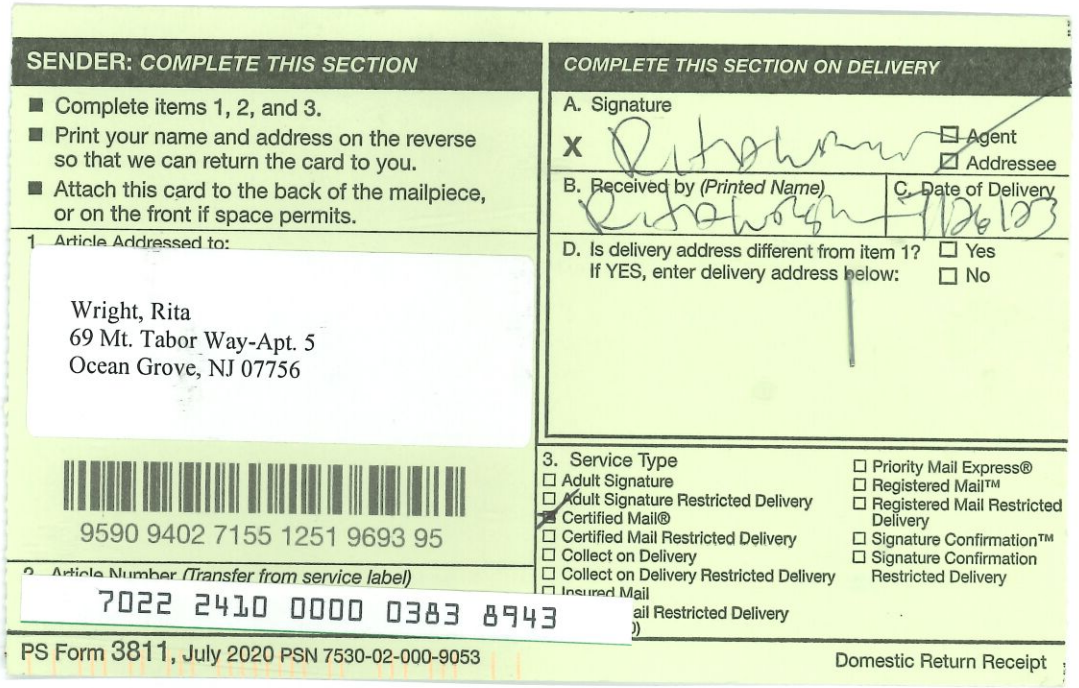
Postage

USPS Postmark Here JUL 24 2023 OCEAN GROVE NJ 07756

Wentzel, David & Angie
71 Mt. Tabor Way
Ocean Grove, NJ 07756

7022 2410 0000 0383 8950

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:

Wright, Rita
69 Mt. Tabor Way-Apt. 5
Ocean Grove, NJ 07756

9590 9402 7155 1251 9693 95

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8943

COMPLETE THIS SECTION ON DELIVERY

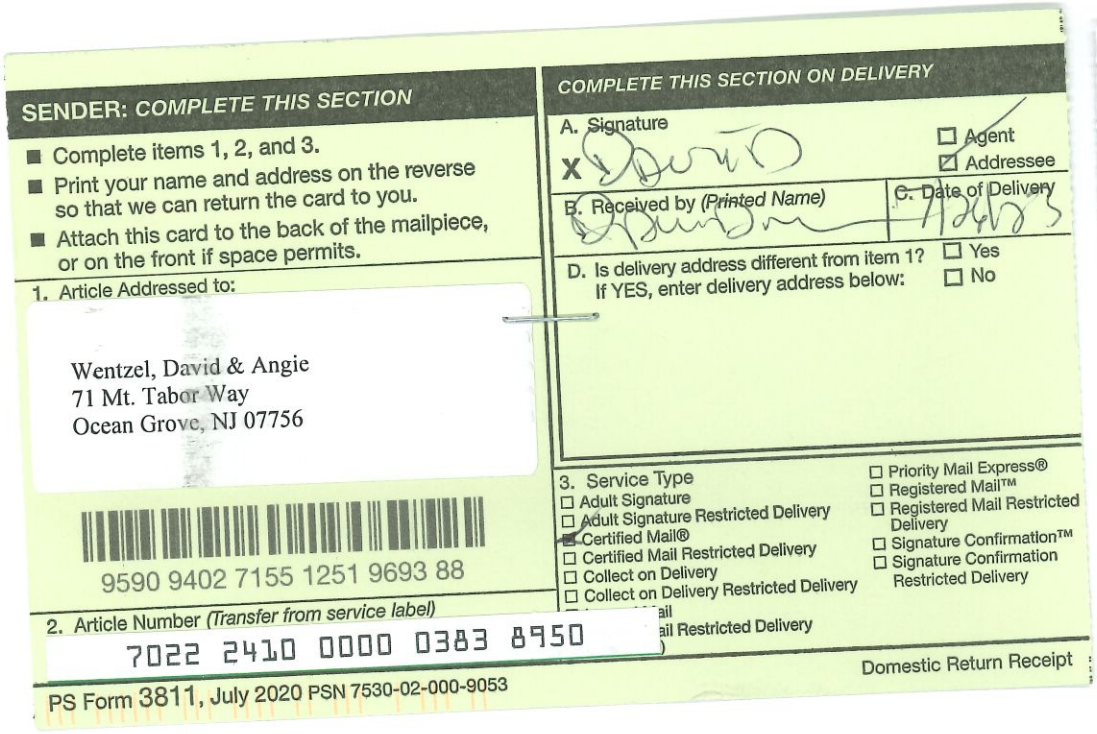
A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) [Rita Wright] C. Date of Delivery 7/26/23

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

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



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:

Wentzel, David & Angie
71 Mt. Tabor Way
Ocean Grove, NJ 07756

9590 9402 7155 1251 9693 88

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8950

COMPLETE THIS SECTION ON DELIVERY

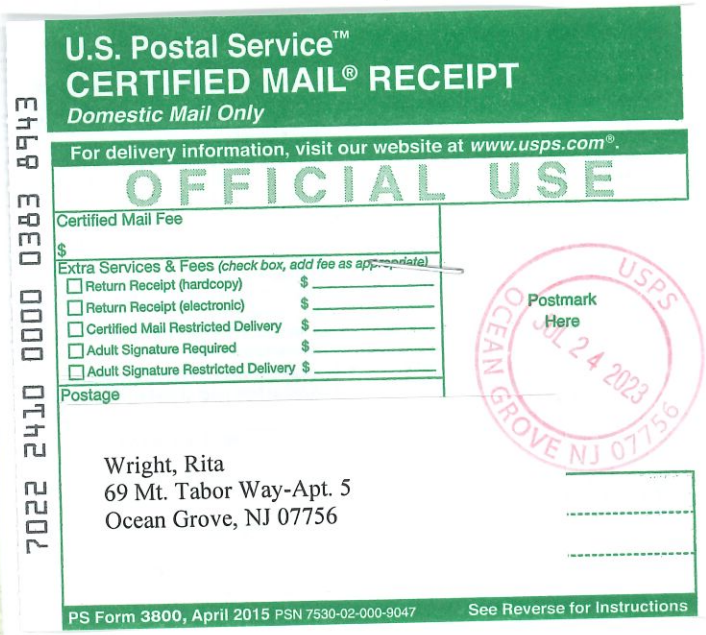
A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 7/26/23

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

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



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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 $

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Wright, Rita
69 Mt. Tabor Way-Apt. 5
Ocean Grove, NJ 07756

7022 2410 0000 0383 8943

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

7022 2410 0000 0383 8554

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Certified Mail Fee
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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
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OCEAN GROVE NJ 07756

Martin, Jill & Jenny
416 East Thompson Street
Philadelphia, PA 19125

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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:

Goldstein, Michael Douglas&Carol Wet
78 Mount Tabor Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8021 96

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8752

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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7022 2410 0000 0383 8752

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Certified Mail Fee
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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
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OCEAN GROVE NJ 07756

Goldstein, Michael Douglas&Carol Wet
78 Mount Tabor Way
Ocean Grove, NJ 07756

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

7022 2410 0000 0383 8769

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Certified Mail Fee
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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
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Del Mastro, Robert & Checki, Laura
72 MT Tabor Way
Ocean Grove, NJ 07756

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

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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:

Del Mastro, Robert & Checki, Laura
72 MT Tabor Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8021 89

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8769

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Addressee

B. Received by *(Printed Name)* [signature] C. Date of Delivery 7/24/23

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

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

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7022 2410 0000 0383 8967

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Certified Mail Fee
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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
$

USPS Postmark Here JUL 24 2023 OCEAN GROVE NJ 07756

Checki, Terrence J & Theresa
429 Summerfield Way
Venice, FL 34292

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

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Certified Mail Fee
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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 $

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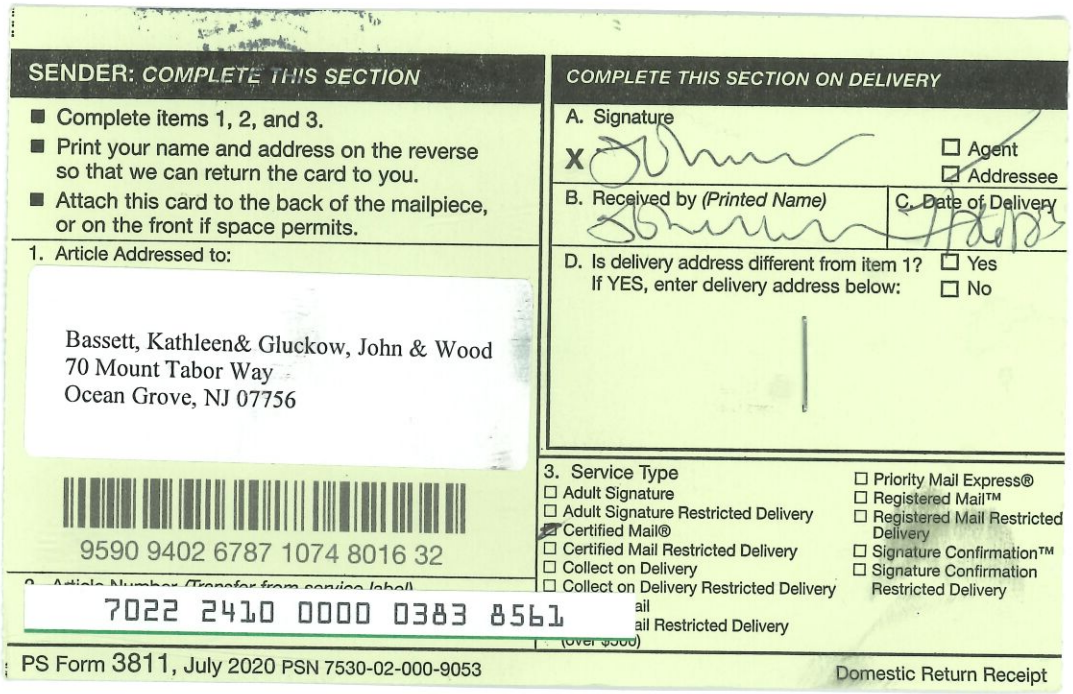
USPS OCEAN GROVE NJ 07756 JUL 24 2023

7022 2410 0000 0383 8974

McCormick, Christopher & Stephanie
302 Edgevale Road
Baltimore, MD 21210

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:

Bassett, Kathleen& Gluckow, John & Wood
70 Mount Tabor Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8016 32

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8561

COMPLETE THIS SECTION ON DELIVERY

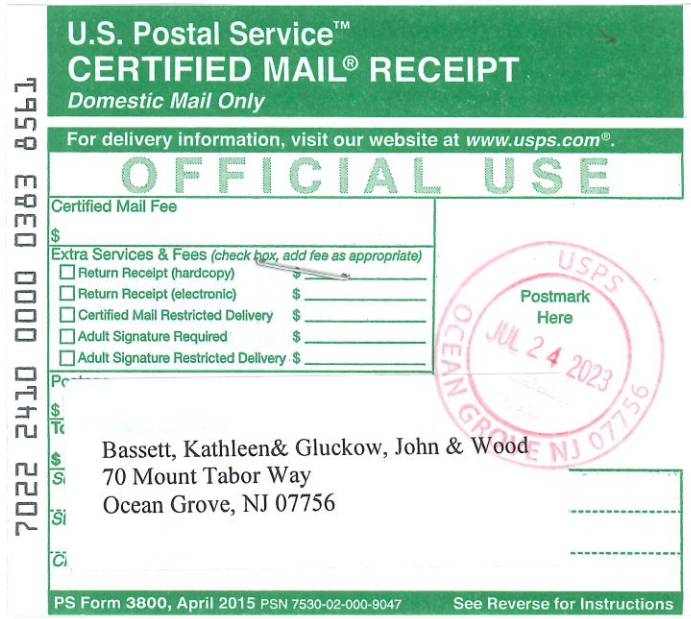
A. Signature
X
☐ Agent
☐ Addressee

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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



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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
USPS OCEAN GROVE NJ 07756 JUL 24 2023

7022 2410 0000 0383 8561

Bassett, Kathleen& Gluckow, John & Wood
70 Mount Tabor Way
Ocean Grove, NJ 07756

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

7022 2410 0000 0383 8578

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Certified Mail Fee
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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
$

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USPS OCEAN GROVE NJ 07756 JUL 24 2023

Dedrick, Richard & Kealy, Mary Beth
470 Burbury Close
Fayetteville, GA 30215

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

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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:

Dedrick, Richard & Kealy, Mary Beth
470 Burbury Close
Fayetteville, GA 30215

9590 9402 6787 1074 8016 25

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8578

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible]
C. Date of Delivery 7-24-23

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

7022 2410 0000 0383 8776

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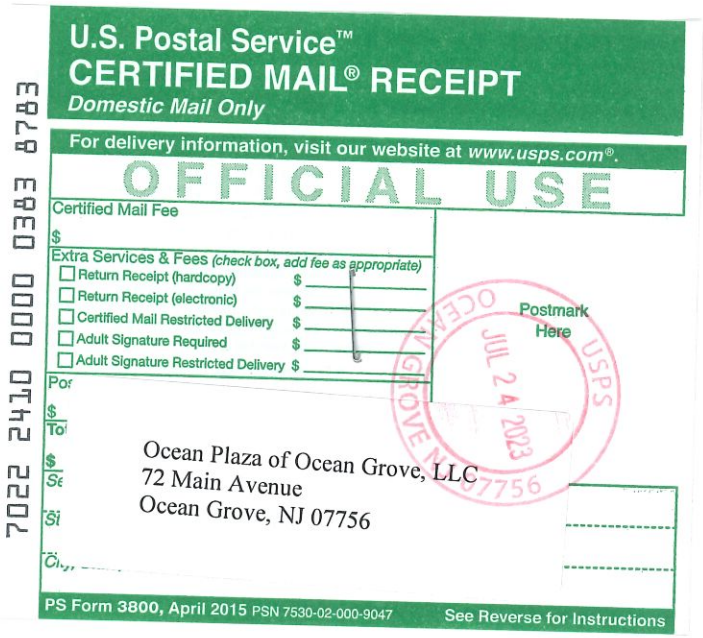
Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here
USPS OCEAN GROVE NJ 07756 JUL 24 2023

Yuen-Killick, Michael & Angus
307 Carroll Street
Brooklyn, NY 11231

PS Form **3800**, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions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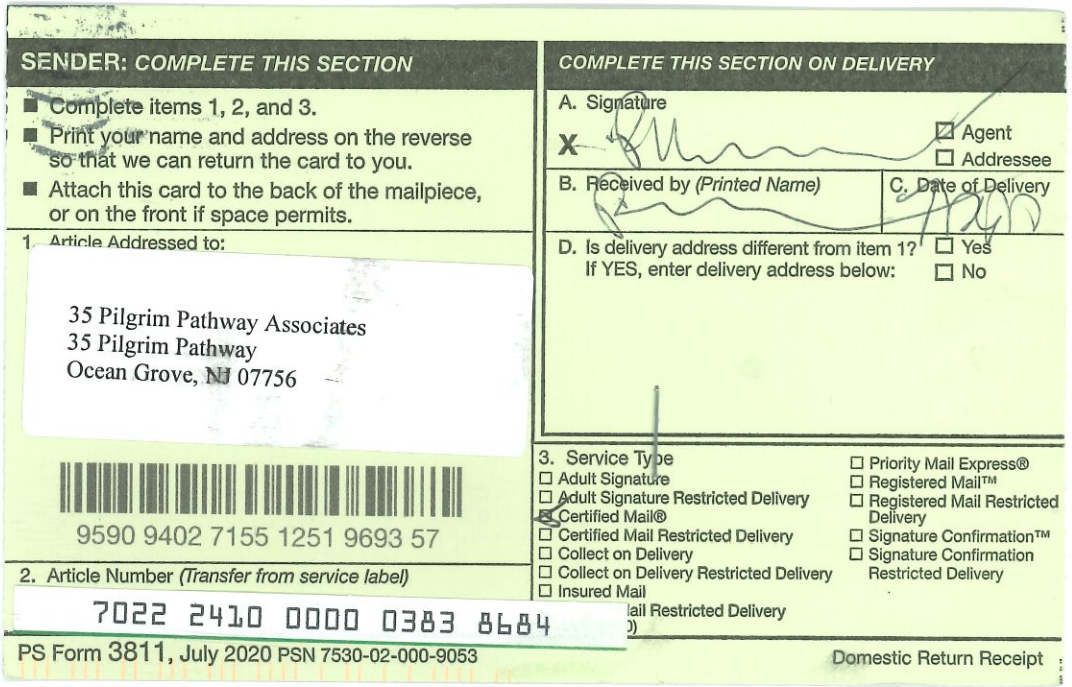
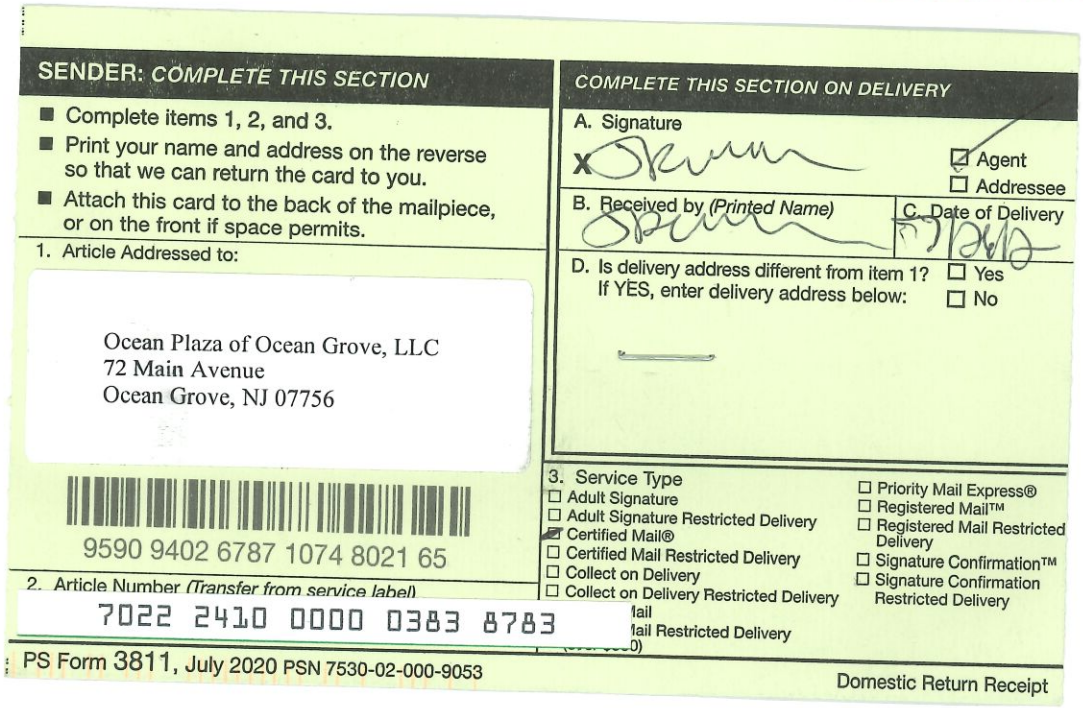
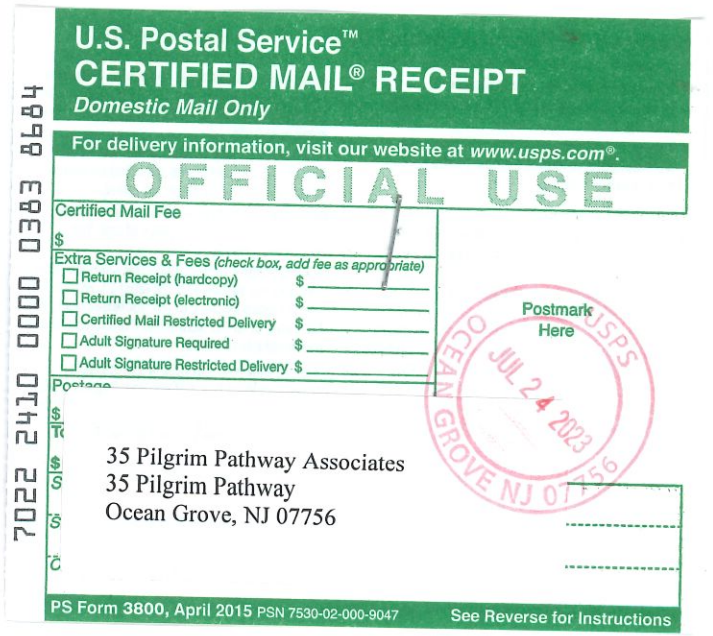
Certified Mail Fee
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy)
Return Receipt (electronic)
Certified Mail Restricted Delivery
Adult Signature Required
Adult Signature Restricted Delivery
Postmark Here
OCEAN GROVE NJ 07756 USPS JUL 24 2023
Ocean Plaza of Ocean Grove, LLC
72 Main Avenue
Ocean Grove, NJ 07756
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7022 2410 0000 0383 8783


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:
35 Pilgrim Pathway Associates
35 Pilgrim Pathway
Ocean Grove, NJ 07756
9590 9402 7155 1251 9693 57
2. Article Number (Transfer from service label)
7022 2410 0000 0383 8684
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
Collect on Delivery Restricted Delivery
Insured Mail
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


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:
Ocean Plaza of Ocean Grove, LLC
72 Main Avenue
Ocean Grove, NJ 07756
9590 9402 6787 1074 8021 65
2. Article Number (Transfer from service label)
7022 2410 0000 0383 8783
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
Collect on Delivery Restricted Delivery
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


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
Postmark Here
OCEAN GROVE NJ 07756 USPS JUL 24 2023
35 Pilgrim Pathway Associates
35 Pilgrim Pathway
Ocean Grove, NJ 07756
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7022 2410 0000 0383 8684

7022 2410 0000 0383 8691

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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

USPS OCEAN GROVE NJ 07756 JUL 24 2023

Postmark Here

65 MT Hermon, LLC % Jane Casale
31 Broadway
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:

65 MT Hermon, LLC % Jane Casale
31 Broadway
Ocean Grove, NJ 07756

9590 9402 7155 1251 9693 40

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8691

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J E Casale ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 7/26/23

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

7022 2410 0000 0383 8585

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

USPS OCEAN GROVE NJ 07756 JUL 24 2023

Postmark Here

Handford Enterprises 41, LLC
118 Pine Needle Lane
Altamonte Springs, FL 32714

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

7022 2410 0000 0383 8592

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Certified Mail Fee
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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
$

To
Burrows, John Jr.
69 Mt. Hermon Way
Ocean Grove, NJ 07756

USPS OCEAN GROVE NJ 07756 JUL 24 2023
Postmark Here

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:

Burrows, John Jr.
69 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8016 01

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8592

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7022 2410 0000 0383 8790

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OFFICIAL USE

Certified Mail Fee
$

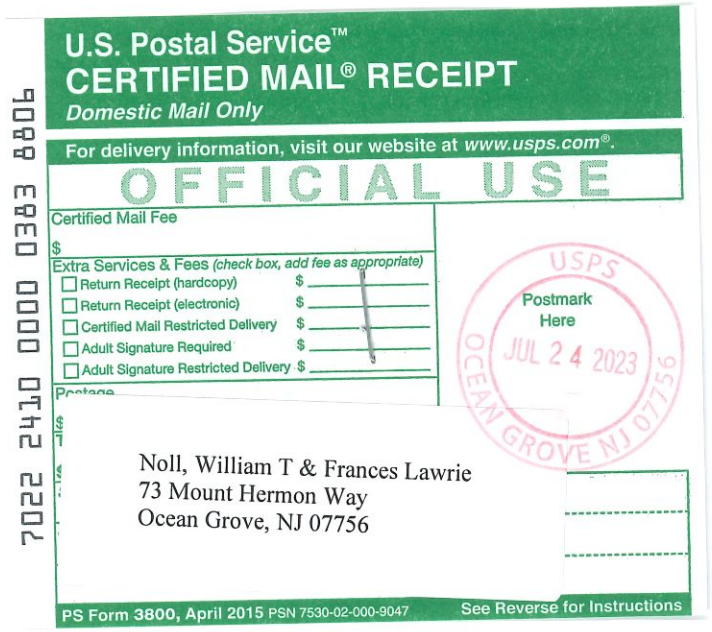
Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Gordon, Kathryn & Riley, Jessie E
547 74th Street
Brooklyn, NY 11209

USPS OCEAN GROVE NJ 07756 JUL 24 2023
Postmark Here

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



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OFFICIAL USE

Certified Mail Fee
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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

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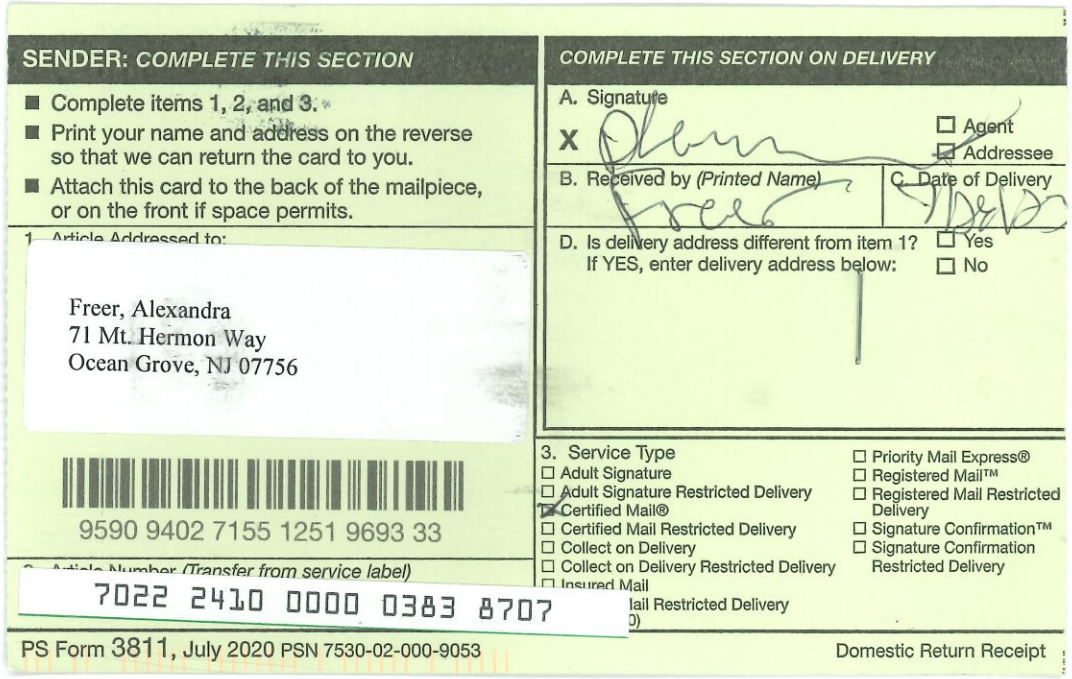
Noll, William T & Frances Lawrie
73 Mount Hermon Way
Ocean Grove, NJ 07756

7022 2410 0000 0383 8806

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:

Freer, Alexandra
71 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 7155 1251 9693 33

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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

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:

Noll, William T & Frances Lawrie
73 Mount Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8021 41

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8806

COMPLETE THIS SECTION ON DELIVERY

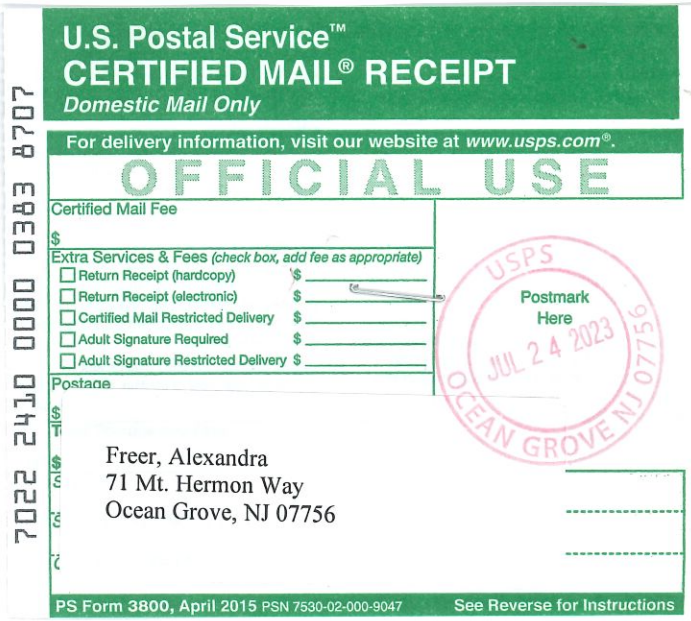
A. Signature
X
☐ Agent
☐ Addressee

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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



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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

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Freer, Alexandra
71 Mt. Hermon Way
Ocean Grove, NJ 07756

7022 2410 0000 0383 8707

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

7022 2410 0000 0383 8714

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Certified Mail Fee
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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
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Huseland, Martha M &Schweizer, Pamela
77 Mt. Hermon Way
Ocean Grove, NJ 07756

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

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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:

Huseland, Martha M &Schweizer, Pamela
77 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 7155 1251 9693 26

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8714

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7022 2410 0000 0383 8608

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Certified Mail Fee
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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
$

Postmark Here
USPS OCEAN GROVE NJ 07

Michele D'Amato Grntr Trst 11/29/11
17 Jared Lane
Manalapan, NJ 07726

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

7022 2410 0000 0383 8615

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Certified Mail Fee
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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
USPS OCEAN GROVE NJ 07756 JUL 24 2023

Michelle Anna Davis Living Trust
313 North Boulevard
Lake Como, NJ 07719

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

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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:

Peterson, John R & Diane L.
14 Hunt Club Road
Hillsborough, NJ 08844

9590 9402 6787 1074 8021 34

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8813

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
7/26/23

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
- ☐ Mail
- ☐ 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

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7022 2410 0000 0383 8813

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Certified Mail Fee
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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

Postmark Here
USPS OCEAN GROVE NJ 07756 JUL 24 2023

Peterson, John R & Diane L.
14 Hunt Club Road
Hillsborough, NJ 08844

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

7022 2410 0000 0383 8820

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Certified Mail Fee
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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

USPS
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JUL 24 2023
OCEAN GROVE NJ 07756

Marren, Joan M.
79 Mount Harmon Way
Ocean Grove, NJ 07756

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

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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:

Wolniansky, Peter Nikitina, Olga
82 Mt. Tabor Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8022 26

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8721

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

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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:

Marren, Joan M.
79 Mount Harmon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8021 27

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8820

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ 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

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7022 2410 0000 0383 8721

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

Wolniansky, Peter Nikitina, Olga
82 Mt. Tabor Way
Ocean Grove, NJ 07756

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 $

Certified Mail Fee
$

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OCEAN GROVE NJ 07756
JUL 24 2023
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USPS

7022 2410 0000 0383 8738

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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

Postmark Here

USPS
JUL 24 2023
OCEAN GROVE NJ

Murphy, Michael
81 Mt. Hermon Way
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:

Murphy, Michael
81 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8022 19

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8738

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
(over $500)

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

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7022 2410 0000 0383 8622

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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

Postmark Here

USPS
JUL 24 2023
OCEAN GROVE NJ 07756

De Almeida, Donna L.
1203 River Road PH3
Edgewater, NJ 07020

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

7022 2410 0000 0383 8639

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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

Postmark Here
USPS OCEAN GROVE NJ JUL 24 2023

Audino, Michael & Donna
85 Mt. Hermon Way
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:

Audino, Michael & Donna
85 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8022 88

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8639

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* Donna C. Date of Delivery 7/24/23

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
- ☐ ail Restricted Delivery
- ☐ 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

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7022 2410 0000 0383 8530

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

Postmark Here
USPS OCEAN GROVE NJ 07756 JUL 24 2023

Holtz, Howard & Laura Prato
250 Ridgedale Av Unit C-2
Florham Park, NJ 07932

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

7022 2410 0000 0383 8547

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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
$

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Loesser, Eileen M
82 Mt. Hermon Way
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:

Spoelstra, Bernhard & Sara
84 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8022 02

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8745

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

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:

Loesser, Eileen M
82 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8016 56

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8547

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

7022 2410 0000 0383 8745

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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
$

Spoelstra, Bernhard & Sara
84 Mt. Hermon Way
Ocean Grove, NJ 07756

OCEAN GROVE NJ 07756 JUL 24 2023 Postmark Here

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

7022 2410 0000 0383 8653

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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
$

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67 Main Ave Realty, LLC
556 Grove Street
Montclair, NJ 07043

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

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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:

Peter, Regina M & McCreesh, Pamela
80 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8022 64

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8646

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

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7022 2410 0000 0383 8646

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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 $

USPS Postmark Here JUL 2023 OCEAN GROVE NJ 07756

Peter, Regina M & McCreesh, Pamela
80 Mt. Hermon Way
Ocean Grove, NJ 07756

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

7022 2410 0000 0383 8486

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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 Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4

Danziger, Carl % Popok Realty
PO Box 597
Oakhurst, NJ 07755

USPS Postmark Here JUL 24 2023 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:

Soltis, Judy B
78 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8017 79

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8424

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ ail
- ☐ ail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7022 2410 0000 0383 8424

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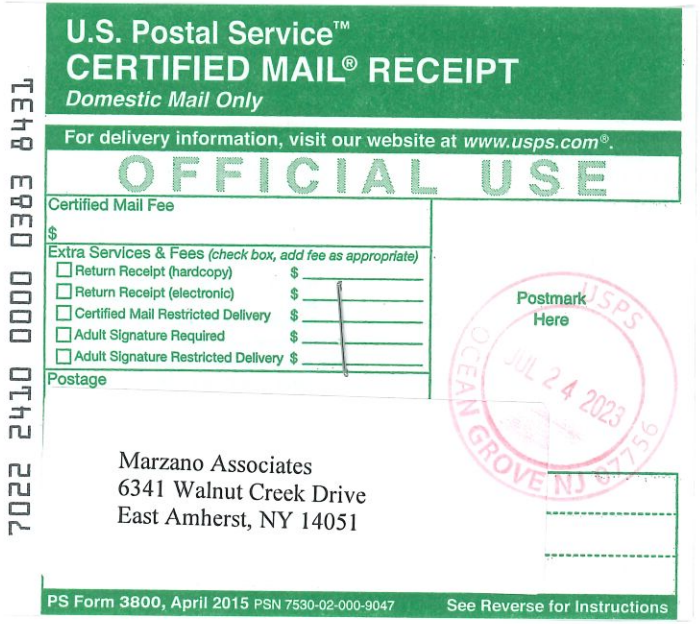
Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Postage and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4

Soltis, Judy B
78 Mt. Hermon Way
Ocean Grove, NJ 07756

USPS Postmark Here JUL 24 2023 OCEAN GROVE NJ 07756

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



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Certified Mail Fee
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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

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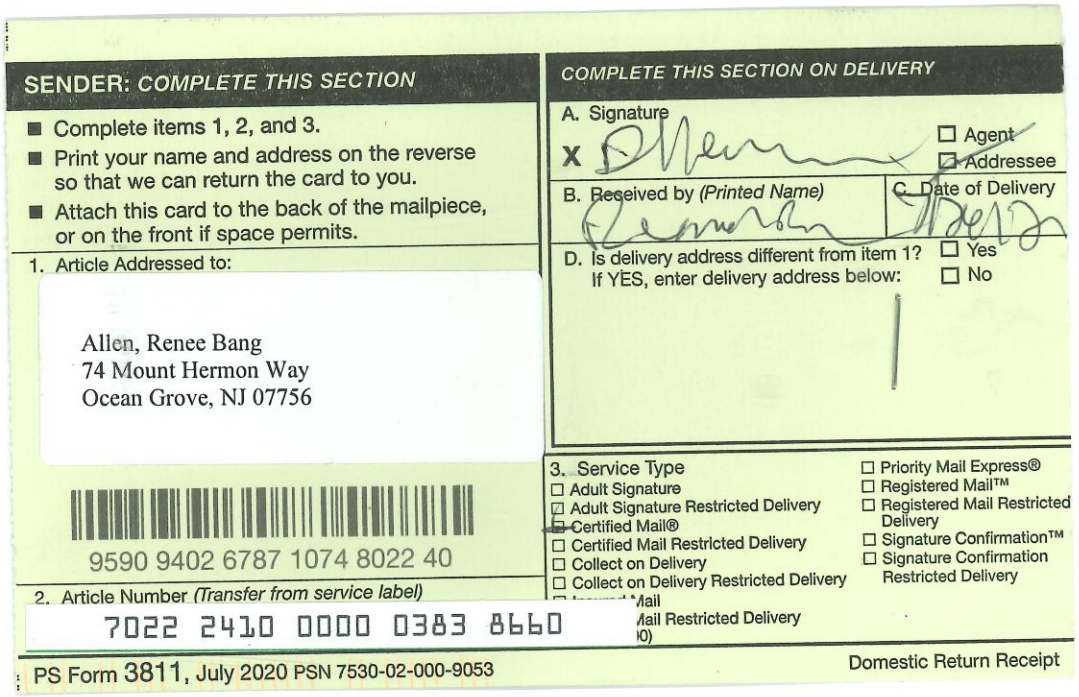
JUL 24 2023
OCEAN GROVE, NJ 07756

Marzano Associates
6341 Walnut Creek Drive
East Amherst, NY 14051

7022 2410 0000 0383 8431

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:

Allen, Renee Bang
74 Mount Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8022 40

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8660

COMPLETE THIS SECTION ON DELIVERY

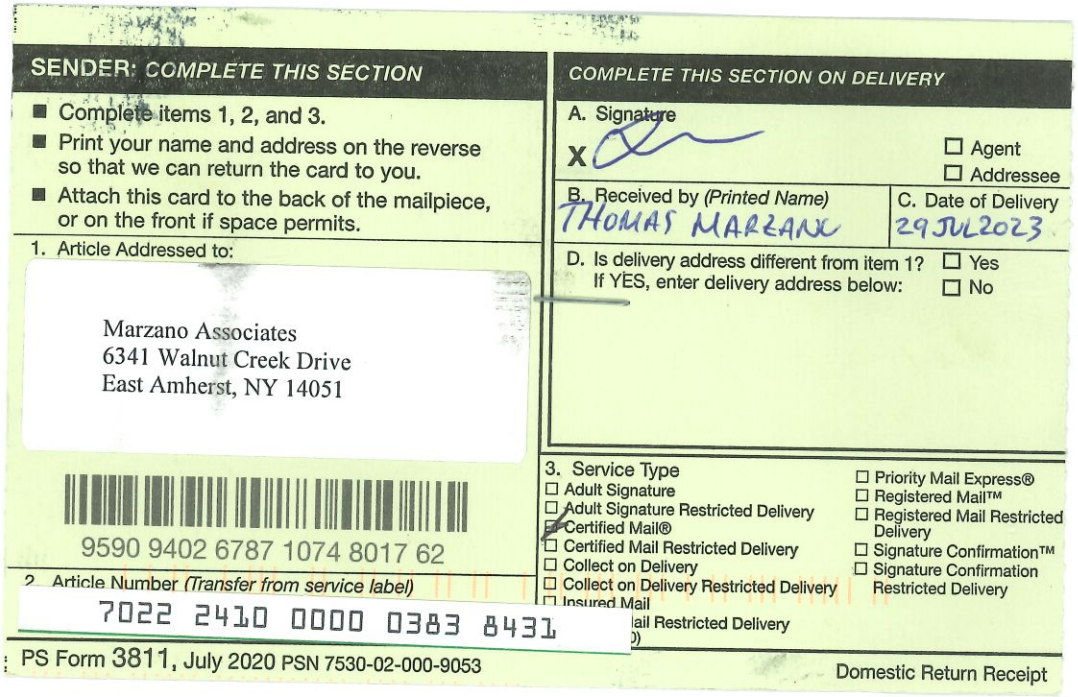
A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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



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:

Marzano Associates
6341 Walnut Creek Drive
East Amherst, NY 14051

9590 9402 6787 1074 8017 62

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8431

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) THOMAS MARZANO C. Date of Delivery 29 JUL 2023

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

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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

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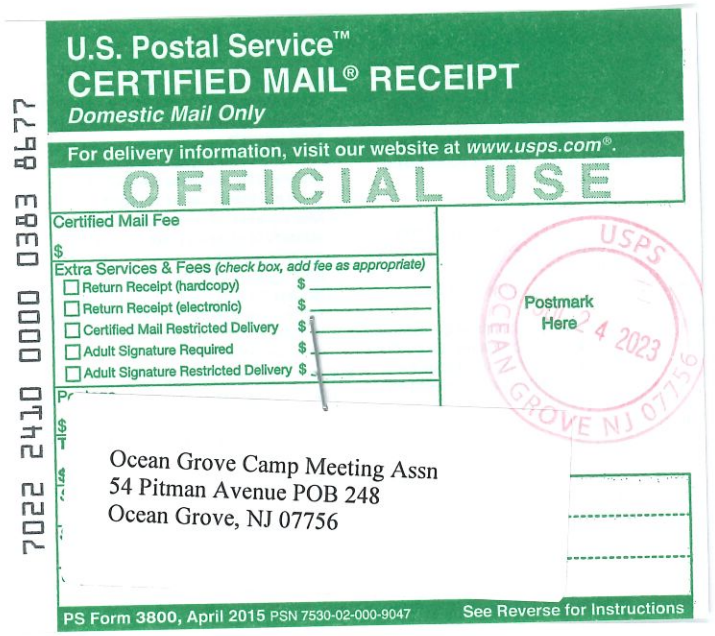
JUL 24 2023
OCEAN GROVE NJ 07756

Allen, Renee Bang
74 Mount Hermon Way
Ocean Grove, NJ 07756

7022 2410 0000 0383 8660

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



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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
$

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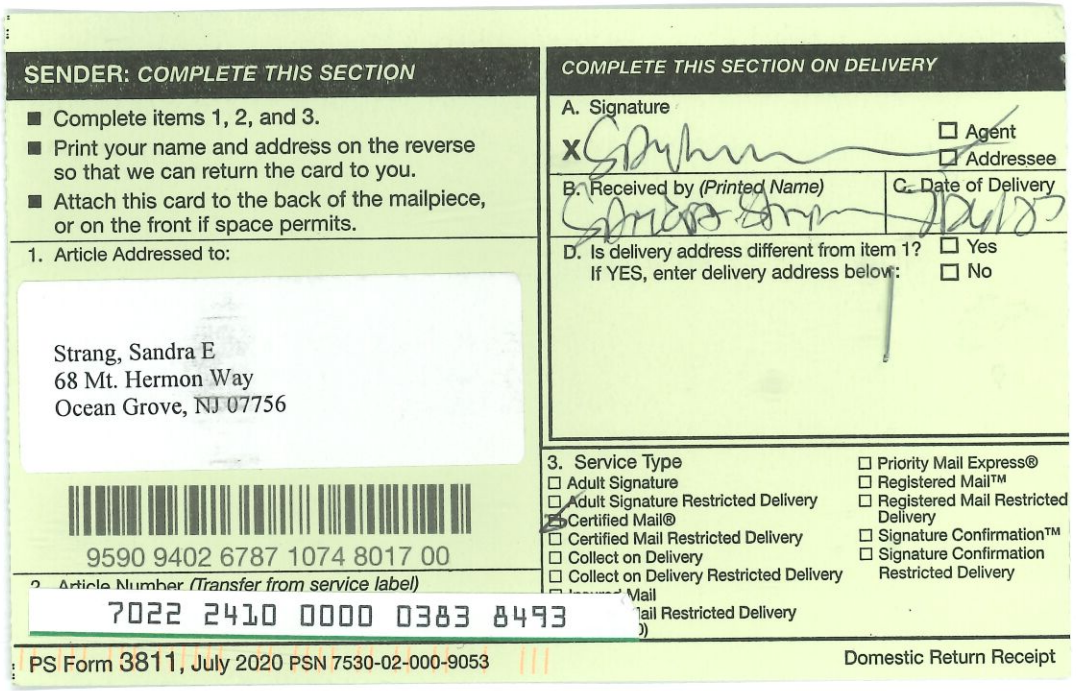
JUL 24 2023
OCEAN GROVE NJ 07756

Ocean Grove Camp Meeting Assn
54 Pitman Avenue POB 248
Ocean Grove, NJ 07756

7022 2410 0000 0383 8677

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:

Strang, Sandra E
68 Mt. Hermon Way
Ocean Grove, NJ 07756

9590 9402 6787 1074 8017 00

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8493

COMPLETE THIS SECTION ON DELIVERY

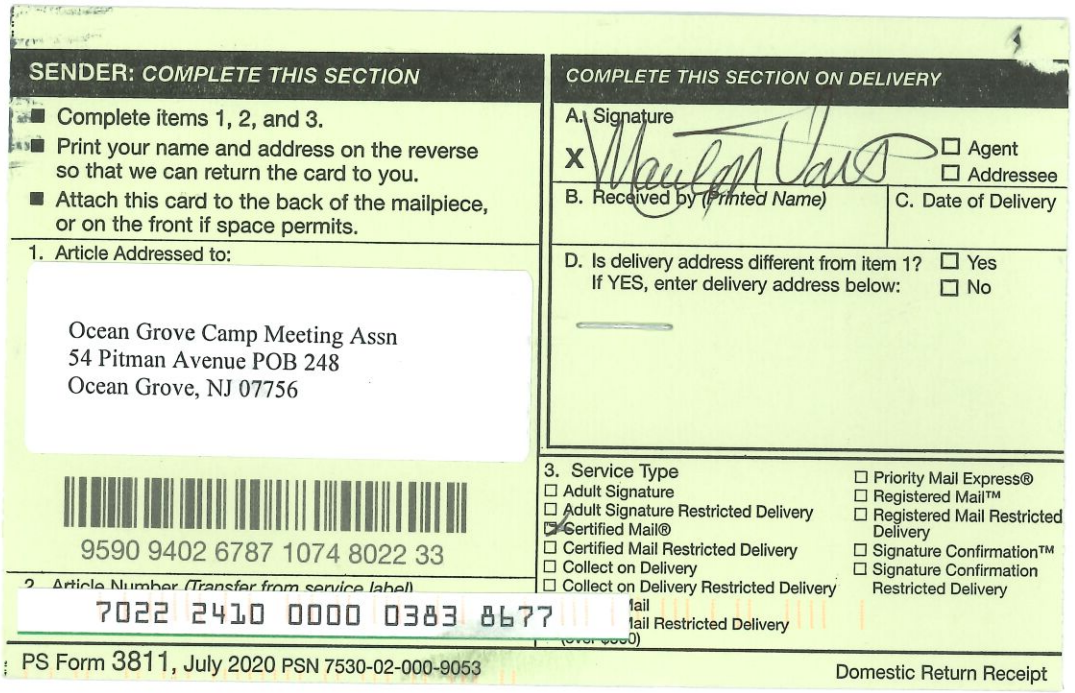
A. Signature
X
☐ Agent
☐ Addressee

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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



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:

Ocean Grove Camp Meeting Assn
54 Pitman Avenue POB 248
Ocean Grove, NJ 07756

9590 9402 6787 1074 8022 33

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8677

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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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
$

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OCEAN GROVE NJ 07756

Strang, Sandra E
68 Mt. Hermon Way
Ocean Grove, NJ 07756

7022 2410 0000 0383 8493

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

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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 $

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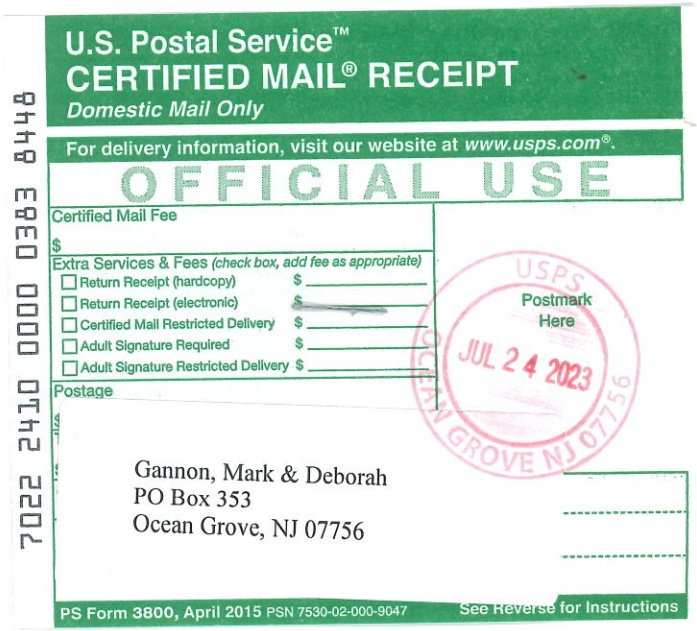
JUL 24 2023
OCEAN GROVE NJ 07756

Skokos Family LLC
280 Hockhocksen Road
Tinton Falls, NJ 07724

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

7022 2410 0000 0383 8509



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Certified Mail Fee
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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

USPS Postmark Here
JUL 24 2023
OCEAN GROVE NJ 07756

Gannon, Mark & Deborah
PO Box 353
Ocean Grove, NJ 07756

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

7022 2410 0000 0383 8448

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Certified Mail Fee
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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
$

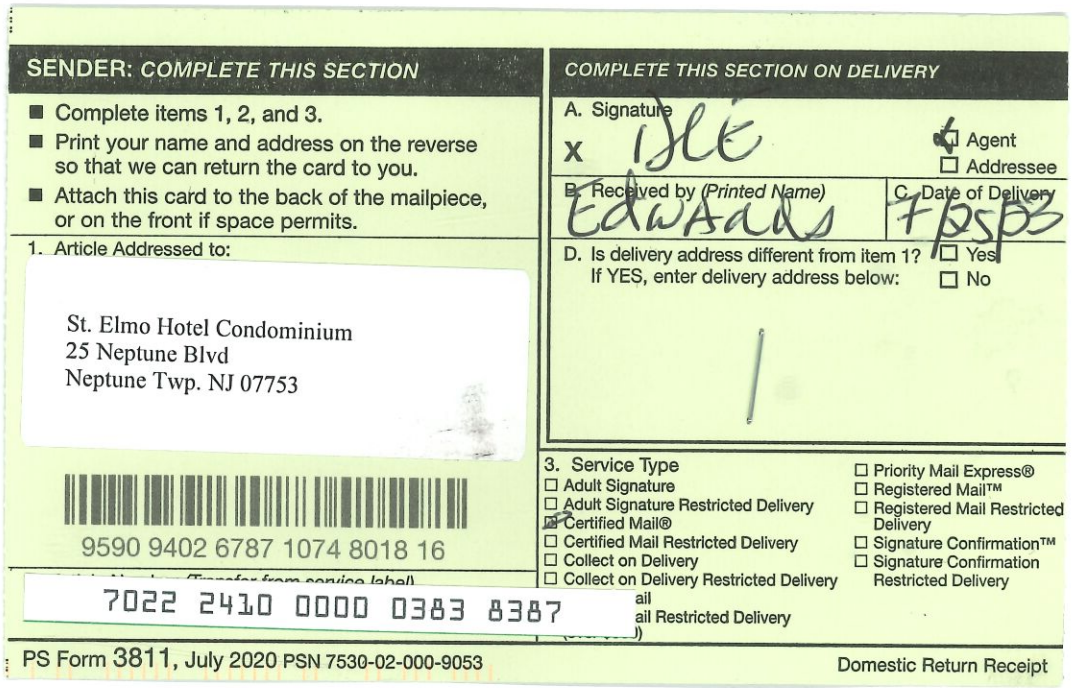
Total Postage and Fees
$

Postmark Here
USPS OCEAN GROVE NJ 07756 JUL 24 2023

Beckerman, Daniel & Elizabeth
35 Muncy Drive
West Long Branch, NJ 07764

7022 2410 0000 0383 8455

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:

St. Elmo Hotel Condominium
25 Neptune Blvd
Neptune Twp. NJ 07753

9590 9402 6787 1074 8018 16

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8387

COMPLETE THIS SECTION ON DELIVERY

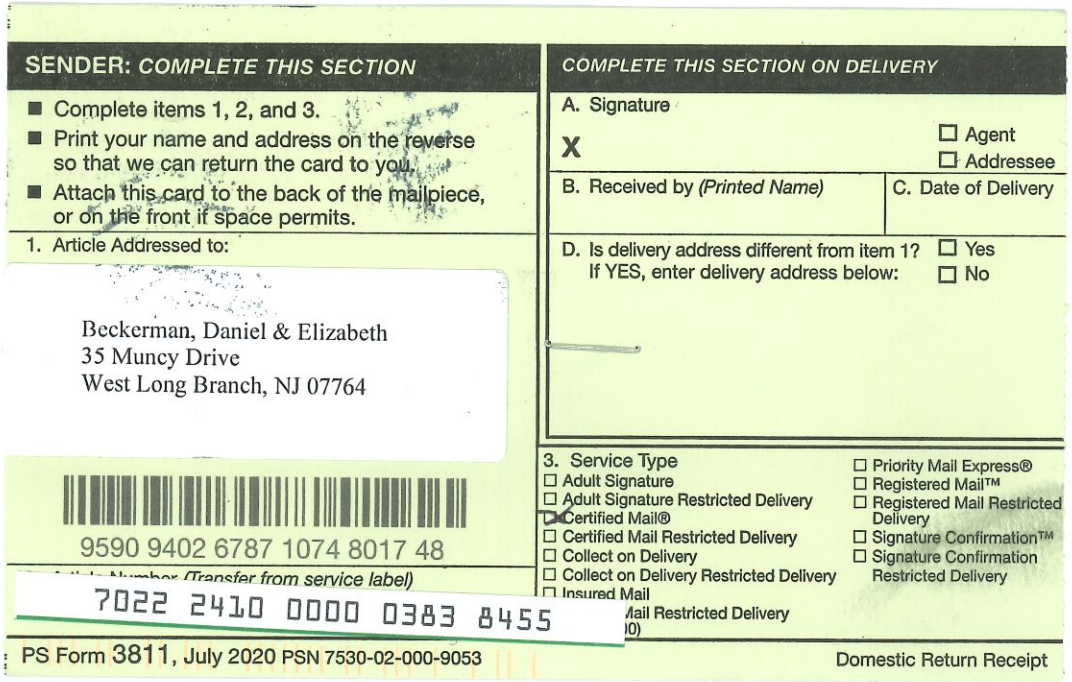
A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Edwards
C. Date of Delivery 7/25/23

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

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



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:

Beckerman, Daniel & Elizabeth
35 Muncy Drive
West Long Branch, NJ 07764

9590 9402 6787 1074 8017 48

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8455

COMPLETE THIS SECTION ON DELIVERY

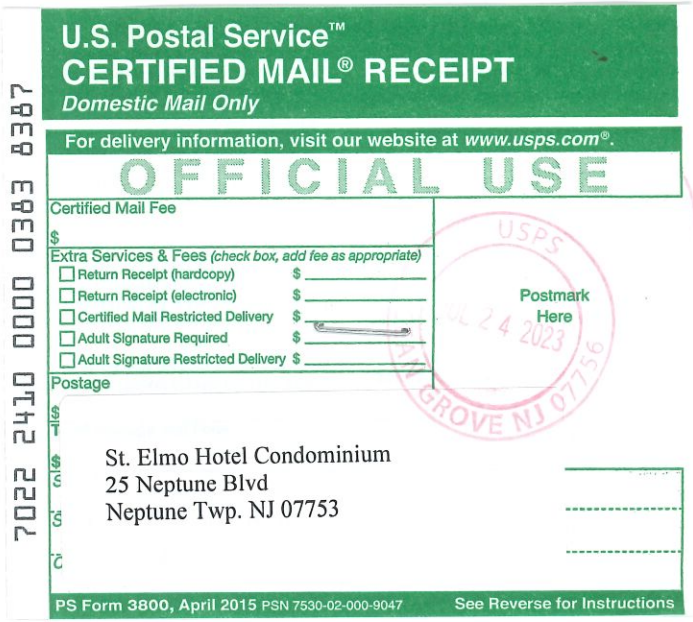
A. Signature
X ☐ Agent ☐ Addressee

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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



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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 Fees
$

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USPS OCEAN GROVE NJ 07756 JUL 24 2023

St. Elmo Hotel Condominium
25 Neptune Blvd
Neptune Twp. NJ 07753

7022 2410 0000 0383 8387

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

7022 2410 0000 0383 8394

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- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

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USPS JUL 2023 OCEAN GROVE NJ 07756

Caroli, Donald E & Lofreddo , Alice C
8 Harte Ct
Freehold, NJ 07728

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:

Coomber Realty, LLC
77 Main St
Unit C103
Ocean Grove, NJ 07756

9590 9402 6787 1074 8016 87

2. Article Number *(Transfer from service label)*
7022 2410 0000 0383 8516

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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

7022 2410 0000 0383 8516

Coomber Realty, LLC
77 Main St
Unit C103
Ocean Grove, NJ 07756

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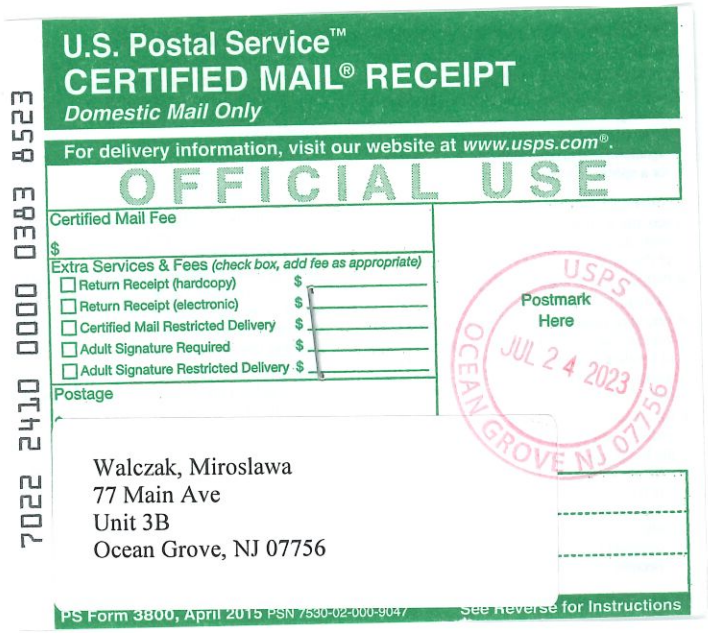
Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy)
- ☐ Return Receipt (electronic)
- ☐ Certified Mail Restricted Delivery
- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery

Postmark Here

USPS JUL 2023 OCEAN GROVE NJ 07756

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



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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

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JUL 24 2023
OCEAN GROVE NJ 07756

Walczak, Miroslawa
77 Main Ave
Unit 3B
Ocean Grove, NJ 07756

7022 2410 0000 0383 8523

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:

Galle, Jean
77 Main Ave
Unit 2C
Ocean Grove, NJ 07756

9590 9402 6787 1074 8017 31

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8462

COMPLETE THIS SECTION ON DELIVERY

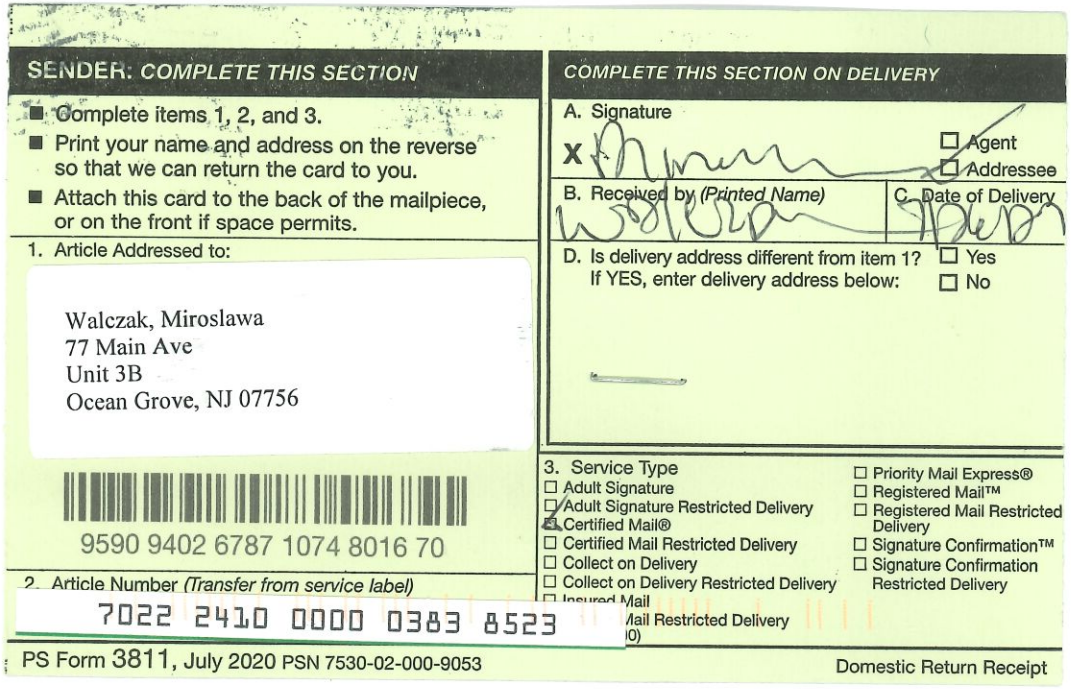
A. Signature
X
☐ Agent
☐ Addressee

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
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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



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:

Walczak, Miroslawa
77 Main Ave
Unit 3B
Ocean Grove, NJ 07756

9590 9402 6787 1074 8016 70

2. Article Number (Transfer from service label)
7022 2410 0000 0383 8523

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
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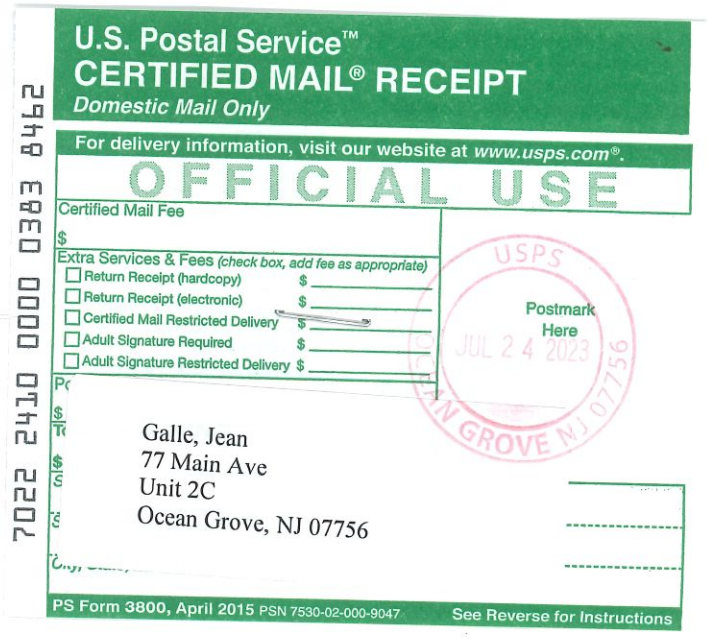
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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



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

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OCEAN GROVE NJ 07756

Galle, Jean
77 Main Ave
Unit 2C
Ocean Grove, NJ 07756

7022 2410 0000 0383 8462

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

7022 2410 0000 0383 8479

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

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

Postage

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USPS OCEAN GROVE NJ 07756 JUL 24 2023

Iacullo, Robert J & Anita
77 Main Ave
Unit 4B
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:

Antonovich, Jane
77 Main Ave
Unit 3C
Ocean Grove, NJ 07756

9590 9402 6787 1074 8017 93

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

7022 2410 0000 0383 8400

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Iacullo, Robert J & Anita
77 Main Ave
Unit 4B
Ocean Grove, NJ 07756

9590 9402 6787 1074 8017 24

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

7022 2410 0000 0383 8479

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
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- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7022 2410 0000 0383 8400

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

Antonovich, Jane
77 Main Ave
Unit 3C
Ocean Grove, NJ 07756

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 $

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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:

Quisenberry, Margaret M
77 Main Avenue
Unit 4C
Ocean Grove, NJ 07756

9590 9402 6787 1074 8020 97

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

7022 2410 0000 6587 5078

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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Stre
City

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Quisenberry, Margaret M
77 Main Avenue
Unit 4C
Ocean Grove, NJ 07756

PS

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