

LAW OFFICES  
**TURP, COATES, DRIGGERS & WHITE**

A PROFESSIONAL CORPORATION  
170 SOUTH MAIN STREET  
HIGHTSTOWN, NEW JERSEY 08520  
TELEPHONE 609.448.0016  
FAX 609.448.0127

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September 28, 2022

Ms. Jane Davis  
Administrative Assistant  
Planning Board  
Borough of Hightstown  
156 Bank Street  
Hightstown, New Jersey 08520

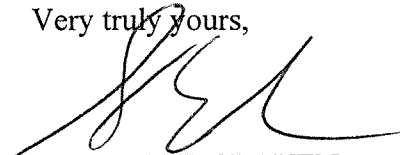
**RE: Michael Sheenan, 220 and 220A Wilson Avneue  
Block 3, Lot 7.01 and 8.01  
Minor Subdivision/Lot Line Adjustment**

Dear Ms. Davis:

We represent Michael Sheenan in the above noted matter. Please find attached an Affidavit and accompanying documents providing proof service and newspaper notice on behalf of Mr. Sheenan. Kindly advise that this submission is acceptable and notice is proper.

Thank you for your attention to this matter.

Very truly yours,



STEPHEN E. SLAVEN  
[sslaven@turpcoateslaw.com](mailto:sslaven@turpcoateslaw.com)

CC: Michael Sheenan



# **EXHIBIT A**

LAW OFFICES  
**TURP, COATES, DRIGGERS & WHITE**

A PROFESSIONAL CORPORATION  
170 SOUTH MAIN STREET  
HIGHTSTOWN, NEW JERSEY 08520  
TELEPHONE 609.448.0016  
FAX 609.448.0127

September 14, 2022

RE: 220 and 220A Wilson Avenue, Hightstown, New Jersey  
Application for Preliminary and Final Minor Subdivision with Waivers

**NOTICE OF HEARING ON APPLICATION**

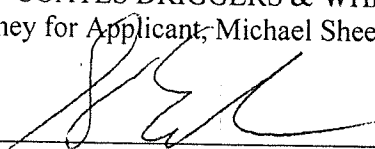
To Whom it May Concern:

PLEASE TAKE NOTICE, that the undersigned, in compliance with the Land Use Code of Hightstown Borough notice is hereby served upon you to the effect that Turp, Coates, Driggers & White, P.C. on behalf of the Applicant, Michael Sheenan located at 220 Wilson Avenue, Hightstown, New Jersey will appear on the **11<sup>th</sup> day of October, 2022 at 7:30 p.m.** by way of a virtual meeting via [www.Zoom.com](http://www.Zoom.com) before the Planning Board of Hightstown Borough for a hearing on application No. PB2022-03 as noted below, at which time all interested persons will be given an opportunity to be heard.

The Applicant does hereby propose to obtain Preliminary and Final Minor Subdivision approval and request for waivers and such other waivers and/or variances as required and/or identified by the Planning Board pertaining to **220 Wilson Avenue** and **220A Wilson Avenue** and designated as **Block: 3.0, Lots: 7.01 and 8.01** respectively on the Hightstown Borough Tax Map, and this notice is sent to you as an owner of a property in the immediate vicinity. An application to obtain Preliminary and Final Minor Subdivision approval and waivers to move the rear lot line of 220A Wilson Avenue along the common lot line between 220 Wilson Avenue and 220A Wilson Avenue to increase the lot size of 220 Wilson Avenue.

The plans and documents supporting this application will be available prior to the meeting date for inspection on the Hightstown Borough Planning Board website, [www.hightstownborough.com](http://www.hightstownborough.com) or in person at 156 Bank Street, Hightstown, NJ, by appointment only. Those interested in attending the meeting will be able to participate by computer or by phone as follows: [www.zoom.com](http://www.zoom.com) Meeting ID: 860 8909 2616; Passcode: nynE2L or by phone (929) 205-6099; Meeting ID: 860 8909 2616#: Participant Code #: Passcode: 818561#.

TURP COATES DRIGGERS & WHITE, P.C.  
Attorney for Applicant, Michael Sheenan

By:   
STEPHEN E. SLAVEN, ESQ.

Hightstown Borough 200' Property Owner List

for

Block 3, Lots 7.01 and 8.01

Block	Lot	Property Location	Owner Name	Owner Address	City State	Zip Code
3	5	226 WILSON AVE	STOYKAVYTCH MICHAEL & MILLIE	226 WILSON AVE	HIGHTSTOWN, NJ	08520
3	6.01	222 WILSON AVE	CHAVARRIA, BYRON	222 WILSON AVE	HIGHTSTOWN, NJ	08520
3	9	218 WILSON AVE	TAYLOR, ELWOOD & SANDRA V	218 WILSON AVE	HIGHTSTOWN, NJ	08520
3	10	216 WILSON AVE	HOLMES, ROGER L II & MARPLE, KAREN	216 WILSON AVE	HIGHTSTOWN, NJ	08520
3	11	214 WILSON AVE	WALMSLEY, LESTER C.	214 WILSON AVE	HIGHTSTOWN, NJ	08520
3	12	212 WILSON AVE	BANKS, DANIEL & VICTORIA	212 WILSON AVE	HIGHTSTOWN, NJ	08520
3	21	207 SUNSET AVE	DECKER, CRAIG	207 SUNSET AVE	HIGHTSTOWN, NJ	08520
3	25	213 SUNSET AVE	WINSMANN, KEVIN & REYNA, KARIN V.	213 SUNSET AVE	HIGHTSTOWN, NJ	08520
3	26	217 SUNSET AVE	DOHENY, TIMOTHY	217 SUNSET AVE	HIGHTSTOWN, NJ	08520
3	27	221 SUNSET AVE	GONZALEZ, WILFREDO & NATIVIDAD	221 SUNSET AVE	HIGHTSTOWN, NJ	08520
3	28	225 SUNSET AVE	MOROCHO, ANGEL F.	225 SUNSET AVE	HIGHTSTOWN, NJ	08520
3	29	229 SUNSET AVE	KICHULA, PATRICIA	229 SUNSET AVE	HIGHTSTOWN, NJ	08520
3	30	233 SUNSET AVE	BERTOLINO, LYNN M.	233 SUNSET AVE	HIGHTSTOWN, NJ	08520
3	50	209 SUNSET AVE	SKULTETY, KYLE WENDY	209 SUNSET AVE	HIGHTSTOWN, NJ	08520
3	51	211 SUNSET AVE	ZITANI, PAMELA M	211 SUNSET AVE	HIGHTSTOWN, N.J.	08520
3.01	39	220 SUNSET AVE	DISTELCAMP, THOMAS & NANCY M	220 SUNSET AVE	HIGHTSTOWN, N.J.	08520
3.01	40	218 SUNSET AVE	BV002 REO BLOCKER, LLC	218 SUNSET AVE	HIGHTSTOWN, NJ	08520
3.01	41	216 SUNSET AVE	EWALD, JOHN M & DONNA J	216 SUNSET AVE	HIGHTSTOWN, NJ	08520
3.01	42	214 SUNSET AVE	CLARKE, STEPHEN & JUDITH	214 SUNSET AVE	HIGHTSTOWN, NJ	08520
16	1	217 WILSON AVE	GRANDA, MANUEL	217 WILSON AVE	HIGHTSTOWN, NJ	08520
16	2	215 WILSON AVE	GODDARD, RUSSELL L. SR. & DEBRA L	215 WILSON AVE	HIGHTSTOWN, NJ	08534
16	3	213 WILSON AVE	WOLF, GEORGE & STINSON, MARGARET	213 WILSON AVE	HIGHTSTOWN, N J	08520
16	4	175 MECHANIC ST	MORA, TEOFILO A. & PATINO, DELIA	175 MECHANIC STREET	HIGHTSTOWN, NJ	08520
16	5	171 MECHANIC ST	SIMON III, WILLIAM & MCMANUS, COLEEN	171 MECHANIC ST	HIGHTSTOWN, NJ	08520
19	5	221 WILSON AVE	FARPAPAN, STEVEN & DVORAK, LAUREN	221 WILSON AVE	HIGHTSTOWN, NJ	08520
<b>County Roads</b>						
		Mercer County Planning Dept/McDade Admin Bld		640 South Broad St/PO Box 8068	Trenton, NJ	08650-0068
<b>State Highways</b>						
		New Jersey Department of Transportation		1035 Parkway Avenue	Trenton, NJ	08625
<b>Utilities</b>						
		Jersey Central Power & Light Company		300 Madison Avenue	Morristown, NJ	07962-1911
		Public Service Electric & Gas		80 Park Plaza	Newark, NJ	07102
		Comcast		One Comcast Center	Philadelphia, PA	19103
		Verizon		1095 Avenue of the Americas	New York, NY	10036
		Borough of Hightstown/Water & Sewer		156 Bank Street	Hightstown, NJ	08520

Ken Pacera

Borough Assessor

Hightstown

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jersey Central Power & Light Company  
300 Madison Avenue  
Morristown, NJ 07962-1911



9590 9402 5750 0003 6335 27

7020 1290 0002 0697 3598

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

Domestic Return Receipt

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
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

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

Certified Mail Fee

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

Postage

Total Postage

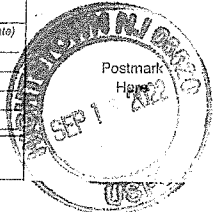
Sent To

Street and A/

City, State, Z

PS Form 3800

Jersey Central Power & Light Company  
300 Madison Avenue  
Morristown, NJ 07962-1911



7020 1290 0002 0697 3598

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:

Mercer County Planning Department  
McDade Administration Building  
640 South Broad Street  
PO Box 8068  
Trenton, NJ 08650-0068



9590 9402 5750 0003 6335 41

2. Article Number (Transfer from service label)

7020 1290 0002 0697 4953

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

Domestic Return Receipt

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
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

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

Certified Mail Fee

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

Postage

Total Postage

Sent To

Street and A/

City, State

PS Form 3800

Mercer County Planning Department  
McDade Administration Building  
640 South Broad Street  
PO Box 8068  
Trenton, NJ 08650-0068



7020 1290 0002 0697 4953

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Verizon  
1095 Avenue of the Americas  
New York, NY 10036



9590 9402 5750 0003 6334 97

2. Article Number (Transfer from service label)

7020 1290 0002 0697 3543

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

Domestic Return Receipt

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
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

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

Certified Mail Fee

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

Postage

Total Postage and Fees

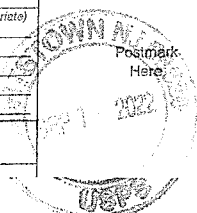
Sent To

Street and A/

City, State, Z

PS Form 3800

Verizon  
1095 Avenue of the Americas  
New York, NY 10036



7020 1290 0002 0697 3543

**SENDER: COMPLETE THIS SECTION**

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

Article Addressed to:

NJ Department of Transportation  
 1035 Parkway Avenue  
 Trenton, NJ 08625



9590 9402 5750 0003 6335 34

Article Number (Transfer from service label)

7020 1290 0002 0697 4946

PS Form 3811, July 2015 PSN 7530-02-000-8000

Sherrin...

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** NJDOT

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/19

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

**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee

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

Postage

Total Postage

Sent To \_\_\_\_\_  
 Street and Apt. \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_



NJ Department of Transportation  
 1035 Parkway Avenue  
 Trenton, NJ 08625

PS Form 3800

7020 1290 0002 0697 4946

# USPS Tracking®

Tracking Number:

**70201290000206973550**

Copy Add to Informed Delivery  
(<https://informedelivery.usps.com/>)

7020 1290 0002 0697 3550

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" 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 A/D

City, State, Z

PS Form 38

Postmark Here  
SEP 24 2022  
PHILADELPHIA PA

Comcast  
One Comcast Center  
Philadelphia, PA 19103

006

## Latest Update

Your item was picked up at a postal facility at 4:45 pm on September 24, 2022 in PHILADELPHIA, PA 19104.

## Delivered

Delivered, Individual Picked Up at Postal Facility

PHILADELPHIA, PA 19104  
September 24, 2022, 4:45 pm

[See All Tracking History](#)

Feedback

Text & Email Updates

USPS Tracking Plus®

Product Information

See Less ^

Track Another Package

Enter tracking or barcode numbers

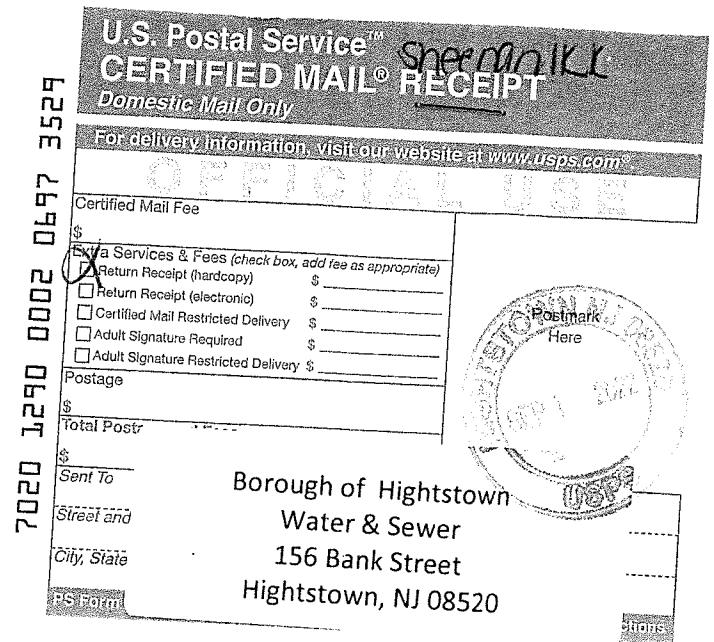


# USPS Tracking®

Tracking Number:

**70201290000206973529**

Copy Add to Informed Delivery  
(<https://informedelivery.usps.com/>)



## Latest Update

Your item was delivered to an individual at the address at 12:23 pm on September 19, 2022 in HIGHTSTOWN, NJ 08520.

### Delivered

**Delivered, Left with Individual**

HIGHTSTOWN, NJ 08520  
September 19, 2022, 12:23 pm

[See All Tracking History](#)

Feedback

Text & Email Updates 

USPS Tracking Plus® 

Product Information 

[See Less](#) 

Track Another Package

Enter tracking or barcode numbers

# USPS Tracking®

Tracking Number:

**70201290000206973567**

Copy Add to Informed Delivery  
(<https://informedelivery.usps.com/>)

7020 1290 0002 0697 3567

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" 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 and Base \$

Sent To \_\_\_\_\_  
Street and Apt. \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

PS Form 380

Postmark Here  
NEWARK, NJ 07102  
SEP 19 2022

Public Service Electric & Gas  
80 Park Plaza  
Newark, NJ 07102

## Latest Update

Your item was delivered to the front desk, reception area, or mail room at 2:51 pm on September 19, 2022 in NEWARK, NJ 07102.

## Delivered

Delivered, Front Desk/Reception/Mail Room

NEWARK, NJ 07102

September 19, 2022, 2:51 pm

[See All Tracking History](#)

Feedback

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

**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:

Lester C. Walmsley  
214 Wilson Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6443 18

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 4403

PS Form 3811, July 2015 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  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

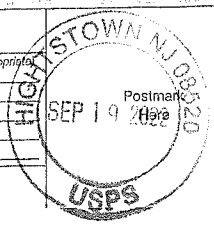
Total Postage and \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. # \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

PS Form 3806



7020 1290 0002 0697 4403

**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:

William Simon III & Coleen McManus  
171 Mechanic Street  
Hightstown, NJ 08520



9590 9402 5750 0003 6397 41

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 4960

PS Form 3811, July 2015 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  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

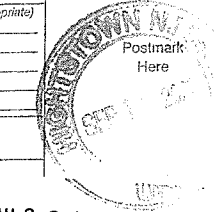
Total Postage and \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. # \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

PS Form 3806



7020 1290 0002 0697 4960

**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:

Manuel Granda  
217 Wilson Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6332 20

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 2942

PS Form 3811, July 2015 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  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

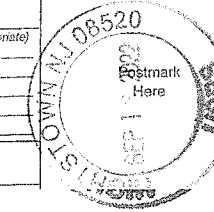
Total Postage and \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. # \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

PS Form 3806



7020 1290 0002 0697 2942

**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:

Teofilo A Mora & Delia Patino  
175 Mechanic Street  
Hightstown, NJ08520



9590 9402 5750 0003 6442 33

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 4984

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9-17

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

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
Total Postage \$ \_\_\_\_\_

Sent To \_\_\_\_\_  
Street and Apt. \_\_\_\_\_  
City, State, ZIP+4 \_\_\_\_\_

PS Form 3806

Postmark Here: *SEP 17 2015 HIGHTSTOWN NJ*

Teofilo A Mora & Delia Patino  
175 Mechanic Street  
Hightstown, NJ08520

7020 1290 0002 0697 4984

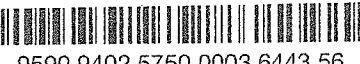
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Byron Chavarria  
222 Wilson Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6443 56

2. Article Number (Transfer from service label)  
020 1290 0002 0697 4373

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9-17

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

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
Total Postage \$ \_\_\_\_\_

Sent To \_\_\_\_\_  
Street and Apt. \_\_\_\_\_  
City, State, ZIP+4 \_\_\_\_\_

PS Form 3806

Postmark Here: *SEP 17 2015 HIGHTSTOWN NJ*

Byron Chavarria  
222 Wilson Avenue  
Hightstown, NJ 08520

7020 1290 0002 0697 4373

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Michael & Millie Stoykavytch  
226 Wilson Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6443 63

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 4380

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9-17

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

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
Total Postage \$ \_\_\_\_\_

Sent To \_\_\_\_\_  
Street and Apt. \_\_\_\_\_  
City, State, ZIP+4 \_\_\_\_\_

PS Form 3806

Postmark Here: *SEP 17 2015 HIGHTSTOWN NJ*

Michael & Millie Stoykavytch  
226 Wilson Avenue  
Hightstown, NJ 08520

7020 1290 0002 0697 4380

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Angel F. Morocho  
225 Sunset Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6442 64

7020 1290 0002 0697 3093

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
 X *Angel Morocho*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9-17

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

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elwood & Sandra V Taylor  
218 Wilson Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6443 49

7020 1290 0002 0697 4366

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
 X *Sandra Taylor*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9-17

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

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Roger L Holmes II and Karen Marple  
216 Wilson Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6443 32

7020 1290 0002 0697 4359

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
 X *Karen Marple*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9-17

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

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

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

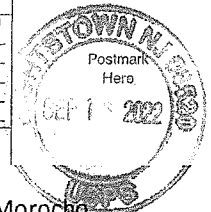
Domestic Return Receipt

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

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

OFFICIAL USE

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



Postage \$ \_\_\_\_\_  
 Total Postage or Sent To \$ \_\_\_\_\_  
 Street and Apt. # \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

Angel F. Morocho  
225 Sunset Avenue  
Hightstown, NJ 08520

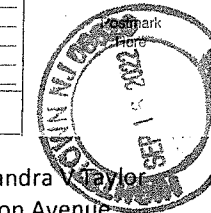
PS Form 3800

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

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

OFFICIAL USE

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



Postage \$ \_\_\_\_\_  
 Total Postage or Sent To \$ \_\_\_\_\_  
 Street and Apt. # \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

Elwood & Sandra V Taylor  
218 Wilson Avenue  
Hightstown, NJ 08520

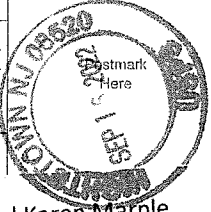
PS Form 3800

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

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

OFFICIAL USE

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



Postage \$ \_\_\_\_\_  
 Total Postage or Sent To \$ \_\_\_\_\_  
 Street and Apt. # \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

Roger L Holmes II and Karen Marple  
216 Wilson Avenue  
Hightstown, NJ 08520

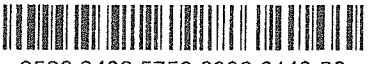
PS Form 3800

**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:

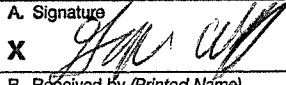
George Wolf & Margaret Stinson  
213 Wilson Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6442 26

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 4991

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
9-17

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

3. Service Type

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

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$ \_\_\_\_\_

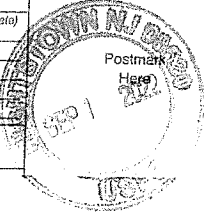
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" 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  
George Wolf & Margaret Stinson  
213 Wilson Avenue  
Hightstown, NJ 08520



PS Form 3806

7020 1290 0002 0697 4991

**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:

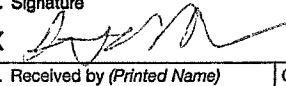
Steven Farparan & Lauren Dvorak  
221 Wilson Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6397 34

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 4977

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
9-17

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

3. Service Type

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

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$ \_\_\_\_\_


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

<input checked="" 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  
Steven Farparan & Lauren Dvorak  
221 Wilson Avenue  
Hightstown, NJ 08520



PS Form 3806

7020 1290 0002 0697 4977

**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:


Kyle Wendy Skultety  
209 Sunset Avenue  
Hightstown, NJ 08520



9590 9402 5750 0003 6331 69

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 3062

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
9-17

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

3. Service Type

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

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$ \_\_\_\_\_

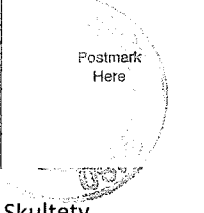
Extra Services & Fees (check box, add fee as appropriate)

<input checked="" 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  
Kyle Wendy Skultety  
209 Sunset Avenue  
Hightstown, NJ 08520



PS Form 3806

7020 1290 0002 0697 3062



**SENDER: COMPLETE THIS SECTION**

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

Article Addressed to:

Lynn M. Bertolino  
 233 Sunset Avenue  
 Hightstown, NJ 08520

9590 9402 5750 0003 6331 52

Article Number (Transfer from service label)  
 7020 1290 0002 0697 3079

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Lynn Bertolino*  Agent  Addressee

B. Received by (Printed Name)  
 Lynn Bertolino

C. Date of Delivery  
 9-17

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

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
 \$

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

Postage  
 \$

Total Postage  
 \$

Sent To  
 Lynn M. Bertolino  
 233 Sunset Avenue  
 Hightstown, NJ 08520

Postmark Here

PS Form 3807, July 2015 PSN 7530-02-000-9053

7020 1290 0002 0697 3079

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Pamela M. Zitani  
 211 Sunset Avenue  
 Hightstown, NJ 08520

9590 9402 5750 0003 6331 76

Article Number (Transfer from service label)  
 7020 1290 0002 0697 3055

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Pamela Zitani*  Agent  Addressee

B. Received by (Printed Name)  
 Pamela Zitani

C. Date of Delivery  
 9-17

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

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
 \$

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

Postage  
 \$

Total Postage  
 \$

Sent To  
 Pamela M. Zitani  
 211 Sunset Avenue  
 Hightstown, NJ 08520

Postmark Here

PS Form 3807, July 2015 PSN 7530-02-000-9053

7020 1290 0002 0697 3055

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Thomas & Nancy M. Distelcamp  
 220 Sunset Avenue  
 Hightstown, NJ 08520

9590 9402 5750 0003 6331 83

Article Number (Transfer from service label)  
 7020 1290 0002 0697 3048

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Thomas Distelcamp*  Agent  Addressee

B. Received by (Printed Name)  
 Thomas Distelcamp

C. Date of Delivery  
 9-17

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

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
 \$

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

Postage  
 \$

Total Postage  
 \$

Sent To  
 Thomas & Nancy M. Distelcamp  
 220 Sunset Avenue  
 Hightstown, NJ 08520

Postmark Here

PS Form 3807, July 2015 PSN 7530-02-000-9053

7020 1290 0002 0697 3048

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Wilfredo & Natividad Gonzalez  
221 Sunset Avenue  
Hightstown, NJ 08520

9590 9402 5750 0003 6442 57

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 3109

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Sharon IKK*

B. Received by (Printed Name) *Natividad Gonzalez* C. Date of Delivery *9-17*

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

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postage \$  
 Total Postage \$

Sent To  
 Street and Apt.  
 City, State, ZIP+4®  
 PS Form 3800

Wilfredo & Natividad Gonzalez  
221 Sunset Avenue  
Hightstown, NJ 08520

7020 1290 0002 0697 3109

**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:

Daniel & Victoria Banks  
212 Wilson Avenue  
Hightstown, NJ 08520

9590 9402 5750 0003 6443 01

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 4335

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Sharon IKK*

B. Received by (Printed Name) *Daniel Banks* C. Date of Delivery *9-21-22*

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

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postage \$  
 Total Postage \$

Sent To  
 Street and Apt.  
 City, State, ZIP+4®  
 PS Form 3800

Daniel & Victoria Banks  
212 Wilson Avenue  
Hightstown, NJ 08520

7020 1290 0002 0697 4335

**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:

Kevin, Reyna and Karvin V. Winsmann  
213 Sunset Avenue  
Hightstown, NJ 08520

9590 9402 5750 0003 6442 88

2. Article Number (Transfer from service label)  
7020 1290 0002 0697 3512

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Sharon IKK*

B. Received by (Printed Name) *Kevin, Reyna and Karvin V. Winsmann* C. Date of Delivery *9-21-22*

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

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postage \$  
 Total Postage \$

Sent To  
 Street and Apt.  
 City, State, ZIP+4®  
 PS Form 3800

Kevin, Reyna and Karvin V. Winsmann  
213 Sunset Avenue  
Hightstown, NJ 08520

7020 1290 0002 0697 3512



**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:

Stephen & Judith Clarke  
 214 Sunset Avenue  
 Hightstown, NJ 08520



9590 9402 5750 0003 6332 13

2. Article Number (Transfer from service label)  
 7020 1290 0002 0697 3017

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) Stephen & Judith Clarke  
 C. Date of Delivery 9-2-22

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

3. Service Type
- Priority Mail Express®
  - Registered Mail™
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Insured Mail (over \$500)

Domestic Return Receipt

*Signature*

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) Patricia Kichula  
 C. Date of Delivery 9-2-22

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

3. Service Type
- Priority Mail Express®
  - Registered Mail™
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Insured Mail (over \$500)

Domestic Return Receipt

Patricia Kichula  
 229 Sunset Avenue  
 Hightstown, NJ 08520



9590 9402 5750 0003 6442 40

2. Article Number (Transfer from service label)  
 7020 1290 0002 0697 3086

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Certified Mail Fee \$

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

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

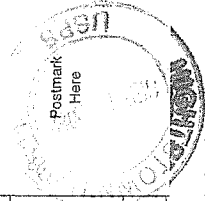
Postage \$

Total Postage \$

Sent To Stephen & Judith Clarke  
 214 Sunset Avenue  
 Hightstown, NJ 08520

City, State, ZIP

PS Form 3811



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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Certified Mail Fee \$

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

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

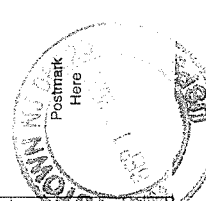
Postage \$

Total Postage ar \$

Sent To Patricia Kichula  
 229 Sunset Avenue  
 Hightstown, NJ 08520

City, State, ZIP

PS Form 3811



# USPS Tracking®

Tracking Number:

**70201290000206974328**

Copy      Add to Informed Delivery

(<https://informedelivery.usps.com/>)

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" 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	
PS Form 3800	

Craig Decker  
207 Sunset Avenue  
Hightstown, NJ 08520

Postmark Here

7020 1290 0002 0697 4328

## Latest Update

Your item was picked up at the post office at 12:12 pm on September 21, 2022 in HIGHTSTOWN, NJ 08520.

## Delivered

Delivered, Individual Picked Up at Post Office

HIGHTSTOWN, NJ 08520  
September 21, 2022, 12:12 pm

[See All Tracking History](#)

[Text & Email Updates](#) 

[USPS Tracking Plus®](#) 

[Product Information](#) 

[See Less](#) 

Track Another Package

Enter tracking or barcode numbers

Feedback

# USPS Tracking®

Tracking Number:

**70201290000206972935**

Copy      Add to Informed Delivery  
(<https://informedelivery.usps.com/>)

## Latest Update

Your item was picked up at the post office at 10:54 am on September 21, 2022 in HIGHTSTOWN, NJ 08520.

## Delivered

Delivered, Individual Picked Up at Post Office

HIGHTSTOWN, NJ 08520  
September 21, 2022, 10:54 am

[See All Tracking History](#)

Text & Email Updates 

USPS Tracking Plus® 

Product Information 

See Less 

Track Another Package

Enter tracking or barcode numbers

7020 1290 0002 0697 2935

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

For delivery information, visit our website at [www.usps.com](http://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 Postage  
\$

Sent To  
Street and A  
City, State, Z

PS Form 38

HIGHTSTOWN, NJ 08520  
Postmark Here  
SEP 21 2022

Debra L. & Russell L Goddard Sr.  
215 Wilson Avenue  
Hightstown, NJ 08520

Feedback

7020 1290 0002 0697 3505

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and A \_\_\_\_\_

City, State, Zi \_\_\_\_\_

Postmark Here

Timothy Doheny  
 217 Sunset Avenue  
 Hightstown, NJ 08520

PS Form 384

7020 1290 0002 0697 3024

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Ap \_\_\_\_\_

City, State, Zi \_\_\_\_\_

Postmark Here

John M. & Donna J. Ewald  
 216 Sunset Avenue  
 Hightstown, NJ 08520

PS Form 384

7020 1290 0002 0697 3031

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and A \_\_\_\_\_

City, State, Zi \_\_\_\_\_

Postmark Here

BV002 REO BLOCKER LLC  
 218 Sunset Avenue  
 Hightstown, NJ 08520

PS Form 384

# **EXHIBIT B**

# LOCAL MARKETPLACE

[HOME](#) > [LEGALS](#) > [LEGAL NOTICE](#)



TAKE NOTICE that on Tuesday, October 11, 2022 at 7:30 pm a virtual hearing via [www.Zoom.com](http://www.Zoom.com) of the Hightstown Borough Planning Board will be held on the application of Michael Sheenan who has applied for Preliminary and Final Minor Subdivision approval and request for waivers and such other variances and/or waivers as required and/or identified by the Planning Board under Application No. PB2022-03 for properties commonly known as 220 Wilson Avenue and 220A Wilson Avenue, Hightstown Borough, New Jersey, Block 3, Lots 7.01 and 8.01 on the Tax Map of Hightstown Borough. An application to obtain Preliminary and Final Minor Subdivision proposes to move the rear lot line of 220A Wilson Avenue along the common lot line between 220 Wilson Avenue and 220A Wilson Avenue to increase the lot size of 220 Wilson Avenue. Any interested party may be heard concerning said application. The plans and documents supporting this application will be made available prior to the meeting date for inspection on the Hightstown Borough Planning Board website, [www.hightstownborough.com](http://www.hightstownborough.com) or in person at 156 Bank Street, Hightstown, NJ, by appointment only. Those interested in attending the meeting will be able to participate by computer or by phone as follows:  
[www.zoom.com](http://www.zoom.com) Meeting ID: 860 8909 2616;  
Passcode: nynE2L or by phone (929) 205-6099;  
Meeting ID: 860 8909 2616#; Participant Code #;

TAKE NOTICE that on Tuesday, October 11, 2022 at 7:30 pm a virtual hearing via [www.zo.com.com](http://www.zo.com.com) of the Hightstown Borough Planning Board will be held on the application of Michael Sheenan who has applied for Preliminary and Final Minor Subdivision approval and request for waivers and such other variances and/or waivers as required and/or identified by the Planning Board under Application No. PB2022-03 for properties commonly known as 220 Wilson Avenue and 220A Wilson Avenue, Hightstown Borough, New Jersey, Block 3, Lots 7.01 and 8.01 on the Tax Map of Hightstown Borough. An application to obtain Preliminary and Final Minor Subdivision proposes to move the rear lot line of 220A Wilson Avenue along the common lot line between 220 Wilson Avenue and 220A Wilson Avenue to increase the lot size of 220 Wilson Avenue. Any interested party may be heard concerning said application. The plans and documents supporting this application will be made available prior to the meeting date for inspection on the Hightstown Borough Planning Board website, [www.hightstownborough.com](http://www.hightstownborough.com) or in person at 156 Bank Street, Hightstown, NJ, by appointment only. Those interested in attending the meeting will be able to participate by computer or by phone as follows: [www.zoom.com](http://www.zoom.com) Meeting ID: 860 8909 2616; Passcode: nynE2L or by phone (929) 205-6099; Meeting