

Kevin E. Kennedy, Esq.

A Limited Liability Company
Attorney at Law

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Middletown, NJ

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RECEIVED

OCT 25 2022

Borough of Sea Bright

Admitted to Practice
NJ & Washington DC

Mailing Address:
165 Highway 35
Red Bank, NJ 07701

October 24, 2022

VIA FEDERAL-EXPRESS

Borough of Sea Bright
Attn: Candace Mitchell, Land Use Board Secretary
1099 East Ocean Avenue
Sea Bright, NJ 07760

**Re: Kurkowski Residence
Sea Bright Planning Board Application
13 Church Street
Sea Bright, NJ
Block 14, Lot 8**

Dear Ms. Mitchell:

Please be advised that I am writing to you on behalf of Kim Kurkowski and Kerry Huffman, Applicants in the above-referenced mater. In that regard, and in anticipation of the **October 25, 2022** Public Hearing, I would ask that you please find 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.

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

PLEASE TAKE NOTICE, that Kim Kurkowski and Kerry Huffman have submitted a Development Application to the Borough of Sea Bright / Sea Bright Planning Board. The Application involves the property located at 13 Church Street, Sea Bright, NJ, more formally identified as Block 14, Lot 8 (R-3 Zone). There is an existing single family home at the site. In order to make the home more functional and modern, the Applicants propose to demolish the existing structure and to construct a new single family home on the site. (Though the Applicants intend to utilize the existing foundation for the new structure.)

In conjunction with the Application, the Applicants will be seeking use/"d" variance approval and bulk variance approval for the following relief:

LOT AREA:	1,800 SF required; whereas 1,560 SF exists;
LOT FRONTAGE / WIDTH:	25 ft. required; whereas 20 ft. exists;
FRONT YARD SETBACK:	5 ft. required; whereas 2.53 ft. proposed;
SIDE YARD SETBACK:	3 ft. required; whereas 2.53 ft. proposed;
SIDE YARD SETBACK:	3 ft. required; whereas 0.8 ft. proposed;
COMBINED SIDE YARD SETBACK:	6 ft. required; whereas 3.44 ft. proposed;
BUILDING COVERAGE:	Maximum 50% allowed; whereas 56.98% proposed;
PARKING:	2 off-street parking spaces required; whereas one such space proposed;
NUMBER OF STORIES:	Maximum 2 ½ stories allowed; whereas 3 stories proposed;
HEIGHT:	34 ft. allowed; whereas 39.5 ft. proposed.
USE/D VARIANCE:	The proposed height of 39.5 ft exceeds the permitted height by more than 10 percent.

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

Any person or persons who have an interest in the Application, or who have any questions, comments, or objections regarding the same will have an opportunity to be heard at the Unified Planning Board Hearing to be held on **October 25, 2022 at 7:30 P.M.**, at the Sea Bright Beach Pavilion, 1097 Ocean Avenue, Third Floor, Sea Bright, New Jersey (732-842-0099).

A copy of the Application and pertinent / applicable Drawings, Maps, Site Plans, and/or other supporting documents have been filed in the Office of the Sea Bright Unified Planning Board (1099 Ocean Avenue, Sea Bright, New Jersey) and may be inspected during regular business hours. Application materials can also be reviewed on the municipal website (seabrightnj.org).

10/12/22
Date

uf
Kevin E. Kennedy

AFFIDAVIT OF PUBLICATION

Publisher's Fee \$59.40 Affidavit \$35.00

STATE OF WISCONSIN
Brown County

Personally appeared *D. Roberts* 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, deposes and saith that the advertisement of which the annexed is a true copy, has been published in the said newspaper 1 times, once in each issue dated as follows:

10/14/2022 A.D 2022

 Nicole Jacobs
Notary Public State of Wisconsin County of Brown

 8-21-20
My commission expires

NICOLE JACOBS
Notary Public
State of Wisconsin

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UNIFIED PLANNING BOARD
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NUMBER OF STORIES:	Maximum 2 ½ stories allowed; whereas 3 stories proposed;
HEIGHT:	34 ft. allowed; whereas 39.5 ft. proposed.
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The Applicants will also be seeking approval for any and all other Variances and / or Design Waivers / Submission Waivers which are necessary, or which may become necessary, during the Public Hearing Process.

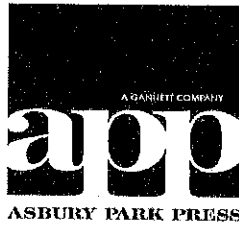
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Date
(\$59.40)

Kevin E. Kennedy

0005448928-01



Classified Ad Receipt
(For Info Only - NOT A BILL)

Customer: KEVIN KENNEDY
Address: 165 STATE ROUTE 35
RED BANK NJ 07701
USA

Ad No.: 0005448928
Pymt Method Cash
Net Amount \$90.44

Run Times: 1

No. of Affidavits: 1

Run Dates: 10/14/22

Text of Ad:

BOROUGH OF SEA BRIGHT
UNIFIED PLANNING BOARD
NOTICE OF HEARING

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- LOT FRONTAGE / WIDTH: 25 ft. required; whereas 20 ft. exists;
- FRONT YARD SETBACK: 5 ft. required; whereas 2.53 ft. proposed;
- SIDE YARD SETBACK: 3 ft. required; whereas 2.53 ft. proposed;
- SIDE YARD SETBACK: 3 ft. required; whereas 0.8 ft. proposed;
- COMBINED SIDE YARD SETBACK: 6 ft. required; whereas 3.44 ft. proposed;
- BUILDING COVERAGE: Maximum 50% allowed; whereas 56.98% proposed;
- NUMBER OF STORIES: Maximum 2 1/2 stories allowed; whereas 3 stories proposed;
- HEIGHT: 33 ft. allowed; whereas 39.5 ft. proposed;
- USE/D VARIANCE: The proposed height of 39.5 ft exceeds the permitted height by more than 10 percent.

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

Any person or persons who have an interest in the Application, or who have any questions, comments, or objections regarding the same will have an opportunity to be heard at the Unified Planning Board Hearing to be held on October 25, 2022 at 7:30 P.M., at the Sea Bright Beach Pavilion, 1097 Ocean Avenue, Third Floor, Sea Bright, New Jersey (732-842-0099).

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Date: _____ Kevin E. Kennedy

(\$55.44)

0005448928-01

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 13, 2022, 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 Kim Kurkowski and Kerry Huffman application was scheduled to be heard by the Sea Bright Planning Board on October 25, 2022.
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.

10/23/22
Date



Kevin E. Kennedy, Esq.

**BOROUGH OF SEA BRIGHT
OFFICE OF THE MUNICIPAL CLERK
1099 OCEAN AVENUE
SEA BRIGHT, NJ 07760
732-842-0099 EXT. 119**

Information requested for properties located within 200' of **Block 14, Lot 8, also known as 13 Church Street.**

YOU MUST SEND NOTICES TO THE UTILITIES AND APPROPRIATE GOVERNMENTAL AGENCIES NOTED BELOW:

<p>✓ Borough of Sea Bright ✓ 1099 Ocean Avenue Sea Bright, NJ 07760</p>	<p>✓ State of New Jersey (for State Hwy 36) Commissioner, Department of Transportation ✓ 1035 Parkway Avenue P.O. Box 600 Trenton, NJ 08625</p>
<p>✓ Comcast Comcast Center ✓ 1701 John F Kennedy Blvd. Philadelphia, PA 19103</p>	<p>✓ State of New Jersey (for Coastal Waters) Division of Coastal Resources ✓ P.O. Box 401 Trenton, NJ 08625</p>
<p>✓ New Jersey American Water Company ✓ 661 Shrewsbury Avenue Shrewsbury, NJ 07702</p>	<p>✓ Two Rivers Water Reclamation Authority ✓ Highland Avenue Monmouth Beach, NJ 07750</p>
<p>✓ New Jersey Natural Gas Company ✓ 1415 Wyckoff Road Wall, NJ 07719</p>	<p>✓ Verizon ✓ 175 W. Main St Freehold, NJ 07728 Attn: Corporate Secretary/Right of Way Agent</p>
<p>✓ Jersey Central Power & Light Area Manager Central New Jersey ✓ 1500 Florance Avenue Union Beach, NJ 07735</p>	<p>✓ Monmouth County Planning Board Hall of Records Annex – 2nd Floor ✓ East Main Street Freehold, NJ 07728</p>

Attached is a true list of the Property Owners within 200' of **Block 14, Lot 8, also known as 13 Church Street** in the Borough of Sea Bright as submitted by Sea Bright Tax Assessor Timothy Anfuso.


Candace B. Mitchell, Administrative Assistant
Borough Clerk's Office

Date: August 22, 2022
Date Request Received: August 15, 2022
Amount Paid: \$10.00

Cc. File

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 8

08/20/22 Page 1 of 3

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
13	4	✓	4A	BELL ATLANTIC %DUFF PO BOX 2749 ADDISON, TX 75001	11 NEW STREET	
13	5	✓	2	GORMAN, EDWARD & PAYNE, HEATHER 13 NEW STREET SEA BRIGHT, NJ 07760	13 NEW STREET	<i> Bd. member</i>
13	6	✓	2	DEC, PIOTR J 15 NEW STREET SEA BRIGHT, NJ 07760	15 NEW STREET	
13	7	✓	2	LOBIONDO, JAMES IRREVOCABLE TRUST 144 RUMSON ROAD RUMSON, NJ 07760	17 NEW STREET	
13	8	✓	2	PIERCE, DESIRE ANITA WHITE 19 NEW STREET SEA BRIGHT, NJ 07760	19 NEW STREET	
13	9	✓	2	LOBIONDO, JAMES IRREVOCABLE TRUST 144 RUMSON ROAD RUMSON, NJ 07760	21 NEW STREET	
13	10	✓	2	ZHENG, XUE MING & XUE PING 23 NEW STREET SEA BRIGHT, NJ 07760	23 NEW STREET	
13	11	✓	2	ESKRIDGE, JOSEPH R. & SHEILA M. 25 NEW STREET SEA BRIGHT, NJ 07760	25 NEW STREET	
13	12	✓	1	HOWLAND, JESSE A & SONS INC. P.O. BOX 419 KINGSTON, NJ 08528	29 NEW STREET	
13	13	✓	1	HOWLAND JESSE A & SONS INC PO BOX 419 LAUREL AVE KINGSTON, NJ 08528	31 NEW STREET	
13	14	✓	4A	HOWLAND, JESSE A. & SONS INC. PO BOX 419 KINGSTON, NJ 08528	50 CHURCH STREET	
13	20	✓	1	CJM ASSOCIATES OF SEA BRIGHT, LLC PO BOX 419 KINGSTON, NJ 08528	42 CHURCH STREET	
13	21	✓	1	JESSIE A. HOWLAND & SONS INC PO BOX 419 KINGSTON, NJ 08528	40 CHURCH STREET	
13	22	✓	1	CJ & M ASSOC OF SEA BRIGHT, LLC PO BOX 419 KINGSTON, NJ 08528	38 CHURCH STREET	
13	23	✓	2	LOVGREN, ERIK J. 34 CHURCH STREET SEA BRIGHT, NJ 07760	34 CHURCH STREET	
13	24	✓	2	THORNTON, ROBYN 30 CHURCH STREET SEA BRIGHT, NJ 07760	30 CHURCH STREET	24.01
13	25	✓	2	MONTESANO, RALPH G. & SUSAN V. 28 CHURCH STREET SEA BRIGHT, NJ 07760	28 CHURCH STREET	
13	26	✓	2	SPAHR, MICHAEL & KRISTEN 27 NAVESINK DRIVE MONMOUTH BEACH, NJ 07750	26 CHURCH STREET	
13	27	✓	2	CHURCH STREET SB, LLC 24 CHURCH STREET SEA BRIGHT, NJ 07760	24 CHURCH STREET	

OWNER & ADDRESS REPORT

SEA BRIGHT

08/20/22 Page 2 of 3

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 8

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
13	28		✓ 1	DOWD, BERNARD P & CYNTHIA THOMAS PO BOX 40 OCEANPORT, NJ 07757	20 - 22 CHURCH STREET	29
13	30		✓ 2	MILLER, KRISTINA 16 CHURCH STREET SEA BRIGHT, NJ 07760	16 CHURCH STREET	
13	31		✓ 1	GORMAN, EDWARD 13 NEW STREET SEA BRIGHT, NJ 07760	14 CHURCH STREET	
13	32		✓ 2	BYRON, JOHN BYRON THOMAS 12 CHURCH STREET SEA BRIGHT, NJ 07760	12 CHURCH STREET	
13	33		✓ 2	DUANE, EOIN & REBECCA SMITH DUANE 10 CHURCH STREET SEA BRIGHT, NJ 07760	10 CHURCH STREET	
13	34		✓ 2	G & G RENTAL PROPERTIES, LLC 16 SCHNEIDER LANE MONTVILLE, NJ 07045	8 CHURCH STREET	
13	35		✓ 2	FEMINELLO, MICHAEL W & RACHEL A 40 WARREN STREET RUMSON, NJ 07760	6 CHURCH STREET	
14	3		✓ 2	TENCZA, GREGORY J 3 CHURCH STREET SEA BRIGHT, NJ 07760	3 CHURCH STREET	
14	4		✓ 2	MC GINLEY, KEVIN & ANDREA & SEAN 5 CHURCH STREET SEA BRIGHT, NJ 07760	5 CHURCH STREET	
14	5		✓ 2	DOWD, BERNARD & CYNTHIA PO BOX 40 OCEANPORT, NJ 07757	7 CHURCH STREET	
14	6		✓ 2	DOXEY, DOUGLAS & CHRISTINA & D, JEN 9 CHURCH STREET SEA BRIGHT, NJ 07760	9 CHURCH STREET	
14	7		✓ 2	GATTO, MARGARET 11 CHURCH STREET SEA BRIGHT, NJ 07760	11 CHURCH STREET	
14	9		✓ 2	JERRY, CHRIS & MICHELE 15 CHURCH STREET SEA BRIGHT, NJ 07760	15 CHURCH STREET	
14	10		✓ 2	BAKKAR, SARAH BASHIR 17 CHURCH STREET SEA BRIGHT, NJ 07760	17 CHURCH STREET	
14	11		✓ 2	BRIECO, ALANA & GUARRERA, DAVID T 19 CHURCH STREET SEA BRIGHT, NJ 07760	19 CHURCH STREET	
14	12		✓ 1	C, J & M ASSOC OF SEA BRIGHT, LLC 460 RIVER ROAD KINGSTON, NJ 08528	21 CHURCH STREET	
14	14		✓ 4A	HOWLAND, JESSE A. & SONS, INC. PO BOX 419 KINGSTON, NJ 08528	16 SOUTH STREET	
14	15		✓ 2	JAKES, JYLL S. 12 SOUTH STREET SEA BRIGHT, NJ 07760	12 SOUTH STREET	
14	16		✓ 2	GOMES, LUIS G. & ALMEIDA, AURELIA 33 LAUREL AVENUE KEARNY, NJ 07032	10 SOUTH STREET	

✓ Dup

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 8

08/20/22 Page 3 of 3

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
14	17		2	LOBIONDO, JAMES A 931 OCEAN AVENUE SEA BRIGHT, NJ 07760	8 SOUTH STREET	
14	18		2	KOK, POH S 6 SOUTH STREET SEA BRIGHT, NJ 07760	6 SOUTH STREET	
14	19		2	FOX, DAVID & PRIYA 218 WHISPERING PINES DR LINCROFT, NJ 07738	4 SOUTH STREET	
14	20		2	DIBUGNARA, RALPH & RALPH & MICHAEL 3 SOUTH STREET SEA BRIGHT, NJ 07760	3 SOUTH STREET	
15	4.05		1	RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	3C SOUTH STREET	
15	4.06		1	RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	3B SOUTH STREET	
15	4.07		1	RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	5A SOUTH STREET	
15	4.08		1	RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	5 SOUTH STREET	
15	5		1	C. J. & M. ASSOC OF SEA BRIGHT, LLC PO BOX 419 KINGSTON, NJ 08528	6 RIVER STREET	6 & 7
15	8		1	JESSIE A. HOWLAND & SONS INC PO BOX 419 KINGSTON, NJ 08528	9 SOUTH STREET	
15	9		15C	BORO OF SEA BRIGHT 1099 OCEAN AVENUE SEA BRIGHT, NJ 07760	POPPINGER PLACE	
15	10		1A	HOWLAND, JESSE A. & SONS, INC. PO BOX 419 KINGSTON, NJ 08528	15 SOUTH STREET	
15	11		4A	C, J & M ASSOCIATES OF SEA BRIGHT L 4415 ROUTE 27, PO BOX 419 KINGSTON, NJ 08528	8 RIVER STREET	
15	12		2	HOWLAND, JESSE A & SONS INC PO BOX 419 KINGSTON, NJ 08528	10 RIVER STREET	



Name and Address of Sender

Kurkowski

Firm Mailing Book For Accountable Mail

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

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 Services) Fee	Handling Charge - If Registered and over \$50,000 in value	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 1120 0002 0020 6414	Borough of Sea Bright 699 Ocean Avenue Sea Bright, NJ 07760	574	400											
2. " " " 6421	Comcast 701 John F. Kennedy Blvd. Philadelphia, PA 19103													
3. " " " 6438	New Jersey American Water Company 661 Shrewsbury Avenue Shrewsbury, NJ 07702													
4. " " " 6445	New Jersey Natural Gas Company 1415 Wyckoff Road Wall, NJ 07719													
5. " " " 6452	Jersey Central Power & Light Agent Manager Central New Jersey 800 Florence Avenue Union Beach, NJ 07735													
6. " " " 6469	State of New Jersey (for St. Hwy. 36) Commissioner, Department of Transportation 101 Parkway Avenue P.O. Box 400 Trenton, NJ 08625													
7. " " " 6476	State of New Jersey (for Coastal Waters) Division of Coastal Resources P.O. Box 401 Trenton, NJ 08625													
8. " " " 6483	Two Rivers Water Reclamation Authority Highland Avenue Mantoloking Beach, NJ 07750													
Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office													

Postmaster: Put Name of receiving employee(s)



PS Form 3877, January 2007 (Page 1 of 2) PSN 7530-02-000-9098

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Name and Address of Sender

Kul Kowalski

Firm Mailing Book For Accountable Mail

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

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 Services) Fee	Handling Charge - If Registered and over \$50,000 in value	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 1120 0002 0020 6490	Verizon 175 W. Main Street Freehold, NJ 07728 Attn: Corporate Secretary/Right of Way	574	400								325			
2. " " " 6506	Monmouth County Planning Board Hall of Records Annex - 2nd Floor East Main Street Freehold, NJ 07728													
3. " " " 6513	Bell Atlantic %Duff PO Box 2749 Addison, TX 75001													
4. " " " 6520	Gorman, Edward & Payne, Heather 13 New Street Sea Bright, NJ 07760													
5. " " " 6537	Dec, Piotr J 15 New Street Sea Bright, NJ 07760													
6. " " " 6544	Lobiondo, James Irrevocable Trust 144 Rumson Road Rumson, NJ 07760													
7. " " " 6551	Pierce, Desire Anita White 19 New Street Sea Bright, NJ 07760													
8. " " " 6568	Zheng, Xue Ming & Xue Ping 23 New Street Sea Bright, NJ 07760													
Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office													





Name and Address of Sender

KURKOWSKI

Firm Mailing Book For Accountable Mail

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

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 TM)	Postage	(Extra Service) Fee	Handling Charge - If Registered and over \$50,000 in value	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 120 0002 0020 65715	Skridge, Joseph R. & Sheila M. ✓ 25 New Street Sea Bright, NJ 07760	57.40	4.00								3.25			
2. " " " 6582	Howland, Jesse A & Sons Inc. ✓ PO Box 419 Kingston, NJ 08528													
3. " " " 6599	Howland Jesse A & Sons Inc. ✓ PO Box 419 Laurel Ave Kingston, NJ 08528													
4. " " " 6605	Howland, Jesse A & Sons Inc. ✓ PO Box 419 Kingston, NJ 08528													
5. " " " 6612	CJM Associates of Sea Bright, LLC ✓ PO Box 419 Kingston, NJ 08528													
6. " " " 6629	Jessie A. Howland & Sons Inc. ✓ PO Box 419 Kingston, NJ 08528													
7. " " " 6636	CJM Assoc of Sea Bright, LLC ✓ PO Box 419 Kingston, NJ 08528													
8. " " " 6643	Lowgren, Erik J. ✓ 24 Church Street Sea Bright, NJ 07760													

Postmaster, Per (Name of receiving employee)



Total Number of Pieces Listed by Sender: _____ Total Number of Pieces Received at Post Office: _____
 PS Form 3877, January 2017 (Page 1 of 2) PSN 7530-02-000-9098
 Complete in Ink
 Privacy Notice: For more information on USPS privacy policies, visit usps.com/privacypolicy.



Name and Address of Sender

KURKOWSKI

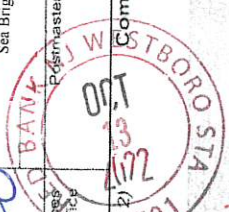
Firm Mailing Book For Accountable Mail

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

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 - If Registered and over \$50,000 in value	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 1120 0002 000 6650	Thorton, Robyn ✓ 10 Church Street Sea Bright, NJ 07760	510	400								320			
2. " " " " 6667	Montesano, Ralph G. & Susan V. ✓ 28 Church Street Sea Bright, NJ 07760													
3. " " " " 6674	Spahr, Michael & Kristen ✓ 27 Navesink Drive Monmouth Beach, NJ 07750													
4. " " " " 6681	Church Street SB, LLC ✓ 24 Church Street Sea Bright, NJ 07760													
5. " " " " 6698	Dowd, Bernard P. & Cynthia Thomas ✓ PO Box 40 Oceanport, NJ 07757													
6. " " " " 6704	Miller, Krystina ✓ 16 Church Street Sea Bright, NJ 07760													
7. " " " " 6711	Gorman, Edward ✓ 13 New Street Sea Bright, NJ 07760													
8. " " " " 6720	Byron, John Byron Thomas ✓ 12 Church Street Sea Bright, NJ 07760													

Total Number of Pieces Listed by Sender: _____
 Total Number of Pieces Received at Post Office: _____
 Registered by: _____ Per (Name of receiving employee)





Firm Mailing Book For Accountable Mail

Name and Address of Sender

KURKOWSKI

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

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

Table with columns: USPS Tracking/Article Number, Addressee (Name, Street, City, State, & ZIP Code), Postage (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. Includes handwritten entries for 8 items and various fees.

Total Number of Pieces Listed by Sender, Total Number of Pieces Received at Post Office, Postmaster Per (Name of receiving employee)





Firm Mailing Book For Accountable Mail

Name and Address of Sender

KURKOWSKI

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

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 Services) 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 1120 0002-0020 6810	Jery, Chris & Michele 15 Church Street Sea Bright, NJ 07760	570	400											
2. 11 11 6827	Bakkar, Sarah Bashir 17 Church Street Sea Bright, NJ 07760													
3. 11 11 6834	Grice, Alana & Guarrera, David T 19 Church Street Sea Bright, NJ 07760													
4. 11 11 6841	C&M Assoc of Sea Bright, LLC 160 River Road Kingston, NJ 08528													
5. 11 11 6858	Jakes, Jyll S. 12 South Street Sea Bright, NJ 07760													
6. 11 11 6865	Gomes, Luis G. & Almeida, Aurelia 33 Laurel Avenue Kearny, NJ 07032													
7. 11 11 6872	Lobiondo, James A 151 Ocean Avenue Sea Bright, NJ 07760													
8. 11 11 6889	Kok, Poh S 16 South Street Sea Bright, NJ 07760													



Total Number of Pieces Listed by Sender: 100
Total Number of Pieces Received at Post Office: 100

PS Form 3877, January 2017 (Page 1 of 2)
PSN 7530-02-000-9098

Complete in Ink

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Name and Address of Sender

KULKOWSKI

Firm Mailing Book For Accountable Mail

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

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

USPS Tracking/Article Number

1. *1019 1120 0002 0020 68916*
2. *" " " 6902*
3. *" " " 6919*
4. *" " " 6926*
5. *" " " 6933*
- 6.
- 7.
- 8.

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
<i>57⁰⁰ 400</i>								<i>325</i>			
	<i>Handling Charge - If Registered and over \$50,000 in value</i>				<i>Adult Signature Required</i>	<i>Adult Signature Restricted Delivery</i>	<i>Restricted Delivery</i>	<i>Return Receipt</i>	<i>Signature Confirmation</i>	<i>Signature Confirmation Restricted Delivery</i>	<i>Special Handling</i>

Postmaster, Per (Name of receiving employee)




Total Number of Pieces Listed by Sender

PS Form 3877, January 2017 (Page 1 of 2)


Complete in Ink

Privacy Notice: For more information on USPS privacy policies, visit usps.com/privacypolicy.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>X [Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Borough of Sea Bright 1099 Ocean Avenue Sea Bright, NJ 07760 Kurkowski		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7395 2055 8910 55		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"/> 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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (M)	
Article Number (Transfer from service label) 7019 1120 0002 0020 6414		Domestic Return Receipt	
PS Form 3811, July 2020 PSN 7530-02-000-9063			

642

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
New Jersey American Water Company 661 Shrewsbury Avenue Shrewsbury, NJ 07702 Kurkowski		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7395 2055 8910 31		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"/> 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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (M)	
Article Number (Transfer from service label) 7019 1120 0002 0020 6438		Domestic Return Receipt	
PS Form 3811, July 2020 PSN 7530-02-000-9063			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
New Jersey Natural Gas Company 1415 Wyckoff Road Wall, NJ 07719 Kurkowski		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7395 2055 8913 45		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"/> 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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (M)	
Article Number (Transfer from service label) 7019 1120 0002 0020 6445		Domestic Return Receipt	
PS Form 3811, July 2020 PSN 7530-02-000-9063			

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
 Kurkowski

2. Article Number (Transfer from service label)
 7019 1120 0002 0020 6452

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

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

2. Article Number (Transfer from service label)
 7019 1120 0002 0020 6469

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

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
 Kurkowski

2. Article Number (Transfer from service label)
 7019 1120 0002 0020 6476

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

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
 Kurkowski

2. Article Number (Transfer from service label)
 7019 1120 0002 0020 6483

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY


A. Signature
 Agent
 Addressee

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


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

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

6490

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>CHRISTY LASKY</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Monmouth County Planning Board Hall of Records Annex - 2nd Floor 1 East Main Street Freehold, NJ 07728</p> <p>Kurkowski</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
 9590 9402 7395 2055 8912 84	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 1120 0002 0020 6506</p>	<p>Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

6513

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X HB MS</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Gorman, Edward & Payne, Heather 13 New Street Sea Bright, NJ 07760</p> <p>Kurkowski</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>	
 9590 9402 7395 2055 8912 60	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 1120 0002 0020 6520</p>	<p>Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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:

Dec, Piotr J
15 New Street
Sea Bright, NJ 07760

Kurkowski

2. Article Number (Transfer from service label)

7019 1120 0002 0020 6537

PS Form 3811, July 2020 PSN 7530-02-000-9083

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X DP MSCA 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
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

all Restricted Delivery

Domestic Return Receipt

6544

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:

Pierce, Desire Anita White
19 New Street
Sea Bright, NJ 07760

Kurkowski

2. Article Number (Transfer from service label)

7019 1120 0002 0020 6551

PS Form 3811, July 2020 PSN 7530-02-000-9083

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X DP MSCA 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
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

all 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:

Zheng, Xue Ming & Xue Ping
23 New Street
Sea Bright, NJ 07760

Kurkowski

2. Article Number (Transfer from service label)

7019 1120 0002 0020 6568

PS Form 3811, July 2020 PSN 7530-02-000-9083

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X CZ MSCA 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
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

all Restricted Delivery

Domestic Return Receipt

6575

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:

Howland, Jesse A & Sons Inc.
 P.O. Box 419
 Kingston, NJ 08528

Kurkowski

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 M. Rehana

C. Date of Delivery
 10/17/22

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

2. Article Number (Transfer from service label)
 7019 1120 0002 0020 6582

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Howland Jesse A & Sons Inc.
 PO Box 419
 Laurel Ave
 Kingston, NJ 08528

Kurkowski

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 M. Rehana

C. Date of Delivery
 10/17/22

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

2. Article Number (Transfer from service label)
 7019 1120 0002 0020 6599

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

Kurkowski

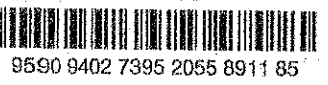
COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 M. Rehana

C. Date of Delivery
 10/17/22

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

2. Article Number (Transfer from service label)
 7019 1120 0002 0020 6605

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CJM Associates of Sea Bright, LLC
 PO Box 419
 Kingston, NJ 08528

Kurkowski

9590 9402 7395 2055 8911 78

2. Article Number (Transfer from service label)
 019 1120 0002 0020 6612

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *M. Nelson* C. Date of Delivery *10/17/22*

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

Kurkowski

9590 9402 7395 2055 8911 61

2. Article Number (Transfer from service label)
 019 1120 0002 0020 6629

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *M. Nelson* C. Date of Delivery *10/17/22*

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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:

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

Kurkowski

9590 9402 7395 2055 8910 24

2. Article Number (Transfer from service label)
 7014 1120 0002 0020 6636

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *M. Nelson* C. Date of Delivery *10/17/22*

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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:

Lovgren, Erik J.
 34 Church Street
 Sea Bright, NJ 07760

Kurkowski

9590 9402 7395 2055 8910 17

2. Article Number (Transfer from service label)
 7014 1120 0002 0020 6643

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

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 No
 If YES, enter delivery address below:

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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.

Article Addressed to:

Thornton, Robyn
30 Church Street
Sea Bright, NJ 07760

Kurkowski



9590 9402 7395 2055 8910 00

019 1120 0002 0020 6650

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *RM MS CA* 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"/> 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	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

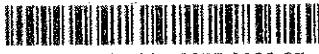
SENDER: COMPLETE THIS SECTION

- 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.

Article Addressed to:

Montesano, Ralph G. & Susan V.
28 Church Street
Sea Bright, NJ 07760

Kurkowski



9590 9402 7395 2055 8909 97

2. Article Number (Transfer from service label)
7019 1120 0002 0020 6667

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *RM MS CA* 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"/> 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	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

66674


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.

Article Addressed to:

Church-Street SB, LLC
24 Church Street
Sea Bright, NJ 07760

Kurkowski



9590 9402 7395 2055 8909 73

Article Number (Transfer from service label)
019 1120 0002 0020 6661

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *ED MS CA* 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"/> 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	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

6698


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:

Miller, Krystina
16 Church Street
Sea Bright, NJ 07760

Kurkowski



9590 9402 7395 2055 8909 59

2. Article Number (Transfer from service label):
7019 1120 0002 0020 6704

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KM MSCCA Agent
 Addressee

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

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

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:

Gorman, Edward
13 New Street
Sea Bright, NJ 07760

Kurkowski



9590 9402 7395 2055 8909 42

2. Article Number (Transfer from service label):
7019 1120 0002 0020 6711

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X EG MSCCA Agent
 Addressee

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

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

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:

Byron, John Byron Thomas
12 Church Street
Sea Bright, NJ 07760

Kurkowski



9590 9402 7395 2055 8909 35

2. Article Number (Transfer from service label):
7019 1120 0002 0020 6728

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X JB MSCCA Agent
 Addressee

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

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

6735

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:

CGG Rental Properties, LLC
16 Schneider Lane
Montville, NJ 07045
Kurkowski

2. Article Number (transfer from service label)
7019 1120 0002 0020 6742

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
10/19

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail Signature Confirmation Restricted Delivery (over \$500)
 Registered Mail Restricted Delivery (over \$500)

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:

Feminello, Michael W & Rachel A
40 Warren Street
Rumson, NJ 07760
Kurkowski

2. Article Number (transfer from service label)
7019 1120 0002 0020 6759

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
10/19/20

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail Signature Confirmation Restricted Delivery (over \$500)
 Registered Mail Restricted Delivery (over \$500)

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:

Tencza, Gregory J
3 Church Street
Sea Bright, NJ 07760
Kurkowski

2. Article Number (transfer from service label)
7019 1120 0002 0020 6766

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

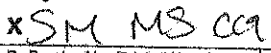
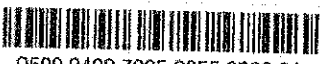
B. Received by (Printed Name)

C. Date of Delivery

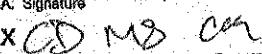

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

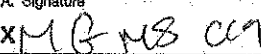
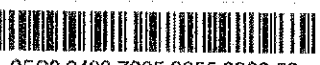
3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail Signature Confirmation Restricted Delivery (over \$500)
 Registered Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>																
<p>1. Article Addressed to:</p> <p>McGinley, Kevin & Andrea & Sean 5 Church Street Sea Bright, NJ 07760</p> <p style="text-align: right;">Kurkowski</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>																
 9590 9402 7395 2055 8908 81	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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"/> 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		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<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"/> 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																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>4. Article Number (Transfer from carrier label)</p> <p>7019 1120 0002 0020 6773</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9063	Domestic Return Receipt																

6780

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>																
<p>1. Article Addressed to:</p> <p>Doxey, Douglas & Christina & D, Jen 9 Church Street Sea Bright, NJ 07760</p> <p style="text-align: right;">Kurkowski</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>																
 9590 9402 7395 2055 8908 67	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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"/> 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		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<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"/> 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																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>4. Article Number (Transfer from carrier label)</p> <p>7019 1120 0002 0020 6797</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9063	Domestic Return Receipt																

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>																
<p>1. Article Addressed to:</p> <p>Gatto, Margaret 11 Church Street Sea Bright, NJ 07760</p> <p style="text-align: right;">Kurkowski</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>																
 9590 9402 7395 2055 8908 50	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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"/> 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		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<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"/> 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																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>4. Article Number (Transfer from carrier label)</p> <p>7019 1120 0002 0020 6803</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9063	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:

Jerry, Chris & Michele
15 Church Street
Sea Bright, NJ 07760

Kurkowski



9590 9402 7395 2055 8908 43

2. Article Number (Transfer from service label)
7019 1120 0002 0020 6810

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
XCS MB CCY 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
 Registered Mail Restricted Delivery (over \$500)

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:

Bakkar, Sarah Bashir
17 Church Street
Sea Bright, NJ 07760

Kurkowski



9590 9402 7395 2055 8908 38

2. Article Number (Transfer from service label)
7019 1120 0002 0020 6827

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
XSY MB CCY 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
 Registered Mail Restricted Delivery (over \$500)

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:

Grieco, Alana & Guarrera, David J
19 Church Street
Sea Bright, NJ 07760

Kurkowski



9590 9402 6272 0274 7128 40

2. Article Number (Transfer from service label)
7019 1120 0002 0020 6834

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

COMPLETE THIS SECTION ON DELIVERY

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

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:

C, J & M Assoc of Sea Bright, LLC
460 River Road
Kingston, NJ 08528

Kurkowski



9590 9402 6370 0303 2787 20

2. Article Number (Transfer from service label)
7019 1120 0002 0020 6841

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
M. Radona 10/11/22

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
PO BOX 419

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
 Registered Mail Restricted Delivery (over \$500)

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:

Jakes, Jyll S.
12 South Street
Sea Bright, NJ 07760

Kurkowski

2. Article Number (Transfer from service label)

7019 1120 0002 0020 6858

9590 9402 6370 0303 2787 13

PS Form 3811, July 2020 PSN 7630-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jyll S. Jakes* 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:

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 red Mail
 Registered Mail Restricted Delivery (over \$500)

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:

Gomes, Luis G. & Almeida, Amelia
33 Laurel Avenue
Kearny, NJ 07032

Kurkowski

2. Article Number (Transfer from service label)

7019 1120 0002 0020 6865

9590 9402 6370 0303 2787 08

PS Form 3811, July 2020 PSN 7630-02-000-9053

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 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 red Mail
 Registered Mail Restricted Delivery (over \$500)

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:

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

Kurkowski

2. Article Number (Transfer from service label)

7019 1120 0002 0020 6872

9590 9402 6370 0303 2786 90

PS Form 3811, July 2020 PSN 7630-02-000-9053

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 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 red Mail
 Registered Mail Restricted Delivery (over \$500)

Domestic Return Receipt

6889

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Fox 10-15-22	
1. Article Addressed to: Fox, David & Priya 218 Whispering Pines Dr Lincroft, NJ 07738 Kurkowski		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
9590 9402 6370 0303 2786 76		3. Service Type <input type="checkbox"/> Adult Signature <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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from sender label) 7019 1120 0002 0020 689a		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Dibugnara 10-17-22	
1. Article Addressed to: Dibugnara, Ralph & Ralph & Michael 3 South Street Sea Bright, NJ 07760 Kurkowski		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
9590 9402 6370 0303 2786 69		3. Service Type <input type="checkbox"/> Adult Signature <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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from sender label) 7019 1120 0002 0020 6902		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

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

6919

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery M. Kelana 10-17-22	
1. Article Addressed to: C.J.&M. Assoc of Sea Bright, LLC PO Box 419 Kingston, NJ 08528 Kurkowski		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
9590 9402 6370 0303 2786 45		3. Service Type <input type="checkbox"/> Adult Signature <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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from sender label) 7019 1120 0002 0020 6926		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

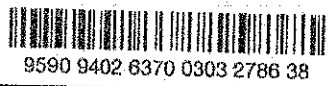
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

C,J&M Associates of Sea Bright L
 4415 Route 27, PO Box 419
 Kingston, NJ 08528
 Kurkowski



9590 9402 6370 0303 2786 38

2. Article Number (Transfer from service label)

7019 1120 0002 0020 6933

Form 3811, July 2020 PSN 7590-02-000-9069

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
[Handwritten Signature]

B. Received by (Printed Name) **C. Date of Delivery**
M. Kurkowski *10/17/22*

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"/> 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	
<input type="checkbox"/> Insured Mail Restricted Delivery (\$500)	

Domestic Return Receipt