

**STATE OF CONNECTICUT  
CONNECTICUT SITING COUNCIL**

**RE: APPLICATION OF SBA TOWERS II LLC      DOCKET NO. 396  
FOR A CERTIFICATE OF ENVIRONMENTAL  
COMPATIBILITY AND PUBLIC NEED FOR  
THE CONSTRUCTION, MAINTENANCE AND  
OPERATION OF A TELECOMMUNICATIONS  
FACILITY AT 49 BRAINERD ROAD,  
NIANTIC (EAST LYME), CONNECTICUT      Date: February 16, 2010**

**APPLICANT'S RESPONSES TO FIRST SET OF INTERROGATORIES FROM  
CONNECTICUT SITING COUNCIL**

Applicant SBA Towers II, LLC ("SBA") hereby submits the following responses to the Siting Council's first set of pre-hearing interrogatories:

**Q1. When was the search ring first initiated for a tower in this area? What is the size and shape of the search ring? Where is the center of the search ring?**

A1. SBA initiated a search ring in this area in April, 2009. The target coverage area is in the Black Point area to the south, southwest and southeast of this area.

**Q2. What were the results of SBA Towers II LLC (SBA) notice to abutting property owners? Were the certificates of service returned from all those to whom notice was sent? If not, whose certificate was not returned? What other attempts were made to notify these persons? Provide a copy of all returned certificates of service.**

A2. SBA has received return receipts from all abutting property owners. Attached as Exhibit 1 are copies of the return receipts associated with SBA's certified mailing.

**Q3. For which municipal service(s) (e.g. police, fire, etc.) has the Town of East Lyme expressed an interest in co-locating its antennas on the proposed tower?**

A3. The Town's emergency services have expressed a general interest in the proposed Facility but SBA has not received any specific information regarding the Town's needs. As is its usual practice, SBA has reserved the top of the tower for the Town's emergency services, free of charge.

**Q4. Would the compound fence have barbed wire?**

A4. No. SBA has proposed a chain link security fence, 8 feet in height. No barbed wire is proposed.

**Q5. Would blasting be required during the construction process?**

A5. The presence of ledge will be determined upon completion of the geotechnical investigation. If ledge is present, chipping is preferred to blasting.

**Q6. Has SBA considered the Pondcliff Condominium property at 97 West Main Street, Niantic as a possible tower site? Explain.**

A6. SBA reviewed the Pondcliff Condominium property located at 97 West Main Street in Niantic during its original site search. After speaking with Jack McGrath from the condominium association, it was determined that this location was too far north from the search ring, and the site was also less than a mile from an existing tower on Roxbury Road.

**Q7. Has SBA considered the Nebelung Farms, LLC property at 138 North Bridebrook Road, Niantic as a possible tower site? Explain.**

A7. SBA spoke with Alexander Nebelung of 138 North Bridebrook Road. This location is approximately 2 miles northwest of the proposed site, and would not effectively cover the proposed target coverage area. This site is also within a mile of existing towers at Liberty Way and Roxbury Road.

**Q8. In SBA's application to the Connecticut Siting Council, Exhibit G, SBA indicates that the 100 Old Black Point Road (assessor's parcel 8.3-138) site was rejected during to access problems. Describe the access problems.**

A8. The current access point is across 98 Old Black Point Rd (08.3-136) to reach the rear parcel at 100 Old Black Point Rd. (8.3-138). This would require an access easement and negotiations with multiple land owners.

**Q9. Have any wireless carriers other than AT&T, Verizon Wireless, and T-Mobile expressed an interest in co-locating on the proposed tower? Does SBA have lease agreements with these entities?**

A9. SBA has not received any interest from other wireless carriers other than these three (AT&T, Verizon and T-Mobile). SBA has lease agreement in place with both AT&T and Verizon. T-Mobile has filed an application with SBA to co-locate on the proposed facility at the 157' centerline. Attached here to as Exhibit 2 are copies of the application T-Mobile filed with SBA and e-mail correspondence from T-Mobile's representatives confirming T-Mobile's interest in the proposed Facility.

**Q10. To date, the Council has not received a request to be a party or intervenor from T-Mobile. Does SBA still have the 157-foot level of the proposed tower reserved for a possible future T-Mobile co-location?**

A10. As stated in response to interrogatory #9, T-Mobile has filed an application with SBA to co-locate the the 157' level. See Exhibit 2.

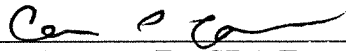
**Q11. Describe the land uses surrounding the proposed tower site.**

A11. The area surrounding Brainard Road is largely residential in nature, with large wooded lots. The site area is at the very end of Brainard Road on a 51 acre parcel that is abutted by the Amtrack Rail line to the east and south. A 99 acre parcel owned by the State Department of Environmental Protection and a 22 acre Land Trust parcel, both undeveloped are to the West of the site area. In addition, the Millstone power plant is located to the east of the proposed Facility.

**Q12. Calculate the amounts of cut and fill required to develop the proposed tower site and access drive.**

A12. Approximately 140 cubic yards of cutting is required to skim the access road and compound for installation of the crushed stone surfaces. Also, the east side and north corner of the compound require minor cutting to level the compound area. No fill is required.

Respectfully Submitted,

By:   
Attorney For SBA Towers II LLC  
Carrie L. Larson, Esq.  
clarson@pullcom.com  
Pullman & Comley, LLC  
90 State House Square  
Hartford, CT 06103-3702  
Ph. (860) 424-4312  
Fax (860) 424-4370

Certification

This is to certify that a copy of the foregoing has been mailed this date to all parties and intervenors of record.

Kenneth Baldwin  
Robinson & Cole LLP  
280 Trumbull Street  
Hartford, CT 06103


Russell L. Brown  
41 Brainerd Road  
Niantic, CT 06357

Edward B. O'Connell  
Tracy Collins  
Waller, Smith & Palmer, P.C.  
52 Eugene O'Neill Drive  
P.O. Box 88  
New London, CT 06320

Daniel M. Laub  
Christopher B. Fisher  
Cuddy & Feder LLP  
445 Hamilton Avenue, 14<sup>th</sup> Floor  
White Plains, NY 10601

Keith Ainsworth  
Evans Feldman & Ainsworth, LLC  
261 Bradley Street  
P. O. Box 1694  
New Haven, CT 06505

Joseph Raia  
97 West Main Street, Unit 9  
Niantic, CT 06357

  
\_\_\_\_\_  
Carrie L. Larson

# **EXHIBIT 1**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Connecticut state DEP 79 Elm street Hartford, CT 06106</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED JAN 15 2010</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service) 7009 2820 0002 1698 0066</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Ruth E. Ames and Donald F. Ames 74 Old Black Rock Point Road Niantic, CT 06357</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service) 7008 1800 0003 3437 2287</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Anna Ferri and Sam Ferri 356 Hailocks Mill Road Yorktown Heights, NY 10598</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service la) 7009 1680 0000 3826 6475</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Emilie Mackey</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Alfred Mackey and Emilie Mackey 124 Old Black Rock Point Road Niantic, CT 06357		<i>Emilie Mackey</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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 ser)		7005 0390 0004 6029 2339	
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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Helene C. Raven</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Helene C. Raven 126 Lee Road Dr. Annapolis, MD 21403		<i>Helene C. Raven</i>	<i>12-3-09</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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)		7009 1680 0000 3826 6864	
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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Thad Rahlmow</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Zenaida S. Rahlmow 4620 Palatika Blvd Hastings, FL 32745			
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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)		7009 1680 0000 3826 6789	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

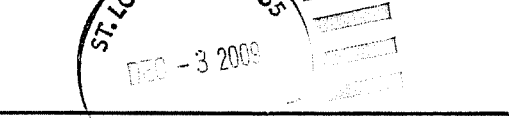
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
**X** BILL DAVIS  Agent  
 Addressee

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

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

1. Article Addressed to:  
  
 National Railroad Passenger Corp.  
 Attn: Group #5  
 PO Box 18266F  
 St Louis, MO 63150



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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from) **7005 0390 0004 6029 2360**

**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

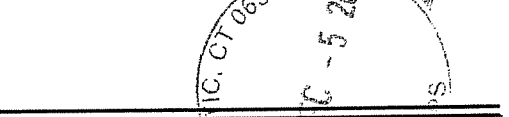
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
**X** *Douglas R. Gordon*  Agent  
 Addressee

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

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

1. Article Addressed to:  
  
 Douglas R. Gordon, Trustee an  
 Bank of America, Trustee  
 265 Old Black Rock Point Road  
 Niantic, CT 06357



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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from) **7008 1830 0003 3436 5722**

**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

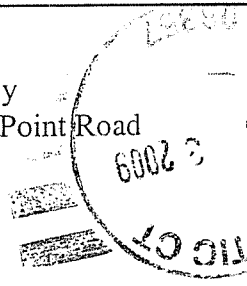
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
**X** *Joseph L. DeLaura*  Agent  
 Addressee

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

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

1. Article Addressed to:  
  
 Evelyn Ruth Mackey  
 61 Old Black Rock Point Road  
 Niantic, CT 06357



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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service lat) **7008 1830 0003 3436 7733**



**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:

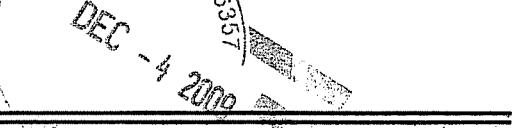
Jayne M. Turek  
 47 Old Black Point Road  
 East Lyme, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Jayne Turek*

B. Received by (Printed Name) C. Date of Delivery  
*Jayne Turek* *12 4 09*

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

2. Article Number *7008 1830 0003 3436 7672*  
 (Transfer from ser)

**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:

Mark J. Scott  
 104 Old Black Rock Point Road  
 Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Mark Scott*

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

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

2. Article Number *7005 0390 0004 6029 2285*  
 (Transfer from ser)

**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:

Old Black Point Association  
 c/o Piedmont Fin Co  
 P.O. Box 20124  
 Greensboro, NC 27420

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Mark Scott*

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

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

2. Article Number *7005 0390 0004 6029 2384*  
 (Transfer from ser)

**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:

Richard P. Scavotto and Kenneth Sabatini  
 82 Old Black Rock Point Road  
 Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[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

*Ken Sabatini*

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7008 1830 0003 3436 5715  
 (Transfer from ser)

**SENDER: COMPLETE THIS SECTION**

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- 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 A. York and Carol A. York  
 176 Morgan Road  
 Canton, CT 06019

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*STEPHEN YORK* *12/1/04*

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

2. Article Number 7009 1680 0000 3826 7311  
 (Transfer from ser)

**SENDER: COMPLETE THIS SECTION**

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- 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:

Timothy R. Murphy and Cricket Murphy  
 102 Old Black Rock Point Road  
 Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[Signature]*

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

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

2. Article Number 7009 1680 0000 3826 7359  
 (Transfer from ser)

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

1. Article Addressed to:

John G. Lazine and Lisa A. Lazine  
90 Old Black Rock Point Road  
Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
*John G. Lazine*  Addressee
- B. Received by (Printed Name) *John G. Lazine*
- 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)  Yes2. Article Number **7008 1830 0003 3436 5739**  
(Transfer from service label)

PS Form 3811, February 2004

Domestic 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:

East Lyme Land Conservation Trust  
Inc.  
P.O. Box 104  
East Lyme, CT 06333

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
*James L. Burton*  Addressee
- B. Received by (Printed Name) *JAMES L BURTON*
- 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)  Yes2. Article Number **7007 2560 0000 1101 2361**  
(Transfer from service label)

PS Form 3811, February 2004

Domestic 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:

Town of East Lyme  
P.O. Box 519  
Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
*RH Swan*  Addressee
- B. Received by (Printed Name) *RH SWAN*
- 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)  Yes2. Article Number **7008 1830 0003 3436 7658**  
(Transfer from service label)

PS Form 3811, February 2004

Domestic 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:

c/o Town of East Lyme  
 P.O. Box 519  
 Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *RH Swan*  Agent  Addressee

B. Received by (Printed Name) *RH SWAN* 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

2. Article Number (Transfer from s) 7005 0390 0004 6029 2346

PS Form 3811, February 2004 Domestic 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:

Sandra Newton and Jeffrey W  
 Newton  
 18 Christian Hill Road  
 Cromwell, CT 06416

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jeffrey W. Newton*  Agent  Addressee

B. Received by (Printed Name) *Jeffrey W. Newton* C. Date of Delivery *12-07-09*

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

2. Article Number (Transfer from s) 7009 1680 0000 3826 7335

PS Form 3811, February 2004 Domestic 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:

GIA Properties No 2 LLC  
 51 Duvois Street  
 Darien, CT 06820

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jim*  Agent  Addressee

B. Received by (Printed Name) *Jim* 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

2. Article Number (Transfer from service label) 7009 1680 0000 3826 6420

PS Form 3811, February 2004 Domestic 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:

GIA Properties No 1 LLC  
51 Duvois Street  
Darien, CT 06820

2. Article Number

(Transfer from service label)

7009 1680 0000 3826 6406

PS Form 3811, February 2004

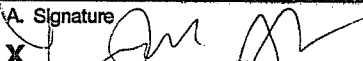
Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

GIA Agos 8

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf 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:

John W. Olsen and Carolyn R. Olsen  
44 Brainerd Road  
Niantic, CT 06357

2. Article Number

(Transfer from service label)

7009 1680 0000 3826 6888

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

JOHN OLSEN

C. Date of Delivery

12-1-09

D. Is delivery address different from item 1?  YesIf 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:

Steven Toth, Jr. and Helen M. Toth  
27 Marshfield Road  
Niantic, CT 06357

2. Article Number

(Transfer from service label)

7009 1680 0000 3826 6383

PS Form 3811, February 2004

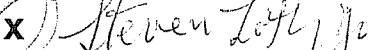
Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Steven Toth Jr

C. Date of Delivery

12/1/09

D. Is delivery address different from item 1?  YesIf 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:

Tabatha M. Mugovero  
 25 Marshfield Road  
 Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Tabatha M. Mugovero*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 \_\_\_\_\_ 12/11/09

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

2. Article Number  
 (Transfer from service label) 7009 1680 0000 3826 6819

**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:

Ross E. Albrighton and Debra  
 Albrighton  
 39 Marshfield Road  
 Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Ross E. Albrighton*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 \_\_\_\_\_ 12/11/09

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

2. Article Number  
 (Transfer from service label) 7009 1680 0000 3826 6376

**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:

Zenaida S. Rahmlow  
 14 Park Lane  
 East Lyme, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Zenaida S. Rahmlow*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 \_\_\_\_\_ 12/11/09

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

2. Article Number  
 (Transfer from service label) 7009 1680 0000 3826 6772

**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:

Knut Aarsand  
100 Old Black Rock Point Road  
Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Knut Aarsand*  Agent  
 Addressee
- B. Received by (Printed Name) *K AARSAND* C. Date of Delivery *12/2/09*
- 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)  Yes2. Article Number (Transfer from) 7009 1680 0000 3826 7342

PS Form 3811, February 2004

Domestic 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:

William O. Manwaring and Elizabeth  
Manwaring  
116 Old Black Rock Point Road  
Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *W O Manwaring*  Agent  
 Addressee
- B. Received by (Printed Name) *W O MANWARING* C. Date of Delivery *12/2/09*
- 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)  Yes2. Article Number (Transfer from) 7005 0390 0004 6029 2315

PS Form 3811, February 2004

Domestic 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:

James R. Summers and Jane M.  
Summers  
43 Old Black Rock Point Road  
Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *James Summers*  Agent  
 Addressee
- B. Received by (Printed Name) *J Summers* C. Date of Delivery *12/2/09*
- 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)  Yes2. Article Number (Transfer from service) 7008 1830 0003 3436 7726

PS Form 3811, February 2004

Domestic 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:

Nature Conservancy of Conn, Inc.  
P. O. Box MMM  
Wesleyan Station  
Middletown, CT 06457

2. Article  
(Trans

PS Form

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Mark McInnis* 12 2

D. Is delivery address different from item 1?  YesIf 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

2595-02-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:

Nature Conservancy of Conn, Inc.  
P. O. Box MMM  
Wesleyan Station  
Middletown, CT 06457

2. Article Number

(Transfer from se 7008 1830 0003 3436 7702

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Mark McInnis* 12 2

D. Is delivery address different from item 1?  YesIf 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:

Arnold M. Manwaring and Louise H  
Manwaring  
45 Old Black Point Road  
Niantic, CT 06357

2. Article Number

(Transfer from s 7008 1830 0003 3436 7665

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Arnold Manwaring*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*A Manwaring* 12 2 09

D. Is delivery address different from item 1?  YesIf 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:

Keven Hoar and Rãndeea Siegal  
65 Old Black Rock Point Road  
Niantic, CT 06357

2. Article Numt 7008 1830 0003 3437 2294  
(Transfer from)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

R. Siegal 12/2/09

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**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:

Bruce H. Dixon and Alice Dixon  
24 Somersby Way  
Farmington, CT 06032

2. Article Number 7008 0150 0001 1588 8017  
(Transfer from service)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

Alice B. Dixon 12-1-09

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**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:

Susan Brown, Trustee  
41 Brainerd Road  
Niantic, CT 06357

2. Article Number 7009 1680 0000 3826 6437  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

Russell L. Brown 12-1-09

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

**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:

Nelly G. Abarca  
46 Brainerd Road  
Niantic, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

DEC 2 2009

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7009 1680 0000 3826 6871  
(Transfer from service label)

PS Form 3811, February 2004 Domestic 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:

Elizabeth M. and James R. Spinelli  
241 Elm Street  
Old Saybrook, CT 06475

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

33 Marshfield Rd  
Niantic CT 06357

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7009 1680 0000 3826 6857  
(Transfer from service label)

PS Form 3811, February 2004 Domestic 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:

Elizabeth M. and James R. Spinelli  
35 Marshfield Road  
East Lyme, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7009 1680 0000 3826 6840  
(Transfer from service label)

PS Form 3811, February 2004 Domestic 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:

Giants Neck Heights Association  
 Creek Road C/O →  
 East Lyme, CT 06357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *G. Stovase*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 \_\_\_\_\_ 12/2/09

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
 83 Hillcrest Rd  
 Natick, CT 06357

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7009 1680 0000 3826 6796

**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:

Stephen Janty and Gregory Janty  
 4 Enrico Road  
 Bolton, CT 06043

**COMPLETE THIS SECTION ON DELIVERY**

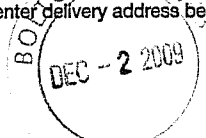
A. Signature  
 X *Stephen Janty*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 STEPHEN JANTY \_\_\_\_\_

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



2. Article Number (Transfer from service label) 7009 1680 0000 3826 6833

**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:

Giants Neck Improv Club, Inc.  
63 Arvine Place  
Manchester, CT 06040

2. Article Number

(Transfer from service) 7009 1680 0000 3826 6451

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]* Agent Addressee

B. Received by (Printed Name)

*R H FIVAN (C)*

C. Date of Delivery

*12/10/09*D. Is delivery address different from item 1?  YesIf 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:

Thomas K. Green and Laurie J.  
Leonard  
33 Ridgewood Road  
Niantic, CT 06357

2. Article Number

(Transfer from service) 7007 2560 0000 1101 2323

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Laurie J. Leonard* Agent Addressee

B. Received by (Printed Name)

*Laurie Leonard*

C. Date of Delivery

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

*31 Ridgewood*  
*Niantic CT 06357*

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:

Thomas K. Green and Laurie J.  
Leonard  
31 Ridgewood Road  
Niantic, CT 06357

2. Article Number

(Transfer from service label) 7007 2560 0000 1101 2316

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Laurie J. Leonard* Agent Addressee

B. Received by (Printed Name)

*Laurie Leonard*

C. Date of Delivery

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

*DEC 14 2009*

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

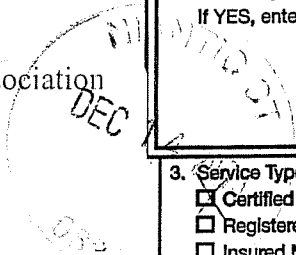
 Yes

**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:

Giants Neck Heights Association  
Box 625  
Niantic, CT 06357



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Michelle A Wheel*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7009 1680 0000 3826 6802

## **EXHIBIT 2**

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**From:** Jamie Ford [jford@hpcdevelop.com]  
**Sent:** Monday, August 10, 2009 9:12 AM  
**To:** Hollis Redding; Ray Vergati  
**Subject:** RE: CTNL805 SBA Collocation Application

Good morning Hollis --

I would like to request the 160' spot on the RAD center for the above mentioned site if it is still available. On the colo application that was submitted last week we had the height at 140'. Please advise to whether or not this spot is available.

Thanks,

Jamie Ford  
Project Coordinator  
HPC Development LLC  
53 Lake Ave Ext.  
Danbury, CT 06811  
Ph: (774) 248-5373

[jford@hpcdevelop.com](mailto:jford@hpcdevelop.com)  
[www.hpcdevelop.com](http://www.hpcdevelop.com)

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**From:** Hollis Redding [mailto:HRedding@sbsite.com]  
**Sent:** Thursday, August 06, 2009 11:16 AM  
**To:** Ray Vergati  
**Cc:** Jamie Ford  
**Subject:** RE: CTNL805 SBA Collocation Application

I'll have to forward this to Sean S. He handles the co-lo apps and get the leases going. I'll tell him to rush it.  
Thanks. Hollis

**Hollis M. Redding**  
**SBA Network Services, Inc.**  
**One Research Drive**  
**Suite 200 C**  
**Westborough, MA 01581**  
**203.464.3623**

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**From:** Ray Vergati [rvergati@hpcdevelop.com]

2/12/2010

**Sent:** Thursday, August 06, 2009 10:54 AM  
**To:** Hollis Redding  
**Cc:** Jamie Ford  
**Subject:** FW: CTNL805 SBA Collocation Application

Hollis, here is TMO's application for your East Lyme 1 site (TMO site id # CTNL805).

I'd like to get an SLA in process, can you send one over?

Thanx..Ray

Raymond Vergati  
Vice President of Operations, New England  
HPC Development, LLC  
12 Maltby Lane  
Northford, CT 06472  
Cell: (203) 605-9646  
Fax: (203) 797-1137  
Email: [rvergati@hpcdevelop.com](mailto:rvergati@hpcdevelop.com)  
[www.hpcdevelop.com](http://www.hpcdevelop.com)

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**From:** Jamie Ford  
**Sent:** Thursday, August 06, 2009 10:45 AM  
**To:** Ray Vergati  
**Subject:** CTNL805 SBA Collocation Application



**SBA**

# Collocation Application

5900 Broken Sound Pkwy NW  
Boca Raton, FL 33487

Attention: Sean Shinnen, Site Marketing Manager

Main Tel: 610-322-0059

Fax: 561-226-3577

e-mail: [sshinnen@sbsite.com](mailto:sshinnen@sbsite.com)

(Tab through the fields to enter info; if at anytime you need to unlock to manually add something, go to View, Toolbars, Forms and click the "padlock" to Unprotect the form)

## Site Information

Date: 08/03/2009	SBA Site ID: CT11794-S	SBA Site Name: East Lyme 1
Latitude: 41° 18' 30.36"	Longitude: -72° 13' 25.92"	Source of Coordinates:
AGL:	City: Old Lyme	State: CT

## Tenant Information

Site ID: CTNL805	Site Name:
Company Name: T-Mobile	Company Representing: HPC Development LLC <i>(if consultant)</i>
Contact Name: Hans Fiedler	Contact Address: 46 Mill Plain Road, Danbury CT, 06811
Contact Phone: (860) 692-7123	
Contact Fax: (860) 692-7159	Contact e-mail: <a href="mailto:jford@hpcdevelop.com">jford@hpcdevelop.com</a>

## Leasing Information

Contact Name: Same <i>(if different)</i>	Phone: (860) 692-7123	
Name of Company to Appear on Lease: T-Mobile Northeast LLC	State Incorporated: NJ	Tax ID #: -
Signatory Name:	Signatory Title:	
Corporate Address: 4 Sylvan Way, NJ 07054	Notice Address: 4 Sylvan Way Parsippany, NJ 07054	
	With Copies to: T-Mobile USA SE 38 <sup>th</sup> Street Bellevue, NJ 98006	
Name / Phone & Address to Send Leases For Execution: <i>(if different)</i>  Jamie Ford 35 Griffin Rd. S Bloomfield, CT 06002	# of Original Leases Required (for Tenant only): 3	Special Instructions:

## Construction Information

Contact Name: John Luisi	Phone: ( ) -
Fax: ( ) -	e-mail: <a href="mailto:jluisi@hpcdevelopment.com">jluisi@hpcdevelopment.com</a>
Mobile: (860) 680-9104	Projected Installation Date: 02/28/2010

**Tenant 24 Hour Emergency Contact (NOC)**

Name: Jeff Platania/Property Mgt Specialist II CT, LI

Phone: (973) 397-4971

**Equipment Specifications** (NOTE: PLEASE USE AMERICAN STANDARD MEASUREMENTS, NOT METRIC)

<b>ANTENNA / MOUNTING / COAX:</b>		<b>GROUND SPACE REQUIREMENTS:</b>	
Quantity: 9		Tenant Provided Shelter or Pad? Pad	
Type (panel, omni, receive, transmit, etc.): Panel		Exact Dimensions: 10'x 15'	
Mfg: RFS		Type Shelter / Pad: Pad / Concrete	
Model: APX16DWV-16DWV-S-E-ACU		Generator Size: None	
Dimensions: 53" x 13.5" x 6"		<b>EQUIPMENT SPECIFICATIONS:</b>	
Weight: 39.6 lbs.		(SBA's) Shelter Space Dimensions Needed:    'x    'x    '	
Height at base of the antenna: 135		<b>Transmitter:</b>	
Height at centerline of the antenna: 137.5'		Quantity: 6	
Height at tip of the antenna: 140'		Manufacturer: Nortel	
Down Tilt: 0		Model: TRU	
Orientation: 0 - 70 - 220		Power Output (Watts): 25 Watts	
Mount Make/Model: RFS Down tilt Scissor kit		Model: NA	
Mount Weight: NA		Quantity: 3	
# of Lines: 12		Manufacturer: Nortel	
Coax Type: RFS		Model: S12000	
Coax Size: 1-5/8"		Dimensions: 75.2" x 25.6" x 53.2"	
<b>DISH:</b>		Weight: 1257 lbs.	
Quantity: None		<b>FREQUENCIES:</b>	
Mfg / Model: /		Transmit: 1935 to 1945 MHz (GSM) / 2140 to 2145 MHz (UMTS)	
Dimensions / Weight: / lbs.		Receive: 1855 to 1865 MHz (GSM) / 1740 to 1745 MHz (UMTS)	
Mounting Height: ' "		<b>POWER:</b>	
Orientation:		ERP: 300 W ERP	
# of Lines:		Transmitter Operating Power: 25 Watts	
Coax Type:		<b>GENERATOR:</b>	
Coax Size:		Mfg / Model: /	
<b>GPS / TTA / TMA:</b>		Type: Propane <input type="checkbox"/> Diesel <input type="checkbox"/>	
Type (GPS, MHA, etc.): MHA / TMA		Power: kw	Capacity: gallons
Quantity: 6		<b>IS SBA AN APPROVED CONTRACTOR:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mfg / Model: Ericsson / Ericsson_TMA_KRY112144-1		<b>SPECIAL REQUIREMENTS:</b>	

Dimensions / Weight: 7.5" x 7.7" x 3.4" / 11 lbs

Mount Location: At Antenna

Coax Type: superflex

Coax Size: 1/2" jumpers off of 1-5/8"

