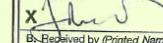
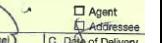
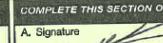
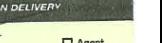


ABUTTERS MAILING UPDATE

Location	Mailing Address	
A	[Subject Parcel]	North Haven Property LLC P.O. Box 279 Liverpool, NY 13088
B	16 Universal Drive	Iannucci Development Corp. 150 Price Parkway Farmingdale, NY 11735
C	23 Universal Drive	Sunoco LLC 1900 Dalrock Road Rowlett, TX 75088
D	24 Brock Street	J & R MacBuilding LLC 200 Richmond Glenn Road Cheshire, CT 06410

E	36 Nettleton Avenue	36 Nettleton Avenue LLC 36 Nettleton Avenue North Haven, CT 06473	<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>36 Nettleton Avenue LLC 36 Nettleton Avenue North Haven, CT 06473</p> <p>9590 9402 5529 9249 9108 90</p> <p>2. Article Number (Transfer from service label) 7019 1120 0002 0987 1217</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name)  C. Date of Delivery 10/29</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 type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Collect Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Standard Mail Restricted Delivery over \$500 <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>
F	37 Nettleton Avenue	37 Nettleton Avenue LLC 37 Nettleton Avenue North Haven, CT 06473	<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>37 Nettleton Avenue LLC 37 Nettleton Avenue North Haven, CT 06473</p> <p>9590 9402 5529 9249 9108 83</p> <p>2. Article Number (Transfer from service label) 7019 1120 0002 0987 1224</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name)  C. Date of Delivery</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 type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Collect Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Standard Mail Restricted Delivery over \$500 <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>
G	120 Universal Drive	Arscott Investments LLC 5100 Holabird Avenue Baltimore, MD 21224	<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Arscott Investments LLC 5100 Holabird Avenue Baltimore, MD 21224</p> <p>9590 9402 5529 9249 9108 76</p> <p>2. Article Number (Transfer from service label) 7019 1120 0002 0987 1231</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name)  C. Date of Delivery 10/29</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 type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Collect Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Standard Mail Restricted Delivery over \$500 <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>
H	90 Universal Drive	New York Central Lines LLC 500 Water Street (J-910) Jacksonville, FL 32202	<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>New York Central Lines LLC 500 Water Street (J-910) Jacksonville, FL 32202</p> <p>9590 9402 5529 9249 9109 37</p> <p>2. Article Number (Transfer from service label) 7019 1120 0002 0987 1187</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name)  C. Date of Delivery</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 type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Collect Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Standard Mail Restricted Delivery over \$500 <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

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