



April 8, 2019

Melanie Bachman, Executive Director
Connecticut Siting Council
10 Franklin Square
New Britain, CT 06051

RE: Petition No. 1365, Petition of Bloom Energy Corporation for a Declaratory Ruling for the Location and Construction of a 1.2-megawatt Fuel Cell Customer Side Distributed Resource at Connecticut College, 5 Reservoir Street, New London, CT.

Dear Ms. Bachman:

We are submitting an original and fifteen (15) copies of responses to the Council's interrogatories dated April 3, 2019.

Should you have any questions, concerns, or require additional information, please contact me at (860) 839-8373.

Respectfully,

A handwritten signature in black ink, appearing to read "Justin Adams".

Justin Adams
justin.adams@bloomenergy.com

Enclosure

Petition No. 1365
Bloom Energy – Connecticut College
New London, CT

Interrogatories - Responses of Petitioner

1. Provide a specification sheet for the 200 kW fuel cell - model ES5-BABAAA.

Answer: The specification sheet for the Energy Server model ES5-BABAAA is attached hereto.

2. Emergency Response Plan, p. 12 describes Training (Section 10). Does Bloom intend to provide on-site training to local emergency responders?

Answer: The City of New London Fire Department will review the project during the building permit application phase of the project. At that time, Bloom will offer to provide on-site training for the Fire Department. Similar training would be provided to Connecticut College's Facilities and Campus Safety personnel as needed or requested.

3. Petition p. 6, Section C.i states the nearest residence is 860 feet to the east/southeast. Please clarify. Are there residences on Winchester Road, closer to the proposed facility?

Answer: The distance referenced in the Petition is to the boundary of the nearest residential property not owned by Connecticut College, on Oneco Avenue. College-owned and operated student housing is located along Winchester Road, as well as closer to the Facility on the host parcel to the west and northwest of the proposed Facility.

4. Does the fuel cell chemical process use phosphoric acid? If so, what state/federal regulations are applicable for the amount of phosphoric acid used?

Answer: No phosphoric acid is used in the fuel cell electrochemical process.

5. Provide an estimate of the total cost of the proposed project. Break down the total cost into categories the Petitioner deems appropriate.

Answer: The estimated total cost of the proposed project is \$1,493,000.

Projected Project Cost Estimates April 5, 2019	
Install Labor	\$ 120,000
Ancillary Equipment	\$310,000
Design	\$ 83,000
Construction	\$ 600,000
Shipping/Rigging	\$70,000
Other (utility fees, contingency)	\$310,000
Total	\$ 1,493,000

6. Is a fence proposed around the proposed facility/asphalt pad? If so, provide fence detail.

Answer: Based on the input of Connecticut College representatives during their design review process, no fence is proposed around the proposed Facility/asphalt pad.

7. The Petition Site Plans reference the 2016 CT State Building Code and 2016 CT Fire Safety Code. Revise the Site Plans as necessary to conform to the 2018 CT State Building Code and 2018 CT Fire Safety Code.

Answer: Revised Sheet CNC000.0_G0.1 (Title Page) of the Site Plans is attached hereto. No changes to other sheets were required for conformance to the 2018 CT State Building Code and 2018 CT Fire Safety Code.

8. Please confirm the recipients listed in Exhibit 11 of the Petition were provided notice of the proposed project and provide information regarding certified mail receipts.

Answer: Notice was mailed on March 11, 2019 to all those listed in Exhibit 11, certified mail/return receipt requested. Attached are return receipt cards or the USPS certified mail receipt evidencing mailing.



Energy Server 5

Clean, Reliable, Affordable Energy



CLEAN, RELIABLE POWER ON DEMAND

Bloom Energy's Energy Server 5 delivers clean power that reduces emissions and energy costs. The modular architecture enables the installation to be tailored to the actual electricity demand, with a flexibility to add servers as the load increases. The Energy Server 5 actively communicates with Bloom Energy's network operations centers so system performance can be monitored and maintained 24 hours per day, 365 days per year.

INNOVATIVE TECHNOLOGY

Utilizing patented solid oxide fuel cell (SOFC) technology, the Energy Server 5 produces combustion-free power at unprecedented efficiencies, meaning it consumes less fuel and produces less CO₂ than competing technologies. Additionally, no water is needed under normal operating conditions.

ALL-ELECTRIC POWER

The Energy Server 5, which operates at a very high electrical efficiency, eliminates the need for complicated and costly CHP systems. Combining the standard electrical and fuel connections along with compact footprint and sleek design, the Energy Server 5 is the most deployable fuel cell on the market.

CONTROLLED AND PREDICTABLE COST

By providing efficient on-site power generation, the economic and environmental benefits are central to the Energy Server 5 value proposition. Bloom Energy customers can lock in their long term energy costs and mitigate the risk of electricity rate increases. The Energy Server 5 has been designed in compliance with a variety of safety standards and is backed by a comprehensive warranty.

About Bloom Energy

Bloom Energy is making clean, reliable energy affordable. Our unique on-site power generation systems utilize an innovative fuel cell technology with roots in NASA's Mars program. By leveraging breakthrough advances in materials science, Bloom Energy systems are among the most efficient energy generators, providing for significantly reduced operating costs and dramatically lower greenhouse gas emissions. Bloom Energy Servers are currently producing power for many Fortune 500 companies including Apple, Google, Walmart, AT&T, eBay, Staples, as well as notable non-profit organizations such as Caltech and Kaiser Permanente.

Headquarters:

Sunnyvale, California

For More Information:

www.bloomenergy.com

Energy Server 5

Technical Highlights (ES5-BABAAA)

Outputs

Nameplate power output (net AC)	210 kW
Base load output (net AC)	200 kW
Electrical connection	480 V, 3-phase, 60 Hz

Inputs

Fuels	Natural gas, directed biogas
Input fuel pressure	10-18 psig (15 psig nominal)
Water	None during normal operation

Efficiency

Cumulative electrical efficiency (LHV net AC)*	65-53%
Heat rate (HHV)	5,811-7,127 Btu/kWh

Emissions

NO _x	< 0.01 lbs/MWh
SO _x	Negligible
CO	< 0.05 lbs/MWh
VOCs	< 0.02 lbs/MWh
CO ₂ @ stated efficiency	679-833 lbs/MWh on natural gas; carbon neutral on directed biogas

Physical Attributes and Environment

Weight	12.6 tons
Dimensions (variable layouts)	14' 9" x 8' 8" x 7' 0" or 25' 9" x 4' 5" x 7' 5"
Temperature range	-20° to 45° C
Humidity	0% - 100%
Seismic vibration	IBC site class D
Location	Outdoor
Noise	< 70 dBA @ 6 feet

Codes and Standards

Complies with Rule 21 interconnection and IEEE1547 standards

Exempt from CA Air District permitting; meets stringent CARB 2007 emissions standards

An Energy Server is a Stationary Fuel Cell Power System. It is Listed by Underwriters Laboratories, Inc. (UL) as a 'Stationary Fuel Cell Power System' to ANSI/CSA FC1-2014 under UL Category IRGZ and UL File Number MH45102.

Additional Notes

Access to a secure website to monitor system performance & environmental benefits

Remotely managed and monitored by Bloom Energy

Capable of emergency stop based on input from the site

* 65% LHV efficiency verified by ASME PTC 50 Fuel Cell Power Systems Performance Test



Bloom Energy Corporation
1299 Orleans Drive
Sunnyvale CA 94089
T 408 543 1500
www.bloomenergy.com

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CONNECTICUT COLLEGE

5 RESERVOIR STREET,
NEW LONDON, CT 06320

Bloomenergy®



Know what's below.
Call before you dig.

PRIOR TO COMMENCING ANY EXCAVATION OR DEMOLITION, THE CONTRACTOR SHALL CONTACT LOCAL UTILITIES, INCLUDING BUT NOT LIMITED TO ELECTRICAL, GAS, WATER, CABLE, AND TELEPHONE, REQUESTING A UTILITY MARK OUT AND AS NECESSARY RETAIN THE SERVICES OF A PRIVATE UTILITY MARK OUT COMPANY TO PERFORM SUCH MARK OUT. IT IS THE CONTRACTOR'S RESPONSIBILITY TO LOCATE AND VERIFY THE LOCATION OF UTILITIES, IRRIGATION, SITE LIGHTING, AND ELECTRICAL LINES IN THE VICINITY OF THE CONSTRUCTION. CONTRACTOR SHALL BE RESPONSIBLE FOR THE REPAIR ANY AND ALL UTILITIES DAMAGED BY THE CONTRACTOR'S OPERATION AT NO ADDITIONAL EXPENSE.

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4353 N 1ST STREET
SAN JOSE, CA 95134

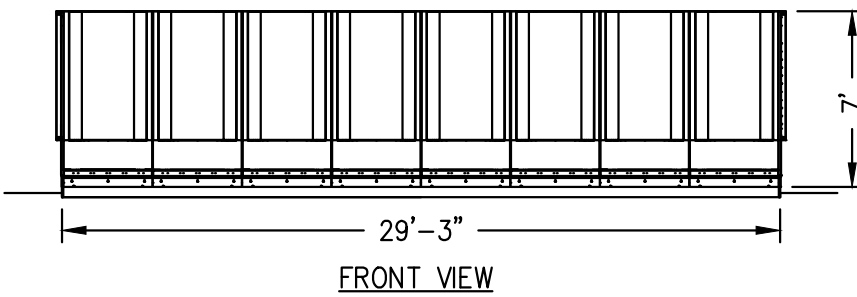
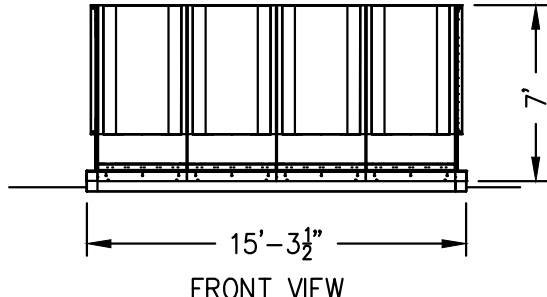
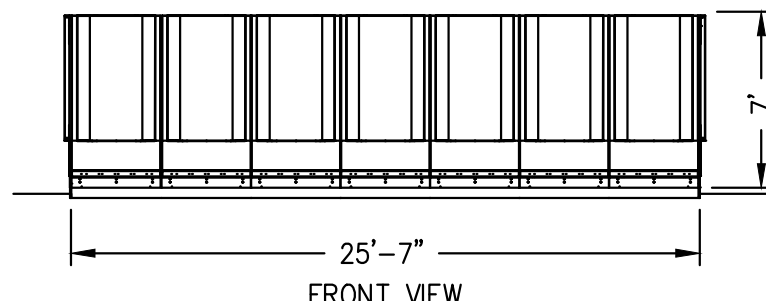
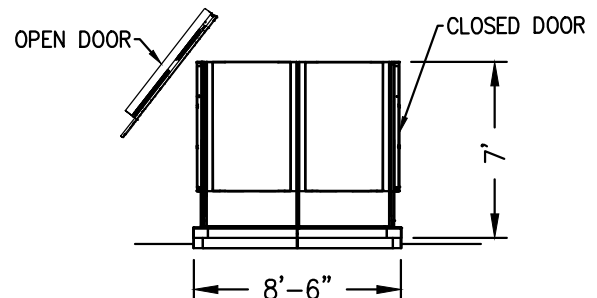
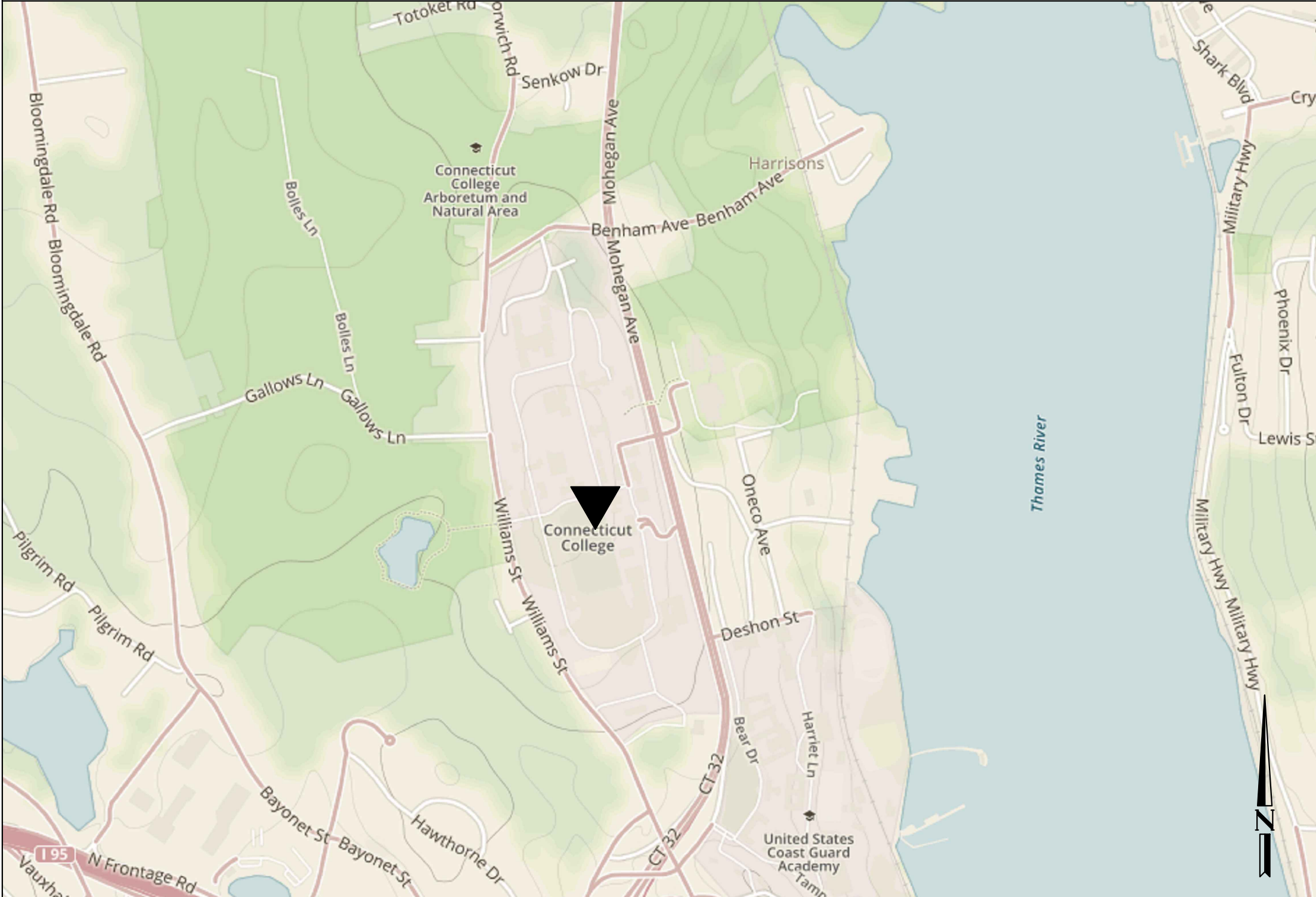
PROPRIETARY AND CONFIDENTIAL

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GreenbergFarrow

153 Cordaville Road, Suite 210
Southborough, MA 01772
t: 508 229 0032

ENGINEER OF RECORD
STEPHEN POWERS, P.E.
LICENSE # 0030199

SITE INFORMATION		PERMITTING INFORMATION		CODES		PROJECT DESCRIPTION		BLOOM ENERGY FAQ's																																																																										
<p>PARCEL INFORMATION</p> <p>PROPERTY OWNER CONNECTICUT COLLEGE COUNTY NEW LONDON TAX MAP # E04/ 316/ 2/ / BLOCK 316 LOT 2</p> <p>PROPERTY DESCRIPTION</p> <p>PROPERTY TYPE EDUCATIONAL INSTITUTION PROPERTY AREA* 4,016,668 S.F DISTURBED AREA ± 3530 S.F</p> <p> </p> <p>*BASED ON CITY GIS REPORT</p>		<p>MUNICIPAL</p> <p>AGENCY PLANNING BUILDING FIRE</p> <p>DEPARTMENT NEW LONDON PLANNING NEW LONDON BUILDING NEW LONDON FIRE DEPARTMENT</p> <p>CONTACT INFO (860) 437-6379 (560) 447-5240 (860) 447-5252</p> <p>UTILITY</p> <p>TYPE NATURAL GAS ELECTRICAL WATER</p> <p>COMPANY EVERSOURCE (CT) EVERSOURCE (CT) NEW LONDON WATER & SEWER DEPARTMENT</p> <p>CONTACT INFO (800) 989-0900 (800) 286-2000 (860) 447-5222</p>		<p>BUILDING 2012 INTERNATIONAL BUILDING CODE BUILDING 2018 CONNECTICUT STATE BUILDING CODE ENERGY 2012 INTERNATIONAL ENERGY CONSERVATION CODE PLUMBING 2012 INTERNATIONAL PLUMBING CODE FUEL GAS 2012 INTERNATIONAL FUEL GAS CODE ELECTRICAL 2014 NATIONAL ELECTRICAL CODE (NFPA 70) FIRE 2018 CONNECTICUT STATE FIRE SAFETY CODE MECHANICAL 2012 INTERNATIONAL MECHANICAL CODE</p> <p>PROJECT TEAM CONTACTS</p> <table><tr><th>FIRM</th><th>ADDRESS</th><th>CONTACT INFO</th></tr><tr><td>MANUFACTURER BLOOM ENERGY</td><td>4353 N 1ST STREET, SAN JOSE, CA 95134</td><td>(408) 543-1500</td></tr><tr><td>CUSTOMER CONNECTICUT COLLEGE</td><td>5 RESERVOIR STREET NEW LONDON, CT 06320</td><td>(860) 447-1911</td></tr><tr><td>GREENBERGFARROW (MEP) ERIC WOLF, PEN.0030371</td><td>1430 W. 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ES-5XXX SERIES: • THE FUEL CELL IS UL LISTED AS A "STATIONARY FUEL CELL POWER SYSTEM" TO ANSI/CSA AMERICA FC 1-2004. • IT IS UL LISTED UNDER UL CATEGORY IRGZ AND UL FILE NUMBER MH45102. ES5 SERIES: • THE FUEL CELL IS UL LISTED AS A "STATIONARY FUEL CELL POWER SYSTEM" TO ANSI/CSA FC 1-2014. • IT IS UL LISTED UNDER UL CATEGORY IRGZ AND UL FILE NUMBER MH45102. Q: WHERE ARE FUEL CELLS COVERED IN THE NATIONAL ELECTRICAL CODE (NEC)? A: FUEL CELLS ARE COVERED IN ARTICLE 692 OF THE NEC (NFPA 70). FUEL CELLS HAVE BEEN INCORPORATED INTO THE NEC SINCE 2002. Q: WHAT IS THE MODEL NUMBER OF THIS PRODUCT? A: PLEASE SEE THE DATA SHEET PROVIDED WITH THIS FAQ. Q: WHAT IS THE NOISE LEVEL OF THE FUEL CELL SYSTEM? A: FOR SPECIFIC DB RANGES, PLEASE REFER TO THE DATA SHEET PROVIDED WITH THIS FAQ. Q: DO BLOOM ENERGY FUEL CELL SYSTEMS PROVIDE LIFE SAFETY POWER? A: NO. WE ARE NOT LIFE SAFETY AND DO NOT PROVIDE LIFE SAFETY POWER, EVEN WHEN A UPM IS INSTALLED. WE ARE NOT ALTERING WHATEVER LIFE SAFETY IS CURRENTLY PRESENT AT THE FACILITY. Q: IS THE BLOOM ENERGY FUEL CELL SYSTEM TAMPER-PROOF? A: YES. THE FUEL CELLS ARE SECURED IN PLACE AND DOORS ARE SECURED AND LOCKED. ONLY BLOOM SERVICE PERSONNEL HAVE THE KEYS AND CAN BE ON-SITE WITHIN 24 HOURS. Q: WHAT HAPPENS TO THE CUSTOMER FACILITY POWER IF THE FUEL CELLS SHUT DOWN? A: THE FUEL CELL SYSTEM IS OPERATED IN GRID-PARALLEL MODE. IF THE UTILITY GRID IS OPERATIONAL, THE CUSTOMER FACILITY WILL RECEIVE POWER FROM THE GRID AND NOTICE NO DIFFERENCE. Q: WHAT HAPPENS TO THE FUEL CELL SYSTEM WHEN THE UTILITY POWER SHUTS DOWN? A: IF UTILITY PROVIDED POWER IS LOST FOR ANY REASON, THE FUEL CELL SYSTEM WILL ALSO STOP PRODUCING POWER. THE FUEL CELL SYSTEM WILL REMAIN IN STAND-BY MODE UNTIL IT AUTOMATICALLY SENSES THE UTILITY GRID HAS BEEN RESTORED. Q: WHAT HAPPENS TO THE FUEL CELL SYSTEM WHEN THE UTILITY GAS SHUTS DOWN? A: IF THE UTILITY GAS IS INTERRUPTED, THE FUEL CELL SYSTEM WILL AUTOMATICALLY SHUT DOWN AS WELL. Q: CAN THE FUEL CELL SYSTEM BE SHUT DOWN LOCALLY IN CASE OF AN EMERGENCY? A: YES. IF THE FUEL CELL MUST BE SHUT DOWN RIGHT AWAY--FOR EXAMPLE, IN CASE OF A BUILDING FIRE OR ELECTRICAL HAZARD--TWO SHUTOFF CONTROLS ARE INSTALLED AT THE FACILITY EXTERNAL TO THE SYSTEM. THE LOCATIONS OF THESE TWO CONTROLS SHOULD BE KNOWN TO THE FACILITIES MANAGER BEFORE OPERATION AND SHOULD BE NOTED ON THE SITE DIAGRAM THAT IS CREATED FOR EACH SITE DURING INSTALLATION. THE TWO SHUTOFFS ARE: (1) THE ELECTRICAL DISCONNECT SWITCH AND (2) THE MANUAL NATURAL GAS SHUTOFF VALVE. A THIRD SHUTOFF, AN EMERGENCY POWER OFF (EPO) BUTTON, MAY BE PROVIDED ON-SITE. Q: DOES THE BLOOM ENERGY FUEL CELL SYSTEM OPERATE 24/7? A: YES. Q: ARE THE BLOOM ENERGY FUEL CELL SYSTEMS MONITORED? A: YES. BLOOM ENERGY FUEL CELL SYSTEMS ARE CONTROLLED REMOTELY AND HAVE INTERNAL SENSORS THAT CONTINUOUSLY MONITOR SYSTEM OPERATION. IF SAFETY CIRCUITS DETECT A CONDITION OUTSIDE NORMAL OPERATING PARAMETERS, THE FUEL SUPPLY IS STOPPED AND INDIVIDUAL SYSTEM COMPONENTS ARE AUTOMATICALLY SHUT DOWN. A BLOOM ENERGY REMOTE OPERATOR CAN ALSO REMOTELY INITIATE ANY EMERGENCY SEQUENCE. AN EMERGENCY STOP ALARM INITIATES AN AUTOMATIC SHUTDOWN SEQUENCE THAT PUTS THE SYSTEM INTO "SAFE MODE" AND CAUSES IT TO STOP EXPORTING POWER. IF YOU HAVE QUESTIONS ABOUT ANY OF THESE SAFETY FEATURES, PLEASE CONTACT BLOOM ENERGY AT CUSTOMERCARE@BLOOMENERGY.COM. Q: WHAT ARE THE EMISSIONS GENERATED BY BLOOM ENERGY FUEL CELL SYSTEMS? A: THE SPECIFIC PERCENTAGE OF CARBON EMISSION REDUCTIONS ARE DEPENDENT ON YOUR STATE'S GENERATION MIX, BUT BLOOM ENERGY FUEL CELL SYSTEMS VIRTUALLY ELIMINATE NOX, SOX, AND OTHER CRITICAL AIR POLLUTANTS THAT ARE FOUND IN TRADITIONAL ELECTRICITY GENERATION METHODS. FOR SPECIFIC EMISSIONS RANGES, PLEASE REFER TO THE DATA SHEET PROVIDED WITH THIS FAQ. Q: WHAT IS THE SUSTAINABILITY IMPACT OF BLOOM ENERGY FUEL CELL SYSTEMS? A: BLOOM ENERGY FUEL CELL SYSTEMS GENERATE ELECTRICITY ON-SITE THROUGH AN EFFICIENT ELECTROCHEMICAL REACTION WITHOUT COMBUSTION. DUE TO THE HIGH EFFICIENCY (60%-53% COMPARED TO A COMBINED CYCLE NATURAL GAS PLANT WITH EFFICIENCY OF 40-45% OR COAL PLANTS AT 35%) BLOOM ENERGY SERVERS REDUCE CARBON EMISSIONS BY 20-50% COMPARED TO THE US GRID EMISSION RATES. THE VARIATION IN EMISSIONS REDUCTION IS DUE TO THE VARIATION IN HOW DIFFERENT STATES GENERATE ELECTRICITY. IN ADDITION, BLOOM ENERGY FUEL CELL SYSTEMS USE NO WATER DURING NORMAL OPERATION</p>																																																					
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<p>VICINITY MAP (NTS)</p> <p>PROJECT SITE</p> 				<p>DRAWING INDEX</p> <table><tr><th>SHEET #</th><th>DWG #</th><th>SHEET TITLE</th><th>REV#</th><th>DATE</th></tr><tr><td>1</td><td>G0.1</td><td>COVER SHEET</td><td>-</td><td>03/26/2019</td></tr><tr><td>2</td><td>G0.2</td><td>GENERAL CONSTRUCTION NOTES</td><td>-</td><td>03/26/2019</td></tr><tr><td>3</td><td>G0.3</td><td>EXISTING CONDITIONS AND TREE PROTECTION PLAN</td><td>-</td><td>03/26/2019</td></tr><tr><td>4</td><td>G1.1</td><td>OVERALL SITE PLAN</td><td>-</td><td>03/26/2019</td></tr><tr><td>5</td><td>C1.1</td><td>DETAILED SITE PLAN</td><td>-</td><td>03/26/2019</td></tr><tr><td>6</td><td>C1.2</td><td>GRADING PLAN</td><td>-</td><td>03/26/2019</td></tr><tr><td>7</td><td>C2.1</td><td>DETAILS SHEET 1</td><td>-</td><td>03/26/2019</td></tr><tr><td>8</td><td>C2.2</td><td>DETAILS SHEET 2</td><td>-</td><td>03/26/2019</td></tr><tr><td>9</td><td>C2.3</td><td>DETAILS SHEET 3</td><td>-</td><td>03/26/2019</td></tr><tr><td>10</td><td>S0.1</td><td>STRUCTURAL GENERAL NOTES</td><td>-</td><td>03/26/2019</td></tr><tr><td>11</td><td>S2.1</td><td>EQUIPMENT PAD DETAILS</td><td>-</td><td>03/26/2019</td></tr><tr><td>12</td><td>E3.1</td><td>ELECTRICAL SINGLE LINE DIAGRAM</td><td>-</td><td>03/26/2019</td></tr><tr><td>13</td><td>M1.1</td><td>PLACARD PLAN</td><td>-</td><td>03/26/2019</td></tr><tr><td>14</td><td>R0.1</td><td>BLOOM PRODUCT DATA SHEET</td><td>-</td><td>03/26/2019</td></tr></table>		SHEET #	DWG #	SHEET TITLE	REV#	DATE	1	G0.1	COVER SHEET	-	03/26/2019	2	G0.2	GENERAL CONSTRUCTION NOTES	-	03/26/2019	3	G0.3	EXISTING CONDITIONS AND TREE PROTECTION PLAN	-	03/26/2019	4	G1.1	OVERALL SITE PLAN	-	03/26/2019	5	C1.1	DETAILED SITE PLAN	-	03/26/2019	6	C1.2	GRADING PLAN	-	03/26/2019	7	C2.1	DETAILS SHEET 1	-	03/26/2019	8	C2.2	DETAILS SHEET 2	-	03/26/2019	9	C2.3	DETAILS SHEET 3	-	03/26/2019	10	S0.1	STRUCTURAL GENERAL NOTES	-	03/26/2019	11	S2.1	EQUIPMENT PAD DETAILS	-	03/26/2019	12	E3.1	ELECTRICAL SINGLE LINE DIAGRAM	-	03/26/2019	13	M1.1	PLACARD PLAN	-	03/26/2019	14	R0.1	BLOOM PRODUCT DATA SHEET	-	03/26/2019	<p>SCOPE OF WORK</p> <p>THE SCOPE OF THIS PROJECT WILL CONSIST OF THE FOLLOWING:</p> <ol style="list-style-type: none">CIVIL WORK<ul style="list-style-type: none">EXISTING LANDSCAPE SHALL BE CUT FOR NEW EQUIPMENT PAD FOR BLOOM ENERGY SERVER.EXISTING SUBGRADE AT LANDSCAPE CUT WILL BE PREPARED FOR THE NEW EQUIPMENT WEIGHT.NEW TRENCH FROM BLOOM ENERGY SERVER TO BUILDING FOR GAS, WATER AND ELECTRICAL CONNECTIONS BETWEEN BLOOM ENERGY SERVER AND BUILDING. TRENCH TO BE BACKFILLED AND NEW LANDSCAPE COVER TO BE PROVIDED.NEW ENERGY SERVER CONCRETE PAD AND ANCILLARY CONCRETE PAD TO BE PLACED AT PREPARED SURFACE AT LANDSCAPE CUT OUT.ELECTRICAL WORK<ul style="list-style-type: none">NEW ELECTRICAL FEEDERS BETWEEN BLOOM ENERGY SERVER AND EXISTING MAIN SERVICE SWITCHBOARD.PLUMBING WORK<ul style="list-style-type: none">NEW WATER CONNECTION FROM POTABLE WATER SOURCE IN FACILITY TO BLOOM ENERGY SERVER.NEW NATURAL GAS CONNECTION. NEW METER AND REGULATOR REQUIRED.	
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CUSTOMER SITE

CONNECTICUT COLLEGE
5 RESERVOIR STREET,
NEW LONDON, CT 06320



CONNECTICUT COLLEGE

REVISION HISTORY

REV	REVISION ISSUE	DATE
-	INITIAL RELEASE	02/26/2019

DESIGNED BY KATE TAYLOR	REVIEWED BY KUAN YU KO
DRAWN BY ASHA BASAVALINGAPPA	APPROVED BY GREENBERG FARROW

SHEET TITLE

COVER SHEET

DRAWING NUMBER
G0.1

BLOOM DOCUMENT
DOC-1010443

THIS DRAWING IS 24" X 36" AT FULL SIZE
SITE ID: CNC000.0 SHEET 01 OF 14

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:

Josh Geballe, Commissioner
Department of Administrative Services
450 Columbus Blvd.
Hartford, CT 06103



9590 9402 4624 8323 8149 22

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7934

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X EILEEN GRIFFIN

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Eileen Griffin

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.

1. Article Addressed to:

Hon. Kathleen McCarty
Representative, 38th District
Legislative Office Building, Room 4200
Hartford, CT 06106-1591



9590 9402 4624 8323 8138 26

2. Article Number (Transfer from service label)

7018 1130 0001 6584 7927

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bev Orr

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Bev Orr

C. Date of Delivery

3-17

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

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- 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:

Kurt Westby, Commissioner
Department of Labor
200 Folly Brook Blvd.
Wethersfield, CT 06109



9590 9402 4624 8323 8149 39

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7927

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X George Badducci

☐ Agent

☐ Addressee

B. Received by (Printed Name)

George Badducci

C. Date of Delivery

200 Folly Brook Boulevard

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 THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Hon. Daniel M. Steward First Selectman, Town of Waterford 15 Rope Ferry Rd Waterford, CT 06385</p>		<p>B. Received by (Printed Name) BERT MONTAN</p> <p>C. Date of Delivery 3-14-19</p>	
<p>2. Article Number (Transfer from service label) 7017 1070 0000 5182 7910</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Southeastern Connecticut Council of Governments 5 Connecticut Ave. Norwich, CT 06360</p>		<p>B. Received by (Printed Name) Wendy Leclair</p> <p>C. Date of Delivery 3/14/19</p>	
<p>2. Article Number (Transfer from service label) 7017 1070 0000 5182 7880</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Joseph Giuliani, Commissioner Department of Transportation 2800 Berlin Turnpike Newington, CT 06111</p>		<p>B. Received by (Printed Name) C. Bolorin</p> <p>C. Date of Delivery 3-14-19</p>	
<p>2. Article Number (Transfer from service label) 7017 1070 0000 5182 7804</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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:

Katie Dykes, Commissioner
Department of Energy and
Environmental Protection
79 Elm St.
Hartford, CT 06106-5127



9590 9402 4624 8323 8149 91

2. Article Number (Transfer from service label)

17 1070 0000 5182 7866

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

COMPLETION ON DELIVERY

X

Fenari



Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-15-19

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

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 checked="" 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 | |
| <input type="checkbox"/> 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:

Michelle H. Seagull, Commissioner
Department of Consumer Protection
450 Columbus Blvd., Suite 901
Hartford, CT 06103



9590 9402 4624 8323 8149 15

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7941

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

EILEEN GRIFFIN

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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 checked="" 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 | |
| <input type="checkbox"/> 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:

Susan D. Merrow, Chair
Council on Environmental Quality
79 Elm St.
Hartford, CT 06106



9590 9402 4624 8323 8136 73

2. Article Number (Transfer from service label)

727 1070 0000 5182 7835

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Fenari

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-15-19

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

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 checked="" 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 | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Paul Formica
State Senator, 20th District
Legislative Office Building, Room 3400
Hartford, CT 06106-1591



9590 9402 4624 8323 8138 19

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7699

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Bev. Formica

C. Date of Delivery

3/14

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

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1. Article Addressed to:

John W. Betkoski III, Vice-Chairman
Public Utilities Regulatory Authority
10 Franklin Square
New Britain, CT 06051



9590 9402 4624 8323 8150 04

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7859

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

MAR 14 REC'D

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

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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:

Raul Rino, M.D., Commissioner
Department of Public Health
410 Capitol Ave., PO Box 340308
Hartford, CT 06134



9590 9402 4624 8323 8136 66

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7842

PS Form 3811, July 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.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Joe Courtney
U.S. Representative
2332 Rayburn House Office Building
Washington, DC 20515



9590 9402 4624 8323 8138 02

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7705

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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.

1. Article Addressed to:

Inland Wetland/Conservation
Commission
City Hall, 2nd Floor
181 State St.
New London, CT 06320



9590 9402 4624 8323 8137 65

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7743

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-14-19

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.

1. Article Addressed to:

Regina Rush-Kittle, Dep. Comm'r.
Division of Emergency Management
and Homeland Security
1111 Country Club Rd.
Middletown, CT 06457



9590 9402 4624 8323 8137 27

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7781

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/14/19

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

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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:

Ms. Sybil Tetteh, City Planner
City Hall, 2nd Floor
181 State St.
New London, CT 06320



9590 9402 4624 8323 8137 41

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7767

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-14-19

 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.

1. Article Addressed to:

Mr. Felix J. Reyes, Director
Office of Development & Planning
City Hall, 2nd Floor
181 State St.
New London, CT 06320



9590 9402 4624 8323 8137 72

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7736

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-14-19

 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

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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:

Hon. Michael Passero, Mayor
City of New London
181 State St.
New London, CT 06320



9590 9402 4624 8323 8137 34

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7774

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-14-19

 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

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:

Planning & Zoning Commission
City Hall, 2nd Floor
181 State St.
New London, CT 06320



9590 9402 4624 8323 8137 58

2. Article Number (Transfer from service label)

7070 0000 5182 7750

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-14-19

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

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 checked="" 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 | |
| <input type="checkbox"/> 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:

Melissa McCaw, Secretary
Office of Policy and Management
450 Capitol Ave.
Hartford, CT 06106



9590 9402 4624 8323 8136 97

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7811

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/14/19

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

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 checked="" 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 | |
| <input type="checkbox"/> 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:

Hon. Richard Blumenthal
Senator
702 Hart Senate Office Building
Washington, DC 20510



9590 9402 4624 8323 8137 89

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7729

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Danisha Craig

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

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 checked="" 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 | |

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:

Hon. William Tong
Attorney General
55 Elm St.
Hartford, CT 06106



9590 9402 4624 8323 8149 84

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7873

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/14/19

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.

1. Article Addressed to:

U S Bank Trust N A Trustee for LSF9
Master Participating Trust
8 WRI Property Management
3630 Peachtree Rd NE, Suite 1500
Atlanta, GA 30326



9590 9402 4624 8323 8140 90

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9822

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ 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.

1. Article Addressed to:

RBS Citizens NA Trustee, Attn: Chi Ma
One Citizens Bank Way MSJCB12
Johnston, RI 02919



9590 9402 4624 8323 8138 40

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7668

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ 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.

1. Article Addressed to:

Nicholas R. Griffis
722 Williams St.
New London, CT 06320



9590 9402 4624 8323 8139 56

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9969

PS Form 3811, July 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.

1. Article Addressed to:

Morris Calvin Page, Jr. and Rae.Drema
932 Williams St.
Quaker Hill, CT 06375



9590 9402 4624 8323 8139 87

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9938

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

D.P.

C. Date of Delivery

3-19-19

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.

1. Article Addressed to:

William J. Dougherty, Jr., Mary
Dougherty and Grace Dougherty
730 Williams St.
New London, CT 06320



9590 9402 4624 8323 8138 88

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8726

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

W.J. Dougherty

C. Date of Delivery

3/23/2019

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

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:

Timothy F. Foley, Jr. and Paul J. Foley
690 Williams St.
New London, CT 06320



9590 9402 4624 8323 8138 64

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7644

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

PAUL J. FOLEY

C. Date of Delivery

3-14-14

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.

1. Article Addressed to:

Robert W. Costello, Jr. and Melody R. Costello
694 Williams St.
New London, CT 06320



9590 9402 4624 8323 8140 45

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9877

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Julia Costello

C. Date of Delivery

3-14-14

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

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:

John P. Anthony
674 Williams St.
New London, CT 06320



9590 9402 4624 8323 8140 38

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9884

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

John P. Anthony

C. Date of Delivery

3/14/14

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Brian C. & Ann Marie Miller
28 Mary Catherine Ln.
Sudbury, MA 01776



9590 9402 4624 8323 8139 63

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9952

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ 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

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

1. Article Addressed to:

John W. Russell, Jr.
716 Williams St.
New London, CT 06320



9590 9402 4624 8323 8140 52

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9860

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. BAKKER

C. Date of Delivery

3-14-19

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

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

1. Article Addressed to:

Morris C. Page, Jr. and R. Drema
932 Williams St.
Quaker Hill, CT 06375



9590 9402 4624 8323 8140 83

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9839

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

D.P.

C. Date of Delivery

3-14-19

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

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:

Shiloh Baptist Church Inc.
1 Garvin St.
New London, CT 06320



9590 9402 4624 8323 8139 25

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9990

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/14/19

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.

1. Article Addressed to:

Lyman Allen Art Museum Inc. Ttee
625 Williams St.
New London, CT 06320



9590 9402 4624 8323 8140 21

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9891

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lauren Landi

C. Date of Delivery

3/14/19

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.

1. Article Addressed to:

Paul F. Perreten
18 Sunset Rd.
Old Saybrook, CT 06475



9590 9402 4624 8323 8139 18

2. Article Number (Transfer from service label)

7018 1130 0001 6585 0002

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Paul F. Perreten

C. Date of Delivery

3/14/19

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.

1. Article Addressed to:

William Cartafalsa
672 Williams St.
New London, CT 06320



9590 9402 4624 8323 8138 57

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7651

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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.

1. Article Addressed to:

U S Bank Trust N A Trustee
13801 Wireless Way
Oklahoma City, OK 73134



9590 9402 4624 8323 8139 94

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9921

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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.

1. Article Addressed to:

Williams Memorial Institute
182 Mohegan Ave.
New London, CT 06320



9590 9402 4624 8323 8140 14

2. Article Number (Transfer from service label)

018 1130 0001 6584 9907

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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:

Gary E. Poulin
c/o Boyer Realty Management LLC
400 Bayonet St., Suite 201
New London, CT 06320



9590 9402 4624 8323 8139 49

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9976

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

LINDA MATIGEWSON

C. Date of Delivery

3/14/19

D. Is delivery address different from item 1? ☐ YesIf 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.

1. Article Addressed to:

Christopher Atwood
1 College Court
Quaker Hill, CT 06375



9590 9402 4624 8323 8139 70

2. Article Number (Transfer from service label)

7018 1130 0001 6584 9945

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Christopher Atwood

C. Date of Delivery

3/15/19

D. Is delivery address different from item 1? ☐ YesIf 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.

Article Addressed to:

C.E. & B. Vanderlyke
 712 Williams St.
 New London, CT 06320



9590 9402 4624 8323 8138 71

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7637

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
 C. E. Vanderlyke 3-19-19

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
 (\$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:

Mary F. Buczik
 676 Williams St.
 New London, CT 06320



9590 9402 4624 8323 8139 32

2. Article Number (Transfer from service label)

18 1130 0001 6584 9983

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Kenny Crandall

C. Date of Delivery

3/16/19


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

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Hon. Anthony Nolan Representative, 39th District Legislative Office Building, Room 4043 Hartford, CT 06106-1591</p> <div style="text-align: center;">  9590 9402 4624 8323 8149 53 </div> <p>2. Article Number (Transfer from service label)</p> <p>7017 1070 0000 5182 7903</p>	<p>A. Signature X <u>B. C. [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Ben O'M</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Joby Piersall Planning Director, Town of Waterford 15 Rope Ferry Rd Waterford, CT 06385</p> <div style="text-align: center;">  9590 9402 4624 8323 8149 60 </div> <p>2. Article Number (Transfer from service label)</p> <p>7017 1070 0000 5182 7897</p>	<p>A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Bert Minton</u> C. Date of Delivery <u>3-14-19</u></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</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Melody A. Currey, Acting Comm'r. Department of Agriculture 450 Columbus Blvd., Suite 701 Hartford, CT 06103</p> <div style="text-align: center;">  9590 9402 4624 8323 8136 80 </div> <p>2. Article Number (Transfer from service label)</p> <p>7017 1070 0000 5182 7828</p>	<p>A. Signature X <u>EILEEN GRIFFIN</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Eileen Griffin</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7018 1130 0001 6584 8702

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
NEW LONDON, CT 06320	
Certified Mail Fee \$3.50	0891 03
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	MAR 12 2019
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	03/12/2019
Total Postage and Fees \$6.85	
Sent To	
Street & City, St.	Connecticut College Mohegan Ave. New London, CT 06320
PS Form	Instructions

7018 1130 0001 6584 8719

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
NEW LONDON, CT 06320	
Certified Mail Fee \$3.50	0891 03
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	MAR 12 2019
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	03/12/2019
Total Postage and Fees \$6.85	
Sent To	
Street & City, St.	Martin F. Hillsgrove and Ellen S. Bremner 766 Williams St. New London, CT 06320
PS Form	Instructions

7018 1130 0001 6584 9846

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
NEW LONDON, CT 06320	
Certified Mail Fee \$3.50	0891 03
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	MAR 12 2019
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	03/12/2019
Total Postage and Fees \$6.85	
Sent To	
Street & City, St.	Robert T. Langslet 56 Washington St. New London, CT 06320
PS Form	Instructions

7017 1070 0000 5182 7675

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
NEW LONDON, CT 06320	
Certified Mail Fee \$3.50	0891 03
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	MAR 12 2019
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	03/12/2019
Total Postage and Fees \$6.85	
Sent To	
Street & City, St.	United States of America E. Mohegan Ave. New London, CT 06320
PS Form	Instructions

7018 1130 0001 6584 9914

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
NEW LONDON, CT 06320	
Certified Mail Fee \$3.50	0891 03
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	MAR 12 2019
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	03/12/2019
Total Postage and Fees \$6.85	
Sent To	
Street & City, St.	Connecticut College
PS Form	Instructions

7017 1070 0000 5182 7798

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
HARTFORD, CT 06106	
Certified Mail Fee \$3.50	0891 03
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	MAR 12 2019
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	03/12/2019
Total Postage and Fees \$6.85	
Sent To	
Street and Apt. No.	David Lehman, Commissioner Department of Economic and Community Development
PS Form	Instructions

7017 1070 0000 5182 7712

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

WASHINGTON, DC 20510

Certified Mail Fee
\$3.50

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

Postage
\$0.55

Total Postage and Fees

0891
03
Postmark
Here

Sent To
Hon. Chris Murphy
Senator
B40A Dirksen Senate Office Building
Washington, DC 20510

PS Form 3800, June 2010

7018 1130 0001 6584 9853

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

NEW LONDON, CT 06241

Certified Mail Fee
\$3.50

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

Postage
\$0.55

Total Postage and Fees

0891
03
Postmark
Here
MAR 12 2019
03/12/2019

Sent To
Peter F. Detmold and Martha J. Conn
331 Ocean Ave.
New London, CT 06320

PS Form 3800, June 2010