

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

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

OFFICIAL USE

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 Post \$
 Sent To **Borough of Sea Bright**
1099 Ocean Avenue
 Street and **Sea Bright, NJ 07760**
 City, State

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Borough of Sea Bright
1099 Ocean Avenue
Sea Bright, NJ 07760



9590 9402 6521 0346 9532 04

2. Article Number (Transfer from mailpiece label)
7020 1810 0001 5849 9014
 PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) **LWISR** C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

7020 1810 0001 5849 9014 Delivery
 Domestic Return Receipt

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

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OFFICIAL USE

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 Post \$
 Sent To **Comcast**
Comcast Center
 Street and **1701 John F Kennedy Blvd.**
 City, State **Philadelphia, PA 19103**

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

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OFFICIAL USE

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 Post \$
 Sent To **New Jersey American Water Co.**
661 Shrewsbury Avenue
 Street and **Shrewsbury, NJ 07702**
 City, State

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) **LWISR** C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

7020 1810 0001 5849 8826 Registered Return Receipt

Domestic Return Receipt

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

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

OFFICIAL USE

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

Total \$
 Sent To **New Jersey Natural Gas Company**
1415 Wyckoff Road
 Street **Wall, NJ 07719**
 City, State

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

COMPLETE THIS SECTION

Items 1, 2, and 3. Name and address on the reverse can return the card to you. Card to the back of the mailpiece, or on the front if space permits.

New Jersey Natural Gas Company
 Wyckoff Road
 1415
 Wall, NJ 07719



9402 6521 0346 9530 13

7020 1810 0001 5849 8826

Domestic Return Receipt

U.S. Postal Service™
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 Domestic Mail Only

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

OFFICIAL USE

OCEAN BRANCH
 MAY 14 2021

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

Sent To **Jersey Central Power & Light**
Area Manager Central New Jersey
 Street and P.O. # **1500 Florance Avenue**
 City, State, ZIP+4® **Union Beach, NJ 07735**

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:

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



9590 9402 6521 0346 9531 98

2. Article Number (Transfer from service label)
7020 1810 0001 5849 8833

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressed

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 type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Restricted Delivery	

Domestic Return Receipt

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

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OFFICIAL USE

OCEAN BRANCH
 MAY 14 2021

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

Sent To **State of New Jersey**
Commissioner, Dept. of Transportation
 Street and P.O. # **1035 Parkway Avenue**
 City, State, ZIP+4® **P.O. Box 600**
Trenton, NJ 08625

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

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CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

OCEAN BRANCH
 MAY 14 2021

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

Sent To **State of New Jersey**
Division of Coastal Resources
 Street and P.O. # **P.O. Box 401**
 City, State, ZIP+4® **Trenton, NJ 08625**

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:

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



9590 9402 6521 0346 9531 67

2. Article Number (Transfer from service label)
7020 1810 0001 5849 8864

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressed

B. Received by (Printed Name) **Jan Schickel** 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 type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt



7020 1810 0001 5849 8864

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

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

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

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

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OFFICIAL RECEIPT
NEW JERSEY
MAY 14 2021
Postmark Here

Certified Mail Fee \$ 07712-6668

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 \$ 07712-6668

Total Postage \$ 07712-6668

Sent to **Verizon**
175 W. Main St.
Freehold, NJ 07728

Street and Apt. Attn: Corporate Secretary/
Right of Way Agent

City, State, ZIP

7020 1810 0001 5849 8871

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

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

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OFFICIAL RECEIPT
NEW JERSEY
MAY 14 2021
Postmark Here

Certified Mail Fee \$ 07712-6668

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 \$ 07712-6668

Total Postage \$ 07712-6668

Sent to **Monmouth County Planning Board**
Hall of Records Annex - 2nd Floor
Street and Apt. East Main Street
City, State, ZIP Freehold, NJ 07728

7020 1810 0001 5849 8888

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

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OFFICIAL RECEIPT
NEW JERSEY
MAY 14 2021
Postmark Here

Certified Mail Fee \$ 07712-6668

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 \$ 07712-6668

Total \$ 07712-6668

Sent to **Marianne & Kristin, LLC**
3 Mara Vista Drive
Street Monmouth Beach, NJ 07750
City, State, ZIP

7020 1810 0001 5849 8895

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

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OFFICIAL RECEIPT
NEW JERSEY
MAY 14 2021
Postmark Here

Certified Mail Fee \$ 07712-6668

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 \$ 07712-6668

Total Postage \$ 07712-6668

Sent to **Beachfront Joe, LLC**
740 Irving Place
Street and Apt. Secaucus, NJ 07094
City, State, ZIP

7020 1810 0001 5849 8901

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

COMPLETE THIS SECTION

Items 1, 2, and 3. Name and address on the reverse can return the card to you, or to the back of the mailpiece, or if space permits.

Monmouth County Planning Board
Records Annex - 2nd Floor
Main Street
Freehold, NJ 07728

402 6521 0346 9531 43

1, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *GM*

C. Date of Delivery *12/2*

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

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

402 6521 0346 9531 36

1, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *ES 104*

C. Date of Delivery

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

Beachfront Joe, LLC
740 Irving Place
Secaucus, NJ 07094

9590 9402 6521 0346 9531 29

2, Article Number (Transfer from service label)
7020 1810 0001 5849 8901

Domestic Return Receipt

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

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

OFFICIAL USE
 NEW JERSEY
 Certified Mail Fee \$ 1.40
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00
 Postage \$ 0.77
 Total \$ 5.17
 Sent To 305 Bond Street
 Street Asbury Park, NJ 07712
 City, State, ZIP+4®

Break at Sea Bright, LLC

Sent To 305 Bond Street
 Street Asbury Park, NJ 07712
 City, State, ZIP+4®

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
 NEW JERSEY
 Certified Mail Fee \$ 1.40
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00
 Postage \$ 0.77
 Total \$ 5.17
 Sent To River Street Realty, LLC
 Street 165 27th Street
 City, State, ZIP+4® Brooklyn, NY 11232

River Street Realty, LLC

Sent To 165 27th Street
 Street Brooklyn, NY 11232
 City, State, ZIP+4®

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

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE
 NEW JERSEY
 Certified Mail Fee \$ 1.40
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00
 Postage \$ 0.77
 Total \$ 5.17
 Sent To C. J. & M. Assoc of Sea Bright LLC
 Street PO Box 419
 City, State, ZIP+4® Kingston, NJ 08528

C. J. & M. Assoc of Sea Bright LLC

Sent To PO Box 419
 Street Kingston, NJ 08528
 City, State, ZIP+4®

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
 NEW JERSEY
 Certified Mail Fee \$ 1.40
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.80
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00
 Postage \$ 0.77
 Total \$ 5.17
 Sent To 1076 Ocean, LLC
 Street 1410 Ocean Avenue
 City, State, ZIP+4® Sea Bright, NJ 07760

1076 Ocean, LLC

Sent To 1410 Ocean Avenue
 Street Sea Bright, NJ 07760
 City, State, ZIP+4®

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

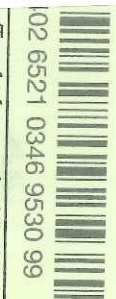
4 River St.
 4A River St.
 4B River St.
 4C River St.
 3C South St.
 3B South St.
 3A South St.
 3 South St.

1 Notice sent to owner at
 165 27th St.
 Brooklyn, NY 11232

SENDER: COMPLETE THIS SECTION

Items 1, 2, and 3, name and address on the reverse can return the card to you, only if space permits.

1. Assoc of Sea Bright LLC
 .19
 NJ 08528



July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee
 B. Received by (Printed Name) Wanelino Ramos C. Date of Delivery 5/17/21
 D. Is delivery address different from item 1? YES NO
 If YES, enter delivery address below: NO

3. Service Type

Adult Signature Restricted Delivery Priority Mail Express®
 Certified Mail® Registered Mail™
 Collect on Delivery Signature Confirmation™
 Restricted Delivery Signature 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:

1076 Ocean, LLC
 1410 Ocean Avenue
 Sea Bright, NJ 07760



9590 9402 6521 0346 9530 82

2. Article 7020 1810 0001 5849 8949

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee
 B. Received by (Printed Name) BMTS C14 C. Date of Delivery 5/17/21
 D. Is delivery address different from item 1? YES NO
 If YES, enter delivery address below:

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

Domestic Return Receipt

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

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

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

OFFICIAL MAIL
 NEW JERSEY
 MAY 14 2021

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

Total Postage \$ 1072 Sea Bright, LLC
 376 Ocean Avenue
 Sent To 376 Ocean Avenue
 Street and Apt Sea Bright, NJ 07760
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 1072 Sea Bright, LLC
 376 Ocean Avenue
 Sea Bright, NJ 07760

9590 9402 6521 0346 9530 75
 7020 1810 0001 5849 8956

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) WBCO10 W C. Date of Delivery 5/17/21
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

Domestic Return Receipt

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

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

OFFICIAL MAIL
 NEW JERSEY
 MAY 14 2021

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

Total Postage \$
 Sent To Lena, Raymond C. & Phyllis N.
 570 Monmouth Place
 Street Long Branch, NJ 07740
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Lena, Raymond C. & Phyllis N.
 570 Monmouth Place
 Long Branch, NJ 07740

9590 9402 6521 0346 9530 68
 7020 1810 0001 5849 8953

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) WBCO10 W C. Date of Delivery 5/17/21
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

Domestic Return Receipt

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

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

OFFICIAL MAIL
 NEW JERSEY
 MAY 14 2021

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

Total Postage \$
 Sent To AMCK, LLC
 21 Crest Drive South
 Street Cresskill, NJ 07624
 City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 AMCK, LLC
 21 Crest Drive South
 Cresskill, NJ 07624

9590 9402 6521 0346 9530 51
 7020 1810 0001 5849 8970

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) C. Date of Delivery
- 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 Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL MAIL
 NEW JERSEY
 MAY 14 2021

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

Total Postage \$
 Sent To Trezza Realty Holding LLC
 183 Bernard Drive
 Street and Apt Red Bank, NJ 07701
 City, State, ZIP+4®

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

7020 1810 0001 5849 8987

7020 1810 0001 5849 8956

7020 1810 0001 5849 8963

7020 1810 0001 5849 8970

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 \$

MAY 14 2021
 NEW JERSEY
 07712-9998

Total Postage \$

Sent To **GBW Realty, LLC**
46 Monmouth Blvd.
Oceanport, NJ 07757
 Street and Apt.
 City, State, ZIP+4

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Frank D Nys Addressee
 B. Received by (Printed Name) Date of Delivery
Frank D Nys *5/18/21*
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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 \$

MAY 14 2021
 NEW JERSEY
 07712-9998

Total Post \$

Sent To **1060 Ocean Avenue LLC**
152 Dorchester Way
Shrewsbury, NJ 07702
 Street and
 City, State,

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 5455 C11 Addressee
 B. Received by (Printed Name) Date of Delivery
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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 \$

MAY 14 2021
 NEW JERSEY
 07712-9998

Total Postage \$

Sent To **Adams, James R., & Jo-Ann**
1184 Ocean Ave Unit B-1
Sea Bright, NJ 07760
 Street and Apt.
 City, State, Z

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 5455 C11 Addressee
 B. Received by (Printed Name) Date of Delivery
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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 \$

MAY 14 2021
 NEW JERSEY
 07712-9998

Total Post \$

Sent To **Charlotte Realy Holdings, LLC**
1054 Ocean Avenue
Sea Bright, NJ 07760
 Street and
 City, State,

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

COMPLETE THIS SECTION
 Items 1, 2, and 3.
 Name and address on the reverse
 can return the card to you.
 Send to the back of the mailpiece,
 not if space permits.
 Sent to:
1060 Ocean Avenue LLC
152 Dorchester Way
Shrewsbury, NJ 07702

402 6521 0346 9532 80
 7020 1810 0001 5849 9007
 PS Form 3811, July 2020 PSN 7530-02-000-9053

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

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:
Adams, James R., & Jo-Ann
1184 Ocean Ave Unit B-1
Sea Bright, NJ 07760

2. Article Number (Transfer from service label)
 9590 9402 6521 0346 9532 73
 7021 0350 0000 6231 6099

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

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

7021 0350 0000 6231 6105

7021 0350 0000 6231 6099

7020 1810 0001 5849 9007

7020 1810 0001 5849 8994

7020 1810 0001 5849 8635

U.S. Postal Service™
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OFFICIAL MAIL
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 Post \$
Sent To Savi Square, LLC
Street and 37 Meridian Road
Edison, NJ 08820
City, State

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Savi Square, LLC
37 Meridian Road
Edison, NJ 08820



9590 9402 6521 0346 9532 59

SHIP TO ADDRESSEE

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.

James R. & Jo-Ann K.
Ocean Ave Unit B-1
Edison, NJ 07760



7020 1810 0001 5849 8642

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Addressee
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

7020 1810 0001 5849 8659

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

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OFFICIAL MAIL
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 Post \$
Sent To Ross, Michael T. & Pamela M.
Street and 6 Peninsula Avenue
Sea Bright, NJ 07760
City, State

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Addressee
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Addressee
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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:
Sullivan, Richard G.
1071 Ocean Avenue
Sea Bright, NJ 07760



9590 9402 6521 0346 9532 28

2. Article Number (Transfer from service label)
7020 1810 0001 5849 8666

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Addressee
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

Domestic Return Receipt

7020 1810 0001 5849 8666

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

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

OFFICIAL MAIL
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 Post \$
Sent To Sullivan, Richard G.
Street and 1071 Ocean Avenue
Sea Bright, NJ 07760
City, State

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

**U.S. Postal Service™
CERTIFIED MAIL® 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



9590 9402 6521 0346 9530 44

2. Article (Transfer from service label)
7020 1810 0001 5849 8673

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
- B. Received by (Printed Name)
 C19 60005
- C. Date of Delivery
 05/17/21

- 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 type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |

Domestic Return Receipt

7020 1810 0001 5849 8673

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DEFICIENT MAIL

NEW JERSEY

MAY 14 2021

POSTMARK HERE

- 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 Post \$

Sent To \$

Street and \$

City, State, \$

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

See Reverse for Instructions

7020 1810 0001 5849 8680

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

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

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DEFICIENT MAIL

NEW JERSEY

MAY 14 2021

POSTMARK HERE

- 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 Post \$

Sent To \$

Street and \$

City, State, \$

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

See Reverse for Instructions

7020 1810 0001 5849 8697

**U.S. Postal Service™
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DEFICIENT MAIL

NEW JERSEY

MAY 14 2021

POSTMARK HERE

- 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 Post \$

Sent To \$

Street and \$

City, State, \$

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

See Reverse for Instructions

7020 1810 0001 5849 8703

Murro, Robert P. Jr.
 7534 Ridgfield Lane
 Lake Worth, FL 33467

COMPLETE THIS SECTION

Items 1, 2, and 3.
 Print your name and address on the reverse
 of the mailpiece, or on the front if space permits.
 Attach this card to the back of the mailpiece,
 or on the front if space permits.

Squash Club, LLC
 19 Avenue
 NJ 07760



2 6521 0346 9530 20

Transfer from service label
 7020 1810 0001 5849 8697

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
- B. Received by (Printed Name)
 Robert P. Jr. Murro
- C. Date of Delivery
 05/17/21

- 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 type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

Domestic Return Receipt

1 Notice sent to owners
 at 7534 Ridgfield Lane
 Lake Worth, FL for:
 2 Bodminion Court, Units 1 thru 10

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

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

OFFICIAL MAIL MESSAGE

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 Post \$

Sent To **Ocean River Estates, LLC**
37 Meridian Road
Edison, NJ 08820
 Street and/or City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Ocean River Estates, LLC
37 Meridian Road
Edison, NJ 08820



9590 9402 6521 0346 9534 02

2. Article Number (Transfer from service label)
7020 1810 0001 5849 8710

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 B. Received by (Printed Name) **Joe Krippl** C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

Domestic Return Receipt

RIGHT HERE TO DEVELOP ENVELOPE FLAP AT ZIPPER SLITS

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 B. Received by (Printed Name) **Chota, Gjon & Popovic, Michael** C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

Domestic Return Receipt

7020 1810 0001 5849 8727

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

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

OFFICIAL MAIL MESSAGE

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 Post \$

Sent To **Chota, Gjon & Popovic,**
Vera & Michael
6 Moore Rd
Bronxville, NY 10708
 Street and/or City, State, ZIP+4®

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

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

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

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

OFFICIAL MAIL MESSAGE

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 Post \$

Sent To **Li, Mingwei**
10 Thoresen Road
Warren, NJ 07059
 Street and/or City, State, ZIP+4®

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 MAIL MESSAGE

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 Post \$

Sent To **JCP&L c/o Tax Department**
800 Cabin Hill Drive
Greensburg, PA 15601
 Street and/or City, State, ZIP+4®

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

7020 1810 0001 5849 8741

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

OFFICIAL
 NEW JERSEY
 MAY 14 2021
 07712-9998

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

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Boro of Sea Bright**
1099 Ocean Avenue
Sea Bright, NJ 07760

Street and # _____

City, State, ZIP+4™ _____

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

9590 9402 6521 0346 9533 65



2. Article Number (Transfer from service label)
 7020 1810 0001 5849 8765

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.

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

9590 9402 6521 0346 9533 58



2. Article Number (Transfer from service label)
 7020 1810 0001 5849 8765

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent

B. Received by (Printed Name) _____ Addressee

C. Date of Delivery _____

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent

B. Received by (Printed Name) _____ Addressee

C. Date of Delivery _____

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

Domestic Return Receipt

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

OFFICIAL
 NEW JERSEY
 MAY 14 2021
 07712-9998

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

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **13 River Street, LLC**
15-17 South 7th Ave SU-2
Long Branch, NJ 07740

Street and # _____

City, State, ZIP+4™ _____

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

13 River Street, LLC
15-17 South 7th Ave SU-2
Long Branch, NJ 07740

9590 9402 6521 0346 9533 41



2. Article Number (Transfer from service label)
 7020 1810 0001 5849 8772

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent

B. Received by (Printed Name) _____ Addressee

C. Date of Delivery _____

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

Domestic Return Receipt

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

OFFICIAL
 NEW JERSEY
 MAY 14 2021
 07712-9998

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

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To **Forsman, John Robert et. al.**
1202 East Lomita Avenue
Orange, CA 92867

Street and # _____

City, State, ZIP+4™ _____

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Forsman, John Robert et. al.
1202 East Lomita Avenue
Orange, CA 92867

9590 9402 6521 0346 9533 41



2. Article Number (Transfer from service label)
 7020 1810 0001 5849 8772

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent

B. Received by (Printed Name) _____ Addressee

C. Date of Delivery _____

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

Domestic Return Receipt

7020 1810 0001 5849 8789

7020 1810 0001 5849 8772

7020 1810 0001 5849 8765

7020 1810 0001 5849 8758

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

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

OFFICIAL
NEW BRANCH
NEW JERSEY

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

MAY 14 2020
07712-9999

Total Post: \$ _____
 Sent To: **Gotti, John G.**
11 River Street
 Street and: **Sea Bright, NJ 07760**
 City, State: _____

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gotti, John G.
11 River Street
Sea Bright, NJ 07760



9590 9402 6521 0346 9533 27

2. Article Number (Transfer from article label)
7020 1810 0001 5849 8796

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) **John G. Gotti** C. Date of Delivery _____
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

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 type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> 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:

5 River 5, LLC
585 Second Avenue
Long Branch, NJ 07740



9590 9402 6521 0346 9533 10

2. Article Number (Transfer from article label)
7020 1810 0001 5849 8802

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) **Dina G. Gotti** C. Date of Delivery _____
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

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 type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Domestic Return Receipt

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

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

OFFICIAL
NEW BRANCH
NEW JERSEY

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

MAY 14 2020
07712-9999

Total Post: \$ _____
 Sent To: **5 River 5, LLC**
585 Second Avenue
 Street and: **Long Branch, NJ 07740**
 City, State: _____

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