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Total Jeffery D. Cochran, Esq.
 Sent To Northeast Utilities Service Company
 107 Selden Street
 Street or PO Berlin, CT 06037
 City, State, ZIP+4

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Total Christopher R. Bernard
 Manager, Regulatory Policy (Transmission)
 The Connecticut Light and Power Company
 P.O. Box 270
 Street or PO Hartford, CT 06141-0270
 City, State, ZIP+4

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Total Attorney Dana A. D'Angelo
 Law Offices of Dana D'Angelo, LLC
 20 Woodside Avenue
 Street or PO Middlebury, CT 06762
 City, State, ZIP+4

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Total Franca L. DeRosa, Esq.
 Philip M. Small, Esq.
 Brown Rudnick LLP
 185 Asylum Street
 Street or PO Hartford, CT 06103
 City, State, ZIP+4

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Total Robert M. Perrella, Vice President
 TU Naugatuck/Pomperaug Valley Chapter
 278 W. Purchase Road
 Street or PO Southbury, CT 06488-1004
 City, State, ZIP+4

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Total John R. Morissette
 Manager-Transmission Siting and Permitting
 The Connecticut Light and Power Company
 P.O. Box 270
 Street or PO Hartford, CT 06141-0270
 City, State, ZIP+4

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Total Stephen L. Savarese, Esq.
 103 South Main Street
 Street or PO Newtown, CT 06470
 City, State, ZIP+4

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 72 Towantic Hill Rd.
 Street or PO Oxford, CT 06478
 City, State, ZIP+4

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Total Ed Edelson
 First Selectman
 Town of Southbury
 501 Main Street
 Street or PO Southbury, CT 06488
 City, State, ZIP+4

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Total Stella Pace, Senior Engineer
 The Connecticut Light and Power Company
 Transmission and Interconnection Dept.
 P.O. Box 270
 Street or PO Hartford, CT 06141-0270
 City, State, ZIP+4

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Total Stephen Gibelli, Esq.
 Associate General Counsel
 The Connecticut Light and Power Company
 P.O. Box 270
 Street or PO Hartford, CT 06141-0270
 City, State, ZIP+4

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To Jay Halpern
 58 Jackson Cove Road
 Street or PO Oxford, CT 06478
 City, State, ZIP+4

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Total P: Edward S. Hill, Esq.
 Cappalli & Hill, LLC
 325 Highland Avenue
 Cheshire, CT 06410

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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Total P: Ingrid Manning, Vice President
 Lake Quassapaug Association, LLC
 P.O. Box 285
 Middlebury, CT 06762

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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Total P: W. Scott Peterson, M.D., President
 Middlebury Land Trust, Inc.
 317 Tranquility Road
 Middlebury, CT 06762

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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Total P: Kevin R. Zak, President
 Naugatuck River Revival Group, Inc.
 132 Radnor Avenue
 Naugatuck, CT 06770

Sent To: _____
 Street, Apt or PO Box: _____
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Total P: Chester Cornacchia
 Westover Hills Subdivision Homeowners
 53 Graham Ridge Road
 Naugatuck, CT 06770

Sent To: _____
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Total P: Kate J. Truini
 Alice Hallaran
 Westover School
 1237 Whittemore Road
 Middlebury, CT 06762

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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Total P: Edward G. Fitzpatrick, Esq.
 Fitzpatrick, Mariano, Santos, Sousa, PC
 203 Church Street
 Naugatuck, CT 06770

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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Total P: Ronald Merancy, Chairman
 Water Pollution Control Authority
 229 Church Street
 Naugatuck, CT 06770

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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Total P: Wayne McCormack
 593 Putting Green Lane
 Oxford, CT 06478

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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Total P: Len DeJong, Executive Director
 Pomperaug River Watershed Coalition
 39 Sherman Hill Road, C103
 Woodbury, CT 06798

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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Total P: Raymond Pietrorazio
 764 Charcoal Avenue
 Middlebury, CT 06762-1311

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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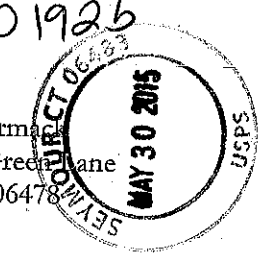
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Restricted Delivery Fee (Endorsement Required)			

Total P: Jay F. Malcynsky
 The Law Offices of Jay F. Malcynsky, P.C.
 One Liberty Square
 New Britain, CT 06051

Sent To: _____
 Street, Apt or PO Box: _____
 City, State, ZIP+4: _____

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>Wayne McCormack</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Wayne McCormack</i> C. Date of Delivery <i>5/30/15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: <p style="text-align: center;">01926</p>  Wayne McCormack 593 Putting Green Lane Oxford, CT 06478		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7003 1010 0000 9984 3861			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>Lori Cappallin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Lori Cappallin</i> C. Date of Delivery <i>5/28/15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: <p style="text-align: center;">01926</p> Edward S. Hill, Esq. Cappalli & Hill, LLC 325 Highland Avenue Cheshire, CT 06410		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7003 1010 0000 9984 3823			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>Kate Truini</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Alice Hallaran</i> C. Date of Delivery <i>5-30</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: <p style="text-align: center;">01926</p> Kate J. Truini Alice Hallaran Westover School 1237 Whittemore Road Middlebury, CT 06762		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7003 1010 0000 9984 3830			
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Restricted Delivery Fee (Endorsement Required)	
Total Po	Burton L. Stevens
Sent To	Oxford Flying Club, Inc. P.O. Box 371
Street, Apt or PO Box	Woodbury, CT 06798
City, State, ZIP+4	
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Return Receipt Fee (Endorsement Required) <i>01926</i>	
Restricted Delivery Fee (Endorsement Required)	
Total F	Kevin W. Condon, Esq.
Sent To	Condon & Savitt PC P.O. Box 570
Street, Apt or PO Box	Ansonia, CT 06401
City, State, ZIP+4	
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Restricted Delivery Fee (Endorsement Required)	
To	Sophie Zyla
Sent	Jeff Rubloff Carl Almonte
Street or PO Box	Naugatuck Valley Audubon Society
City, State, ZIP+4	17 Stoddard Place Beacon Falls, CT 06403
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Return Receipt Fee (Endorsement Required) <i>01926</i>	
Restricted Delivery Fee (Endorsement Required)	
To	George Frantzis
Sent	Quassy Amusement Park P.O. Box 1107
Street or PO Box	Middlebury, CT 06762
City, State, ZIP+4	
PS Form 3800, June 2002 See Reverse for Instructions	

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Return Receipt Fee (Endorsement Required) <i>01926</i>	
Restricted Delivery Fee (Endorsement Required)	
Total F	Nancy Vaughan
Sent To	Middlebury Bridle Land Association
Street, Apt or PO Box	61 Sandy Hill Road
City, State, ZIP+4	Middlebury, CT 06762
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Return Receipt Fee (Endorsement Required) <i>01926</i>	
Restricted Delivery Fee (Endorsement Required)	
To	Dennis Kocyla
Sent	28 Benz Street
Street or PO Box	Ansonia, CT 06401
City, State, ZIP+4	
PS Form 3800, June 2002 See Reverse for Instructions	

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) *Carol Haskins* C. Date of Delivery *5-22*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

10 0000 9984 3915

Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
01926

W. Scott Peterson, M.D., President
 Middlebury Land Trust, Inc.
 317 Tranquility Road
 Middlebury, CT 06762

2. Article Number (Transfer from service label) *7003 1010 0000 9984 3809*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) *Jean Peterson* C. Date of Delivery *5/30/15*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) *S. PETROZAZIO* C. Date of Delivery *5/22/15*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

10 0000 9984 3908

Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
01926

Franca L. DeRosa, Esq.
 Philip M. Small, Esq.
 Brown Rudnick LLP
 185 Asylum Street
 Hartford, CT 06103

2. Article Number (Transfer from service label) *7003 1010 0000 9984 4035*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) *Noia Bui* C. Date of Delivery *5-21-15*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) *Jeff Ruhlott* C. Date of Delivery *5/22/15*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1010 0000 9984 3748

Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
01926

Ronald Merancy, Chairman
 Water Pollution Control Authority
 229 Church Street
 Naugatuck, CT 06770

2. Article Number (Transfer from service label) *7003 1010 0000 9984 3878*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) *Ronald Merancy* C. Date of Delivery *5/22/15*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Paul McArmstrong Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 MAY 22 2015

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 01926

Burton L. Stevens
 Oxford Flying Club, Inc.
 P.O. Box 371
 Woodbury, CT 06798

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Myle Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 Margie Stevens 5/22/15

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1010 0000 9984 3984
 Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7003 1010 0000 9984 3762
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1010 0000 9984 3984
 Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Chris Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 Chad Anderson MAY 21 2015

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 01926

Stella Pace, Senior Engineer
 The Connecticut Light and Power Company
 Transmission and Interconnection Dept.
 P.O. Box 270
 Hartford, CT 06141-0270

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Paul McArmstrong Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 MAY 22 2015

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1010 0000 9984 3946
 Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7003 1010 0000 9984 3953
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1010 0000 9984 3946
 Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Paul McArmstrong Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 MAY 22 2015

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 01926

John R. Morissette
 Manager-Transmission Siting and Permitting
 The Connecticut Light and Power Company
 P.O. Box 270
 Hartford, CT 06141-0270

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Paul McArmstrong Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 MAY 22 2015

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1010 0000 9984 3977
 Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7003 1010 0000 9984 3960
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1010 0000 9984 3977
 Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

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

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
01926

Ingrid Manning, Vice President
 Lake Quassapaug Association, LLC
 P.O. Box 285
 Middlebury, CT 06762

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
John G. Manning

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

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1010 0000 9984 3991
 Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7003 1010 0000 9984 3816
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
Peter Thomas 5-30

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
01926

Peter Thomas
 72 Towantic Hill Rd.
 Oxford, CT 06478

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

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

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1010 0000 9984 3786
 Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7003 1010 0000 9984 4028
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
Ed Edelson 6/1/15

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
01926

Ed Edelson
 First Selectman
 Town of Southbury
 501 Main Street
 Southbury, CT 06488

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
Ed Edelson 6/1/15

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1010 0000 9984 3854
 Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7003 1010 0000 9984 3922
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from service label) **7003 1010 0000 9984 3847**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1547

1. Article Addressed to:
 Chester Connacchia
 Westover Hills Subdivision Homeowners
 53 Graham Ridge Road
 Naugatuck, CT 06770

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

COMPLETE THIS SECTION ON DELIVERY
 A. Signature Agent Addressee
 B. Received by (Printed Name) Car Wash
 C. Date of Delivery 5-30
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

1. Article Addressed to:
01926
 Jay Halpern
 58 Jackson Cove Road
 Oxford, CT 06478

2. Article Number (Transfer from service label) 7003 1010 0000 9984 4011
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature Agent Addressee
 B. Received by (Printed Name) Jay Halpern
 C. Date of Delivery 6/1/05
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

1. Article Addressed to:
01926
 Edward G. Fitzpatrick, Esq.
 Fitzpatrick, Mariano, Santos, Sousa, PC
 203 Church Street
 Naugatuck, CT 06770

2. Article Number (Transfer from service label) 7003 1010 0000 9984 3885
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature Agent Addressee
 B. Received by (Printed Name) Kathy Perullo
 C. Date of Delivery 6-1-15
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

1. Article Addressed to:
01926
 Dennis Kocyla
 28 Benz Street
 Ansonia, CT 06401

2. Article Number (Transfer from service label) 7003 1010 0000 9984 3779
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature Agent Addressee
 B. Received by (Printed Name) Dennis Kocyla
 C. Date of Delivery 5-30
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

1. Article Addressed to:
01926
 Kevin W. Condon, Esq.
 Condon & Savitt PC
 P.O. Box 570
 Ansonia, CT 06401

2. Article Number (Transfer from service label) 7003 1010 0000 9984 3755
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature Agent Addressee
 B. Received by (Printed Name) Kevin W. Condon
 C. Date of Delivery 6/1/05
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

1. Article Addressed to:
01926
 Attorney Dana A. D'Angelo
 Law Offices of Dana D'Angelo, LLC
 20 Woodside Avenue
 Middlebury, CT 06762

2. Article Number (Transfer from service label) 7003 1010 0000 9984 4004
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature Agent Addressee
 B. Received by (Printed Name) Dana D'Angelo
 C. Date of Delivery 6-1-15
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

1. Article Addressed to:
01926
 George Frantzis
 Quassy Amusement Park
 P.O. Box 1107
 Middlebury, CT 06762

2. Article Number (Transfer from service label) 7003 1010 0000 9984 3793
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature Agent Addressee
 B. Received by (Printed Name) Alyssa Brown
 C. Date of Delivery 5-30
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL™

7003 1010 0000 9984 3939



1000



06488

U.S. POSTAGE
PAID
NEW BRITAIN, CT
06050
MAY 20 15
AMOUNT

\$8.45

R2304H109000-09

5-28
6-11
6-21

Robert M. Perrella, Vice President
TU Naugatuck/Pomperaug Valley Chapter
278 W. Purchase Road
CT 06488-1004

NIXIE

064882093-1N

07/10/15P

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

