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:

CC-25-421=NOH
OUR TIME 105A LLC
179 BEACH 138TH ST
FAR ROCKAWAY NY 11694 1337

9590 9402 9402 5002 3228 03

2. Article Number (Transfer from service label)

9589 0710 5270 2309 9121 28

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

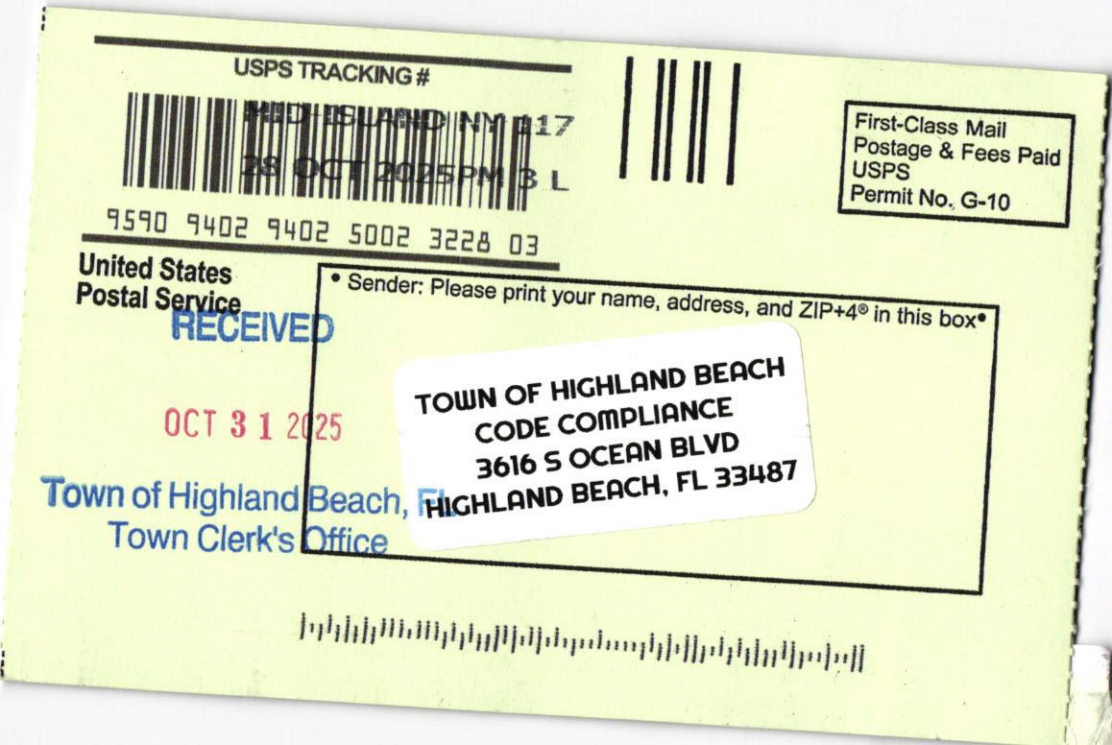
ROCKAWAY BEACH OFFICE
OCT 28 2025
11694

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt


USPS TRACKING #
9590 9402 9402 5002 3228 03
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10
United States
Postal Service
• Sender: Please print your name, address, and ZIP+4® in this box•
TOWN OF HIGHLAND BEACH
CODE COMPLIANCE
3616 S OCEAN BLVD
HIGHLAND BEACH, FL 33487
RECEIVED
OCT 31 2025
Town of Highland Beach, FL
Town Clerk's Office