

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

| | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage \$ _____

Total Po \$ _____

Sent To \$ _____

Street a. _____

City, Sta _____

Postmark Here

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

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Certified Mail Fee \$ _____

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

| | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage \$ _____

Total Po \$ _____

Sent To \$ _____

Street a. _____

City, Sta _____

Postmark Here

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

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|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
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| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage \$ _____

Total Po \$ _____

Sent To \$ _____

Street a. _____

City, Sta _____

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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
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| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage \$ _____

Total Po \$ _____

Sent To \$ _____

Street a. _____

City, Sta _____

Postmark Here

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

| | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage \$ _____

Total Po \$ _____

Sent To \$ _____

Street a. _____

City, Sta _____

Postmark Here

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

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Certified Mail Fee \$ _____

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

| | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage \$ _____

Total Po \$ _____

Sent To \$ _____

Street a. _____

City, Sta _____

Postmark Here

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

7019 1120 0001 4359 1790

6450 2016 9102 0543

7019 1120 0001 4359 1806

0550 9102 4102 0550

0217 1820 0001 4354 1820

6116 4354 1816

0217 1820 0001 4354 1820

7019 1120 0001 4354 1816

7019 1120 0001 4359 1844

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| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Vitor M & Antonio J. Azevedo
1023 Kipling Road
Elizabeth, NJ 07208

Postmark Here

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

7019 1120 0001 4359 1837

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| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage
\$

Total Post
\$

Sent To
Street and
City

Nagi & Hanna Botros
9 Brown Court
East Brunswick, NJ 08816

Postmark Here

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

7019 1120 0001 4359 1868

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OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage
\$

Total Postage
\$

Sent To
Street and Ap
City, State, Zi

P.S. Electric & Gas Co.
80 Park Plaza T24A
Newark, NJ 07101

Postmark Here

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

7019 1120 0001 4359 1851

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| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage
\$

Total Post
\$

Sent To
Street and
City, State

NJ Turnpike Authority- Admin Bldg
581 Main Street- P.O.B 5042
Woodbridge, NJ 07095

Postmark Here

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

7019 1120 0001 4359 1882

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OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage
\$

Total P
\$

Sent To
Street
City, S

Shimon Klepner
225 Avenue M Apt. 3
Brooklyn, NY 11230

Postmark Here

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

7019 1120 0001 4359 1875

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| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage
\$

Total
\$

Sent To
Street
City

Liberty Water Company
1341 North Avenue
Plainfield, NJ 07062
Elizabeth Water Co. Operations

Postmark Here

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

7019 1120 0001 4359 1921

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Certified Mail Fee
 \$ _____

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

| | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark Here

Postage
 \$ _____

Total P
 \$ _____

Sent To

Street

City, State

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

Union County Planning Board
 Union County Dept. of Eng. & Plan.
 Union County Adm. Bldg.
 Elizabethtown Plaza
 Elizabeth, NJ 07201

7019 1120 0001 4359 1400

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Certified Mail Fee
 \$ _____

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

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|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark Here

Postage
 \$ _____

Total Post
 \$ _____

Sent To

Street and

City, State

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

L
 Elizabeth Church of God
 401 Livingston Street
 Elizabeth, NJ 07206

7019 1120 0001 4359 1501

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Certified Mail Fee
 \$ _____

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

| | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark Here

Postage
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Total Post
 \$ _____

Sent To

Street and

City, State

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

Laquan Perrin
 409 Livingston Street
 Elizabeth, NJ 07206

7019 1120 0001 4359 1912

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Certified Mail Fee
 \$ _____

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

| | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark Here

Postage
 \$ _____

Total P
 \$ _____

Sent To

Street

City, State, ZIP+4®

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

Verizon
 P.O. Box 152206
 Irving, TX 75015

7019 1120 0001 4359 1486

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Certified Mail Fee
 \$ _____

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

| | |
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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark Here

Postage
 \$ _____

Total P
 \$ _____

Sent To

Street

City, State

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

Joseph Mannari
 279 Bayview Avenue
 Staten Island, NY 10309

7019 1120 0001 4359 1493

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Certified Mail Fee
 \$ _____

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

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|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark Here

Postage
 \$ _____

Total
 \$ _____

Sent To

Street

City

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

Jorge Herrera & M. Herrera-Ynfiesta
 420 Livingston Street
 Elizabeth, NJ 07206

7019 1120 0001 4359 1899

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|--|----|
| Certified Mail Fee | |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark Here

Postage

\$

Total Post

\$

Sent To

Street and /

City, State,

Antonio Azevedo
 1023 Kipling Road
 Elizabeth, NJ 07208

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

5017 1120 0001 4359 1905

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| Certified Mail Fee | |
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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark Here

Postage

\$

Total Post

\$

Sent To

Street and /

City, State,

26 Park Realty, Inc.% Mark Sherman
 42 Colonial Way
 Short Hills, NJ 07078

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

7019 1120 0001 4359 1448

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|--|----|
| Certified Mail Fee | |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark Here

Postage

\$

Total Post

\$

Sent To

Street and /

City, State,

Elisandro Miketen
 201 Mountainview Road
 Warren, NJ 07059-8038

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

7019 1120 0001 4359 1448

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|--|----|
| Certified Mail Fee | |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark Here

Postage

\$

Total Post

\$

Sent To

Street and /

City, State,

Lucas Galeano
 425 Livingston Street
 Elizabeth, NJ 07206

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

7019 1120 0001 4359 1424

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|--|----|
| Certified Mail Fee | |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark Here

Postage

\$

Total Post

\$

Sent To

Street and /

City, State,

Chrisine Truncale & Danielle Dorta
 244 Murray Street
 Elizabeth,, NJ 07202

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

7019 1120 0001 4359 1417

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OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark Here

Postage

\$

Total Post

\$

Sent To

Street and /

City, State,

Gerson G. Mojica
 413 Livingston Street
 Elizabeth, NJ 07206

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

7019 1120 0001 4359 1462

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| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark
Here

| | |
|------------------|---|
| Postage | \$ |
| Total Postage | \$ |
| Sent To | 130 4 th LLC |
| Street and Apt. | 4403 15 th Avenue, Suite 225 |
| City, State, Zip | Brooklyn, NY 11219-1121 |

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

7019 1120 0001 4359 1752

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OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark
Here

| | |
|------------------|------------------------|
| Postage | \$ |
| Total Postage | \$ |
| Sent To | Patricia & Sally Pratt |
| Street and Apt. | 132-134 Fourth Street |
| City, State, Zip | Elizabeth, NJ 07206 |

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

7019 2970 0001 9102 0512

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OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark
Here

| | |
|------------------|---------------------------------|
| Postage | \$ |
| Total Postage | \$ |
| Sent To | William & Catherine Alston, Jr. |
| Street and Apt. | 410 Livingston Street |
| City, State, Zip | Elizabeth, NJ 07206 |

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

7019 1120 0001 4359 1479

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| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark
Here

| | |
|------------------|----------------------------|
| Postage | \$ |
| Total Postage | \$ |
| Sent To | Jose M. & Isabelita Canela |
| Street and Apt. | 404 Livingston Street |
| City, State, Zip | Elizabeth, NJ 07206 |

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

7019 1120 0001 4359 1455

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OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark
Here

| | |
|------------------|----------------------|
| Postage | \$ |
| Total Postage | \$ |
| Sent To | Julio & Edith Robles |
| Street and Apt. | 404-410 Broadway |
| City, State, Zip | Elizabeth, NJ 07206 |

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

7019 2970 0001 9102 0505

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OFFICIAL USE

| | |
|--|----|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark
Here

| | |
|------------------|--------------------------------|
| Postage | \$ |
| Total Postage | \$ |
| Sent To | 400-402 Livingston Avenue, LLC |
| Street and Apt. | 31 Wetumpka Lane |
| City, State, Zip | Watchung, NJ 07069-6238 |

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

9530 0529 7019 2970 0001 9102 0529

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|--|----|
| Certified Mail Fee | \$ |
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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark
Here

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| Postage | \$ |
| Total Po | \$ |
| Sent To | |
| Street a | |
| City, Sta | |

Jose A. Torres
419 East Jersey Street
Elizabeth, NJ 07206

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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

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| Postage | \$ |
| Total Post | \$ |
| Sent To | |
| Street and | |
| City, State, ZIP | |

JRN Carpenter, Inc.
47 King Street
Edison, NJ 08820

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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

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| Postage | \$ |
| Total Po | \$ |
| Sent To | |
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| City | |

Adriana Crispin
412-414 Broadway
Elizabeth, NJ 07206

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9530 0499 7019 2970 0001 9102 0499

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| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
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| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
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| Postage | \$ |
| Total | \$ |
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| Street | |
| City, State, ZIP | |

Dayana Puig-Leyva
130-132 Fourth Street
Elizabeth, NJ 07206

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9530 0468 7019 2970 0001 9102 0468

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| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

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| Postage | \$ |
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Kaiser Investments, LLC
468 Sheridan Avenue
Kenilworth, NJ 07033

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9530 0475 7019 2970 0001 9102 0475

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| Postage | \$ |
| Total P | \$ |
| Sent To | |
| Street a | |
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D Edwards c/o Judith Edwards
422 Broadway
Elizabeth, NJ 07206

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7019 1120 0001 4359 1615

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| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
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| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |
| Postage | | |
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| Street | | |
| City, State | | |

Santos Hernandez
411 Livingston Street
Elizabeth, NJ 07206

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7019 2970 0001 9102 0451

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| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |
| Postage | | |
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| Total | | |
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| Sent To | | |
| Street | | |
| City, State | | |

John D. Hunter
417 Livingston Street
Elizabeth, NJ 07206

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| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |
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| Street | | |
| City, State | | |

Esperanza Parra & Jairo Marulanda
414 Livingston Street
Elizabeth, NJ 07206

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| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |
| Postage | | |
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| Total | | |
| \$ | | |
| Sent To | | |
| Street | | |
| City, State | | |

Jorosas, LLC
300 Spencer Street
Elizabeth, NJ 07202

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| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |
| Postage | | |
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| Total | | |
| \$ | | |
| Sent To | | |
| Street | | |
| City, State | | |

126 4th Street, LLC
49 West 23rd Street, 8th Floor
New York, NY 10010

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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |
| Postage | | |
| \$ | | |
| Total | | |
| \$ | | |
| Sent To | | |
| Street | | |
| City, State | | |

Jorge Flechas, Jr.
3210 Trembley Point Road
Linden, NJ 07036

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| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total Postage \$ | |
| Sent To \$ | |
| Street and _____ | |
| City, State, _____ | |

Pratik & Heta Shah
 257 Hedgerow Road
 Bridgewater, NJ 08807

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| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total Postage at \$ | |
| Sent To \$ | |
| Street and Apt. _____ | |
| City, State, ZIP+4 _____ | |

Filipe J. Paredes
 415 Livingston Street
 Elizabeth, NJ 072p6

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7019 1120 0001 4359 1745

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| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total \$ | |
| Sent To \$ | |
| Street _____ | |
| City, State, _____ | |

Jimoh A. & Aderemi Lawal
 416 Broadway
 Elizabeth, NJ 07206

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| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total Postage \$ | |
| Sent To \$ | |
| Street and Apt. _____ | |
| City, State, ZIP+4 _____ | |

Nahum & Romero
 287 Stanton Street
 Rahway, NJ 070765

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