

Kevin E. Kennedy, Esq.

A Limited Liability Company
Attorney at Law

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Admitted to Practice
NJ & Washington DC

Mailing Address:
165 Highway 35
Red Bank, NJ 07701

October 26, 2020

VIA FEDERAL-EXPRESS & E-MAIL

Borough of Sea Bright
Attn: Candace Mitchell, Board Secretary
1167 Ocean Avenue
Sea Bright, NJ 07760

**Re: The Break at Sea Bright LLC
1080 Ocean Avenue
Sea Bright, NJ
Block 15, Lot 3**

Dear Ms. Mitchell:

Please be advised that I am writing to you on behalf of The Break at Sea Bright, LLC. In that regard, and in anticipation of the **October 27, 2020** Public Hearing, I would ask that you please note the following:

1. Enclosed herein please find a copy of the Public Notice issued in connection with the application.
2. Enclosed herein please find an original Affidavit of Publication.
3. Enclosed herein please find a Certification of Mailing.
4. Enclosed herein please find the Certified List of Property Owners.
5. Enclosed please find the "green and white" certified slips for the individuals / entities who/which were served with notice of the application.

If I can be of any further assistance, please feel free to contact me at the office.

Very truly yours,

Kevin E. Kennedy

KEK/dmp

S:\KevinKennedyLaw\Land Use\Brooks, Trip (The Break at Sea Bright)\102620 Mitchell proof of service.doc

Encl.

cc: Luke Rudowsky (e-mail), w/o encl.

**BOROUGH OF SEA BRIGHT
UNIFIED PLANNING BOARD
NOTICE OF HEARING**

PLEASE TAKE NOTICE, that agents of The Break at Sea Bright LLC have submitted a Development Application to the Borough of Sea Bright / Sea Bright Planning Board. The application involves the property located at 1080 Ocean Avenue, Sea Bright, NJ, more formally identified as Block 15, Lot 3 (B-1 Zone). The subject property is currently vacant. The Applicant's representatives are seeking Preliminary and Final Site Plan approval, waiver of Site Plan approval, use/"d"/height variance approval, and bulk variance approval to permit the construction of a 4 story mixed-use building. The proposed mixed-use building will be utilized as follows:

Ground Level
Parking and Building Services

First Floor
Retail Space

Second Floor
2 residential dwelling units

Third Floor
2 residential dwelling units

Fourth Floor
2 residential dwelling units

In conjunction with the Application, the Applicant will be seeking the following Variance relief:

- USE/"D"/HEIGHT Variance relief: Maximum height of 42 Ft allowed; whereas 52.5 Ft proposed;
- NUMBER OF STORIES: 3 stories allowed; whereas 4 stories proposed;
- REAR YARD SETBACK: 15 ft. required; whereas 0.25 ft. proposed;
- BUILDING COVERAGE: 50% allowed; whereas 97% proposed;
- LOT COVERAGE: 75 % allowed, whereas 97% proposed;

The Applicant will also be seeking approval for any and all other Variances and / or Design/Submission Waivers which are necessary, or which will become necessary, during the Public Hearing Process.

The Planning Board Meeting will take place on **October 27, 2020, at 7:30 pm**. Given the current emergency restrictions in effect (associated with the Coronavirus), please take notice that the Hearing will likely be held by the Sea Bright Planning Board through a Remote Hearing, hosted virtually from the Sea Bright Beach Pavilion, 3rd Floor, 1097 Ocean Avenue, Sea Bright, NJ.

Members of the Public are welcome to, and encouraged to, observe / participate in the Remote Hearing. The meeting will likely be held via a web-meeting conference communication system. Members of the Public can remotely access the meeting, via a smart phone or tablet, via a special link on your computer, or by telephone. For anyone interested in observing and / or otherwise participating in the remote web meeting, the instruction / directions are as follows:

Please join meeting from your computer, tablet, or smartphone:

<https://global.gotomeeting.com/join/380339749>

You can also dial in using your phone:

United States (Toll Free): 1 866 899 4679

United States: +1 (571) 317-3116

Access Code: 380-339-749

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/380339749>

Additional technological assistance and / or additional information can be obtained by contacting the Board Secretary, Candace Mitchell at cmitchell@seabrightnj.org, or 732-842-0099, Ext. 123. Moreover, any access issues / barriers can be addressed to the Applicant's Attorney as well (732-936-1099).

The Application information / plans are or will be available for public inspection, on the Borough Website at least ten (10) days in advance of the Remote Hearing. (In special qualifying circumstances, members of the public are also free to contact the Board Secretary to discuss if any other special / reasonable accommodations can, in good faith, be effectuated to facilitate public review of pertinent documents.)

Members of the public who have questions, comments, or concerns regarding the Web Meeting process, or the Remote Meeting format, should contact the Board Secretary (during regular Borough hours) at the number/email address referenced above. In the event no one is

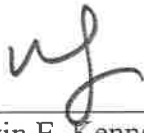
present to immediately answer the phone (because of coronavirus scheduling issues), members of the public are encouraged to leave a message, call back, or send an e-mail message.

Likewise, members of the public should also feel free to contact the Board Secretary, at the above-referenced number, if they have any other questions, issues, concerns, or barriers to participation / observation.

Members of the public should notify the Board Secretary, in advance, if possible, via e-mail, or phone call, of any anticipated intention to undertake cross-examination, introduce evidence, and / or otherwise make public comments / statements in connection with a particular Application. The purpose of such notification is to ensure, to the greatest extent possible, that the technological needs of all are accommodated, and so as to furthermore ensure, to the greatest extent possible, that any additional documents to be identified / referenced at the Remote Hearing can hopefully be available for review by all participants and other members of the public. Please note that the preceding sentence will not limit or otherwise block the ability of members of the public to ask questions, make comments, or issue opinions based upon testimony and evidence presented during the Remote Public Hearing.

If the emergency restrictions are no longer in effect, the October 27, 2020 (7:30 pm) meeting may be a live, in-person meeting, which will take place at the Sea Bright Beach Pavilion, 1097 Ocean Avenue, 3rd floor, Sea Bright, NJ. Residents are encouraged to view the Municipal website for any additional developments.

10/14/2020
Date


Kevin E. Kennedy, Esq.

AFFIDAVIT OF PUBLICATION

Publisher's Fee \$112.50 Affidavit \$35.00

STATE OF WISCONSIN
Brown County

Personally appeared Joe Werner at County of Brown, State of Wisconsin.

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

10/15/2020 A.D 2020



Martha Steinhart

Notary Public State of Wisconsin County of Brown

10/13/24

My commission expires

BOROUGH OF SEA BRIGHT
UNIFIED PLANNING BOARD
NOTICE OF HEARING

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You can also dial in using your phone:
United States (Toll Free): 1 866 899 4679
United States: +1 (571) 317-3116

Access Code: 380-339-749

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Date: October 13, 2020 /s/ Kevin E. Kennedy, Esq.
(5112.50)

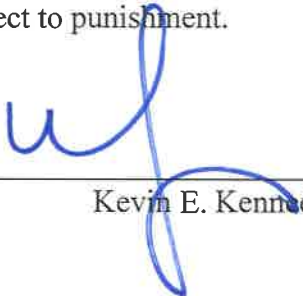
CERTIFICATION OF MAILING

I, **Kevin E. Kennedy**, hereby certify as follows:

1. I am the Attorney at the Law Office of Kevin E. Kennedy, located at 165 Highway 35, Red Bank, New Jersey.
2. On October 15, 2020, I sent letters (via certified mail) to all the individuals / entities set forth on the attached mailing list.
3. The above letters contained the attached Public Hearing Notice evidencing The Break at Sea Bright, LLC application was scheduled to be heard by the Sea Bright Planning Board on October 27, 2020.
4. The original receipts, confirming that the above letters were sent via certified mail are attached hereto.
5. I am aware that the Sea Bright Planning Board will be relying upon the truthfulness of the statements contained herein.

I hereby certify that the foregoing statements made by me are true to the best of my knowledge, information, and belief. Furthermore, I am aware that if any of the statements made by me are willfully false, I am subject to punishment.

10/25/2020
Date



Kevin E. Kennedy, Esq.



Name and Address of Sender
Brooks - The Break

Check type of mail or service

Adult Signature Required Priority Mail Express
 Adult Signature Restricted Delivery Registered Mail
 Certified Mail Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation
 Collect on Delivery (COD) Signature Confirmation Restricted Delivery
 Insured Mail
 Priority Mail

Affix Stamp Here
(for additional copies of this receipt).
Postmark with Date of Receipt.

USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1. 7019 2970 0000 7304 0492	Borough of Sea Bright 1167 Ocean Avenue Sea Bright, NJ 07760	.50	3.55								2.85			
2. 7020 0090 0001 0669 7216	Comcast Comcast Center 1701 John F. Kennedy Blvd. Philadelphia, PA 19103													
3. " " " " 7223	New Jersey American Water Company 661 Shrewsbury Avenue Shrewsbury, NJ 07702													
4. " " " " 7230	New Jersey Natural Gas Company 1415 Wyckoff Road Wall, NJ 07719													
5. " " " " 7247	Jersey Central Power & Light Area Manager Central New Jersey 1500 Florence Avenue Union Beach, NJ 07735													
6. " " " " 7254	State of New Jersey (for St. Hwy 36) Commissioner, Department of Transportation 1035 Parkway Avenue P.O. Box 600 Trenton, NJ 08625													
7. " " " " 7261	State of New Jersey (for Coastal Waters) Division of Coastal Resources P.O. Box 401 Trenton, NJ 08625													
8. " " " " 7278	Two Rivers Water Reclamation Authority 1 Highland Avenue Monmouth Beach, NJ 07750													

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The Break

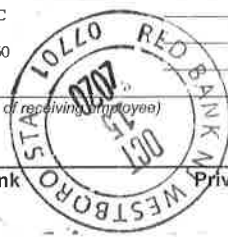
- Check type of mail or service
- Adult Signature Required
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery (COD)
 - Insured Mail
 - Priority Mail
 - Priority Mail Express
 - Registered Mail
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery

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1. <i>7020 0090 0001 0669 7285</i>	Verizon 175 W. Main Street Freehold, NJ 07728 Attn: Corporate Secretary/Right of Way	<i>50</i>	<i>3.55</i>								<i>2.55</i>			
2. <i>" " " " 7292</i>	Monmouth County Planning Board Hall of Records Annex - 2nd Floor 1 East Main Street Freehold, NJ 07728													
3. <i>" " " " 7308</i>	First United Meth. Church 1104 Ocean Avenue Sea Bright, NJ 07760													
4. <i>" " " " 7315</i>	First United Methodist Church 1101 Ocean Avenue Sea Bright, NJ 07760													
5. <i>" " " " 7322</i>	Church Street Condo Association 1 Church Street Unit A Sea Bright, NJ 07760													
6. <i>" " " " 7339</i>	Knudson, Jorge & Cheryl 1 Church Street Unit A Sea Bright, NJ 07760													
7. <i>" " " " 7346</i>	Gonzalez, Jose & Sara 1 Church Street Unit B Sea Bright, NJ 07760													
8. <i>" " " " 7353</i>	3 Church Street, LLC 3 Church Street Sea Bright, NJ 07760													

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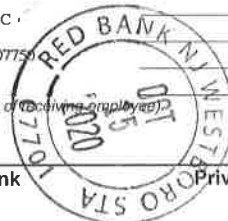
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 - Signature Confirmation
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1. <i>9020 0090 0001 0669 7360</i>	Mc Ginley, Kevin & Andrea & Sean 5 Church Street Sea Bright, NJ 07760	<i>1.50</i>	<i>3.55</i>								<i>2.85</i>			
2. <i>" " " " 7377</i>	Dowd, Bernard & Cynthia PO Box 40 Oceanport, NJ 07757													
3. <i>" " " " 7384</i>	Lobiondo, James A 931 Ocean Avenue Sea Bright, NJ 07760													
4. <i>" " " " 7391</i>	Bowie Real Properties LLC 1120 Ocean Avenue Sea Bright, NJ 07760													
5. <i>" " " " 7407</i>	Fox, David & Priya 218 Whispering Pines Dr Lincroft, NJ 07738													
6. <i>" " " " 7414</i>	Nott, Robert K. II & Sandra C. 3 South Street Sea Bright, NJ 07760													
7. <i>" " " " 7421</i>	MMRD Associates, LLC 3 Kylemore Drive Westford, MA 01886													
8. <i>" " " " 7438</i>	Marianne & Kristin, LLC 3 Mara Vista Drive Monmouth Beach, NJ 07755													

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 Certified Mail Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation
 Collect on Delivery (COD) Signature Confirmation Restricted Delivery
 Insured Mail
 Priority Mail

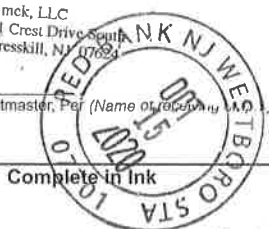
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1. 7020 0090 0001 0669 7445	Beachfront Joe, LLC 740 Irving Place Secaucus, NJ 07094	50	3.55								2.85			
2. " " " " 7452	River Street Realty, LLC 165 27 th Street Brooklyn, NY 11232													
3. " " " " 7469	C.J.&M. Assoc of Sea Bright, LLC PO Box 419 Kingston, NJ 08528													
4. " " " " 7476	Jessie A. Howland & Sons Inc PO Box 419 Kingston, NJ 08528													
5. 7019 2970 0000 7304 0485	1076 Ocean, LLC 1410 Ocean Avenue Sea Bright, NJ 07760													
6. 7020 0090 0001 0669 7483	1072 Sea Bright, LLC 376 Ocean Avenue Sea Bright, NJ 07760													
7. " " " " 7490	Lena, Raymond C. & Phyllis N. 570 Monmouth Place Long Branch, NJ 07740													
8. " " " " 7506	Amek, LLC 21 Crest Drive South Cresskill, NJ 07624													

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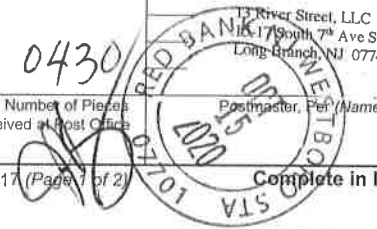


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<p><i>The Break</i></p>		<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail		<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery		Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee	
		USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)																
1.	7020 0090 0001 0669 7520	Trezza Realty Holding LLC 183 Bernard Drive Red Bank, NJ 07701		50	3.55													2.85	
2.	7019 2970 0000 7304 0379	GBW Realty, LLC 46 Monmouth Blvd. Oceanport, NJ 07757																	
3.	" " " " 0386	Martin, Ivan Wanai 19 Conover Lane Rumson, NJ 07760																	
4.	" " " " 0393	Assessed with Block 16 Lots 15.03 thru 15.10 As Part of Common Elements 07760																	
5.	" " " " 0409	Monmouth Squash Club, LLC 1071 Ocean Avenue Sea Bright, NJ 07760																	
6.	" " " " 0416	Murro, Robert P. Jr. 7534 Ridgefield Lane Lake Worth, FL 33467																	
7.	" " " " 0423	Johnson, Leslie A. & Hutton, Mae E. 15 River Street Sea Bright, NJ 07760																	
8.	" " " " 0430	15 River Street, LLC 1517 South 7th Ave SU-2 Long Branch, NJ 07740																	
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1. 7019 2970 0000 7304 0447	Forsman, John Robert etal 1202 East Lomita Avenue Orange, CA 92867	.50	3.55								2.85			
2. " " " " 0454	Gotti, John G. 11 River Street Sea Bright, NJ 07760													
3. " " " " 0461	5 River 5, LLC 585 Second Avenue Long Branch, NJ 07740													
4. " " " " 0478	Boro of Sea Bright 1099 Ocean Avenue Sea Bright, NJ 07760													
5.														
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7.														
8.														
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SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Borough of Sea Bright
 1167 Ocean Avenue
 Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4061 81

2. Article Number (Transfer from service label)
 7019 2970 0000 7304 0492

A. Signature
 X Agent Addressee

B. Received by (Printed Name)
 Carol 19

C. Date of Delivery
 0492

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

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- 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:
 Comcast
 Comcast Center
 1701 John F. Kennedy Blvd.
 Philadelphia, PA 19103

The Break



9590 9402 5726 9346 4061 74

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7216

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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9000

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 New Jersey American Water Company
 661 Shrewsbury Avenue
 Shrewsbury, NJ 07702

The Break



9590 9402 5726 9346 4061 67

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7223

A. Signature
 X Agent Addressee

B. Received by (Printed Name)
 COVID 19

C. Date of Delivery
 10-17-20

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9000

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 New Jersey Natural Gas Company
 1415 W. Warkoff Road
 Wall, NJ 07719

The Break



9590 9402 5726 9346 4061 50

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7230

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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9000

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:
 Jersey Central Power & Light
 Area Manager Central New Jersey
 1500 Florence Avenue
 Union Beach, NJ 07735

The Break



9590 9402 5726 9346 4061 43

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7247

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 10/17/20

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

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:
 State of New Jersey (for St. Hwy 36)
 Commissioner, Department of Transportation
 1035 Parkway Avenue
 P.O. Box 600
 Trenton, NJ 08625

The Break



9590 9402 5726 9346 4061 36

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7254

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 OCT 17 2020 6:59 AM

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

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:
 State of New Jersey (for Coastal Waters)
 Division of Coastal Resources
 P.O. Box 401
 Trenton, NJ 08625

The Break



9590 9402 5726 9346 4061 29

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7261

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 OCT 17 2020 6:57 AM

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

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:
 Two Rivers Water Reclamation Authority
 1 Highland Avenue
 Monmouth Beach, NJ 07750

The Break



9590 9402 5726 9346 4061 12

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7278

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

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
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

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:
 Verizon
 175 W. Main Street
 Freehold, NJ 07728
 Attn: Corporate Secretary/Right of Way Agent

The Break



9590 9402 5726 9346 4061 05

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7285

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *C19* Agent Addressee

B. Received by (Printed Name) *EDP C005 C19* C. Date of Delivery *10/19/20*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

- 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 - 2nd Floor
 1 East Main Street
 Freehold, NJ 07728

The Break



9590 9402 5726 9346 4063 41

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7292

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

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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

- 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:
 First United Meth. Church
 1104 Ocean Avenue
 Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4063 34

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7308

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

A. Signature
 X *clg* 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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

- 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:
 First United Methodist Church
 1101 Ocean Avenue
 Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4063 27

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7315

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

A. Signature
 X *clg* 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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

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:
 Church Street Condo Association
 1 Church Street Unit A
 Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4063 10

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7322

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

- 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:
 Knudson, Jorge & Cheryl
 1 Church Street Unit A
 Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4063 03

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7339

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

A. Signature Agent Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

- 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:
 Gonzalez, Jose & Sara
 1 Church Street Unit B
 Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4066 93

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7346

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

A. Signature Agent Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

- 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:
 3 Church Street, LLC
 3 Church Street
 Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4066 86

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7353

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

A. Signature Agent Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

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:

Mc Ginley, Kevin & Andrea & Sean
5 Church Street
Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4066 79

2. Article Number (Transfer from service label)
7020 0090 0001 0669 7377

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery
Cove 19

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail
 Insured Mail 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:

Dowd, Bernard & Cynthia
PO Box 40
Oceanport, NJ 07757

The Break



9590 9402 5726 9346 4066 62

2. Article Number (Transfer from service label)
7020 0090 0001 0669 7377

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery
10/20/20

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail
 Insured Mail 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:

Lobiondo, James A
931 Ocean Avenue
Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4066 55

2. Article Number (Transfer from service label)
7020 0090 0001 0669 7384

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery
Cove 19

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail
 Insured Mail 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:

Bowie Real Properties LLC
1120 Ocean Avenue
Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4066 48

Article Number (Transfer from service label)
7020 0090 0001 0669 7391

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery
Cove 19

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


3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail
 Insured Mail 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:
 Fox, David & Priya
 218 Whispering Pines Dr
 Lincroft, NJ 07738

The Break



9590 9402 5726 9346 4062 80

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7407

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
Siv C-11

C. Date of Delivery
 10/17

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery


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:
 Nott, Robert K. II & Sandra C.
 3 South Street
 Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4062 73

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7414

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
[Signature]

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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:
 MMRD Associates, LLC
 3 Kylemore Drive
 Westford, MA 01886

The Break



9590 9402 5726 9346 4062 66

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7421

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
Coult-19

C. Date of Delivery
 10/17/10

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery


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:
 Marianne & Kristin, LLC
 3 Mara Vista Drive
 Monmouth Beach, NJ 07750

The Break



9590 9402 5726 9346 4062 59

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7438

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
[Signature]

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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:
 Beachfront Joe, LLC
 740 Irving Place
 Secaucus, NJ 07094

The Break



9590 9402 5726 9346 4062 42

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7445

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *MFR T18C019* 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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

7452

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:
 C.J.&M. Assoc of Sea Bright, LLC
 PO Box 419
 Kingston, NJ 08528

The Break



9590 9402 5726 9346 4062 28

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7469

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *A.S.* Agent Addressee

B. Received by (Printed Name) *Alexander Sale* C. Date of Delivery *10/19/20*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

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:
 Jessie A. Howland & Sons Inc
 PO Box 419
 Kingston, NJ 08528

The Break



9590 9402 5726 9346 4062 11

2. Article Number (Transfer from service label)
 7020 0090 0001 0669 7476

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *A.S.* Agent Addressee

B. Received by (Printed Name) *Alexander Sale* C. Date of Delivery *10/19/20*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

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:

Boro of Sea Bright
1099 Ocean Avenue
Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4059 93

2. Article Number (Transfer from service label)
7019 2970 0000 7304 0478

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

4 0485

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
 Return Receipt for Merchandise
 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:

1072 Sea Bright, LLC
376 Ocean Avenue
Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4061 98

2. Article Number (Transfer from service label)
7020 0090 0001 0669 7483

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

669 7483

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
 Return Receipt for Merchandise
 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:

Lena, Raymond C. & Phyllis N.
570 Monmouth Place
Long Branch, NJ 07740

The Break



9590 9402 5726 9346 4059 86

2. Article Number (Transfer from service label)
7020 0090 0001 0669 7490

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery


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

- 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:

Amck, LLC
21 Crest Drive South
Cresskill, NJ 07624

The Break



9590 9402 5726 9346 4059 79

2. Article Number (Transfer from service label)
7020 0090 0001 0669 7506

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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:

Trezza Realty Holding LLC
183 Bernard Drive
Red Bank, NJ 07701

The Break

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *JDF* Agent
 Addressee

B. Received by (Printed Name)
COVID-19

C. Date of Delivery
10/17

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



9590 9402 5726 9346 4059 62

2. Article Number (Transfer from service label)
7020 0090 0001 0669 7520

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 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:

GBW Realty, LLC
46 Monmouth Blvd.
Oceanport, NJ 07757

The Break

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



9590 9402 5726 9346 4059 55

2. Article Number (Transfer from service label)
7019 2970 0000 7304 0379

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 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:

Martin, Ivan Wanat
19 Conover Lane
Rumson, NJ 07760

The Break

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
Mr CIA 6005

C. Date of Delivery

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



9590 9402 5726 9346 4059 48

2. Article Number (Transfer from service label)
7019 2970 0000 7304 0386

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

SENDER: COMPLETE THIS SECTION

- 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:

Assessed with Block 16 Lots
15.03 thru 15.10 As Part of
Common Elements 07760

The Break

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



9590 9402 5726 9346 4059 31

2. Article Number (Transfer from service label)
7019 2970 0000 7304 0393

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 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 Squash Club, LLC
1071 Ocean Avenue
Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4059 24

2. Article Number (Transfer from service label)
7019 2970 0000 7304 0409

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

0416

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:

Johnson, Leslie A. & Hutton, Mae E.
15 River Street
Sea Bright, NJ 07760

The Break



9590 9402 5726 9346 4059 00

2. Article Number (Transfer from service label)
7019 2970 0000 7304 0423

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

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


3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

0430

0447

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;">CIA</p>
<p>1. Article Addressed to:</p> <p>Gotti, John G. 11 River Street Sea Bright, NJ 07760</p> <p style="text-align: right;">The Break</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 <p>9590 9402 5726 9346 4060 13</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7304 0454</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;">COM 10/17/2020</p>
<p>1. Article Addressed to:</p> <p>5 River 5, LLC 585 Second Avenue Long Branch, NJ 07740</p> <p style="text-align: right;">The Break</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 <p>9590 9402 5726 9346 4060 06</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7304 0461</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

0478