

RECEIVED  
2009 APR -3 P 1:01  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

Christine A. Vogel, Commissioner  
State of Connecticut  
Office of Health Care Access  
410 Capitol Avenue, MS13HCA  
P.O. Box 340308  
Hartford, CT 06134

Dear Commissioner Vogel:

Please find the attached original and 6 copies of our "Letter of Intent Form #2030" seeking to allow us to open a second primary care location.

The APT Foundation has made significant gains in improving access and retention of substance abuse and psychiatric patients via a streamlined admission process and consumer-friendly approach to services. In our continuing efforts along these lines, we are seeking to add Primary Care services to our existing admissions "front gate," at the Access Center. At the present time, patients needing primary care services would be required to go across town to our main location.

If you have any additional questions or need further information regarding our request, please feel free to contact me at (203) 781-4600 or by email at [bfreeman@aptfoundation.org](mailto:bfreeman@aptfoundation.org).

Yours truly,



Robert Freeman  
Director, Performance Management & Ancillary Services



## State of Connecticut Office of Health Care Access Letter of Intent Form Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

### SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	Central Medical Unit	NA
Doing Business As	Central Medical Unit	NA
Name of Parent Corporation	APT Foundation, Inc.	NA
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	1 Long Wharf Drive, Suite 321 New Haven, CT 06511	NA
Identify Applicant Status: P for Profit or NP for Nonprofit	NP	NA
Does the Applicant have Tax Exempt Status?	Yes	NA
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Robert Freeman, Director Performance Management & Ancillary Services	NA
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	1 Long Wharf Drive, Suite 321 New Haven, CT 06511	NA
Contact Person Telephone Number	(203) 781-4600 x-317	NA
Contact Person Fax Number	(203) 781-4624	NA
Contact Person e-mail Address	<u><a href="mailto:bfreeman@aptfoundation.org">bfreeman@aptfoundation.org</a></u>	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. Project Title: Primary Care Services for APT Foundation Access Center

b. Project Proposal: Add Primary Care License to Existing Substance Abuse/Psychiatric Service Licenses.

c. Type of Project/Proposal, please check all that apply:

**Inpatient Service(s): NA**

Medical/Surgical       Cardiac       Pediatric       Maternity

Trauma Center       Transplantation Programs

Rehabilitation (specify type) \_\_\_\_\_

Behavioral Health (Psychiatric and/or Substance Abuse Services)

Other Inpatient (specify) \_\_\_\_\_

**Outpatient Service(s):**

Ambulatory Surgery Center       Primary Care       Oncology

New Hospital Satellite Facility       Emergency       Urgent Care

Rehabilitation (specify type) \_\_\_\_\_       Central Services Facility

Behavioral Health (Psychiatric and/or Substance Abuse Services)

Other Outpatient (specify) \_\_\_\_\_

**Imaging: NA**

MRI       CT Scanner       PET Scanner

CT Simulator       PET/CT Scanner       Linear Accelerator

Cineangiography Equipment       New Technology: \_\_\_\_\_

**Non-Clinical: NA**

Facility Development       Non-Medical Equipment       Renovations

Change in Ownership or Control       Land and/or Building Acquisitions

Organizational Structure (Mergers, Acquisitions, & Affiliations)

Other Non-Clinical: \_\_\_\_\_

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

Yes       No

If you checked "Yes" above, please check the appropriate box below:

New (F, S, Fnc)       Additional (F, S, Fnc)       Replacement

Expansion (F, S, Fnc)       Relocation       Termination of Service

Reduction Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed \$3,000,000, pursuant to Section 19a-639, C.G.S.?

Yes  No

If you checked "Yes" above, please check the boxes below, as appropriate:

- New equipment acquisition and operation
- Replacement equipment with disposal of existing equipment
- Major medical equipment
- Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

1 Long Wharf Drive, Suite 10, New Haven, CT

g. List each town this project is intended to serve:

DMHAS Region II (Roughly New Haven County) – 75% of Patient Population comes from: New Haven, East Haven, West Haven, Branford, Hamden

h. Estimated starting date for the project: 7/1/2009

i. If the proposal includes change in the number of beds provide the following information: NA

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed

### SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

- a. Estimated Total Project Expenditure/Cost: \$0 Existing Staff & Space are Utilized
- b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	
Other (Non-Construction) Specify: _____	
<b>Total Capital Expenditure</b>	
Major Medical Equipment – Fair Market Value of Leases Medical	
Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
<b>Total Capital Cost</b>	
<b>Total Project Cost</b>	
Capitalized Financing Costs (Informational Purpose Only)	

\* Provide an itemized list of all medical and non-medical equipment to be purchased and leased.

- c. If the proposal has a total capital expenditure/cost exceeding \$20,000,000 or if the proposal is for major medical equipment exceeding \$3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference. - NA

Yes       No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing
 

Energy Conservation       Health, Fire, Building and Life Safety Code  
 Non Substantive
2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

- d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked):

<input checked="" type="checkbox"/> Applicant's Equity	<input type="checkbox"/> Capital Lease	<input type="checkbox"/> Conventional Loan
<input type="checkbox"/> Charitable Contributions	<input type="checkbox"/> Operating Lease	<input type="checkbox"/> CHEFA Financing
<input type="checkbox"/> Funded Depreciation	<input type="checkbox"/> Grant Funding	
<input type="checkbox"/> Other (specify) _____		

#### **SECTION IV. PROJECT DESCRIPTION (Please see attached documentation)**

**In paragraph format**, please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.
2. List the types of services being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.
4. Identify any unmet need and describe how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.
7. Who will be responsible for providing the service?
8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

**IV. Project Description:**

In paragraph format, please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5' x 11' sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services currently provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the applicant.

**Please find the attached list and copies of APT Foundation licenses.**

2. List the types of services being proposed and what DPH licensure categories will be sought, if applicable.

**The APT Foundation is seeking to add an additional site to provide primary care services to individuals who are enrolled or are seeking admission into our substance abuse and psychiatric treatment programs at our Access Center, located at 1 Long Wharf Drive in New Haven. Although we recognize that the State of Connecticut Department of Public Health does not recognize a "satellite" location for licensing purposes, this secondary location would be staffed and under the direction of our existing Central Medical Unit, located at 495 Congress Avenue in New Haven. This secondary location for medical services would be to help improve access to these services by minimizing trips and appointments to other locations.**

3. Identify the current population serviced and the target population to be served.

**The APT Foundation's medical services offered via the Central Medical Unit are designed for individuals who have either substance abuse and/or psychiatric diagnosis. These individuals are often discriminated by main stream medical providers, either due to fear of a substance abusing population or medical conditions that tend to be unique to a substance abusing population, such as HIV or Hepatitis infection.**

4. Identify any unmet need and describe how this project will fulfill that need.

**This proposal is intended to improve access to medical services by providing the services at the same point/time as an individual would receive their substance abuse or psychiatric services within our clinical treatment programs. These individuals often have cognitive impairments that make their ability to follow-through on appointment schedules and services provided at different locations difficult.**

5. Are there any similar existing service providers in the proposed geographical area?

**Within the City of New Haven, a possible provider with a similar population would be the Hill Health Center.**

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

**Hospital and ED visits are extremely costly to the health care system. The APT Foundation hopes by providing primary care services within our clinical treatment programs, we are able to reach many individuals who might not otherwise have a Physician or other Health Care system and would rely on ED. Likewise, these same individuals might otherwise require hospitalization and not seek it due to fears or inabilities to pay for these services. In other words, our Primary Care staff can better triage and counsel these individuals to seek the proper medical treatments.**

7. Who will be responsible for providing the service?

**Our Central Medical Unit is managed by a Nurse with a full-time Physician and several consulting Physicians on staff. The unit also employees three APRN positions, several LPN triage nurses; a phlebotomist, a billing specialist; and several administrative support positions. The APT Foundation laboratory testing is done by either Clinical Science Laboratories or Labcorp, depending on entitlement requirements. The Medical Services report to the existing Management structure of the APT Foundation. For this proposal, one of the existing APRN or Physician positions would be staff at the secondary location at 1 Long Wharf Drive each day.**

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational.

**Our Central Medical Unit accepts the following:**

- A. Self-Pay Sliding Fee Scale**
- B. SAGA**
- C. Medicaid, Managed and Non-Managed**
- D. DMHAS Grant**
- E. Private Insurance**
- F. Free**

**AFFIDAVIT**

**To be completed by each Applicant**

Applicant: APT Foundation, Inc. Central Medical Unit

Project Title: Primary Care Services for APT Foundation Access Center

I, Lynn M. Madden, MPH, CHE,

CEO of APT Foundation, Inc. being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that APT Foundation, Inc. Central Medical Unit complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

3.31.09

Date

Subscribed and sworn to before me on March 21, 2009

Notary Public/Commissioner of Superior Court

DAVID W. RELYEAL  
NOTARY PUBLIC

My commission expires: MY COMMISSION EXPIRES MAY 31, 2009

RECEIVED  
2009 APR -3 P 1:02  
CONNECTICUT OFFICE OF  
HEALTHCARE ACCESS

State of CT – Department of Health Licenses

Facility for the Care or Treatment of Substance Abusive or Dependent Persons

	Chemical Maintenance	Ambulatory Chemical Detox	Outpatient Treatment	Day/Evening Treatment	Intermediate L.T. (Residential)
Legion Clinic 495 Congress Avenue New Haven, CT 06519	X	X	X	X	
Orchard Hill Treatment Services 540 Ella Grasso Blvd New Haven, CT 06519	X	X			
Access Center 1 Long Wharf Dr. New Haven, CT 06511		X	X		
APT Residential Services Division 425 Grant Street Bridgeport, CT					X

DPH Licensure (OTHER):

Central Medical Unit (Primary Care)  
495 Congress Avenue, New Haven, CT 06519

Substance Abuse/Mental Health

Access Center (Psychiatric Outpatient Clinic for Adults)  
1 Long Wharf Drive, New Haven, CT

Legion Clinic (Mental Health Day Treatment Facility)  
495 Congress Avenue, New Haven, CT 06519

Note:

APT Vocational Services are not a Licensed Level of Care

**STATE OF CONNECTICUT****Department of Public Health****LICENSE****License No. 0366****Outpatient Clinic**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

APT Foundation, Inc. of New Haven, CT, d/b/a Central Medical Unit is hereby licensed to maintain and operate an Outpatient Clinic.

**Central Medical Unit** is located at 495 Congress Avenue, New Haven, CT 06519.

This license expires **September 30, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. **RENEWAL.**

Services:

Primary Care Services

*J. Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H., Commissioner

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0252**

**Facility for the Care or Treatment of Substance  
Abusive or Dependent Persons**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493;

APT Foundation, Inc. of New Haven, CT, d/b/a APT Residential Services is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**APT Residential Services** is located at 425 Grant Street, Bridgeport, CT 06608 with:

Lynn M. Madden as Executive Director

The maximum number of beds shall not exceed at any time:

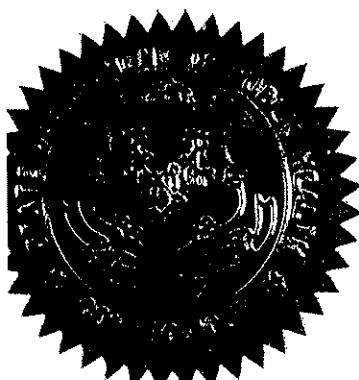
125 Intermediate and Long Term Treatment and Rehabilitation Beds

The service classification(s) and if applicable, the residential capacities are as follows:

Intermediate and Long Term Treatment and Rehabilitation

This license expires **September 30, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2007. RENEWAL.



*J. Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner

STATE OF CONNECTICUT  
Department of Public Health  
LICENSE

License No. C-0265

**Psychiatric Outpatient Clinic for Adults**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

APT Foundation, Inc. of New Haven, CT, d/b/a Access Center is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

**Access Center** is located at One Long Wharf, New Haven, CT 06511 with:

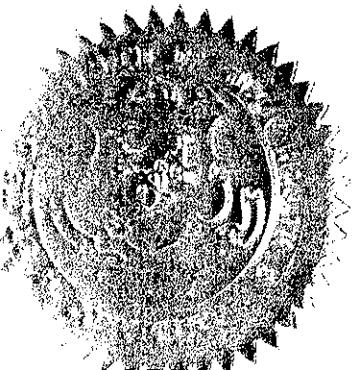
Lynn M. Madden as Executive Director  
Kathryn R. Floyd as Director

The service classification(s) and if applicable, the residential capacities are as follows:

MULTI SERVICE

This license expires **December 31, 2011** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2008. RENEWAL.



*J. Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA,  
Commissioner

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. SA-0190**

**Facility for the Care or Treatment of Substance  
Abusive or Dependent Persons**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

APT Foundation, Inc. of New Haven, CT, d/b/a Access Center is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**Access Center** is located at One Long Wharf, New Haven, CT 06511 with:

Lynn M. Madden as Executive Director

The maximum number of beds shall not exceed at any time:

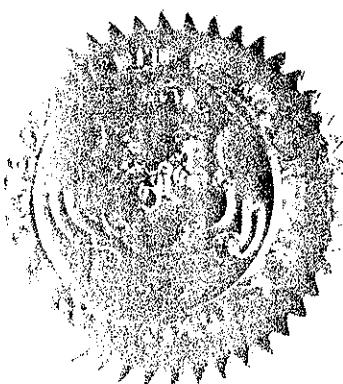
0

The service classification(s) and if applicable, the residential capacities are as follows:

Ambulatory Chemical Detoxification Treatment  
Outpatient Treatment

This license expires **December 31, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2008. RENEWAL.



*J. Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA,  
Commissioner

STATE OF CONNECTICUT  
Department of Public Health  
LICENSE

License No. 0230

**Facility for the Care or Treatment of Substance  
Abusive or Dependent Persons**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

APT Foundation, Inc. of New Haven, CT, d/b/a Legion Avenue Clinic is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**Legion Avenue Clinic** is located at 495 Congress Avenue, New Haven, CT 06511 with:

Lynn M. Madden as Executive Director

The maximum number of beds shall not exceed at any time:

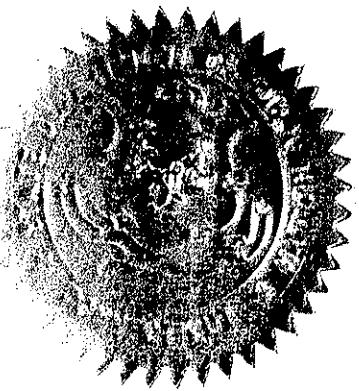
0

The service classification(s) and if applicable, the residential capacities are as follows:

Chemical Maintenance Treatment  
Day and Evening Treatment  
Outpatient Treatment  
Ambulatory Chemical Detoxification Treatment

This license expires **December 31, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2008. RENEWAL.



*J. Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA,  
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. SA-0101

**Facility for the Care or Treatment of Substance  
Abusive or Dependent Persons**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

APT Foundation, Inc. of New Haven, CT, d/b/a Orchard Hill Treatment Services is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**Orchard Hill Treatment Services** is located at 540 Ella T. Grasso Boulevard, New Haven, CT 06519 with:

Lynn M. Madden as Executive Director

The maximum number of beds shall not exceed at any time:

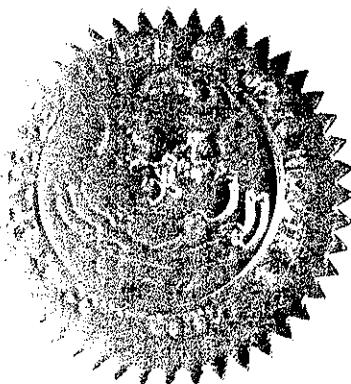
0

The service classification(s) and if applicable, the residential capacities are as follows:

Chemical Maintenance Treatment  
Ambulatory Chemical Detoxification Treatment

This license expires **December 31, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2008. RENEWAL.



*J. Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA,  
Commissioner

STATE OF CONNECTICUT  
Department of Public Health  
LICENSE

**License No. 0000-0034**

**Mental Health Day Treatment Facility**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

APT Foundation, Inc. of New Haven, CT, d/b/a Legion Avenue Clinic is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

**Legion Avenue Clinic** is located at 495 Congress Avenue, New Haven, CT 06519 with:

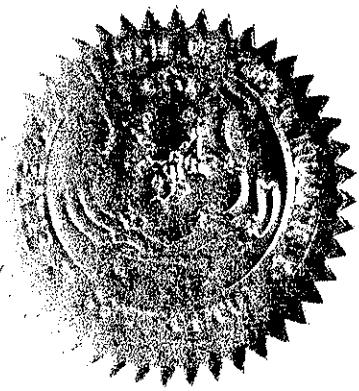
Nicole L. Belisle as Director  
Lynn M. Madden as Executive Director

The service classification(s) and if applicable, the residential capacities are as follows:

MULTI SERVICE

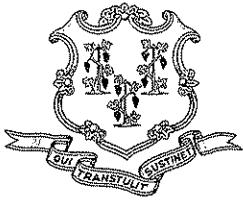
This license expires **December 31, 2011** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2008. RENEWAL.



*J. Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA,  
Commissioner



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

April 6, 2009

Robert Freeman  
Coordinator, Clinical Service  
The APT Foundation, Inc. d/b/a Central Medical Unit  
One Long Wharf Drive  
Suite 321  
New Haven, CT 06511

Re: Letter of Intent, Docket Number 09-31345  
Establish an Outpatient Primary Care Clinic in New Haven  
Notice of Letter of Intent

Dear Mr. Freeman,

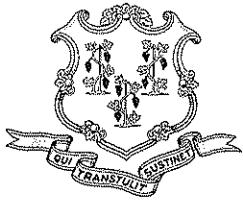
On April 3, 2009 Office of Health Care Access (“OHCA”) received the Letter of Intent (“LOI”) Form of The APT Foundation, Inc. d/b/a Central Medical Unit (“Applicant”) to establish an Outpatient Primary Care Clinic in New Haven, with no associated capital expenditure.

A notice to the public regarding OHCA’s receipt of a LOI was published in *The New Haven Register* pursuant to Section 19a-638 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone  
Director of Operations

KRM:lmg



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

April 6, 2009

Requisition # HCA09-131  
Fax: (203) 865-8360

New Haven Register  
40 Sargent Street  
New Haven, CT 06531-0715

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Friday, April 10, 2009**.

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Paolo Fiducia at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone  
Director of Operations

Attachment

KRM:PF:lmg

c: Sandy Salus, OHCA

*An Affirmative Action / Equal Opportunity Employer*

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053

**PLEASE INSERT THE FOLLOWING:**

Statute Reference:	19a-638
Applicant:	Yale-New Haven Hospital
Town:	New Haven
Docket Number:	09-31345-LOI
Proposal:	Establish an Outpatient Primary Care Clinic in New Haven
Capital Expenditure:	\$0

The Applicant may file its Certificate of Need application between June 2, 2009 and August 1, 2009. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at [www.ct.gov/OHCA](http://www.ct.gov/OHCA). A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicants.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

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RECIPIENT ADDRESS	912038658360
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M. JODI RELL  
GOVERNOR

**STATE OF CONNECTICUT**  
**OFFICE OF HEALTH CARE ACCESS**

CRISTINE A. VOGEL  
COMMISSIONER

April 6, 2009

Requisition # HCA09-131  
Fax: (203) 865-8360

New Haven Register  
40 Sargent Street  
New Haven, CT 06531-0715

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Friday, April 10, 2009**.

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Paolo Fiducia at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,



Kimberly R. Martone  
Director of Operations