Northeast
Utilities System

107 Selden Street, Berlin, CT 06037

Northeast Utilities Service Company
P.O. Box 270
Hartford, CT 06141-0270
(860) 665-6774

Robert E. Carberry
Manager – Transmission Siting and
Permitting

February 7, 2008

Mr. S. Derek Phelps
Executive Director
Connecticut Siting Council
10 Franklin Square
New Britain, CT 06051

Re: Docket No. 352 - Rood Avenue Substation

Dear Mr. Phelps:

Attached to this letter are twenty (20) copies of the certified mail return receipts that have been received from the property abutters mentioned in the Rood Avenue Substation Application. These receipts were inadvertently omitted from the interrogatory response to question CSC-009.

Very truly yours,

Robert E. Carberry, Manager
Transmission Siting and Permitting
NUSCO
As Agent for CL&P

cc: Service List

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here: WATERBURY CT MAIN OFFICE OCT 31 200 USPS

Sent To: Rayco Residential Development, LLC
Street, Apt or PO Box: 120 Mountain Road
City, State: Suffield, CT 06078

PS Form 3800, August 2006 See Reverse for Instructions

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:

Rayco Residential Development, LLC
120 Mountain Road
Suffield, CT 06078

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 11/13
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) 7006 2760 0002 6431 6215

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

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7006 2760 0002 6431 6222

Postage	$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here: WATERBURY CT MAIN OFFICE OCT 31 2 USPS

Sent To: Rayco Residential Development, LLC
Street, Apt or PO Box: 120 Mountain Road
City, State: Suffield, CT 06078

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Rayco Residential Development, LLC
120 Mountain Road
Suffield, CT 06078

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 11/13
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) 7006 2760 0002 6431 6222

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

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7006 2760 0002 6431 6208

Postage	$ .41
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here: WATERBURY CT MAIN OFFICE OCT 31 2007 USPS

Sent To: Rayco Residential Development, LLC
Street, Apt or PO Box: 120 Mountain Road
City, State: Suffield, CT 06078

PS Form 3800, August 2006 See Reverse for Instructions

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:

Rayco Residential Development, LLC
120 Mountain Road
Suffield, CT 06078

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 11/13
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) 7006 2760 0002 6431 6208

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

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rayco Residential Development, LLC
120 Mountain Road
Suffield, CT 06078

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6/13

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) 7006 2760 0002 6431 6239

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

U.S. Postal Service
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Postage	$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Postage & Fees	$ 6.21

WATERBURY CT MAIN OFFICE Postmark Here OCT 31 2007 USPS - 06701

Sent To Rayco Residential Development, LLC
Street, Apt. No., or PO Box No. 120 Mountain Road
City, State, ZIP+4 Suffield, CT 06078

PS Form 3800, August 2006 See Reverse for Instructions

& TORRANCE LLP

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7006 2760 0002 6431 6161

Rayco Residential Development, LLC
212 Sunnyfield Drive
Windsor, CT 06095

RETURN RECEIPT REQUESTED

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	$ .41
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE Postmark Here OCT 31 2007 USPS - 06701

Sent To Rayco Residential Development, LLC
Street, Apt. No., or PO Box No. 212 Sunnyfield Drive
City, State, ZIP+4 Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

NIXIE 061 RETURN NO SUCH NUMBER UNABLE TO FORWARD

BC: 06721111010 *0844-02832-31-45

06095$3277 CO15
06721@1110

& TORRANCE LLP

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7006 2760 0002 6431 6178

Rayco Residential Development, LLC
218 Sunnyfield Drive
Windsor, CT 06095

RETURN RECEIPT REQUESTED

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	$ .41
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE Postmark Here OCT 31 2007 USPS - 06701

Sent To Rayco Residential Development, LLC
Street, Apt. No., or PO Box No. 218 Sunnyfield Drive
City, State, ZIP+4 Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

NIXIE 061 RETURN TO SENDER NO SUCH NUMBER UNABLE TO FORWARD

BC: 06721111010 *0844-02844-31-45

06095$3277 CO15
06721@1110

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:

Robin & Garlen Taylor
158 Sunnyfield Drive
Windsor, CT 06095

COMPLETE THIS SECTION ON D

A. Signature
X Garlen Taylor

B. Received by (Printed Name)

D. Is delivery address different from
If YES, enter delivery address be

3. Service Type
☒ Certified Mail ☐ Express
☐ Registered ☐ Return R
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7006 2760 0002 6431 6255

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

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Postage	$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE Postmark Here
OCT 31 2007
USPS - 06701

Sent To Robin & Garlen Taylor
Street, Apt. No. or PO Box No. 158 Sunnyfield Drive
City, State, ZIP+4 Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0002 6431 6255

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7006 2760 0002 6431 6260

U.S. Postal Service™
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Postage	$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE Postmark Here
OCT 31 2007
USPS - 06701

Sent To Mark Beaupre
Street, Apt. No. or PO Box No. 33 Shelley Avenue
City, State, ZIP+4 Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

RETURN TO SENDER UNCLAIMED

UNITED STATES POSTAGE
PITNEY BOWES
02 1A 0004600141
$ 05.21⁰
OCT 31 2007
MAILED FROM ZIPCODE 06702

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:

Ms. Brenda A. Murray
33 Shelley Avenue
Windsor, CT 06095

COMPLETE THIS SECTION ON D

A. Signature
X Brenda Murray

B. Received by (Printed Name)
BRENDA MURRAY

D. Is delivery address different from
If YES, enter delivery address be

3. Service Type
☒ Certified Mail ☐ Express
☐ Registered ☐ Return R
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7007 1490 0000 5923 4645

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Postage	$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE Postmark Here
DEC 07 2007
USPS - 06701

Sent To Ms. Brenda A. Murray
Street, Apt. No. or PO Box No. 33 Shelley Avenue
City, State, ZIP+4 Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

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 & Laurie Durant
166 Sunnyfield Drive
Windsor, CT 06095

COMPLETE THIS SECTION ON

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address different fro
If YES, enter delivery address

3. Service Type:
☒ Certified Mail ☐ Expres
☐ Registered ☐ Return
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fe

2. Article Number (Transfer from service label) 7006 2760 0002 6431 6277

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

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ORIGINAL 11/8 E

Postage	$ .41
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007
USPS - 06701

Sent To James & Laurie Durant
Street, Apt. or PO Box 166 Sunnyfield Drive
City, State, Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

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:

Derrick Williams
174 Sunnyfield Drive
Windsor, CT 06095

COMPLETE THIS SECTIO

A. Signature

B. Received by (Printed N

D. Is delivery address diffe
If YES, enter delivery a

3. Service Type
☒ Certified Mail ☐
☐ Registered ☐
☐ Insured Mail ☐

4. Restricted Delivery? (E

2. Article Number (Transfer from service label) 7006 2760 0002 6431 6284

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

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ORIGINAL 11/8 E

Postage	$ .41
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007

Sent
Street, or PO
City,
Derrick Williams
174 Sunnyfield Drive
Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

Y & TORRANCE LLP

Regina Canty
182 Sunnyfield Drive
Windsor, CT 06095

11/1
11-15
11-19

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For delivery information visit our website at www.usps.com

ORIGINAL 11/8 E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007

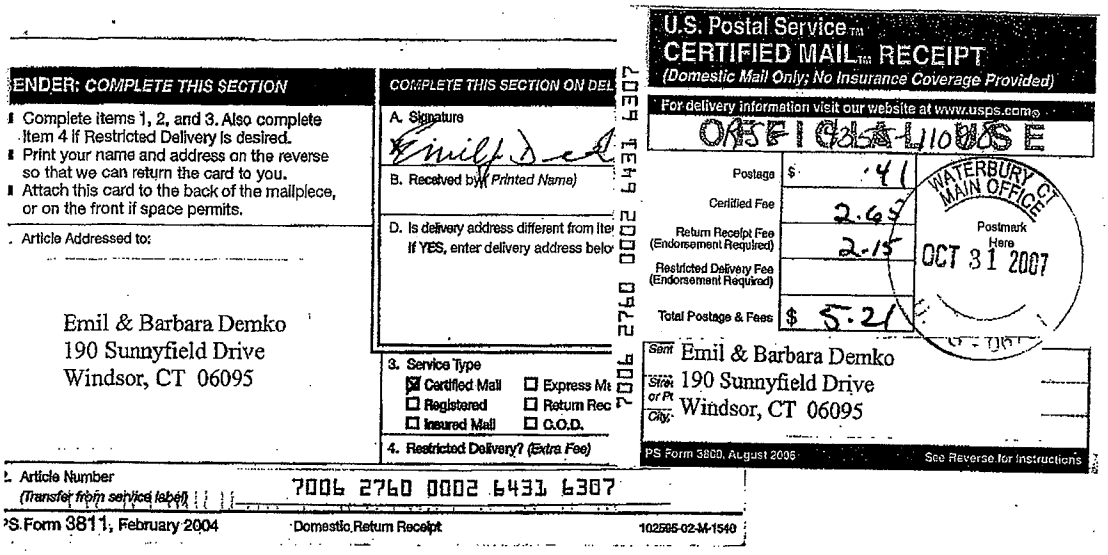
Sent To Regina Canty
Street, or PO E 182 Sunnyfield Drive
City, St Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

02 1A
0004600541
UNITED STATES POSSESSION

NIXIE 061 5E 1 39 12/04/07
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 05721111010 *0844-02826-31-45

05721111010



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:

Emil & Barbara Demko
190 Sunnyfield Drive
Windsor, CT 06095

COMPLETE THIS SECTION ON DEL

A. Signature
Emil Demko

B. Received by (Printed Name)

D. Is delivery address different from ite
If YES, enter delivery address belo

3. Service Type
☒ Certified Mail ☐ Express Ma
☐ Registered ☐ Return Rec
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

7006 2760 0002 6431 6307

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Postage	$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

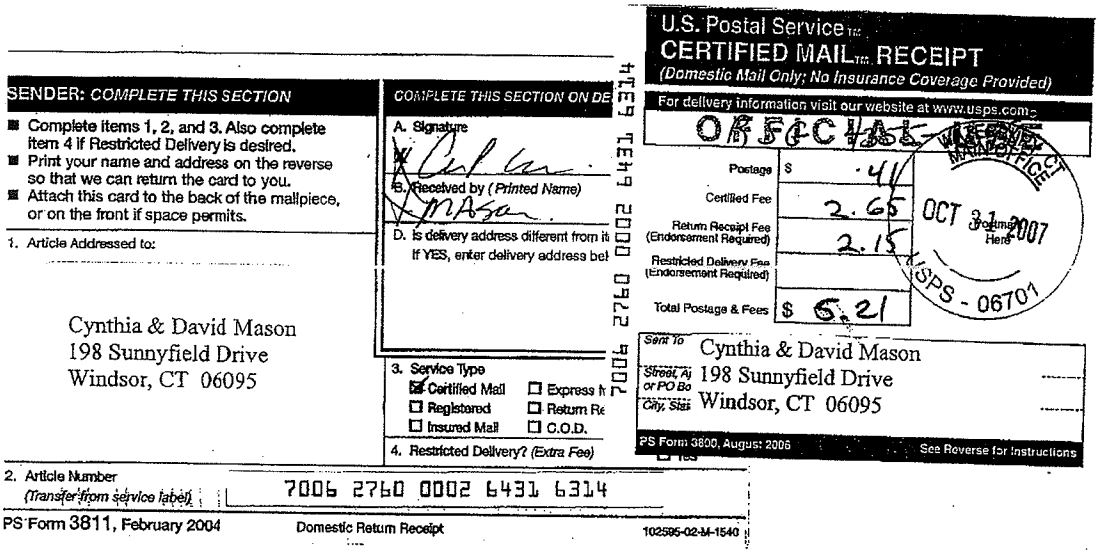
WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007

Sent To: Emil & Barbara Demko
Street, Apt. or PO Box: 190 Sunnyfield Drive
City, State: Windsor, CT 06095

PS Form 3800, August 2006 — See Reverse for Instructions

2. Article Number (Transfer from service label) 7006 2760 0002 6431 6307

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:

Cynthia & David Mason
198 Sunnyfield Drive
Windsor, CT 06095

COMPLETE THIS SECTION ON DE

A. Signature
X Cynthia Mason

B. Received by (Printed Name)
Mason

D. Is delivery address different from it
If YES, enter delivery address bel

3. Service Type
☒ Certified Mail ☐ Express M
☐ Registered ☐ Return Re
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

7006 2760 0002 6431 6314

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Postage	$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

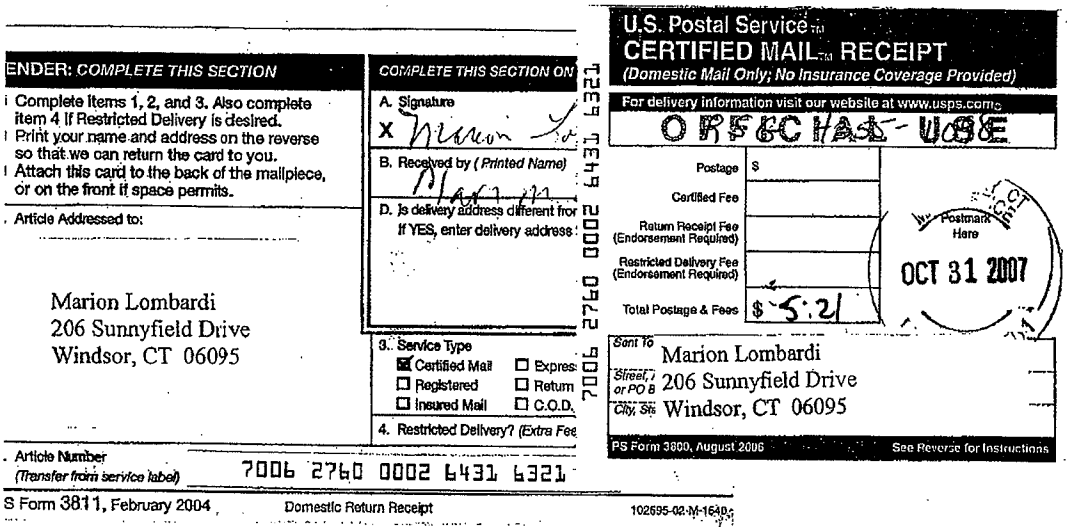
WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007
USPS - 06701

Sent To: Cynthia & David Mason
Street, Apt. or PO Box: 198 Sunnyfield Drive
City, State: Windsor, CT 06095

PS Form 3800, August 2006 — See Reverse for Instructions

2. Article Number (Transfer from service label) 7006 2760 0002 6431 6314

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:

Marion Lombardi
206 Sunnyfield Drive
Windsor, CT 06095

COMPLETE THIS SECTION ON

A. Signature
X Marion Lombardi

B. Received by (Printed Name)
Marion

D. Is delivery address different fror
If YES, enter delivery address

3. Service Type
☒ Certified Mail ☐ Expres
☐ Registered ☐ Return
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee

7006 2760 0002 6431 6321

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here
OCT 31 2007

Sent To: Marion Lombardi
Street, Apt. or PO Box: 206 Sunnyfield Drive
City, State: Windsor, CT 06095

PS Form 3800, August 2006 — See Reverse for Instructions

2. Article Number (Transfer from service label) 7006 2760 0002 6431 6321

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.

Article Addressed to:

Mark Beaupre
754 Matianuck Avenue
Windsor, CT 06095

COMPLETE THIS SECTION ON DEL

A. Signature
X Mark Beaupre

B. Received by (Printed Name)
Mark Beaupre

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number
(Transfer from service label) 7006 2760 0002 6426 2868

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

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007
USPS - 06701

Sent To: Mark Beaupre
Street, Apt. No. or PO Box No.: 754 Matianuck Avenue
City, State, ZIP+4: Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0002 6426 2868

RANCE LLP

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7006 2760 0002 6426 2875

Darien & Christine Steele
44 Hope Circle
Windsor CT 06095

SENDER: UNCLAIMED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$ .41
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007
USPS - 06701

Sent To: Darien & Christine Steele
Street, Apt. No. or PO Box No.: 44 Hope Circle
City, State, ZIP+4: Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0002 6426 2875

RANCE LLP

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7006 2760 0002 6426 2901

Marcia & Lewin Lyttle
48 Hope Circle
Windsor, CT 06095

RETURN RECEIPT REQUESTED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007
USPS - 06701

Sent To: Marcia & Lewin Lyttle
Street, Apt. No. or PO Box No.: 48 Hope Circle
City, State, ZIP+4: Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0002 6426 2901

NIXIE 061 SE 1 39 12/04/07
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 06721111010 *0944-02928-31-45

ENDER: 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.

Article Addressed to:

Walter & Betty King
52 Hope Circle
Windsor, CT 06095

COMPLETE THIS SECTION ON DELIVER

A. Signature
X Walter King

B. Received by (Printed Name)

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt f
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number
(Transfer from service label) 7006 2760 0002 6426 2918

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

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007
USPS - 0670

Sent To Walter & Betty King
Street, Apt. No.; or PO Box No. 52 Hope Circle
City, State, ZIP+ Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0002 6426 2918

ENDER: 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.

Article Addressed to:

Frank & Vivian Beaver
40 Hope Circle
Windsor, CT 06095

COMPLETE THIS SECTION ON DELIVE

A. Signature
X Vivian Beaver

B. Received by (Printed Name)

D. Is delivery address different from item 1
If YES, enter delivery address below:

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number
(Transfer from service label) 7006 2760 0002 6426 2925

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

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Postage	$ 41
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007
USPS

Sent To Frank & Vivian Beaver
Street, Apt. No.; or PO Box No. 40 Hope Circle
City, State, ZIP+ Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0002 6426 2925

MODY & TORRANCE LLP

Street
1110
necticut

PLACE STICKER AT TOP OF THE RETURN AD
CERTIF

7006 2760 0002 6426 2932

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Postage	$ 41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

WATERBURY CT MAIN OFFICE
Postmark Here
OCT 31 2007
USPS 06701

Sent To Sheryl Herburt
Street, Apt. No.; or PO Box No. 56 Hope Circle
City, State, ZIP+ Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

Sheryl Herburt
56 Hope Circle
Windsor, CT 06095

RETURN TO SENDER

NIXIE 061 5C 1 39 12/04/07
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 06721111010 *0844-02921-31-45

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.

Article Addressed to:

Jean T. Jacobs
60 Hope Circle
Windsor, CT 06095

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Jean Jacobs

B. Received by (Printed Name): Jean Jacobs

C. D

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt f
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number (Transfer from service label): 7006 2760 0002 6426 2949

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

7006 2760 0002 6426 2949

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OFFICIAL USE

Postage	$ .41
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here: WATERBURY CT MAIN OFFICE OCT 31 2007 USPS - 06701

Sent To: Jean T. Jacobs
Street, Apt. No.; or PO Box No.: 60 Hope Circle
City, State: Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

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.

Article Addressed to:

William & Florence Petroske
9 Shelley Avenue
Windsor, CT 06095

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature]

B. Received by (Printed Name): W B PETROSKE

C. Dat

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for I
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number (Transfer from service label): 7006 2760 0002 6426 2956

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

7006 2760 0002 6426 2956

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Postage	$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here: WATERBURY CT MAIN OFFICE OCT 31 2007 USPS - 06701

Sent To: William & Florence Petroske
Street, Apt. No.; or PO Box No.: 9 Shelley Avenue
City, State, ZIP+4: Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

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.

Article Addressed to:

Patricia C. Washington
64 Hope Circle
Windsor, CT 06095

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [signature]

B. Received by (Printed Name): [signature]

C. Date

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for M
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐

Article Number (Transfer from service label): 7006 2760 0002 6426 2963

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

7006 2760 0002 6426 2963

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

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Sent To: Patricia C. Washington
Street, Apt. No.; or PO Box No.: 64 Hope Circle
City, State: Windsor, CT 06095

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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:

Jamina Engram
755 Matianuck Avenue
Windsor, CT 06095

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]

B. Received by (Printed Name) C. Date 11/

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for M
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7006 2760 0002 6426 3038

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

7006 2760 0002 6426 3038

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here: WATERBURY CT MAIN OFFICE OCT 31 2007 USPS - 06701

Sent To: Jamina Engram
Street, Apt. No.; or PO Box No.: 755 Matianuck Avenue
City, State, ZIP+4: Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

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:

Kelly Patrice Storey
721 Matianuck Avenue
Windsor, CT 06095

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]

B. Received by (Printed Name) C. Date 11/1

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for M
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐

2. Article Number (Transfer from service label) 7006 2760 0002 6426 3045

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7006 2760 0002 6426 3045

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here

Sent To: Kelly Patrice Storey
Street, Apt. No.; or PO Box No.: 721 Matianuck Avenue
City, State, ZIP+4: Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

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 H. & Brenda Bowley
255 Rood Avenue
Windsor, CT 06095

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]

B. Received by (Printed Name) Thomas K. Bowley C.

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7006 2760 0002 6426 3052

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

7006 2760 0002 6426 3052

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here: WATERBURY CT MAIN OFFICE OCT 31 2007 USPS - 06701

Sent To: Thomas H. & Brenda Bowley
Street, Apt. No.; or PO Box No.: 255 Rood Avenue
City, State, ZIP+4: Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions

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:

Rita Baylor
263 Rood Avenue
Windsor, CT 06095

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]

B. Received by (Printed Name) C. Date 11/

D. Is delivery address different from item 1? If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7006 2760 0002 6426 3069

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

7006 2760 0002 6426 3069

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Postage	$ .41
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

Postmark Here: WATERBURY CT MAIN OFFICE OCT 31 2007 USPS - 06701

Sent To: Rita Baylor
Street, Apt. No.; or PO Box No.: 263 Rood Avenue
City, State, ZIP+4: Windsor, CT 06095

PS Form 3800, August 2006 See Reverse for Instructions