



LETTER OF TRANSMITTAL

DATE: 7-5-22	JOB NO. 2021-040
ATTN: Melanie Bachman, Esq.	
RE:	
Connecticut Greenbank Solar Projects	
Petitions 1515 Mason Youth	

TO Connecticut Siting Council
10 Franklin Square
New Britain, CT 06051

WE ARE SENDING YOU Attached Under separate cover Via Delivery, the following items:
 Cover Letter Paper Prints Mylars Specifications Report Other

COPIES	DATE	SHEET NO.	DESCRIPTION
16	6-31-22		Petition 1515 Interrogatory Response
16	6-27-22		Final Determination by State Historic Preservation Office (SHPO)
1			Petition 1515 – Certified Mail Receipts for Notifications

THESE ARE TRANSMITTED (as checked below):

- For approval
 For your use
 For review and comment
 As requested
 For signature
 For your records
 Returned after loan to us
 For bids due _____

REMARKS:

cc: CT Green Bank & SunPower

SENT BY: Timothy Coon

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OFFICIAL USE

Certified Mail Fee 3.75
\$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage 53
\$
Total Postage 56.75
\$



Sent To CAN-AM RE LLC
Street and Apt. No. 13000 South Tryon Street
City, State, ZIP+4 Charlotte, NC 28278

PS Form 3800, 11/15

7021 1470 0001 2131 5511
7965 5672 1000 0261 1202

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OFFICIAL USE

7021 1970 0001 2135 5149

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	<u>3.05</u>
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage \$ 53

Total Postage at \$ 56.75

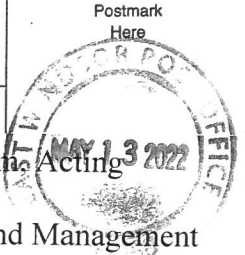
Sent To

Street and Apt. N

City, State, ZIP+

PS Form 3800,

Jeffrey R. Beckham, Acting
Secretary
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106



CERTIFIED MAIL

JR Russo & Associates
P.O. Box 938
East Windsor, CT 06008

01/1/22

7021 1970 0001 2135 5286



HARTFORD CT 060
13 MAY 2022 PM 3



UNITED STATES POSTAGE
PITNEY BOWES
\$007.33⁰⁰
02 1P
0000767893 MAY 13 2022
MAILED FROM ZIP CODE 06088

4/10

FN 531

-R-T-S- 06712-RFS-IN
Mobilio Estates LLC

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

06/06/22

RFS

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OFFICIAL USE

7021 1970 0001 2135 5286

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$ 53

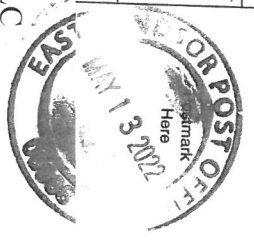
Total Postage and Fees \$ 56.75

Sent to Mobilio Estates LLC

Street and Apt. No. 30 Saddle Street

City, State, Zip+4® Prospect, CT 06410

PS Form 3800, A



See reverse for instructions

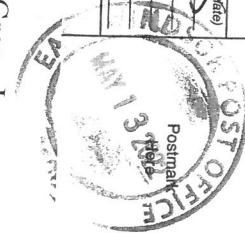
U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage \$ 5.55
 Total Postage and Fund \$ 9.30

Sent To IAT Insurance Group Inc.
 Street and Apt. No. 4200 Six Forks Road
 City, State, ZIP+4® Raleigh, NC 27609

PS Form 3800, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

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

IAT Insurance Group Inc.
 4200 Six Forks Road
 Raleigh, NC 27609



2. Article Number (Transfer from service label)
 7021 1970 0001 2135 5392

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name)
 C. Date of Delivery

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

3. Service Type
 Adult Signature Restricted Delivery
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery Restricted Delivery
 Collect on Delivery Restricted Delivery # \$500
 Insured Mail Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$ 3.75

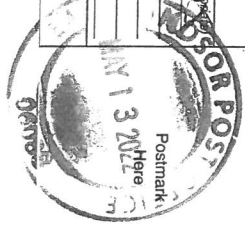
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 1.53

Total Postage and Fees \$ 5.28

Sent to Mare Realty LLC
531 Blacks Road
Cheshire, CT 06410

City, State, ZIP+4®
 PS Form 3800, 06/01/09



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OFFICIAL USE

Certified Mail Fee \$ 3.75

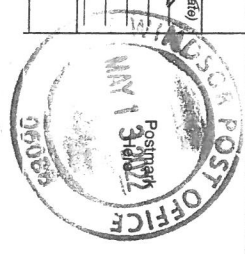
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 1.53

Total Postage and Fees \$ 5.28

Sent to Mare Realty II LLC
546 Blacks Road
Cheshire, CT 06410

City, State, ZIP+4®
 PS Form 3800, 06/01/09



SENDER: COMPLETE THIS SECTION

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

Mare Realty LLC
 531 Blacks Road
 Cheshire, CT 06410



9590 9403 0517 5173 8260 22

2. Article Number (Transfer from service label)
 7021 1970 0001 2135 5330
 PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature M ARNSTRAK Agent

B. Received by (Printed Name) M ARNSTRAK Addressee

C. Date of Delivery 05-17-22

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail (over \$500)	
<input type="checkbox"/> Insured Mail Restricted Delivery	

SENDER: COMPLETE THIS SECTION

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

Mare Realty II LLC
 546 Blacks Road
 Cheshire, CT 06410



9590 9403 0517 5173 8260 15

2. Article Number (Transfer from service label)
 7021 1970 0001 2135 5347
 PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature M ARNSTRAK Agent

B. Received by (Printed Name) M ARNSTRAK Addressee

C. Date of Delivery 05-17-22

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail (over \$500)	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

7021 1970 0001 2135 5330

7021 1970 0001 2135 5347

7021 1970 0001 2135 5354

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OFFICIAL USE

Certified Mail Fee

3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic)
- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery

Postage

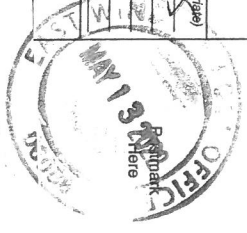
53

Total Postage and Fees

\$ 56.75

Sent To
327 Sandbank Road LLC
182 Sandbank Road
Cheshire, CT 06410

PS Form 3800



7021 1970 0001 2135 5279

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OFFICIAL USE

Certified Mail Fee

3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic)
- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery

Postage

53

Total Postage and Fees

\$ 56.75

Sent To
SRD Enterprises LLC
P.O. Box 546
Mildale, CT 06467

PS Form 3800



SENDER: COMPLETE THIS SECTION

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

327 Sandbank Road LLC
182 Sandbank Road
Cheshire, CT 06410



9590 9403 0517 5173 8260 08

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5354

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No

Received by (Printed Name) Jana Tasse
Date of Delivery 5/18

- 3. Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

SRD Enterprises LLC
P.O. Box 546
Mildale, CT 06467



9590 9403 0517 5173 8260 84

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5279

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No

Received by (Printed Name) Tomas Dank
Date of Delivery 5/19/22

- 3. Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

3.75

Extra Services & Fees (check box, add fee—appropriate fees only)

Return Receipt (hardcopy) \$ 3.08

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$ 5.33

Total Postage \$ 9.08

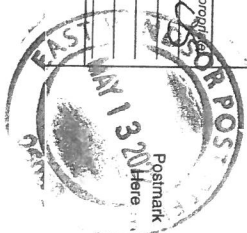
Sent to

Life Safety Service & Supply LLC

Street and Apt. N 325 Sandbank Road #12

City, State, ZIP+4 Cheshire, CT 06410

PS Form 3800, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Life Safety Service & Supply LLC
325 Sandbank Road #12
Cheshire, CT 06410

9590 9403 0517 5173 8260 53



2. Article Number (Transfer from service label)

7021 1970 0001 2135 5309

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Lisa White
 C. Date of Delivery 5/18
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

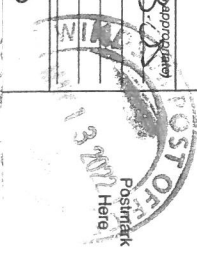
For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee

3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage

.53

Total Postage and Fees

\$ 4.28

Sent To

Town of Cheshire

Street and Apt. No.

84 South Main Street

City, State, ZIP+4®

Cheshire, CT 06410

PS Form 3800, April 2015

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Town of Cheshire
 84 South Main Street
 Cheshire, CT 06410



9590 9403 0517 5173 8259 40

2. Article Number (Transfer from service label)

7021 1970 0001 2135 5415

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL MAIL USE

Certified Mail Fee

3.75

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$ 3.05

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

1.53

Total Postage

\$ 5.28

Sent To

Randall J. Raines

Street and Apt 420 Sharon Drive

City, State, ZIP Cheshire, CT 06410

PS Form 3806

Postmark Here

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Randall J. Raines
420 Sharon Drive
Cheshire, CT 06410

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) DK-C19
- C. Date of Delivery 5-17-22
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

CNT Holdings LLC
28 David Street
Naugatuck, CT 06770

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) CHRISTOPHER...
- C. Date of Delivery MAY 17 2022
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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OFFICIAL MAIL USE

Certified Mail Fee

3.75

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$ 3.05

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

1.53

Total Postage

\$ 5.28

Sent To

CNT Holdings LLC

Street and Apt 28 David Street

City, State, ZIP Naugatuck, CT 06770

PS Form 3806

Postmark Here

CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 56.80



Sent to
 Street and Apt. N
 Life Safety Service & Supply LLC
 325 Sandbank Road #11
 Cheshire, CT 06410
 City, State, ZIP+4
 PS Form 3800,

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

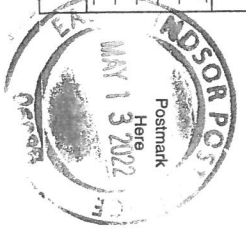
OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 56.80



Sent to
 Street and Apt. N
 DLS Properties LLC
 250 Fenn Road
 Cheshire, CT 06410
 City, State, ZIP+4
 PS Form 3800,

SENDER: COMPLETE THIS SECTION

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

Life Safety Service & Supply LLC
 325 Sandbank Road #11
 Cheshire, CT 06410



9590 9403 0517 5173 8260 91

2. Article Number (Transfer from service label)
 7021 1970 0001 2135 5252

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Lisa White C. Date of Delivery 5/13/15

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

DLS Properties LLC
 250 Fenn Road
 Cheshire, CT 06410



9590 9403 0517 5173 8260 39

2. Article Number (Transfer from service label)
 7021 1970 0001 2135 5323

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Dan Swale C. Date of Delivery 5-17-15

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**U.S. Postal Service
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.05

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

Postage \$ 1.55

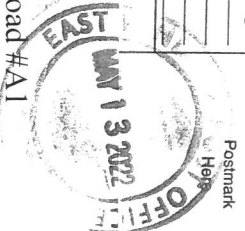
Total Postage: \$ 1.55

Sent To: Gary J. Zimmitti

Street and Apt. No.: 321 Sandbank Road #A1

City, State, ZIP: Cheshire, CT 06410

PS Form 3800, April 2015 PSN 7530-02-000-9053



**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.05

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

Postage \$ 1.55

Total Postage and Postmark \$ 1.55

Sent To: Matthew & Thomas LLC

Street and Apt. No.: 10 Abbey Court

City, State, ZIP: Cheshire, CT 06410

PS Form 3800, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

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

Gary J. Zimmitti
321 Sandbank Road #A1
Cheshire, CT 06410



2. Article Number (Transfer from service label)
7021 1970 0001 2135 5316

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Gary J. Zimmitti* Agent
- B. Received by (Printed Name) *Gary J. Zimmitti* Addressee
- C. Date of Delivery *5/16/15*
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Matthew & Thomas LLC
10 Abbey Court
Cheshire, CT 06410



2. Article Number (Transfer from service label)
7021 1970 0001 2135 5293

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent
- B. Received by (Printed Name) *[Signature]* Addressee
- C. Date of Delivery *5/16*
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL RECEIPT

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 55

Total Postage and Fees \$ 7.35



Sent to L&N Associates of Cheshire LLC
35 Sandbank Road #B8
Cheshire, CT 06410

City, State, ZIP+4® _____

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
L&N Associates of Cheshire LLC
35 Sandbank Road #B8
Cheshire, CT 06410



2. Article Number (Transfer from service label)
7021 1970 0001 2135 5248

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Joseph Silva C. Date of Delivery 5/16

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Certified Mail Restricted Delivery Registered Mail Restricted Delivery
 Collect on Delivery Return Receipt for Merchandise
 Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery (if \$500)

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

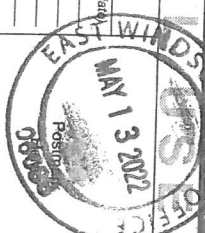
For delivery information, visit our website at www.usps.com

Certified Mail Fee \$ 3.95

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 55

Total Postage and Fees \$ 7.35



Sent to Dee & Dee Inc.
116 South Rolling Acres
Cheshire, CT 06410

City, State, ZIP+4® _____

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Dee & Dee Inc.
116 South Rolling Acres
Cheshire, CT 06410



2. Article Number (Transfer from service label)
7021 1970 0001 2135 5200

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Dee & Dee Inc C. Date of Delivery 5/17-22

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Certified Mail Restricted Delivery Registered Mail Restricted Delivery
 Collect on Delivery Return Receipt for Merchandise
 Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery (if \$500)

Domestic Return Receipt



9590 9403 0517 5173 8261 52

Dee & Dee Inc.
 116 South Rolling Acres
 Cheshire, CT 06410

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5200

PS Form 3811, April 2015 PSN 7530-02-000-9053

7021 1970 0001 2135 5200

7021 1970 0001 2135 5248

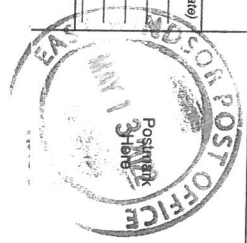
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage \$ 5.55

Total Postage \$ 9.30

Sent To: The Cheshire Community Food
 Street and Apt: 175 Sandbank Road
 City, State, ZIP: Cheshire, CT 06410

PS Form 3800, 2011

7021 1970 0001 2135 5385

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage \$ 5.55

Total Postage and Fee \$ 9.30

Sent To: Camichello LLC
 Street and Apt No.: P.O. Box 752
 City, State, ZIP+4®: Milldale, CT 06467

PS Form 3800, April 2011

7021 1970 0001 2135 5224

SENDER: COMPLETE THIS SECTION

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

The Cheshire Community Food
 175 Sandbank Road
 Cheshire, CT 06410



9590 9403 0517 5173 8259 71

2. Article Number (Transfer from service label)
 7021 1970 0001 2135 5385

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____

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

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Camichello LLC
 P.O. Box 752
 Milldale, CT 06467



9590 9403 0517 5173 8261 38

2. Article Number (Transfer from service label)
 7021 1970 0001 2135 5224

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____

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

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postage \$ 53

Total Postage \$ 53

Sent To **BWTK - Watertown LLC**

Street and Apt. No. **59 Lovley Drive**

City, State, ZIP+4® **Watertown, CT 06795**

PS Form 3800, April 2015 PSN 7530-02-000-9053



U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postage \$ 53

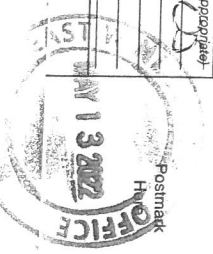
Total Postage \$ 53

Sent To **Marshall Enterprises LLC**

Street and Apt. No. **P.O. Box 416**

City, State, ZIP+4® **Cheshire, CT 06410**

PS Form 3800, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BWTK - Watertown LLC
59 Lovley Drive
Watertown, CT 06795

9590 9403 0517 5173 8259 88



2. Article Number (Transfer from service label)

7021 1970 0001 2135 5378

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) NAOMI KASINSKAS
- C. Date of Delivery 5/16/22
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marshall Enterprises LLC
P.O. Box 416
Cheshire, CT 06410

9590 9403 0517 5173 8259 57



2. Article Number (Transfer from service label)

7021 1970 0001 2135 5408

PS Form 3811, April 2015 PSN 7530-02-000-9053

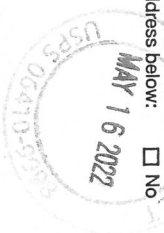
COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) NAOMI KASINSKAS
- C. Date of Delivery 5/16/22
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fees as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic)
 - Certified Mail Restricted Delivery
 - Adult Signature Required
 - Adult Signature Restricted Delivery \$

Postage \$ 53

Total Postage and Fees \$ 56.75

Sent to Michelle Gilman, Commissioner
Department of Administrative Services

Street and Apt. No. 450 Columbus Boulevard
City, State, ZIP+4® Hartford, CT 06103

PS Form 3800, April 2015 PSN 7530-02-000-9053



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fees as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic)
 - Certified Mail Restricted Delivery
 - Adult Signature Required
 - Adult Signature Restricted Delivery \$

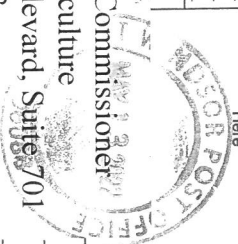
Postage \$ 53

Total Postage and Fees \$ 56.75

Sent to Bryan P. Hurlburt, Commissioner
Department of Agriculture

Street and Apt. No. 450 Columbus Boulevard, Suite 701
City, State, ZIP+4® Hartford, CT 06103

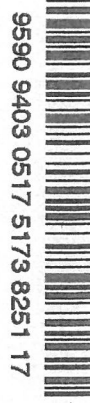
PS Form 3800, April 2015 PSN 7530-02-000-9047



SENDER: COMPLETE THIS SECTION

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

Michelle Gilman, Commissioner
Department of Administrative Services
450 Columbus Boulevard
Hartford, CT 06103



9590 9403 0517 5173 8251 17

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5194
- PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature M 503 Agent Addressee
- B. Received by (Printed Name) COVID-19 C. Date of Delivery 5/16/22
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Bryan P. Hurlburt, Commissioner
Department of Agriculture
450 Columbus Boulevard, Suite 701
Hartford, CT 06103



9590 9403 0517 5173 8251 24

2. Article Number (Transfer from service label)
021 1970 0001 2135 5170
- PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature M 503 Agent Addressee
- B. Received by (Printed Name) COVID-19 C. Date of Delivery 5/16/22
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7021 1970 0001 2135 5170

7021 1970 0001 2135 5194

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

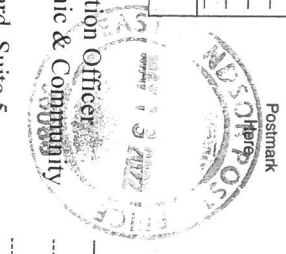
Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as applicable)
- Return Receipt (hardcopy) \$ 2.05
 - Return Receipt (electronic)
 - Certified Mail Restricted Delivery
 - Adult Signature Required
 - Adult Signature Restricted Delivery

Postage \$ 5.50

Total Postage \$ 9.25

Sent To: Jonathan Kinney
State Historic Preservation Officer
Department of Economic & Community
Development
450 Columbus Boulevard, Suite 5
Hartford, CT 06103



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Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as applicable)
- Return Receipt (hardcopy) \$ 2.05
 - Return Receipt (electronic)
 - Certified Mail Restricted Delivery
 - Adult Signature Required
 - Adult Signature Restricted Delivery

Postage \$ 5.50

Total Postage \$ 9.25

Sent To: Joseph Gulietti, Commissioner
Department of Transportation
P.O. Box 317546
2800 Berlin Turnpike
Newington, CT 06131-7546



SENDER: COMPLETE THIS SECTION

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

Jonathan Kinney
State Historic Preservation Officer
Department of Economic & Community
Development
450 Columbus Boulevard, Suite 5
Hartford, CT 06103



9590 9403 0517 5173 8251 31

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5187

PS Form 3811, April 2015 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] Agent
- B. Received by (Printed Name) SOS Addressee
- C. Date of Delivery 5/16/15
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail (over \$500)
 - Insured Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Joseph Gulietti, Commissioner
Department of Transportation
P.O. Box 317546
2800 Berlin Turnpike
Newington, CT 06131-7546



9590 9403 0517 5173 8251 48

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5183

PS Form 3811, April 2015 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] Agent
- B. Received by (Printed Name) J. Gulietti Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail (over \$500)
 - Insured Mail Restricted Delivery

Domestic Return Receipt

7021 1970 0001 2135 5183

7021 1970 0001 2135 5187

U.S. POSTAL SERVICE
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 1.53

Total Postage and Fees \$ 5.28

Postmark Here

Sent To David Lehman, Commissioner
Department of Economic and Community Development
450 Columbus Boulevard
Hartford, CT 06103

Street and Apt. No. _____
 City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9053



U.S. Postal Service™
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 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 1.53

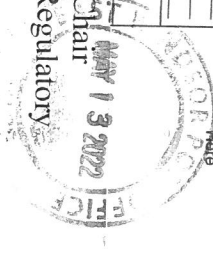
Total Postage and Fees \$ 5.28

Postmark Here

Sent To Marissa Gillett, Chair
Public Utilities Regulatory Authority
Ten Franklin Square
New Britain, CT 06051

Street and Apt. No. _____
 City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

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

David Lehman, Commissioner
 Department of Economic and Community Development
 450 Columbus Boulevard
 Hartford, CT 06103



2. Article Number (Transfer from service label)
7021 1970 0001 2135 515B

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) COVIL-19 C. Date of Delivery 5/16/22

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Registered Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Marissa Gillett, Chair
 Public Utilities Regulatory Authority
 Ten Franklin Square
 New Britain, CT 06051



2. Article Number (Transfer from service label)
7021 1970 0001 2135 513E

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) AMAL KINAR C. Date of Delivery 5-17-22

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Registered Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7021 1970 0001 2135 513E

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.00
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage 1.55

Total Postage and Fees 5.30

Sent to Peter B Hearn, Executive Director
Council on Environmental Quality
79 Elm Street P.O. Box 5066
Hartford, CT 06106

PS Form 3800, A



9590 9403 0517 5173 8251 86

2. Article Number (Transfer from service label)

7021 1970 0001 2135 5125
PS Form 3811, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

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

4. Article Addressed to:

Peter B Hearn, Executive Director
Council on Environmental Quality
79 Elm Street P.O. Box 5066
Hartford, CT 06106

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Condit Agent Addressee
- B. Received by (Printed Name) Condit C. Date of Delivery 5-12
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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Certified Mail Fee 2.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.00
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage 1.55

Total Postage and Fees 4.30

Sent to Manisha Juthani, M.D.
Commissioner
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

PS Form 3800



9590 9403 0517 5173 8251 93

2. Article Number (Transfer from service label)

7021 1970 0001 2135 5118
PS Form 3811, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

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

4. Article Addressed to:

Peter B Hearn, Executive Director
Council on Environmental Quality
79 Elm Street P.O. Box 5066
Hartford, CT 06106

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Manisha Juthani Agent Addressee
- B. Received by (Printed Name) Manisha Juthani C. Date of Delivery 5-12
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Manisha Juthani, M.D.
Commissioner
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Manisha Juthani Agent Addressee
- B. Received by (Printed Name) Manisha Juthani C. Date of Delivery 5-12
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7021 1970 0001 2135 5118

7021 1970 0001 2135 5125

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OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.00
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage \$ 5.55

Total Postage \$ 9.30

Sent to Katie Dykes, Commissioner
Department of Energy & Environmental Protection
79 Elm Street
Hartford, CT 06106-5127

City, State, ZIP+4® Hartford, CT 06106-5127

PS Form 3800, _____

Postmark Here



**U.S. Postal Service™
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Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.00
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage \$ 5.55

Total Postage \$ 9.30

Sent to James C. Rovella, Commissioner
D.E.S.P.P.E.M. Homeland Security
Division
1111 Country Club Road
Middletown, CT 06457

City, State, ZIP+4® Middletown, CT 06457

PS Form 3800, _____

Postmark Here



SENDER: COMPLETE THIS SECTION

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

1 Katie Dykes, Commissioner
Department of Energy & Environmental Protection
79 Elm Street
Hartford, CT 06106-5127

9590 9403 0517 5173 8252 09



2. Article Number (Transfer from service label)
7021 1970 0001 2135 5101

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Caritas **B. Agent**
- B. Received by (Printed Name) Caritas **C. Date of Delivery** 5/16
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature Priority Mail Express®
 - Adult Signature Restricted Delivery Registered Mail™
 - Certified Mail® Registered Mail Restricted Delivery
 - Certified Mail Restricted Delivery Return Receipt for Merchandise
 - Collect on Delivery Signature Confirmation™
 - Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 - Insured Mail Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1 James C. Rovella, Commissioner
D.E.S.P.P.E.M. Homeland Security
Division
1111 Country Club Road
Middletown, CT 06457

9590 9403 0517 5173 8252 16



2. Article Number (Transfer from service label)
7021 1970 0001 2135 5095

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] **B. Agent**
- B. Received by (Printed Name) [Name] **C. Date of Delivery** [Date]
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature Priority Mail Express®
 - Adult Signature Restricted Delivery Registered Mail™
 - Certified Mail® Registered Mail Restricted Delivery
 - Certified Mail Restricted Delivery Return Receipt for Merchandise
 - Collect on Delivery Signature Confirmation™
 - Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

7021 1970 0001 2135 5095

7021 1970 0001 2135 5101

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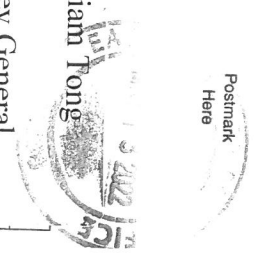
OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Postmark Here



Total Postage and Fees \$ 56.75
 Sent To The Honorable William Tong
Attorney General
Office of the Attorney General
165 Capitol Avenue
Hartford, CT 06106
 City, State, ZIP+4®
 PS Form 3800

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Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Postmark Here



Total Postage and Fees \$ 56.75
 Sent To Craig Fishbein
Representative - 90th District
Legislative Office Building
300 Capitol Avenue, Room 4200
Hartford, CT 06106
 City, State, ZIP+4®
 PS Form 3800, A

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Honorable William Tong
Attorney General
Office of the Attorney General
165 Capitol Avenue
Hartford, CT 06106



9590 9403 0517 5173 8252 23

2. Article Number (Transfer from service label)

7021 1970 0001 2135 5088
PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Craig Fishbein C. Date of Delivery 5-11
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Craig Fishbein
Representative - 90th District
Legislative Office Building
300 Capitol Avenue, Room 4200
Hartford, CT 06106



9590 9403 0517 5173 8252 30

2. Article Number (Transfer from service label)

7021 1970 0001 2135 5057
PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Craig Fishbein C. Date of Delivery 5-11
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

7021 1970 0001 2135 5057

7021 1970 0001 2135 5088

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OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee) (PSN 7530-02-000-9053)
- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic)
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$ 53

Total Postage and Fees \$ 56.80

Sent To Rob Sampson

Street and Apt. No. Senator - District S16

City, State, ZIP+4® Legislative Office Building

300 Capitol Avenue, Room 4200

Hartford, CT 06106

PS Form 3800, April 2015 PSN 7530-02-000-9053

Postmark Here



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OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee) (PSN 7530-02-000-9053)
- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic)
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$ 53

Total Postage and Fees \$ 56.80

Sent To Naugatuck Valley Council of Governments (NVCOG)

Street and Apt. No. 49 Leavenworth Street, 3rd Floor

City, State, ZIP+4® Waterbury, CT 06702

PS Form 3800, April 2015 PSN 7530-02-000-9053

Postmark Here



SENDER: COMPLETE THIS SECTION

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

Rob Sampson
Senator - District S16
Legislative Office Building
300 Capitol Avenue, Room 4200
Hartford, CT 06106



9590 9403 0517 5173 8252 47

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Carolina Cas Addressee
- C. Date of Delivery 5-16
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery (per \$500)
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Naugatuck Valley Council of Governments (NVCOG)
49 Leavenworth Street, 3rd Floor
Waterbury, CT 06702



9590 9403 0517 5173 8252 54

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature CM 211 Agent
- B. Received by (Printed Name) CLG Addressee
- C. Date of Delivery 5-16-22
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

7021 1970 0001 2135 5071

7021 1970 0001 2135 5064

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OFFICIAL USE

Certified Mail Fee \$ 3.75

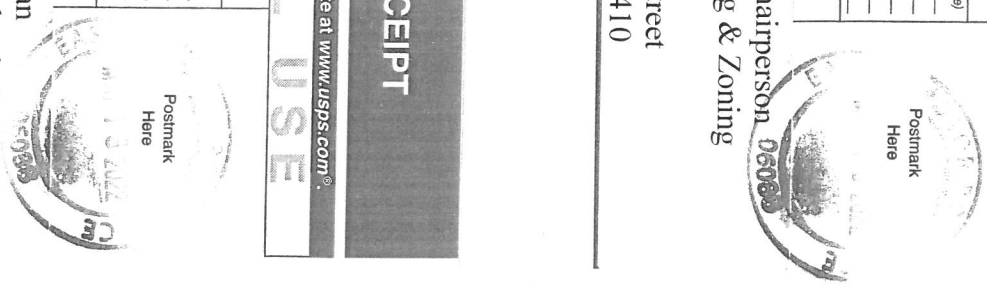
Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 2.85
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 733
 Sent To Earl Kurtz III, Chairperson
Cheshire Planning & Zoning
06083

Street and Apt. No. Commission
 City, State, ZIP+4® 84 South Main Street
Cheshire, CT 06410

PS Form 3800, A



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OFFICIAL USE

Certified Mail Fee \$ 2.75

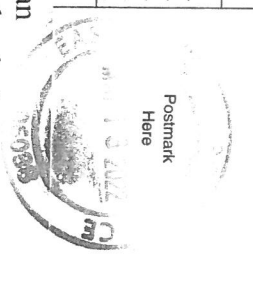
Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 733
 Sent To Earl Kurtz, Chairman
Cheshire Inland Wetlands &
Watercourses Commission
06083

Street and Apt. No. Commission
 City, State, ZIP+4® 84 South Main Street
Cheshire, CT 06410

PS Form 3800, A



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Earl Kurtz III, Chairperson
Cheshire Planning & Zoning
Commission
84 South Main Street
Cheshire, CT 06410
9590 9403 0517 5173 8252 61

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5040

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [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
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Earl Kurtz, Chairman
Cheshire Inland Wetlands &
Watercourses Commission
84 South Main Street
Cheshire, CT 06410
9590 9403 0517 5173 8252 78

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5033

PS Form 3811, April 2015 PSN 7530-02-000-9053

A. Signature [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
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

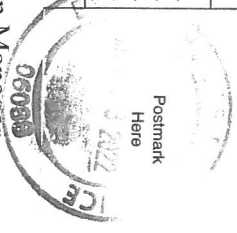
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ 0.03



Total Postage \$ 13.3

Sent To Sean Kimball, Town Manager
Town of Cheshire
84 South Main Street
Cheshire, CT 06410

Street and Apt
City, State, ZIP

PS Form 3811, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Sean Kimball, Town Manager
Town of Cheshire
84 South Main Street
Cheshire, CT 06410



9590 9403 0517 5173 8252 85

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5026
- PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature [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
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Ronald B. Sbordone
50 Bridgets Lane
Cheshire, CT 06410



9590 9403 0517 5173 8261 45

2. Article Number (Transfer from service label)
7021 1970 0001 2135 5217
- PS Form 3811, April 2015 PSN 7530-02-000-9053

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
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____



Total Postage \$ 13.3

Sent To Ronald B. Sbordone
50 Bridgets Lane
Cheshire, CT 06410

Street and Apt
City, State, ZIP

PS Form 3811, April 2015 PSN 7530-02-000-9053