

PULLMAN
& COMLEY LLC
ATTORNEYS

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February 21, 2013

VIA HAND DELIVERY

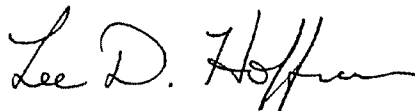
Ms. Linda Roberts
Executive Director
Connecticut Siting Council
Ten Franklin Square
New Britain, CT 06051

Re: Petition 1056: Petition of GRE 314 East Lyme, LLC for a Declaratory Ruling for the Location, Construction, and Operation of a 5 MW Solar Photovoltaic Renewable Energy Generating Project on Grassy Hill Road and Walnut Hill Road in East Lyme, Connecticut

Dear Ms. Roberts:

On behalf of the petitioner, GRE 314 East Lyme, LLC ("GRE"), please find enclosed the original and fifteen (15) copies of its responses to the Siting Council's First Set of Interrogatories, dated February 6, 2013 in connection with the above-referenced Petition. If you have any questions concerning this submittal, please contact me at your convenience. Thank you in advance for your assistance.

Respectfully submitted,



Lee D. Hoffman

STATE OF CONNECTICUT
CONNECTICUT SITING COUNCIL

GRE 314 EAST LYME, LLC PETITION
FOR A DECLARATORY RULING THAT
NO CERTIFICATE OF
ENVIRONMENTAL COMPATIBILITY
AND PUBLIC NEED IS REQUIRED FOR
THE PROPOSED CONSTRUCTION AND
OPERATION OF A 5.0 MW SOLAR
PHOTOVOLTAIC RENEWABLE ENERGY
GENERATING PROJECT LOCATED ON
GRASSY HILL ROAD AND WALNUT
HILL ROAD, EAST LYME,
CONNECTICUT

PETITION NO. 1056

FEBRUARY 21, 2013

PETITION 1056
GRE 314 EAST LYME, LLC
PRE-HEARING INTERROGATORIES

- Q1. What were the results of GRE's mailing of notices to abutting property owners? If some receipts were not returned, describe any additional effort to provide notification to these abutters.**
- A1.** All abutting property owners were notified of this Petition at the time it was filed with the Siting Council. As can be seen from the attached Exhibit Q1, delivery receipt cards were returned from all abutting property owners. In addition, GRE sent notification of this Petition to all "appropriate municipal officials and government agencies" as required by Regulations of Connecticut State Agencies § 16-50j-40. Exhibit Q1 also shows that delivery receipt cards were received from all such officials and agencies.
- Q2. Did GRE consult with town officials in Montville (within 2,500 feet of site) regarding the proposal? If so, when and what were their concerns?**
- A2.** Yes. GRE sent a notice of the petition to the Town of Montville, which was received by the Town on February 14, 2013. The Town of Montville's Planning Department contacted GRE's counsel to inquire about the plans/drawings for the proposed equipment to be used by the project, and a link to these drawings was provided to a representative of Montville's Planning Department on February 15, 2013. GRE has had no further contact with representatives of the Town of Montville.
- Q3. When was the legal notice of its intent to file this petition published in *The Day*?**
- A3.** A legal notice is not technically required for the filing of a petition. Nonetheless, the applicant has contacted *The Day* in order to file such a notice. *The Day* has informed the

applicant that the legal notice will be published on February 22, 2013. An affidavit of publication will be provided upon receipt.

Q4. How did GRE become aware of the site property?

A4. One of the members of GRE owns the property and had previously sought to have the property converted to single-family housing. This proposed plan of development has been approved by the appropriate municipal officials. Before the development was undertaken, however, the Connecticut Department of Energy and Environmental Protection (DEEP), acting in accordance with Public Act 11-80, sought proposals for large-scale solar developments. GRE believed that this site would be better suited for such a large-scale solar project rather than single-family homes and submitted a proposal that was eventually accepted by the DEEP.

Q5. Did GRE investigate any other properties as potential locations for this project? If so, identify these properties.

A5. GRE reviewed its portfolio of available real estate for properties that would be capable of supporting this type of project. Given the amount of acreage required to generate approximately 5 MW of solar energy, the proposed site was the highest ranked site in the portfolio of property owned or controlled by GRE and/or its members. GRE did not investigate other, non-GRE-portfolio properties.

Q6. What were the factors that led GRE to choose the site property over any other properties it may have considered?

A6. See response A5, above. In addition, time was of the essence. Responses to the RFP were due within two weeks of the release of the RFP, which resulted in a compressed timeframe for all aspects of project development, including investigation and assessment of potential sites.

Q7. Provide a cost estimate for the proposed project, itemized by component cost, construction cost, and interconnection cost.

A7. The total estimated cost for the project is \$15,500,000. Please see Exhibit Q7 for itemized details.

Q8. Provide depictions on aerial imagery of the following:

- a) Property boundaries for the four properties that comprise the project site;**
- b) Environmental features that will be altered by the installation (forest to be cleared, fields to be utilized, vernal pool 100-foot and 750 foot envelopes); and**
- c) A site layout including panel array, access road, detention basins, embankments, and interconnection point.**

A8. Attached is a drawing, entitled Exhibit Q8 (Overall Aerial Plan) to identify the features requested in Interrogatory Number 8. These features include, and are not limited to:

property boundaries;
wetland limits and buffers;
array panel locations;
the farm road;
stormwater detention basins; and
the maintenance building location.

Q9. In regards to the facility schematics on page 15, were the drawings based on a view from a specific property? If so, which property? Have there been any photographic simulations prepared from area vantage points? If so, please submit.

A9. The drawings were based on a computer simulation from a specific property located to the west of the proposed arrays. This location is noted on the drawing submitted in Exhibit Q8 as "Photosym Vantage Point." There have not been any photographic simulations prepared from area vantage points for this project.

Q10. Has there been any correspondence with native American tribes in regards to cultural/archeological impacts of the proposed facility?

A10. No. The property was previously approved for residential development of one-acre lots and no native American cultural or archaeological impacts were discovered at that time.

Q11. What are the habitat requirements of the Harry's elfin butterfly?

A11. In Connecticut, Henry's Elfin typically uses Buckthorn (*Frangula sp.*) as its host plant. *Frangula sp.* grows in forest openings, forest edges, hedgerows and edge habitat under full sun to moderate shade and is less vigorous when growing in dense shade. These habitats can vary from wet to dry. Henry's Elfin is not commonly found in managed early-successional habitats (e.g., hayfields, grasslands), preferring more wooded habitats as described above where *Frangula sp.* generally occurs.

Q12. Referring to page 25 of the natural resource report, why are low populations of the box turtle expected in southeastern Connecticut?

A12. Despite the presence of what appears to be suitable habitat, box turtles were not observed during our field investigations, which were conducted at the biologically appropriate time of year. We do not consider this unusual for two reasons:

1. It is consistent with this species' known distribution; and
2. It is consistent with the site's soils which are derived from glacial till.

The relative scarcity of eastern box turtles in southeastern Connecticut was first described by Klemens (*The Amphibians and Reptiles of Connecticut and Adjacent Regions, 1993*), the only comprehensive inventory of our state's reptiles and amphibians.) He noted that

“box turtles are scarce in southeastern Connecticut for reasons which I am unable to explain.” He went on to surmise that the scarcity of box turtles in the southeast region may be related to the distribution of glacial outwash-derived soils. He notes that “In Rhode Island...this species is widely distributed in southwestern Washington County, but populations were not found slightly westward in adjacent areas of Connecticut. The Connecticut-Rhode Island border coincides with an abrupt habitat change caused by the Harbor Hill Recessional Moraine which emerges from under Long Island Sound at Westerly, just east of the Connecticut state line. The moraine creates very sandy, coastal habitat, ecologically similar to Long Island and Cape Cod. This abrupt habitat change at the Connecticut-Rhode Island border may explain box turtle rarity in nearby southeastern Connecticut, which is less sandy, has more rock outcroppings, as well as a different vegetation community.” *Id.* at 190.

Q13. Why does the original RFP submittal to DEEP (Tab B, p. 9) depict the site property as consisting of only open field areas?

A13. At the time of the original RFP submittal to DEEP, GRE did not own the wooded property immediately to the south. As the Council is well aware, participants in the DEEP submittal process were given only two weeks to respond to the RFP; therefore, GRE’s RFP response was a pre-engineering rendering of the proposed project. Subsequent to the RFP submittal, GRE conducted additional engineering and realized that the neighboring property would improve the generative efficiency, aesthetics, and logistics of installing the project. Consequently, GRE acquired the additional property in question.

Q14. What is the efficiency of the photovoltaic module technology that would be employed by GRE at the proposed project? Does efficiency decrease over time?

A14. GRE will utilize highly efficient mono- or multi-crystalline technology for this project (as opposed to CIGS or CdTe thin film). The efficiency of crystalline technology is between 17-20%. When modeling the slow degradation of silicon in these crystalline modules over time, the industry standard is to reduce the efficiency of the modules by one-half of one percent (0.5%) per year. It should be noted, however, that our field-operating data suggests that silicon may degrade at approximately half that rate in the field. The modules in our project carry a 25-year output warranty that promises they will generate electricity at least 80% of their STC-rated capacity by their 25th year of field operation.

Q15. Would the angles of the project's solar panels be adjusted during the year to maintain optimal alignment with the sun's changing path?

A15. No. While tracking (either single-axis or dual-axis) makes economic sense in climates with higher irradiance, the extra cost of racking equipment and the increase in operations and maintenance costs outweigh the increased electrical production due to tracking for our particular site.

Q16. Approximately what percentage of the proposed project's maximum possible output would occur during those times of the year when Connecticut normally experiences its peak demand for electricity?

A16. Approximately 80% of the electricity produced by the solar facility will be produced during peak hours of demand. Generally, peak hours of demand in Connecticut are anticipated to be between 12:00 p.m. and 8:00 p.m., while solar generating facilities generally operate between 7:00 a.m. and 7:00 p.m., particularly during the peak summer season. As the Council is well aware, there is a seasonal benefit associated with solar generation in that more electricity is used during summer days in Connecticut than at any other point in the year due to demand from air conditioning units. Hot summer days are exactly when solar PV facilities most effectively offset high electric demand.

Q17. Has GRE conducted a Shading Analysis of the project property? If so, provide the results.

A17. A shade analysis has not been performed to date because the tree line that currently composes the shade coverage of the site will change during construction. Several shade-producing trees will be removed to accommodate the solar facility.

Q18. Define the term "capacity factor" used on Application page 10.

A18. The term "Capacity Factor" is a measure of how often an electric generator runs for a specific period of time. It compares how much electricity a generator actually produces with the maximum it could produce at continuous full power operation during the same period. For example, if a 1 MW solar generator produced 1,300 MWh over a year, its capacity factor would be 0.148 because 1,300 MWh equals 14.8% of the amount of electricity the generator could have produced if it operated the entire year (8,760 hours) at full capacity and produced 8,760 MWh of electricity. (For additional information, please see the EIA FAQ website: <http://www.eia.gov/tools/faqs/faq.cfm?id=187&t=3>)

Q19. Describe how the project would be decommissioned at the end of its useful life.

A19. Modules will be taken down and recycled at the end of their useful life. The modules can be recycled because the silicon contained in the modules can be melted back down into silicon ingot. This ingot can then be remade into solar modules with 100% of their original efficiency restored. Racking will also be removed from the site as well as other exposed equipment such as the inverter, the transformer, and the pad they rest on. The site will be returned to nature or repurposed for commercial activity.

Q20. Is there an existing farm road on the property that traverses the wetland corridor, providing access to the fields on the eastern portion of the property?

A20. Yes, there is an existing road on the property that traverses the wetland corridor. Regarding the eastern portion of the property, GRE has donated that area to the East Lyme and Niantic Conservation Trust, Inc. formerly known as East Lyme Land Conservation Trust, Inc.; GRE no longer owns that portion of the property.

Respectfully Submitted,
GRE 314 East Lyme, LLC

By: Lee D. Hoffman

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90 State House Square
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Ph. (860) 424-4315
Fax (860) 424-4370
Its Attorney

EXHIBIT Q-1

**NOTICE TO ABUTTERS
WITH PROOF OF MAILING & RECEIPT**

**NOTICE TO PUBLIC OFFICIALS
WITH PROOF OF MAILING & RECEIPT**

PULLMAN
& COMLEY LLC
ATTORNEYS

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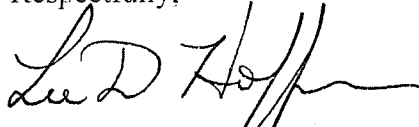
December 17, 2012

*Via Certified Mail/
Return Receipt Requested*

Dear Property Owner:

Please be advised that this office represents Greenskies and GRE 314 East Lyme, LLC ("GRE"). This is to advise you that GRE will be filing a petition for declaratory ruling with the Connecticut Siting Council on or after December 17, 2012 concerning property located at 40 and 44 Grassy Hill Road, 89 Walnut Hill Road, and Walnut Hill Road Rear in East Lyme, Connecticut (collectively the "Property") in connection with the proposed development of a solar energy project at the Property. You are receiving this notice as a courtesy from GRE because your property abuts the Property. Copies of the petition will be available at the Connecticut Siting Council; 10 Franklin Square; New Britain, CT 06051 or at the Town Hall for the Town of East Lyme. Should you have any further questions or concerns regarding this matter, please contact our office or the Connecticut Siting Council.

Respectfully,



Lee D. Hoffman

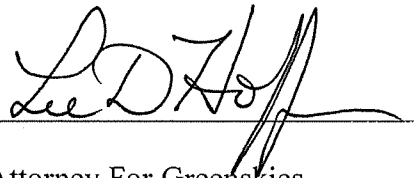
CERTIFICATION OF SERVICE TO ABUTTING PROPERTY OWNERS

I hereby certify that a copy of the foregoing letter sent by certified mail, return receipt requested, to each of the following abutting landowners:

<u>Abutter</u>	<u>East Lyme Assessor Reference</u>	<u>Mailing Address</u>
JOSEPH JR. & KRISTY A. GULLAK	52.0 124	87 WALNUT HILL RD EAST LYME, CT 06333
STEVEN D. & GAIL D. RUHNKE	52.0 125	85 WALNUT HILL RD EAST LYME, CT 06333
RICHARD G. III & BOBBI L. MCGIRR	48.0 36	83 WALNUT HILL RD EAST LYME, CT 06333
NICHOLAS M. & BONNIE P. DOMBROWSKI	52.0 117	103 WALNUT HILL RD EAST LYME, CT 06333
EAST LYME & NIAN TIC LAND TRUST	52.0 57-5	38 PATTAGANSETT DR EAST LYME, CT 06333
ROBIN MACE	52.0 116	113 WALNUT HILL RD EAST LYME, CT 06333
MATTHEW J. & STACY MUNCH	52.0 118	101 WALNUT HILL RD EAST LYME, CT 06333
THOMAS S. WINGARDNER JR.	52.0 121	95 WALNUT HILL RD EAST LYME, CT 06333
DMITRIY SITKOVETSKIY	52.0 119	99 WALNUT HILL RD EAST LYME, CT 06333
LAURA M. PROKOP	48.0 55	19 LAMPHERE RD WATERFORD, CT 06385
ANDREW T. FARRIOR	48.0 42	14 MOUNTAIN VIEW RD EAST LYME, CT 06333
GLENN JAY BENNETT	48.0 44	13 MOUNTAIN VIEW RD EAST LYME, CT 06333
SCOTT M. WADDLETON	48.0 43	342 SNAKE MEADOW HILL STERLING, CT 06377

<u>Abutter</u>	<u>East Lyme Assessor Reference</u>	<u>Mailing Address</u>
RICHARD A & JOAN A BENGTON	48.0 52	67 WALNUT HILL RD (REAR) EAST LYME, CT 06333
GEORGE J. BELKE JR.	48.0 53	65 WALNUT HILL RD EAST LYME, CT 06333
ROBERT DAVID HUDYMA	52.0 115	GRASSY HILL RD EAST LYME, CT 06333
JOEL JOHNATHAN OHMAN	52.0 57-1	19904 BLUFF OAK TAMPA, FL 33647

Dated December 17, 2012

By: 

Attorney For Greenskies
Lee D. Hoffman
lhoffman@pullcom.com
Pullman & Comley, LLC
90 State House Square
Hartford, CT 06103-3702
Ph. (860) 424-4315
Fax (860) 424-4370

GREENSKIES RENEWABLE ENERGY, LLC

**TOWN OF EAST LYME RENEWABLE ENERGY PROJECT
74725.7**

CERTIFICATION OF SERVICE TO ABUTTING PROPERTY OWNERS

<u>ABUTTER NAME / ENTITY</u>	MAILED From Pullman & Comley	RETURN RECEIPT BACK [Green Card]
JOSEPH JR. & KRISTY A. GULLAK 87 WALNUT HILL RD EAST LYME, CT 06333	12/17/12	12/20/12
STEVEN D. & GAIL D. RUHNKE 85 WALNUT HILL RD EAST LYME, CT 06333	12/17/12	12/19/12
RICHARD G. III & BOBBI L. MCGIRR 83 WALNUT HILL RD EAST LYME, CT 06333	12/17/12	12/20/12
NICHOLAS M. & BONNIE P. DOMBROWSKI 103 WALNUT HILL RD EAST LYME, CT 06333	12/17/12	12/20/12
EAST LYME & NIAN TIC LAND TRUST 38 PATTAGANSETT DR EAST LYME, CT 06333	12/17/12	12/27/12
ROBIN MACE 113 WALNUT HILL RD EAST LYME, CT 06333	12/17/12	12/19/12
MATTHEW J. & STACY MUNCH 101 WALNUT HILL RD EAST LYME, CT 06333	12/17/12	12/19/12
THOMAS S. WINGARDNER JR. 95 WALNUT HILL RD EAST LYME, CT 06333	12/17/12	12/19/12
DMITRIY SITKOVETSKIY 99 WALNUT HILL RD EAST LYME, CT 06333	12/17/12	12/19/12
LAURA M. PROKOP 19 LAMPHERE RD WATERFORD, CT 06385	12/17/12	12/19/12

GREENSKIES RENEWABLE ENERGY, LLC

**TOWN OF EAST LYME RENEWABLE ENERGY PROJECT
74725.7**

CERTIFICATION OF SERVICE TO ABUTTING PROPERTY OWNERS

<u>ABUTTER NAME / ENTITY</u>	MAILED From Pullman & Comley	RETURN RECEIPT BACK [Green Card]
ANDREW T. FARRIOR 14 MOUNTAIN VIEW RD EAST LYME, CT 06333	12/17/12	12/26/12
GLENN JAY BENNETT 13 MOUNTAIN VIEW RD EAST LYME, CT 06333	12/17/12	12/26/12
SCOTT M. WADDLETON 342 SNAKE MEADOW HILL STERLING, CT 06377	12/17/12	12/26/12
RICHARD A & JOAN A BENGTON 67 WALNUT HILL RD (REAR) EAST LYME, CT 06333	12/17/12	12/19/12
GEORGE J. BELKE JR. 65 WALNUT HILL RD EAST LYME, CT 06333	12/17/12	12/19/12
ROBERT DAVID HUDYMA GRASSY HILL RD EAST LYME, CT 06333	12/17/12	12/19/12
JOEL JOHNATHAN OHMAN 19904 BLUFF OAK TAMPA, FL 33647	12/17/12	01/10/13

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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:

JOSEPH JR. & KRISTY A.
 GULLAK
 87 WALNUT HILL RD
 EAST LYME, CT 06333

2. Article Number
 (Transfer from service label)

7011 0470 0002 3328 5991

PS Form 3811, February 2004

Domestic Return Receipt

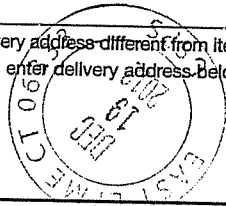
102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[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

7011 0470 0002 3328 5991

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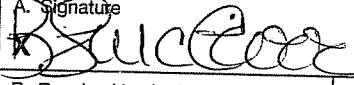
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Postage	\$ 06103
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ USPS

Postmark
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Sent To **JOSEPH JR. & KRISTY A.**
GULLAK
 Street, Apt. No.; or PO Box No. **87 WALNUT HILL RD**
 City, State, ZIP+4 **EAST LYME, CT 06333**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">RICHARD G. III & BOBBI L. MCGIRR 83 WALNUT HILL RD EAST LYME, CT 06333</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"/> 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 label) <u>7011 0470 0002 3328 5977</u></p>	

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

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CERTIFIED MAIL RECEIPT
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

DEC 17 2012

STATE HOUSE
STATION 06103
USPS

Postmark Here

Sent To	RICHARD G. III & BOBBI L.
Street, Apt. No.; or PO Box No.	83 WALNUT HILL RD
City, State, ZIP+4	EAST LYME, CT 06333

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 3328 5977

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:

NICHOLAS M. &
 BONNIE P. DOMBROWSKI
 103 WALNUT HILL RD
 EAST LYME, CT 06333

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Bonnie Dombrowski* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-19-12

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

Bonnie Dombrowski

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

7011 0470 0002 3328 5823

(Transfer from service label)

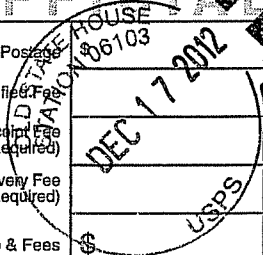
7011 0470 0002 3328 5823

U.S. Postal Service™
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Postage \$06103
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$



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Sent To **NICHOLAS M. & BONNIE P. DOMBROWSKI**
 Street, Apt. No.; or PO Box No. **103 WALNUT HILL RD**
 City, State, ZIP+4 **EAST LYME, CT 06333**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kathryn Burto</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kathryn Burto</i> C. Date of Delivery <i>12-26-12</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">EAST LYME & NIANTIC LAND TRUST 38 PATTAGANSETT DR EAST LYME, CT 06333</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"/> 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 label)</p>	<p style="text-align: center;">7011 0470 0002 3328 5830</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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	\$ 0.15	Postmark Here
Certified Fee	\$ 0.61	
Return Receipt Fee (Endorsement Required)	\$ 0.00	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 0.76	

SENT TO
DEC 17 2012
USPS

<i>Sent To</i>	EAST LYME & NIANTIC LAND TRUST
<i>Street, Apt. No., or PO Box No.</i>	38 PATTAGANSETT DR
<i>City, State, ZIP+4</i>	EAST LYME, CT 06333

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 3328 5830

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Kevin Mace</u> C. Date of Delivery <u>12-18</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">ROBIN MACE 113 WALNUT HILL RD EAST LYME, CT 06333</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"/> 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 label)</p>	<p><u>7011 0470 0002 3328 5861</u></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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	
Certification Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

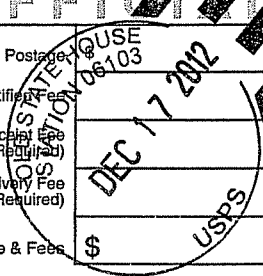
Sent To **ROBIN MACE**

Street, Apt. No., or PO Box No. **113 WALNUT HILL RD**

City, State, ZIP+4 **EAST LYME, CT 06333**

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 3328 5861



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>M. Munch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MATTHEW MUNCH</i></p> <p>C. Date of Delivery <i>12-18</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">MATTHEW J. & STACY MUNCH 101 WALNUT HILL RD EAST LYME, CT 06333</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"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input checked="" 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 label)</p>	<p style="text-align: center;">7011 0470 0002 3328 5847</p>

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

U.S. Postal Service™
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7011 0470 0002 3328 5847

OFFICIAL USE

DEC 17 2012

USPS

Postmark Here

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

Sent To: **MATTHEW J. & STACY MUNCH**

Street, Apt. No., or PO Box No.: **101 WALNUT HILL RD**

City, State, ZIP+4: **EAST LYME, CT 06333**

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 S. WINGARDNER JR.
 95 WALNUT HILL RD
 EAST LYME, CT 06333

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 THOMAS S. WINGARDNER JR. 12-18-12

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)

7011 0470 0002 3328 5854

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

4595 923E 2000 0470 0207

U.S. Postal Service™
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For delivery information visit www.usps.com

OFFICE

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

Postmark Here

STATE HOUSE POST OFFICE EAST LYME CT 06333
DEC 17 2012

Sent To
 THOMAS S. WINGARDNER JR.
 Street, Apt. No.; or PO Box No. 95 WALNUT HILL RD
 City, State, ZIP+4 EAST LYME, CT 06333

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Y. Bykova</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Y. Bykova</i> <i>12-18</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">DMITRIY SITKOVETSKIY 99 WALNUT HILL RD EAST LYME, CT 06333</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> <hr/> <p>3. Service Type <input 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 label)</p>	<p style="text-align: center;">7011 0470 0002 3328 5960</p>

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

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 \$	Postmark Here
Certified Fee \$	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

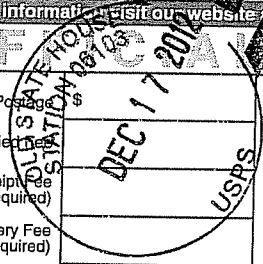
Sent To **DMITRIY SITKOVETSKIY**

Street, Apt. No., or PO Box No. **99 WALNUT HILL RD**

City, State, ZIP+4 **EAST LYME, CT 06333**

PS Form 3800, August 2006 See Reverse for Instructions

0965 9226 0002 3328 5960



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:

LAURA M. PROKOP
19 LAMPHERE RD
WATERFORD, CT 06385

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
x Karen Sena

B. Received by (Printed Name) *Karin Tomaszek* C. Date of Delivery *12/18/12*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7011 0470 0002 3328 5953
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

5953 3328 0002 0470 1170

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	\$
OLD STATE HOUSE STATION 06103 DEC 17 2012 Postmark	
Sent To	
LAURA M. PROKOP 19 LAMPHERE RD WATERFORD, CT 06385	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
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:

GLENN JAY BENNETT
13 MOUNTAIN VIEW RD
EAST LYME, CT 06333

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Beverly R Bennett Agent Addressee

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

Beverly R Bennett 12/22/12

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)

7011 0470 0002 3328 5939

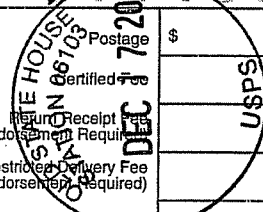
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7011 0470 0002 3328 5939

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only - Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
GLENN JAY BENNETT	
Street, Apt. No.; or PO Box No. 13 MOUNTAIN VIEW RD	
City, State, ZIP+4 EAST LYME, CT 06333	
PS Form 3800, August 2006 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Scott M. Waddleton</i>
1. Article Addressed to: <p style="text-align: center;">SCOTT M. WADDLETON 342 SNAKE MEADOW HILL STERLING, CT 06377</p>	B. Received by (Printed Name) <i>GRACE WADDLETON</i> C. Date of Delivery <i>12/24/12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input 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
7011 0470 0002 3328 5922	

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

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

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OFFICIAL USE

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

Postmark Here

Sent To

SCOTT M. WADDLETON

Street, Apt. No., or PO Box No. **342 SNAKE MEADOW HILL**

City, State, ZIP+4 **STERLING, CT. 06377**

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 3328 5922

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 A &
 JOAN A BENGTON
 67 WALNUT HILL RD (REAR)
 EAST LYME, CT 06333

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Richard Bengtson* Agent Addressee

B. Received by (Printed Name) *Richard Bengtson* C. Date of Delivery *12-18*

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)

7011 0470 0002 3328 5915

U.S. Postal Service[™]
CERTIFIED MAIL RECEIPT
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7011 0470 0002 3328 5915

OFFICIAL USE	
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$

DEC 17 2012
 USPS

Postmark Here

Sent To **RICHARD A &
 JOAN A BENGTON**
 Street, Apt. No., or PO Box No. **67 WALNUT HILL RD (REAR)**
 City, State, ZIP+4 **EAST LYME, CT 06333**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>GEORGE J. BELKE JR. C. Date of Delivery</p> <p>12/18/12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">GEORGE J. BELKE JR. 65 WALNUT HILL RD EAST LYME, CT 06333</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 label)</p>	<p>7011 0470 0002 3328 5908</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our website www.usps.com

OFFICIAL USE

ED STATE HOUSE STATION 06103

DEC 17 2012

USPS

Postmark Here

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

7011 0470 0002 3328 5908 TT02

Sent To	GEORGE J. BELKE JR.
Street, Apt. No., or PO Box No.	65 WALNUT HILL RD
City, State, ZIP+4	EAST LYME, CT 06333

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Robert D Hudyma</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Robert D Hudyma</i></p> <p>C. Date of Delivery <i>12/18</i></p>
<p>1. Article Addressed to:</p> <p>ROBERT DAVID HUDYMA GRASSY HILL RD EAST LYME, CT 06333</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"/> 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 label)</p>	<p>7011 0470 0002 3328 5892</p>

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

7011 0470 0002 3328 5892

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(Domestic Mail Only. No Insurance Coverage Provided)

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OFFICIAL USE

Postage	POST OFFICE EAST LYME, CT 06333	Postmark Here
Certified Fee	06103	
Return Receipt Fee (Endorsement Required)	DEC 17 2012	
Restricted Delivery Fee (Endorsement Required)	USPS	
Total Postage & Fees	\$	

Sent To

Street, Apt. No., or PO Box No. **ROBERT DAVID HUDYMA**

City, State, ZIP+4 **GRASSY HILL RD**
EAST LYME, CT 06333

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:

**JOEL JOHNATHAN OHMAN
19904 BLUFF OAK
TAMPA, FL 33647**

2. Article Number **7011 0470 0002 3328 5878**
(Transfer from service label)

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 No
If YES, enter delivery address below: _____



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

4. Restricted Delivery? (Extra Fee) Yes

7011 0470 0002 3328 5878

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		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **JOEL JOHNATHAN OHMAN**
 Street, Apt. No., or PO Box No. **19904 BLUFF OAK**
 City, State, ZIP+4 **TAMPA, FL 33647**

PS Form 3800, August 2006 See Reverse for Instructions

**NOTICE TO PUBLIC OFFICIALS
WITH PROOF OF MAILING &
RECEIPT**

February 12, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: The Public Officials on the
Attached Service List

Re: Connecticut Siting Council Petition 1056 - GRE 314 East Lyme, LLC
Proposed Renewable Energy Generating Project

Dear Public Official:

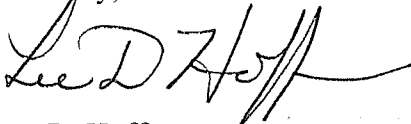
On December 17, 2012, GRE 314 East Lyme, LLC ("GRE") submitted the above-referenced petition for declaratory ruling to the Connecticut Siting Council ("Council") for approval of the location, construction, operation and maintenance of approximately five (5) megawatts ("MW") of solar photovoltaic ("PV") panels, associated ground equipment, an access road, an ancillary building, and an electrical interconnection (together, the "Project" or "Antares Solar Field") at 40 and 44 Grassy Hill Road, 89 Walnut Hill Road, and Walnut Hill Road Rear in East Lyme, Connecticut (together, the "Property").

The Project consists primarily of the construction and installation of over 17,500 photovoltaic modules on approximately 35 acres of the Property and electrical interconnection of the same. The Project will be surrounded by fencing and landscaping so as to minimize visual impacts of the Project from the road and nearby residences. The solar facility operates silently and exclusively uses sunlight as fuel.

Pursuant to the provisions of Connecticut General Statutes § 16-50g *et seq.*, the location and/or certain features of the Project may change as it proceeds through the Council's regulatory approval process.

If you have any questions concerning the Project, please feel free to contact me or the Council at (860) 827-2935. Thank you.

Sincerely,



Lee D. Hoffman

I hereby certify that a copy of the foregoing notice was sent via first class certified mail, return receipt requested on this 12th day of February, to the following:

Attorney General George C. Jepsen
Office of the Attorney General
55 Elm Street
Hartford, CT 06106

Daniel C. Esty, Commissioner
Department of Energy & Environmental
Protection
79 Elm Street
Hartford, CT 06106-5127

Dr. Jewel Mullen, Commissioner
Department of Public Health 410
Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308

Karl J. Wagener, Executive Director
Council on Environmental Quality
79 Elm Street
Hartford, CT 06106

Steven K. Reviczky
Commissioner Department of
Agriculture
165 Capitol Avenue
Hartford, CT 06106

Arthur H. House, Chairman
Public Utilities Regulatory Authority
Ten Franklin Square
New Britain, CT 06051

Benjamin Barnes, Secretary
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106-1379

Catherine H. Smith, Commissioner
Department of Economic and
Community Development
505 Hudson Street
Hartford, CT 06106-7106

James P. Redeker, Commissioner
Department of Transportation
2800 Berlin Turnpike
Newington, CT 06131-7546

Reuben F. Bradford, Commissioner
Department of Emergency Services and
Public Protection
1111 Country Club Road
Middletown, CT 06457-2389

William M. Rubenstein,
Commissioner Department of
Consumer Protection
State Office Building
165 Capitol Avenue, Room 103
Hartford, CT 06106

Donald J. DeFronzo
Bureau of Properties & Facilities
Management
Department of Administrative Services
State Office Building
165 Capitol Avenue, Room 427
Hartford, CT 06106

Sharon Palmer, Commissioner
Department of Labor
200 Folly Brook Blvd.
Wethersfield, CT 06109-1114

State Representative Ed Jutila
Legislative Office Building
Room 4046
Hartford, CT 06106-1591

State Senator Andrea Stillman
CT State Senate District 20
Legislative Office Building
Room 3100
Hartford, CT 06106-1591

Paul Formica, First Selectman
Town of East Lyme
Town Hall
108 Pennsylvania Avenue
P.O. Box 519
Niantic, CT 06357

Arthur Carlson, Chairman
Commission for the Conservation
of Natural Resources
Town of East Lyme
Town Hall
108 Pennsylvania Avenue
P.O. Box 519
Niantic, CT 06357

Marc Salerno, Chairman
East Lyme Zoning Commission
Town Hall
108 Pennsylvania Avenue
P.O. Box 519
Niantic, CT 06357

Ronald K. McDaniel, Mayor
Montville Town Hall, 2nd Floor
310 Norwich-New London Tpke.
Uncasville, CT 06382

William Pieniadz, Chair
Planning and Zoning Commission
Montville Town Hall
310 Norwich-New London Tpke.
Uncasville, CT 06382

Conservation Commission
Montville Town Hall
Conservation Commission
310 Norwich-New London
Turnpike
Uncasville, CT 06382

State Representative Elizabeth Ritter
Legislative Office Building
Room 3004
Hartford, CT 06106-1591

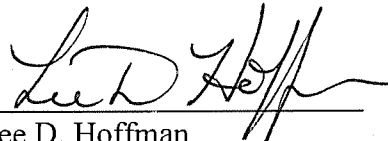
Gary Goeschel II
East Lyme Planning Director
Town Hall
108 Pennsylvania Avenue
P.O. Box 519
Niantic, CT 06357

Brian Schuch, Chairman
East Lyme Planning Commission
Town Hall
108 Pennsylvania Avenue
P.O. Box 519
Niantic, CT 06357

Cheryl Lozanov, Chairwoman
East Lyme Inland Wetland Agency
Town Hall
108 Pennsylvania Avenue
P.O. Box 519
Niantic, CT 06357

Marcia Vlaun, Town Planner, AICP
Montville Town Hall, Rm. 101
310 Norwich-New London Tpke.
Uncasville, CT 06382

Douglas K. Brush, Chairperson
Inland Wetlands Commission
Montville Town Hall
310 Norwich-New London Tpke.
Uncasville, CT 06382



Lee D. Hoffman
Pullman & Comley, LLC

GREENSKIES RENEWABLE ENERGY, LLC

**TOWN OF EAST LYME RENEWABLE ENERGY PROJECT
74725.7**

CERTIFICATION OF SERVICE TO STATE AND LOCAL PUBLIC OFFICIALS

<u>ABUTTER NAME / ENTITY</u>	MAILED From Pullman & Comley	RETURN RECEIPT BACK [Green Card]
Attorney General George C. Jepsen Office of the Attorney General 55 Elm Street Hartford, CT 06106	02/12/13	02/15/13
Daniel C. Esty, Commissioner Department of Energy & Environmental Protection 79 Elm Street Hartford, CT 06106-5127	02/12/13	02/19/13
Dr. Jewel Mullen, Commissioner Department of Public Health 410 Capitol Avenue P.O. Box 340308 Hartford, CT 06134-0308	02/12/13	02/19/13
Karl J. Wagener, Executive Director Council on Environmental Quality 79 Elm Street Hartford, CT 06106	02/12/13	02/19/13
Steven K. Reviczky Commissioner Department of Agriculture 165 Capitol Avenue Hartford, CT 06106	02/12/13	02/19/13
Arthur H. House, Chairman Public Utilities Regulatory Authority Ten Franklin Square New Britain, CT 06051	02/12/13	02/14/13
Benjamin Barnes, Secretary Office of Policy and Management 450 Capitol Avenue Hartford, CT 06106-1379	02/12/13	02/14/13

GREENSKIES RENEWABLE ENERGY, LLC
TOWN OF EAST LYME RENEWABLE ENERGY PROJECT
74725.7
CERTIFICATION OF SERVICE TO STATE AND LOCAL PUBLIC OFFICIALS

<u>ABUTTER NAME / ENTITY</u>	MAILED From Pullman & Comley	RETURN RECEIPT BACK [Green Card]
Catherine H. Smith, Commissioner Department of Economic and Community Development 505 Hudson Street Hartford, CT 06106-7106	02/12/13	02/14/13
James P. Redeker, Commissioner Department of Transportation 2800 Berlin Turnpike Newington, CT 06131-7546	02/12/13	02/14/13
Reuben F. Bradford, Commissioner Department of Emergency Services and Public Protection 1111 Country Club Road Middletown, CT 06457-2389	02/12/13	02/19/13
William M. Rubenstein, Commissioner Department of Consumer Protection State Office Building 165 Capitol Avenue, Room 103 Hartford, CT 06106	02/12/13	02/19/13
Donald J. DeFronzo Bureau of Properties & Facilities Management Department of Administrative Services State Office Building 165 Capitol Avenue, Room 427 Hartford, CT 06106	02/12/13	02/19/13
Sharon Palmer, Commissioner Department of Labor 200 Folly Brook Blvd. Wethersfield, CT 06109-1114	02/12/13	02/14/13
State Representative Ed Jutila Legislative Office Building Room 4046 Hartford, CT 06106-1591	02/12/13	02/14/13

GREENSKIES RENEWABLE ENERGY, LLC
TOWN OF EAST LYME RENEWABLE ENERGY PROJECT
74725.7
CERTIFICATION OF SERVICE TO STATE AND LOCAL PUBLIC OFFICIALS

<u>ABUTTER NAME / ENTITY</u>	MAILED From Pullman & Comley	RETURN RECEIPT BACK [Green Card]
State Senator Andrea Stillman CT State Senate District 20 Legislative Office Building Room 3100 Hartford, CT 06106-1591	02/12/13	02/15/13
State Representative Elizabeth Ritter Legislative Office Building Room 3004 Hartford, CT 06106-1591	02/12/13	02/14/13
Paul Formica, First Selectman Town of East Lyme Town Hall 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357	02/12/13	02/14/13
Gary Goeschel II East Lyme Planning Director Town Hall 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357	02/12/13	02/14/13
Arthur Carlson, Chairman Commission for the Conservation of Natural Resources Town of East Lyme Town Hall 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357	02/12/13	02/14/13

GREENSKIES RENEWABLE ENERGY, LLC
TOWN OF EAST LYME RENEWABLE ENERGY PROJECT
74725.7
CERTIFICATION OF SERVICE TO STATE AND LOCAL PUBLIC OFFICIALS

<u>ABUTTER NAME / ENTITY</u>	MAILED From Pullman & Comley	RETURN RECEIPT BACK [Green Card]
Brian Schuch, Chairman East Lyme Planning Commission Town Hall 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357	02/12/13	02/14/13
Marc Salerno, Chairman East Lyme Zoning Commission Town Hall 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357	02/12/13	02/14/13
Cheryl Lozanov, Chairwoman East Lyme Inland Wetland Agency Town Hall 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357	02/12/13	02/14/13
Ronald K. McDaniel, Mayor Montville Town Hall, 2nd Floor 310 Norwich-New London Tpke. Uncasville, CT 06382	02/12/13	02/15/13
Marcia Vlaun, Town Planner, AICP Montville Town Hall, Rm. 101 310 Norwich-New London Tpke. Uncasville, CT 06382	02/12/13	02/15/13
William Pieniadz, Chair Planning and Zoning Commission Montville Town Hall 310 Norwich-New London Tpke. Uncasville, CT 06382	02/12/13	02/15/13

GREENSKIES RENEWABLE ENERGY, LLC
TOWN OF EAST LYME RENEWABLE ENERGY PROJECT
74725.7
CERTIFICATION OF SERVICE TO STATE AND LOCAL PUBLIC OFFICIALS

<u>ABUTTER NAME / ENTITY</u>	MAILED From Pullman & Comley	RETURN RECEIPT BACK [Green Card]
Douglas K. Brush, Chairperson Inland Wetlands Commission Montville Town Hall 310 Norwich-New London Tpke. Uncasville, CT 06382	02/12/13	02/15/13
Conservation Commission Montville Town Hall 310 Norwich-New London Turnpike Uncasville, CT 06382	02/12/13	02/15/13

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Isak Hayles</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Attorney General George C. Jepsen Office of the Attorney General 55 Elm Street Hartford, CT 06106</p>		B. Received by (Printed Name) <i>Isak Hayles</i> C. Date of Delivery <i>2/14/13</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 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)		7011 0470 0002 3328 6530	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

7011 0470 0002 3328 6530

U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
<small>(Domestic Mail Only - No Insurance Coverage Provided)</small>		
For delivery information visit our website at www.usps.com		
HARTFORD, CT 06106		
OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To	Attorney General George C. Jepsen	
Street, Apt. No.; or PO Box No.	Office of the Attorney General	
City, State, ZIP+4	55-Elm-Street Hartford, CT 06106	
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:

**Daniel C. Esty, Commissioner
 Department of Energy &
 Environmental Protection
 79 Elm Street
 Hartford, CT 06106-5127**

2. Article Number

(Transfer from service label)

7011 0470 0002 3328 6523

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)

RECEIVED FEB 7 1 2013

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

7011 0470 0002 3328 6523

U.S. Postal Service CERTIFIED MAIL - RECEIPT (Domestic Mail Only - No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
HARTFORD CT 06106		
OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To	Daniel C. Esty, Commissioner Department of Energy & Environmental Protection	
Street, Apt. No., or PO Box No.	79 Elm Street	
City, State, ZIP+4	Hartford, CT 06106-5127	
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:

Karl J. Wagener, Executive
Director Council on
Environmental Quality
79 Elm Street
Hartford, CT 06106

2. Article Number
(Transfer from service label)

7011 0470 0002 3328 6509

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee Agent

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

RECEIVED FEB 14 2013

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

4. Restricted Delivery? (Extra Fee) Yes

7011 0470 0002 3328 6509

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only. No Insurance Coverage Provided)</small>		
For delivery information visit our website at www.usps.com		
HARTFORD, CT 06106 OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To Karl J. Wagener, Executive Director Council on Environmental Quality		
Street, Apt. No., or PO Box No. 79 Elm Street		
City, State, ZIP+4 Hartford, CT 06106		
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:

**Steven K. Reviczky
Commissioner Department of
Agriculture
165 Capitol Avenue
Hartford, CT 06106**

2. Article Number

(Transfer from service label)

7011 0470 0002 3328 6493

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X OMAR VAUGHN Agent
 Addressee

B. Received by (Printed Name) *Omar Vaughn* C. Date of Delivery
2-14-13

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

7011 0470 0002 3328 6493

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

For delivery information visit our website at www.usps.com
 HARTFORD, CT 06106

Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013

Sent To **Steven K. Reviczky
Commissioner Department of
Agriculture**
 Street, Apt. No.;
 or PO Box No. **165 Capitol Avenue**
 City, State, ZIP+4 **Hartford, CT 06106**

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:

Arthur H. House, Chairman
Public Utilities Regulatory Authority
Ten Franklin Square
New Britain, CT 06051

2. Article Number
(Transfer from service label)

7011 0470 0002 3328 6486

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Arthur H. House

B. Received by (Printed Name) C. Date of Delivery
 FEB 13 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7011 0470 0002 3328 6486

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>		
For delivery information visit our website at www.usps.com		
NEW BRITAIN CT 06051		
Postage	\$ 0.46	0003 07 Postmark Here 02/12/2013
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	
Sent To Arthur H. House, Chairman Public Utilities Regulatory Authority Ten Franklin Square New Britain, CT 06051		
PS Form 3800, August 2006 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>FEB 13 2013</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Benjamin Barnes, Secretary Office of Policy and Management 450 Capitol Avenue Hartford, CT 06106-1379</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"/> 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 label)</p>	<p>7011 0470 0002 3328 6479</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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

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

HARTFORD CT 06106

OFFICIAL USE

Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013

Sent To **Benjamin Barnes, Secretary
Office of Policy and Management**

Street, Apt. No.,
or PO Box No. **450 Capitol Avenue**

City, State, ZIP+4 **Hartford, CT 06106-1379**

PS Form 3800, August 2006 See Reverse for Instructions

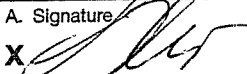
7011 0470 0002 3328 6479

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Catherine H. Smith, Commissioner Department of Economic and Community Development 505 Hudson Street Hartford, CT 06106-7106</p>	B. Received by (<i>Printed Name</i>) <i>G. Rivera</i>	C. Date of Delivery <i>2-13-13</i>
2. Article Number (Transfer from service label)	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 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
	7011 0470 0002 3328 6462	

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

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only - No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
HARTFORD CT 06106 OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To Catherine H. Smith, Commissioner Department of Economic and Community Development Street, Apt. No., or PO Box No. 505 Hudson Street City, State, ZIP+4 Hartford, CT 06106-7106		
(PS) Form 3800, August 2006 See Reverse for Instructions		

7011 0470 0002 3328 6462

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>
1. Article Addressed to: <p style="text-align: center;">James P. Redeker, Commissioner Department of Transportation 2800 Berlin Turnpike Newington, CT 06131-7546</p>	B. Received by (Printed Name) <u>JS</u> C. Date of Delivery <u>2-13-13</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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
7011 0470 0002 3328 6455	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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	\$ 00.46	0003	
Certified Fee	\$3.10	07	Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 06.11	02/12/2013	

Sent To **James P. Redeker, Commissioner**

Department of Transportation

Street, Apt. No., or PO Box No. **2800 Berlin Turnpike**

City, State, ZIP+4 **Newington, CT 06131-7546**

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 3328 6455

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:

Reuben F. Bradford,
 Commissioner Department of
 Emergency Services and Public
 Protection
 1111 Country Club Road
 Middletown, CT 06457-2389

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Reuben F. Bradford 2/14/13

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)

7011 0470 0002 3328 6271

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7011 0470 0002 3328 6271

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
 For delivery information, visit our website at www.usps.com
 MIDDLETOWN CT 06457

Postage	\$ 0.46	0003 07 Postmark Here 02/12/2013
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	

Sent To: **Reuben F. Bradford,**
 Commissioner Department of
 Emergency Services and Public
 Protection
 Street, Apt. No.,
 or PO Box No. **1111 Country Club Road**
 City, State, ZIP+4 **Middletown, CT 06457-2389**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature OMAR VAUGHN <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <u>OMAR VAUGHN</u></p> <p>C. Date of Delivery <u>2-14-13</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">William M. Rubenstein, Commissioner Department of Consumer Protection State Office Building 165 Capitol Avenue, Room 103 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>3. Service Type <input 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7011 0470 0002 3328 6448</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7011 0470 0002 3328 6448

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only. No Insurance Coverage Provided)</small>		
For delivery information visit our website at www.usps.com		
HARTFORD CT 06106 OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee <small>(Endorsement Required)</small>	\$2.55	Postmark Here
Restricted Delivery Fee <small>(Endorsement Required)</small>	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To	William M. Rubenstein,	
Street, Apt. No., or PO Box No.	Commissioner Department of Consumer Protection	
City, State, ZIP+4	State Office Building 165 Capitol Avenue, Room 103 Hartford, CT 06106	
<small>PS Form 3800, August 2006 See Reverse for Instructions</small>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X OMAR VAUGHN <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Donald J. DeFronzo Properties & Facilities Management State Office Building 165 Capitol Avenue, Room 427 Hartford, CT 06106</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>Omar Vaughn</i> 2-14-13</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>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input 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>7011 0470 0002 3328 6431</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

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

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

HARTFORD CT 06106

Postage	\$ 0.46	0003	Postmark Here
Certified Fee	\$3.10	07	
Return Receipt Fee (Endorsement Required)	\$2.55		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 6.11	02/12/2013	

Donald J. DeFronzo

Sent To **Properties & Facilities Management**

Street, Apt. No., or PO Box No. **State Office Building**

City, State, ZIP+4 **165 Capitol Avenue, Room 427**
Hartford, CT 06106

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 3328 6431

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>George Balducci</i> <input type="checkbox"/> Agent B. Received by (Printed Name) <i>George Balducci</i> C. Date of Delivery <i>200 Folly Brook Boulevard</i> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sharon Palmer, Commissioner Department of Labor 200 Folly Brook Blvd. Wethersfield, CT 06109-1114</p>	<p>3. Service Type <input 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 label)</p>	<p>7011 0470 0002 3328 6264</p>

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

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

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

WETHERSFIELD CT 06109
OFFICIAL USE

Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013

Sent To: Sharon Palmer, Commissioner
 Department of Labor
 Street, Apt. No., or PO Box No.: 200 Folly Brook Blvd.
 City, State, ZIP+4: Wethersfield, CT 06109-1114

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 3328 6264

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Debra Maselet <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>DEBRA MASELET</u> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">State Representative Ed Jutila Legislative Office Building Room 4046 Hartford, CT 06106-1591</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"/> 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 label)</p>	<p style="text-align: center;">7011 0470 0002 3328 6417</p>

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

7011 0470 0002 3328 6417

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only - No Insurance Coverage Provided)</small>		
For delivery information visit our website at www.usps.com		
HARTFORD, CT 06106 OFFICIAL USE		
Postage	\$ 00.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 06.11	02/12/2013
Sent To	State Representative Ed Jutila	
Street, Apt. No., or PO Box No.	Legislative Office Building	
City, State, ZIP+4	Room 4046 Hartford, CT 06106-1591	
PS Form 3800, August 2006 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Debra Maselek</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Debra Maselek</i> <i>2-17</i></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>1. Article Addressed to:</p> <p style="text-align: center;">State Senator Andrea Stillman CT State Senate District 20 Legislative Office Building Room 3100 Hartford, CT 06106-1591</p>	<p>3. Service Type <input 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: 7011 0470 0002 3328 6400 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

0470 0002 3328 6400

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

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

HARTFORD, CT 06106

Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013

Sent To **State Senator Andrea Stillman**

Street, Apt. No., or PO Box No. **CT State Senate District 20**

City, State, ZIP+4 **Legislative Office Building**

Room 3100

Hartford, CT 06106-1591

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:

**State Representative
Elizabeth Ritter
Legislative Office Building
Room 3004
Hartford, CT 06106-1591**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Debra Maselot Agent Addressee

B. Received by (Printed Name) *DEBRA MASELOT* 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 7011 0470 0002 3328 6394
 (Transfer from service label)

4699 922E 2000 0470 0002 3328 6394

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

For delivery information visit our website at www.usps.com
 HARTFORD CT 06106
OFFICIAL USE

Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013

Sent To **State Representative
Elizabeth Ritter**
 Street, Apt. No.,
 or PO Box No. **Legislative Office Building
Room 3004**
 City, State, ZIP+4 **Hartford, CT 06106-1591**

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:

**Paul Formica, First Selectman
Town of East Lyme
Town Hall
108 Pennsylvania Avenue
P.O. Box 519
Niantic, CT 06357**

2. Article Number
(Transfer from service label)

7011 0470 0002 3328 6387

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

F. Burdick

C. Date of Delivery

2/13

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7011 0470 0002 3328 6387

U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
<i>(Domestic Mail Only. No Insurance Coverage Provided.)</i>		
For delivery information visit our website at www.usps.com		
NIANTIC, CT 06357		
OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To Paul Formica, First Selectman		
Town of East Lyme		
Town Hall		
108 Pennsylvania Avenue		
P.O. Box 519		
Niantic, CT 06357		
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:

Gary Goeschel II
East Lyme Planning Director
Town Hall
108 Pennsylvania Avenue
P.O. Box 519
Niantic, CT 06357

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *F. Burdick* C. Date of Delivery *2/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7011 0470 0002 3328 6370**
 (Transfer from service label)

7011 0470 0002 3328 6370

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

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

NIANTIC, CT 06357

Postage	\$ 0.46	0003 07 Postmark Here 02/12/2013
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	

OFFICIAL USE

Sent To **Gary Goeschel II**
East Lyme Planning Director

Street, Apt. No., or PO Box No. **Town Hall**
108 Pennsylvania Avenue

City, State, ZIP+4 **P.O. Box 519**
Niantic, CT 06357

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>F. Burdick B</i> C. Date of Delivery <i>2/13/13</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Arthur Carlson, Chairman Conservation Commission Town of East Lyme 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input 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 <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7011 0470 0002 3328 6363</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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	\$ 0.46	0003	
Certified Fee	\$3.10	07	Postmark Here
Return Receipt Fee <small>(Endorsement Required)</small>	\$2.55		
Restricted Delivery Fee <small>(Endorsement Required)</small>	\$0.00		
Total Postage & Fees	\$ 6.11	02/12/2013	

Sent To: **Arthur Carlson, Chairman
Conservation Commission
Town of East Lyme
108 Pennsylvania Avenue
P.O. Box 519
Niantic, CT 06357**

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See reverse for instructions

7011 0470 0002 3328 6363

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>F. Burdick</u> C. Date of Delivery <u>2/13</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Brian Schuch, Chairman East Lyme Planning Commission Town Hall 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input 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 label)</p>	<p><u>7011 0470 0002 3328 6356</u></p>

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

7011 0470 0002 3328 6356

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only. No Insurance Coverage Provided)</small>		
For delivery information visit our website at www.usps.com		
NIANTIC CT 06357 OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To	Brian Schuch, Chairman	
Street, Apt. No., or PO Box No.	East Lyme Planning Commission Town Hall	
City, State, ZIP+4	108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357	
PS Form 3800, August 2006	See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) F. Burdick</p> <p>C. Date of Delivery 2/13/13</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"> Marc Salerno, Chairman East Lyme Zoning Commission Town Hall 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357 </p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input 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 label)</p>	<p>7011 0470 0002 3328 6349</p>

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only - No Insurance Coverage Provided)

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

NIANTIC-CT 06357

OFFICIAL USE

Postage	\$ 0.46	0003 07 Postmark Here 02/12/2013
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	

Sent To: **Marc Salerno, Chairman**
 East Lyme Zoning Commission
 Street, Apt. No., or PO Box No.: **Town Hall**
 108 Pennsylvania Avenue
 City, State, ZIP+4: **P.O. Box 519**
Niantic, CT 06357

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 3328 6349

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;"> Cheryl Lozanov, Chairwoman East Lyme Inland Wetland Agency Town Hall 108 Pennsylvania Avenue P.O. Box 519 Niantic, CT 06357 </p>	B. Received by (Printed Name) C. Date of Delivery F Birdick D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input 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
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7011 0470 0002 3328 6332

7011 0470 0002 3328 6332

U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
(Domestic Mail Only. No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
NANTIC, CT 06357		
OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Cheryl Lozanov, Chairwoman		
East Lyme Inland Wetland Agency		
Town Hall		
108 Pennsylvania Avenue		
P.O. Box 519		
Niantic, CT 06357		
PS Form 3800, August 2006		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Constance Malchiodi</i></p> <p>B. Received by (Printed Name) <i>Constance Malchiodi</i> C. Date of Delivery <i>2-13-13</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ronald K. McDaniel, Mayor Montville Town Hall, 2nd Floor 310 Norwich-New London Tpke. Uncasville, CT 06382</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"/> 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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center; font-size: 1.2em;">7011 0470 0002 3328 6325</p>

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

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

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

UNCASVILLE CT 06382

Postage	\$ 0.46	0003	Postmark Here
Certified Fee	\$3.10	07	
Return Receipt Fee <small>(Endorsement Required)</small>	\$2.55		
Restricted Delivery Fee <small>(Endorsement Required)</small>	\$0.00		
Total Postage & Fees	\$ 6.11	02/12/2013	

Sent To **Ronald K. McDaniel, Mayor**

Street, Apt. No.; or PO Box No. **Montville Town Hall, 2nd Floor**

City, State, ZIP+4 **310 Norwich-New London Tpke.
Uncasville, CT 06382**

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 3328 6325

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>X Marcia Vlaun</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Marcia Vlaun</i></p> <p>C. Date of Delivery <i>2/13/13</i></p>
<p>1. Article Addressed to:</p> <p>Marcia Vlaun, Town Planner, AICP Montville Town Hall, Rm. 101 310 Norwich-New London Tpke, Uncasville, CT 06382</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"/> 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p>	<p>7011 0470 0002 3328 6318</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7011 0470 0002 3328 6318

U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
<i>(Domestic Mail Only. No Insurance Coverage Provided)</i>		
For delivery information visit our website at www.usps.com		
UNCASVILLE CT 06382		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To	Marcia Vlaun, Town Planner, AICP Montville Town Hall, Rm. 101 310 Norwich-New London Tpke. Uncasville, CT 06382	
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006	See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Killo. Bz</i>	
1. Article Addressed to: <p style="text-align: center;">William Pieniadz, Chair Planning and Zoning Commission Montville Town Hall 310 Norwich-New London Tpke. Uncasville, CT 06382</p>	B. Received by (<i>Printed Name</i>) <i>Caitlin Bezanon</i>	C. Date of Delivery <i>2/13/13</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
7011 0470 0002 3328 6301		
Domestic Return Receipt		
102595-02-M-1540		

7011 0470 0002 3328 6301

U.S. Postal Service CERTIFIED MAIL - RECEIPT <small>(Domestic Mail Only. No Insurance Coverage Provided)</small>		
For delivery information visit our website at www.usps.com		
UNCASVILLE CT 06382		
OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee <small>(Endorsement Required)</small>	\$2.55	Postmark Here
Restricted Delivery Fee <small>(Endorsement Required)</small>	\$0.00	02/12/2013
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To William Pieniadz, Chair Planning and Zoning Commission Street, Apt. No.; or PO Box No. Montville Town Hall 310 Norwich-New London Tpke. City, State, ZIP+4 Uncasville, CT 06382		
<small>PS Form 3800, August 2006 See Reverse for Instructions</small>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Kelle B...</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CAROL BRANNON</i> C. Date of Delivery <i>2/13/13</i></p>
<p>1. Article Addressed to:</p> <p>Douglas K. Brush, Chairperson Inland Wetlands Commission Montville Town Hall 310 Norwich-New London Tpke. Uncasville, CT 06382</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"/> 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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7011 0470 0002 3328 6295</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7011 0470 0002 3328 6295

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only - No Insurance Coverage Provided)</small>		
For delivery information visit our website at www.usps.com		
UNCASVILLE CT 06382 OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To Douglas K. Brush, Chairperson Inland Wetlands Commission Montville Town Hall 310 Norwich-New London Tpke. Uncasville, CT 06382		
<small>PS Form 3800, August 2006</small>	<small>See Reverse for Instructions</small>	

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:

~~7-1-13~~ Conservation Commission
 Montville Town Hall
~~310 N~~ Norwich-New London Turnpike
 Uncasville, CT 06382

2. Article Number-
 (Transfer from service label)

7011 0470 0002 3328 6288

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X Constance Makchosh

B. Received by (Printed Name)
Constance Makchosh

C. Date of Delivery
1-13-13

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

7011 0470 0002 3328 6288

U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>		
For delivery information, visit our website at www.usps.com		
UNCASVILLE CT 06382		
OFFICIAL USE		
Postage	\$ 0.46	0003
Certified Fee	\$3.10	07
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	02/12/2013
Sent To Conservation Commission Montville Town Hall Street, Apt. No., or PO Box No. 310 Norwich-New London Turnpike City, State, ZIP+4 Uncasville, CT 06382		
PS Form 3800, August 2006		See Reverse for Instructions

EXHIBIT Q-7

COST ESTIMATE SUMMARY

Cost Estimate Summary

Proposed 5 MW Photo-Voltaic solar System

East Lyme, Connecticut

16-Feb-13

Prepared For:

Greenskies Renewable Energy, LLC

Prepared By:

Centerplan Construction Company, LLC

Division:	Description:	Amount:
01	General Requirements	\$ 300,000.00
02	Site Work	\$ 4,313,000.00
03	Concrete	\$ 165,000.00
06	Carpentry	\$ 50,000.00
07	Moisture Protection	\$ 60,000.00
08	Doors/Windows/Glass	\$ 20,000.00
09	Finishes	\$ 10,000.00
10	Specialties	\$ 1,100.00
15	Mechanical	\$ 35,000.00
16	Electrical	\$ 10,550,000.00
Total:		\$ 15,504,100.00

SAY:

\$ 15,500,000.00

EXHIBIT Q-8

OVERALL AERIAL PLAN

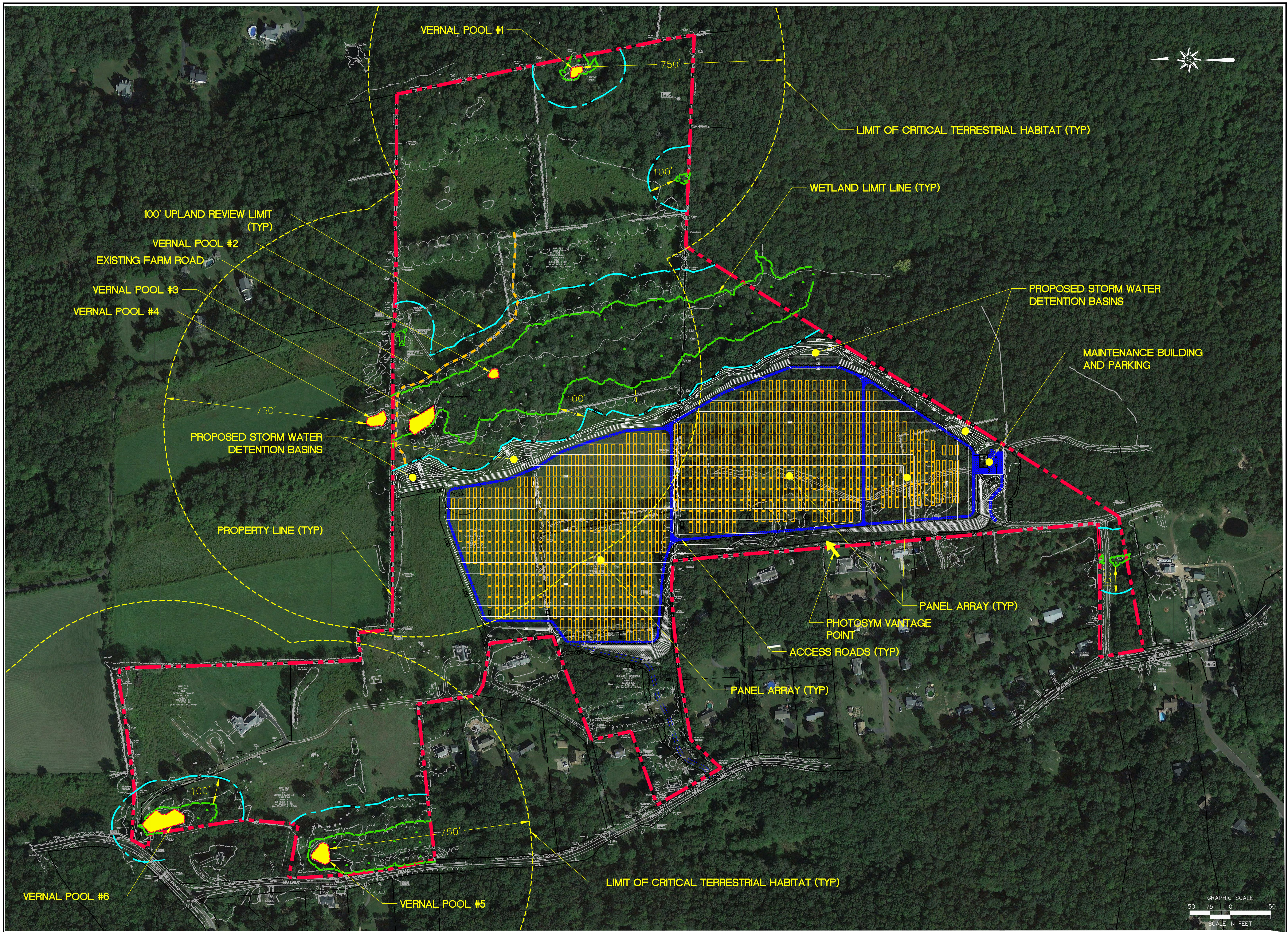
ANTARES SOLAR FIELD
GRASSY HILL RD. AND WALNUT HILL RD
EAST LYME, CONNECTICUT

REVISIONS	
No.	Date

Designed BKB
 Drawn BKB
 Checked RBG
 Approved
 Scale 1"=150'
 Project No. 06C1625-G
 Date 10/09/12

CAD File: AE06C1625G01
 Title
**OVERALL
 AERIAL PLAN**

Sheet No.
EXHIBIT-2



File: S:\05_12_12\05_12_12.dwg
 User: K:\Users\K...
 Plot: 10/09/12 10:55:00
 Copy: 10/09/12 10:55:00