

TOWNSHIP OF WEST ORANGE ZONING BOARD

An application will be heard on August 17, 2023, at 8:00 p.m. in the Municipal Building, 66 Main Street, to permit Daughters of Israel Geriatric Services Urban Renewal, Inc. to replace its existing free-standing sign at the bottom of the driveway for its property with a new free-standing sign.

The variances sought are as follows:

Section of Municipal Ordinance	Proposed	Required by Municipal Ordinance
25-15.3b-7	Sign will be approximately 10 feet from the public sidewalk and 30 feet 5 inches from the property line	Sign may not be situated closer than 40 feet to any street or property line
25-15.4c	Bottom of sign will be approximately 1 foot 8 inches above grade level	Bottom of sign must be at least 8 feet above the level of the road centerline

and any other variances which may be required by the Zoning Board for property located at 748-750 Northfield Avenue, West Orange, New Jersey, Block 165, Lot 16.

Any persons affected by this application (appeal) have an opportunity to be heard at the meeting. All documents relating to this application may be inspected by the public in the office of the Secretary of the Board in the Municipal Building by appointment only. Please contact the Secretary at 973-325-4108 to set up a time and date to view the documents.

Please use the link below to join the meeting:

<https://us06web.zoom.us/j/84123454981?pwd=NUIGcDZGZFIRczZXMk9qcjkrRzA0UT09>

Webinar ID: 841 2345 4981

Password: 982907

Dial-in: 1-646-931-3860

Daughters of Israel Geriatric Services Urban Renewal, Inc.
748-750 Northfield Avenue, West Orange, New Jersey 07068
c/o Jay J. Rice, Esq.
Nagel Rice, LLP
August 3, 2023

7013 0600 0001 3033 5413

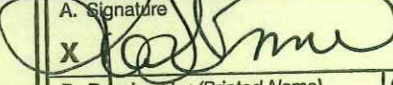
U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	Public Service Electric & Gas Company Manager – Corporate Properties 80 Park Plaza, T6B Newark, NJ 07102
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	

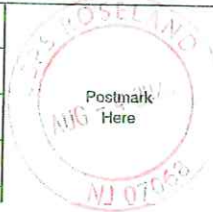
PS Form 3800, August 2006 See Reverse for Instructions



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 X
1. Article Addressed to: Public Service Electric & Gas Company Manager – Corporate Properties 80 Park Plaza, T6B Newark, NJ 07102	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
2. Article Number (Transfer from service label) 9590 9402 8395 3156 3147 23 7013 0600 0001 3033 5413	3. Service Type ☒ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ all Restricted Delivery ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

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

SENDER: COMPLETE THIS SECTION		COMPLETE 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  ☐ Agent ☒ Addressee	
1. Article Addressed to: New Jersey American Water Company 167 John F. Kennedy Parkway Short Hills, NJ 07078		B. Received by (Printed Name) _____ C. Date of Delivery 8/8/23	
2. Article Number (Transfer from service label) 7013 0600 0001 3033 5420		D. Is delivery address different from item 1? ☒ Yes ☐ No If YES, enter delivery address below: _____	
9590 9402 8395 3156 3147 16		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 ☐ All Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	New Jersey American Water Company
Street, Apt. No., or PO Box No.	167 John F. Kennedy Parkway
City, State, ZIP+4	Short Hills, NJ 07078
PS Form 3800, August 2005	
See Reverse for Instructions	

7013 0600 0001 3033 5437

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, Zip

Comcast Cablevision
800 Rahway Avenue
Union, NJ 07083

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Comcast Cablevision
800 Rahway Avenue
Union, NJ 07083

2. Article Number
 (Transfer from service label)

7013 0600 0001 3033 5437

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/7/23

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X <u>P. Desai</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: Verizon 1 Verizon Way Basking Ridge, NJ 07920-1025		B. Received by (Printed Name) <u>P. Desai</u> C. Date of Delivery <u>Aug 07 2013</u> RECEIVED AUG 07 2013	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No RECEIVED AUG 07 2013	
		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
		7013 0600 0001 3033 5444	

PS Form 3811, July 2013 Domestic Return Receipt

7013 0600 0001 3033 5444

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage &

Postmark
Here
AUG - 4 2013
NJ 07065

Sent To
Verizon
1 Verizon Way
Basking Ridge, NJ 07920-1025

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006
See Reverse for Instructions

7013 0600 0001 3033 5451

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark
Here

Sent To
Street, Apt. No.
or PO Box No.
City, State, Zip

Township of West Orange
Municipal Building
66 Main Street
West Orange, NJ 07052

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to: Richard H. & Margarete E. Brill 1 Oak Crest Road West Orange, NJ 07052		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	
2. Article Number (Transfer from service label)		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) ☐ Yes	
		7013 0600 0001 3033 5475	
Domestic Return Receipt			

7013 0600 0001 3033 5475

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To **Richard H. & Margarete E. Brill**
1 Oak Crest Road
West Orange, NJ 07052



PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to: Richard H. & Margarete E. Brill 1 Oak Crest Road West Orange, NJ 07052		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 ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)		7013 0600 0001 3033 5475	

PS Form 3811, July 2013 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

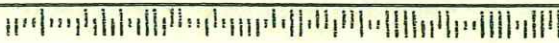
7 AUG 2023 PM 7 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

Nagel Rice, LLP
103 Eisenhower Pkwy
Suite 103
Roseland, NJ 07068

LH



2945 3303 1000 0090 3702

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total P

Sent To	Abdul K. Marica Yasin
Street, Apt or PO Box	12 Aspen Road
City, State	West Orange, NJ 07052

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

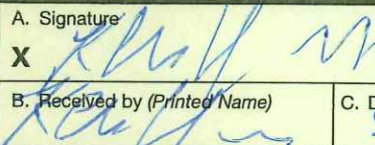
1. Article Addressed to:

Abdul K. Marica Yasin
 12 Aspen Road
 West Orange, NJ 07052

2. Article Number
 (Transfer from service label)

7013 0600 0001 3033 5482

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
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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 X <i>Jennifer Renda</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Joseph & Jennifer Renda 14 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name) <i>Coni 2 19</i>	C. Date of Delivery <i>8/7</i>
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)		7013 0600 0001 3033 1613	

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	

Sent To **Joseph & Jennifer Renda**
14 Aspen Road
West Orange, NJ 07052

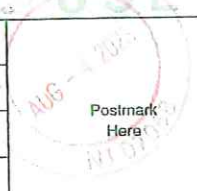
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

7013 0600 0001 3033 1620

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Jayson Carvalho 16 Aspen Road West Orange, NJ 07052
Street, Apt. No., or PO Box No.	
City, State, ZIP	
PS Form 3800, August 2006	
See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Jayson Carvalho 16 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name) <i>Catherine Schinkel</i>	C. Date of Delivery <i>8-1</i>
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

7013 0600 0001 3033 1620

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Margalit Zamir
18 Aspen Road
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

7013 0600 0001 3033 1637

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *ZAMIR* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Corina* C. Date of Delivery *8-7*

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark
Here

Sent To
Margalit Zamir
18 Aspen Road
West Orange, NJ 07052

PS Form 3800, August 2000

See Reverse for Instructions

7013 0600 0001 3033 1637

7013 0600 0001 3033 1644

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To **Johnder St John & Fabiola St. Louis**
736 Northfield Avenue
West Orange, NJ 07052

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

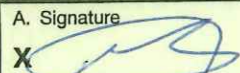
1. Article Addressed to:

Johnder St John & Fabiola St. Louis
736 Northfield Avenue
West Orange, NJ 07052

2. Article Number
 (Transfer from service label)

7013 0600 0001 3033 1644

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
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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 X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Santiago & Pamela Santos 3 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>8-7</i>	
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)		7013 0600 0001 3033 1651	
PS Form 3811, July 2013		Domestic Return Receipt	

7013 0600 0001 3033 1651

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
Street, Apt. N
or PO Box N
City, State, Zi

Santiago & Pamela Santos
3 Aspen Road
West Orange, NJ 07052

PS Form 3800, August 2006
See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage \$

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

Junior Tapia & Angela Culquimboz
5 Aspen Road
West Orange, NJ 07052

PS Form 3800, August 2006

See Reverse for Instructions



7013 0600 0001 3033 1668

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

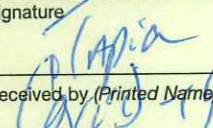
1. Article Addressed to:

Junior Tapia & Angela Culquimboz
5 Aspen Road
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

7013 0600 0001 3033 1668

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
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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 <u>Ivanov</u> ☐ Agent ☒ Addressee	
1. Article Addressed to: Dentcho V. & Rossana Y. Ivanov 7 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name) <u>David 19</u>	C. Date of Delivery <u>8-7</u>
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
		7013 0600 0001 3033 1675	

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

7013 0600 0001 3033 1675

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To
Dentcho V. & Rossana Y. Ivanov
7 Aspen Road
West Orange, NJ 07052

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

2891 EEOE 1000 0090 E102

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	Monica Shah 9 Aspen Road West Orange, NJ 07052
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2005 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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 ☐ Agent ☐ Addressee X <i>Shah</i> <i>Cori D-19</i> C. Date of Delivery <i>8-19</i>
1. Article Addressed to: Monica Shah 9 Aspen Road West Orange, NJ 07052	B. Received by (Printed Name) D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label)	3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes	2. Article Number (Transfer from service label)
7013 0600 0001 3033 1682	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X <u>Theresa White</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: Charlie Williams 11 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name) _____ C. Date of Delivery <u>8-7-23</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number (Transfer from service label)		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
4. Restricted Delivery? (Extra Fee) ☐ Yes			
7013 0600 0001 3033 1699			

PS Form 3811, July 2013

Domestic Return Receipt

7013 0600 0001 3033 1699

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		

Sent To **Charlie Williams**
11 Aspen Road
West Orange, NJ 07052

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4



PS Form 3800, August 2005

See Reverse for Instructions

7013 0600 0001 3033 1705

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Postage \$

Sent To **Dantes & Jaceline Dejean**
13 Aspen Road
West Orange, NJ 07052
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2005

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Dantes & Jaceline Dejean
13 Aspen Road
West Orange, NJ 07052

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *Dejean* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Corina 7/9* C. Date of Delivery *8-1*
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

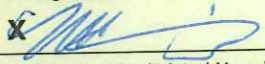
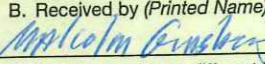
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 0600 0001 3033 1705

PS Form 3811, July 2013

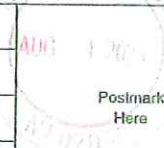
Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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  ☐ Agent ☐ Addressee	
1. Article Addressed to: Malcolm I. & Rochelle Ginsberg 15 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name), 	C. Date of Delivery 8/1
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

7013 0600 0001 3033 1712

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage &

Sent To **Malcolm I. & Rochelle Ginsberg**
15 Aspen Road
West Orange, NJ 07052

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2005

See Reverse for Instructions

7013 0600 0001 3033 1729

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

Total Postage

Sent To **Paul & Natalie Nardini**
17 Aspen Road
West Orange, NJ 07052
 Street, Apt. No.
 or PO Box No.
 City, State, Zip

AUG 4 2006
 Postmark
 Here

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Paul & Natalie Nardini
17 Aspen Road
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

7013 0600 0001 3033 1729

COMPLETE THIS SECTION ON DELIVERY

A. Signature **CONDIG** ☐ Agent ☐ Addressee
X
 B. Received by *(Printed Name)* **Natalie Nardini** C. Date of Delivery **8-4-06**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X <i>MD-19</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Vijayachitra Ramasamy 19 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name) <i>MD-19</i> C. Date of Delivery <i>8-11</i>	
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)		7013 0600 0001 3033 1736	
PS Form 3811, July 2013		Domestic Return Receipt	

7013 0600 0001 3033 1736

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total Postage &
Sent To
Vijayachitra Ramasamy
19 Aspen Road
West Orange, NJ 07052

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2005
See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To **Joseph Llarena**
21 Aspen Road
Street, Apt. No.,
or PO Box No. **West Orange, NJ 07052**
City, State, ZIP+

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Joseph Llarena
21 Aspen Road
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

7013 0600 0001 3033 1743

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ 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
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Joseph Llarena
21 Aspen Road
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

7013 0600 0001 3033 1743

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

NEW JERSEY'S BUSINESS

7 AUG 2013 PM 7 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

Nagel Rice, LLP
103 Eisenhower Pkwy
Suite 103
Roseland, NJ 07068

LIM



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to: John M. Tam & Winni Chin 23 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
		7013 0600 0001 3033 1750	

PS Form 3811, July 2013 Domestic Return Receipt

7013 0600 0001 3033 1750

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

Total Postage \$

Sent to **John M. Tam & Winni Chin**
23 Aspen Road
West Orange, NJ 07052
Street, Apt. No., or PO Box No.
City, State, ZIP+

PS Form 3800, August 2006
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to: John M. Tam & Winni Chin 23 Aspen Road West Orange, NJ 07052		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 ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

7013 0600 0001 3033 1750

UNITED STATES POSTAL SERVICE

7 AUG 2023 PM 7 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

Nagel Rice, LLP
103 Eisenhower Pkwy
Suite 103
Roseland, NJ 07068

L14

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage \$		

Sent To Christopher W. & Keiva Shults
Street, Apt. No., or PO Box No. 25 Aspen Road
City, State, ZIP+4 West Orange, NJ 07052

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Christopher W. & Keiva Shults 25 Aspen Road West Orange, NJ 07052	3. Service Type ☒ Certified Mail® ☐ Registered ☐ Insured Mail ☐ Priority Mail Express™ ☒ Return Receipt for Merchandise ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number <i>(Transfer from service label)</i>	7013 0600 0001 3033 1767

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Christopher W. & Keiva Shults
25 Aspen Road
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

7013 0600 0001 3033 1767

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☒ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

VERIFIED MAIL

7 AUG 2023 PM 7 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

Nagel Rice, LLP
103 Eisenhower Pkwy
Suite 103
Roseland, NJ 07068

L14

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to: Eder Charles & Facile St. 27 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number <i>(Transfer from service label)</i>		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number <i>(Transfer from service label)</i>		7013 0600 0001 3033 1774	

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee <i>(Endorsement Required)</i>		
Restricted Delivery Fee <i>(Endorsement Required)</i>		
Total Postage \$		

Postmark
Here

Sent To **Eder Charles & Facile St.**
27 Aspen Road
West Orange, NJ 07052

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Eder Charles & Facile St.
27 Aspen Road
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

7013 0600 0001 3033 1774

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

7 AUG 2013 PM 7 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

Nagel Rice, LLP
103 Eisenhower Pkwy
Suite 103
Roseland, NJ 07068

LIM

3-10292B

7013 0600 0001 3033 1781

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		

Sent To **Donald Tran & Ok Hui**
29 Aspen Road
West Orange, NJ 07052

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Donald Tran & Ok Hui
29 Aspen Road
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

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
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

7013 0600 0001 3033 1781

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to: Donald Tran & Ok Hui 29 Aspen Road West Orange, NJ 07052		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 ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)		7013 0600 0001 3033 1781	
PS Form 3811, July 2013		Domestic Return Receipt	

UNITED STATES POSTAL SERVICE

NEW JERSEY PERMIT NO. 1000

7 AUG 2013 PM 7 L

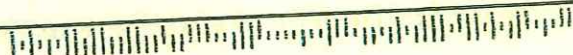


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

Nagel Rice, LLP
103 Eisenhower Pkwy
Suite 103
Roseland, NJ 07068

LIM



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to: Sharon Miller 31 Aspen Road West Orange, NJ 07052		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 ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)		7013 0600 0001 3033 1798	

PS Form 3811, July 2013 Domestic Return Receipt

7013 0600 0001 3033 1798

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage &

Postmark
Here

Sent To **Sharon Miller**
31 Aspen Road
West Orange, NJ 07052
City, State, ZIP+4

PS Form 3800, August 2006
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to: Sharon Miller 31 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, July 2013		7013 0600 0001 3033 1798 Domestic Return Receipt	

UNITED STATES POSTAL SERVICE
DV DANIELS NJ 070
7 AUG 2023 PM 8 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

Nagel Rice, LLP
103 Eisenhower Pkwy
Suite 103
Roseland, NJ 07068

L14

7013 0600 0001 3033 1804

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage \$	
Sent To	Elinor Semel
	33 Aspen Road
Street, Apt. No., or PO Box No.	West Orange, NJ 07052
City, State, ZIP+4	
PS Form 3800, August 2006	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to: Elinor Semel 33 Aspen Road West Orange, NJ 07052		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
		7013 0600 0001 3033 1804	
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Elinor Semel
33 Aspen Road
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

7013 0600 0001 3033 1804

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE DVD F&F

KEARNY NJ 07033

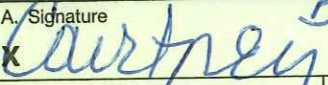
07 JUL 2013 PM 3

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

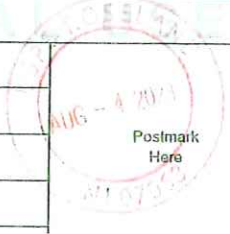
• Sender: Please print your name, address, and ZIP+4® in this box®

Nagel Rice, LLP
103 Eisenhower Pkwy
Suite 103
Roseland, NJ 07068

LIM

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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  ☐ Agent ☐ Addressee	
1. Article Addressed to: 772 Northfield LLC C/O Radnet Inc. 1510 Cotner Avenue Los Angeles, CA 90025		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 ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)		7013 0600 0001 3033 1811	

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	772 Northfield LLC C/O Radnet Inc. 1510 Cotner Avenue Los Angeles, CA 90025
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	

PS Form 3800, August 2006 See Reverse for Instructions

7013 0600 0001 3033 1828

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage \$	
Sent To	Grabowski Ltd. Liability Co.
Street, Apt. No., or PO Box No.	770 Northfield Avenue
City, State, ZIP+4	West Orange, NJ 07052
PS Form 3800, August 2006	
See Reverse for Instructions	

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 ☒ Grabowski ☐ Agent ☐ Addressee B. Received by (Printed Name) Grabowski C. Date of Delivery 8/7 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
1. Article Addressed to: Grabowski Ltd. Liability Co. 770 Northfield Avenue West Orange, NJ 07052			
2. Article Number (Transfer from service label) 7013 0600 0001 3033 1828	3. Service Type <table border="0"> <tr> <td> ☒ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery </td> <td> ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery </td> </tr> </table> (over \$500)	☒ 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
☒ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery		
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt			

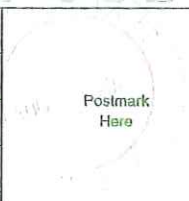
7013 0600 0001 3033 1535

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To **JCF 760 Northfield Avenue, LLC**
901 Route 10 East
Street, Apt. No., or PO Box No. **Whippany, NJ 07981**
City, State, ZIP+

7013 0600 0001 3033 5468

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To **JFP Housing LP**
760 Northfield Avenue
West Orange, NJ 07052

Street, Apt. No.,
or PO Box No.
City, State, ZIP+

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

JFP Housing LP
760 Northfield Avenue
West Orange, NJ 07052

2. Article Number
(Transfer from service label)

7013 0600 0001 3033 5468

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee

B. Received by *(Printed Name)* C. Date of Delivery *8/7*

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

7013 0600 0001 3033 1842

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage **PNC Realty**
c/o Marvin Poer & Co.
300 5th Avenue
22nd Floor
Pittsburgh, PA 1522

Sent To

Street, Apt. No.
or PO Box No.
City, State, ZIP



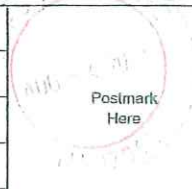
6587 1859 3033 0001 0600 7013

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Postage:

Sent To **John Kristiansen & Brian Blythe**
4 Dogwood Drive
West Orange, NJ 07052
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006

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:

John Kristiansen & Brian Blythe
4 Dogwood Drive
West Orange, NJ 07052



9590 9402 7430 2055 9734 32

2. Article Number (Transfer from service label)

7013 0600 0001 3033 1859

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

☐ Agent

☒ Addressee

B. Received by (Printed Name)

John Kristiansen

C. Date of Delivery

8/10/22

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

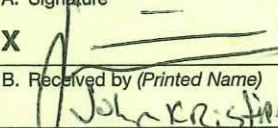
☒ No

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

Mail
 Mail Restricted Delivery
 30)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Albert Huang 9 Dogwood Drive West Orange, NJ 07052  9590 9402 7430 2055 9734 25 2. Article Number (Transfer from service label) 7013 0600 0001 3033 1866	A. Signature X  ☒ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery John Kristian 8/10/23 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No 3. Service Type <table style="width: 100%; font-size: small;"> <tr> <td>☒ Adult Signature</td> <td>☐ Priority Mail Express®</td> </tr> <tr> <td>☐ Adult Signature Restricted Delivery</td> <td>☐ Registered Mail™</td> </tr> <tr> <td>☒ Certified Mail®</td> <td>☐ Registered Mail Restricted Delivery</td> </tr> <tr> <td>☐ Certified Mail Restricted Delivery</td> <td>☐ Signature Confirmation™</td> </tr> <tr> <td>☐ Collect on Delivery</td> <td>☐ Signature Confirmation Restricted Delivery</td> </tr> <tr> <td>☐ Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td>☐ Insured Mail</td> <td></td> </tr> <tr> <td>☐ Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	☒ 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	
☒ 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																	

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

7013 0600 0001 3033 1866

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To **Albert Huang**

9 Dogwood Drive

West Orange, NJ 07052

Street, Apt. No., or PO Box No.

City, State, ZIP+4



Postmark Here

PS Form 3800, August 2005

See Reverse for Instructions

7013 0600 0001 3033 1873

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To Michael Rosenberg & Laura Hannan 8 Dogwood Drive West Orange, NJ 07052	
Street, Apt. No. or PO Box No. City, State, Zip	
PS Form 3800, August 2006 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: Michael Rosenberg & Laura Hannan 8 Dogwood Drive West Orange, NJ 07052  9590 9402 7430 2055 9734 18 2. Article Number (Transfer from service label) 7013 0600 0001 3033 1873	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ <i>Michael Rosenberg</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Michael Rosenberg</i> 8/10/23 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ 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  ☐ Agent ☒ Addressee	
1. Article Addressed to: William & Barbara Schilling 10 Dogwood Drive West Orange, NJ 07052		B. Received by (Printed Name) WM. SCHILLING C. Date of Delivery 8/29/23	
2. Article Number (Transfer from service label) 7013 0600 0001 3033 1880		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
3. Service Type ☒ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

Sent To **William & Barbara Schilling**
10 Dogwood Drive
West Orange, NJ 07052

PS Form 3800, August 2006 See Reverse for Instructions

7013 0600 0001 3033 1897

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage &	AUG - 4 2023 Postmark Here 07052
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	Edith F. Behr & George M. Pollock 14 Dogwood Drive West Orange, NJ 07052
PS Form 3800, August 2005 See Reverse for Instructions	

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>Edith F. Behr</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Edith F. Behr</i> C. Date of Delivery <i>8/9/23</i> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:
1. Article Addressed to: Edith F. Behr & George M. Pollock 14 Dogwood Drive West Orange, NJ 07052  9590 9402 7430 2055 9733 95	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
2. Article Number (Transfer from service label) 7013 0600 0001 3033 1897	☐ all Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

7000 0090 E102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To **Shaun Oliver & Amy Hall**
16 Dogwood Drive
West Orange, NJ 07052

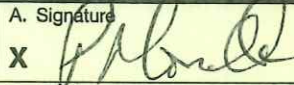
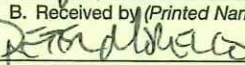
PS Form 3800, August 2006

See Reverse for Instructions

7013 0600 0001 3033 1910

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage \$	Postmark Here
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	Anthony & Linda Aiello 18 Dogwood Drive West Orange, NJ 07052
PS Form 3800, August 2005 See Reverse for Instructions	

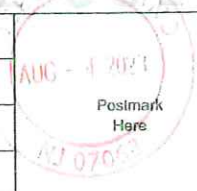
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to: Anthony & Linda Aiello 18 Dogwood Drive West Orange, NJ 07052	B. Received by (Printed Name) <i>Anthony Aiello</i>
	C. Date of Delivery <i>8/19/23</i>
	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No
2. Article Number (Transfer from service label) 7013 0600 0001 3033 1910	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
 9590 9402 7430 2055 9733 71 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  ☒ Agent ☒ Addressee	
1 Article Addressed to: Peter & Siobhan Morello 20 Dogwood Drive West Orange, NJ 07052		B. Received by (Printed Name)  C. Date of Delivery 8/9/23	
2. Article Number (Transfer from service label) 7013 0600 0001 3033 1927		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
9590 9402 7430 2055 9734 70		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 ☐ all Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

2261 3033 1927

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To **Peter & Siobhan Morello**
20 Dogwood Drive
West Orange, NJ 07052

Street, Apt. No., or P.O. Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage

Postmark
 Here

Sent To **John W. Mark & Meghan K. Mark**
22 Dogwood Drive
West Orange, NJ 07052

PS Form 3800, August 2006

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:

John W. Mark & Meghan K. Mark
22 Dogwood Drive
West Orange, NJ 07052



9590 9402 7430 2055 9734 87

2. Article Number (Transfer from service label)

7013 0600 0001 3033 1934

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. J. Mark*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Meghan K. Mark

C. Date of Delivery

9/8/23

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

fail

fail Restricted Delivery

(over \$500)

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☒ <i>Joan Mutascio</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Joan Mutascio</i> <i>8/9/23</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No
1. Article Addressed to: Joan Mutascio 26 Dogwood Drive West Orange, NJ 07052	3. Service Type ☐ Priority Mail Express® ☒ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☒ Certified Mail® ☐ Signature Confirmation™ ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery /ail /ail Restricted Delivery (0)
 9590 9402 7430 2055 9734 94 2. Article Number (Transfer from service label) 7013 0600 0001 3033 1941	Domestic Return Receipt
PS Form 3811, July 2020 PSN 7530-02-000-9053	

7013 0600 0001 3033 1941

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage



Postmark Here

Sent To **Joan Mutascio**

Street, Apt. No., or PO Box No. **26 Dogwood Drive**

City, State, ZIP+ **West Orange, NJ 07052**

PS Form 3800, August 2000

7013 0600 0001 3033 1958

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	
Sent To Josefina Ruiz 28 Dogwood Drive West Orange, NJ 07052	
PS Form 3800, August 2006 See Reverse for Instructions	



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 ☒ Agent ☐ Addressee B. Received by (Printed Name) <u>Josefina Ruiz</u> C. Date of Delivery <u>8/9/23</u> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:																
1. Article Addressed to: Josefina Ruiz 28 Dogwood Drive West Orange, NJ 07052 9590 9402 7430 2055 9735 00	3. Service Type <table border="0"><tr><td>☒ Adult Signature</td><td>☐ Priority Mail Express®</td></tr><tr><td>☐ Adult Signature Restricted Delivery</td><td>☐ Registered Mail™</td></tr><tr><td>☒ Certified Mail®</td><td>☐ Registered Mail Restricted Delivery</td></tr><tr><td>☐ Certified Mail Restricted Delivery</td><td>☐ Signature Confirmation™</td></tr><tr><td>☐ Collect on Delivery</td><td>☐ Signature Confirmation Restricted Delivery</td></tr><tr><td>☐ Collect on Delivery Restricted Delivery</td><td></td></tr><tr><td>☐ Insured Mail</td><td></td></tr><tr><td>☐ Mail Restricted Delivery</td><td></td></tr></table>	☒ 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		☐ Mail Restricted Delivery	
☒ 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																	
☐ Mail Restricted Delivery																	
2. Article Number (Transfer from service label) 7013 0600 0001 3033 1958																	

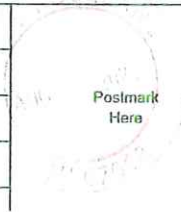
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Urszula Troska & Lucien Bratkowski 30 Dogwood Drive West Orange, NJ 07052		B. Received by (Printed Name) <i>BRATKOWSKI</i> C. Date of Delivery <i>8/19/23</i>	
2. Article Number (Transfer from service label) 7013 0600 0001 3033 1965		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 ☐ Collect on Delivery Restricted Delivery			

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

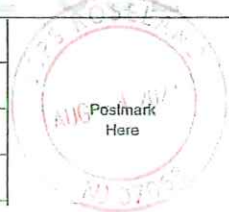
7013 0600 0001 3033 1965

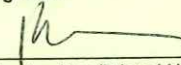
Sent To **Urszula Troska & Lucien Bratkowski**
30 Dogwood Drive
West Orange, NJ 07052

Street, Apt. 1 or PO Box N
City, State, Z

PS Form 3811, July 2020 PSN 7530-02-000-9053 See reverse for instructions

7013 0600 0001 3033 1972

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	
Sent To Joshua Miller & Keren Kazam 32 Dogwood Drive West Orange, NJ 07052	
Street, Apt. No. or PO Box No. City, State, Zip	
PS Form 3800, August 2006 See Reverse for Instructions	

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 X  ☐ Agent ☒ Addressee	
1. Article Addressed to: Joshua Miller & Keren Kazam 32 Dogwood Drive West Orange, NJ 07052		B. Received by (Printed Name) Keren Kazam	C. Date of Delivery 8/9/23
2. Article Number (Transfer from service label) 7013 0600 0001 3033 1972		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
 9590 9402 7430 2055 9735 24		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 ☐ Mail Restricted Delivery	
		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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:

Suzanne L. Robinson
34 Dogwood Drive
West Orange, NJ 07052



9590 9402 7430 2055 9735 31

2. Article Number (Transfer from service label)

7013 0600 0001 3033 1989

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *S. L. Robinson* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

S. L. Robinson

C. Date of Delivery

8/12/23

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 |
| ☐ Collect on Delivery Restricted Delivery | |
| Mail | |
| Mail Restricted Delivery | |

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

Domestic Return Receipt

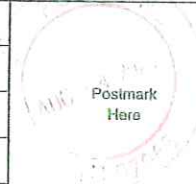
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage



Sent To **Suzanne L. Robinson**
34 Dogwood Drive
Street, Apt. No., or PO Box No. **West Orange, NJ 07052**
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7013 0600 0001 3033 1996

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Postage &

Sent To

Robert Wilson & Carol Gibson-Wilson
36 Dogwood Drive
West Orange, NJ 07052

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Margo Materasso 9 Dogwood Drive West Orange, NJ 07052  9590 9402 7430 2055 9735 55 2. Article Number (Transfer from service label) 7013 0600 0001 3033 2009	A. Signature ☒ <i>Sarah Materasso</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Sarah Materasso</i> <i>8/19/23</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No 3. Service Type <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> ☒ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail </td> <td style="vertical-align: top;"> ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery </td> </tr> </table>	☒ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
☒ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery		

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

7013 0600 0001 3033 2009

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	OFFICIAL USE AUG 19 2023 10 07 53 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

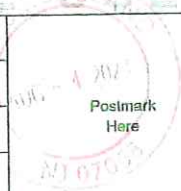
Sent To **Margo Materasso**

Street, Apt., P.O. Box, or PO Box N **9 Dogwood Drive**

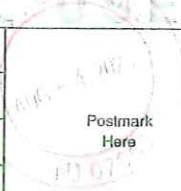
City, State, ZIP+4® **West Orange, NJ 07052**

PS Form 3800, August 2006
See Reverse for Instructions

7013 0600 0001 3033 2016
PT02 E000 T000 0090 ET02

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	
Sean Rodriguez & Melanie Kuchinski	
11 Dogwood Drive	
West Orange, NJ 07052	
Street, Apt. No., or PO Box No.	
City, State, ZIP	
PS Form 3800, August 2005	
See Reverse for Instructions	

7013 0600 0001 3033 2023

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	F. Saraniero & N. Saraceno
Street, Apt. No., or PO Box No.	15 Dogwood Drive
City, State, ZIP+4	West Orange, NJ 07052
PS Form 3800, August 2006	
See Reverse for Instructions	

7013 0600 0001 3033 2030

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	



Sent To **Alla Berns**
17 Dogwood Drive
West Orange, NJ 07052

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006

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:

Alla Berns
17 Dogwood Drive
West Orange, NJ 07052



9590 9402 7430 2055 9735 86

2. Article Number (Transfer from service label)

7013 0600 0001 3033 2030

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Adult Signature

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Alla Berns

C. Date of Delivery

8/10/23

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Delivery Restricted Delivery

☐ Registered Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

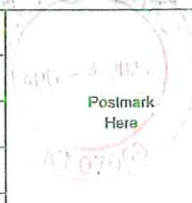
7013 0600 0001 3033 2047

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage



Sent To **Project Live, Inc.**
465-475 Broadway
Street, Apt. 1 **Newark, NJ 07104**
or PO Box N
City, State, Z

7013 0600 0001 3033 2054

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To Andrew Davidoff & Chia Yen Lee	
23 Dogwood Drive	
West Orange, NJ 07052	
Street, Apt. No. or PO Box No.	
City, State, Zip	
PS Form 3800, August 2006	
See Reverse for Instructions	



7013 0600 0001 3033 2061

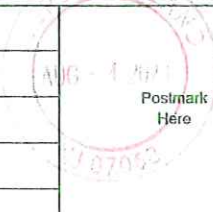
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage \$	
Sent To	
Marguerite De Carlo	
27 Dogwood Drive	
West orange, NJ 07052	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006	
See Reverse for Instructions	

7013 0600 0001 3033 2078

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **AWC Associates LLC**
28 Lenox Ter
Street, Apt. No.,
or PO Box No. **West Orange, NJ 07052**
City, State, ZIP+4

PS Form 3800, August 2000

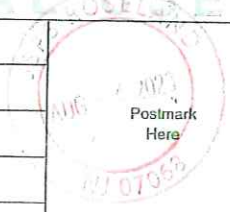
5902 EEOE 1000 0090 E702

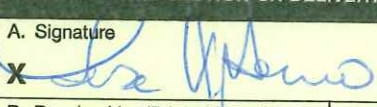
U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To M C S Associates	
745 Northfield Avenue	
West Orange, NJ 07052	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

7013 0600 0001 3033 2092

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL RECEIPT	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	
Sent To Robert Mirsky 745 Northfield Avenue West Orange, NJ 07052	
PS Form 3800, August 2005 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: Robert Mirsky 745 Northfield Avenue West Orange, NJ 07052  9590 9402 7430 2055 9726 95 2. Article Number (Transfer from service label) 7013 0600 0001 3033 2092	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒  ☐ Agent ☐ Addressee B. Received by (Printed Name) Lisa Germano C. Date of Delivery 8/18/23 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☒ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Mail Restricted Delivery ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
---	---

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Total Postage \$

Postmark
Here

Sent To

Sami E. Abboud & Mirella Trustees
4283 NE Joes Point Road
Stuart, FL 34996

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2005

SEE REVERSE FOR INSTRUCTIONS

7013 0600 0001 3033 2108

7013 0600 0001 3033 2115

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To **Lynn B. Levy**
35 Overlook Road
Livingston, NJ 07039
Street, Apt. No.,
or PO Box No.
City, State, ZIP+

PS Form 3800, August 2006

See Reverse for Instructions

7013 0600 0001 3033 2122

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	
Duk Kim Realty LLC	
30B Vreeland Road	
Suite 120	
Florham Park, NJ 07932	
Street, Apt. No. or PO Box No.	
City, State, Zip	
PS Form 3800, August 2008	
See Reverse for Instructions	



7013 0600 0001 3033 2139

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	



Sent To **745 Northfield Avenue 7 LLC**
745 Northfield Avenue
7
West Orange, NJ 07052

PS Form 3800, August 2006

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:

745 Northfield Avenue 7 LLC
745 Northfield Avenue
7
West Orange, NJ 07052



9590 9402 7430 2055 9726 64

2. Article Number (Transfer from service label)

7013 0600 0001 3033 2139

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
 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
- ☐ Mail Restricted Delivery

☐ Priority Mail Express®

- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7013 0600 0001 3033 2146

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage \$

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

D. Fredrich & J. Weill Co Trustee
374 Millburn Avenue
4th Floor
Millburn, NJ 07041



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To **Altus Group US, Inc.**
P.O. Box 92129
Southlake, TX 76092
Street, Apt. No.
or PO Box No.
City, State, ZIP

PS Form 3800, August 2006

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:

Altus Group US, Inc.
P.O. Box 92129
Southlake, TX 76092



9590 9402 8395 3156 3147 30

2. Article Number (Transfer from service label)

7013 0600 0001 3033 2153

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

AUG 10 2023

Received

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

Mail Restricted Delivery
()

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 8395 3156 3147 30

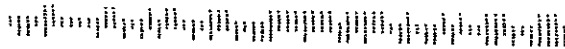
United States
Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

Nagel Rice, LLP
103 Eisenhower Pkwy
Suite 103
Roseland, NJ 07068

LIM



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 X <i>C. Boreyko</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: LMK Realty LLC 767 Northfield Avenue West Orange, NJ 07052		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7013 0600 0001 3033 2160		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 ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery			

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL RECEIPT

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To **LMK Realty LLC**
767 Northfield Avenue
West Orange, NJ 07052

Street, Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

7013 0600 0001 3033 2177

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	



Sent To **New Life Apostolic Church**
747 Northfield Avenue
West Orange, NJ 07052

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2005

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:

New Life Apostolic Church
747 Northfield Avenue
West Orange, NJ 07052



9590 9402 8395 3156 3147 54

2. Article Number (Transfer from service label)

7013 0600 0001 3033 2177

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Address

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

☐ Restricted Delivery

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

Domestic Return Receipt