

# APPENDIX C

**NOTICE TO ABUTTERS**

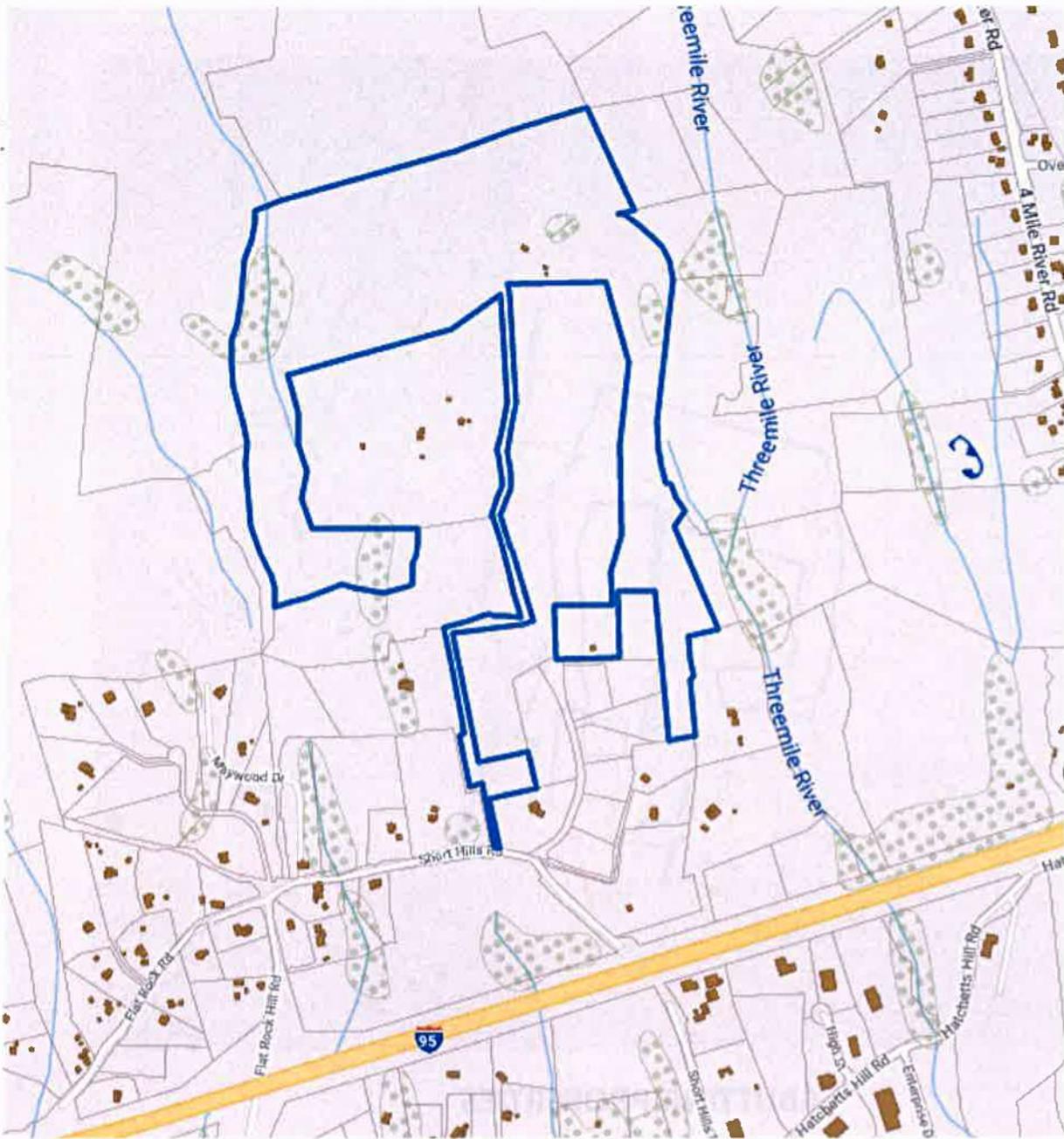
**CERTIFIED MAIL**

**[COPIES DOUBLE-SIDED;  
RECEIPTS ON THE BACK OF THE LETTERS]**

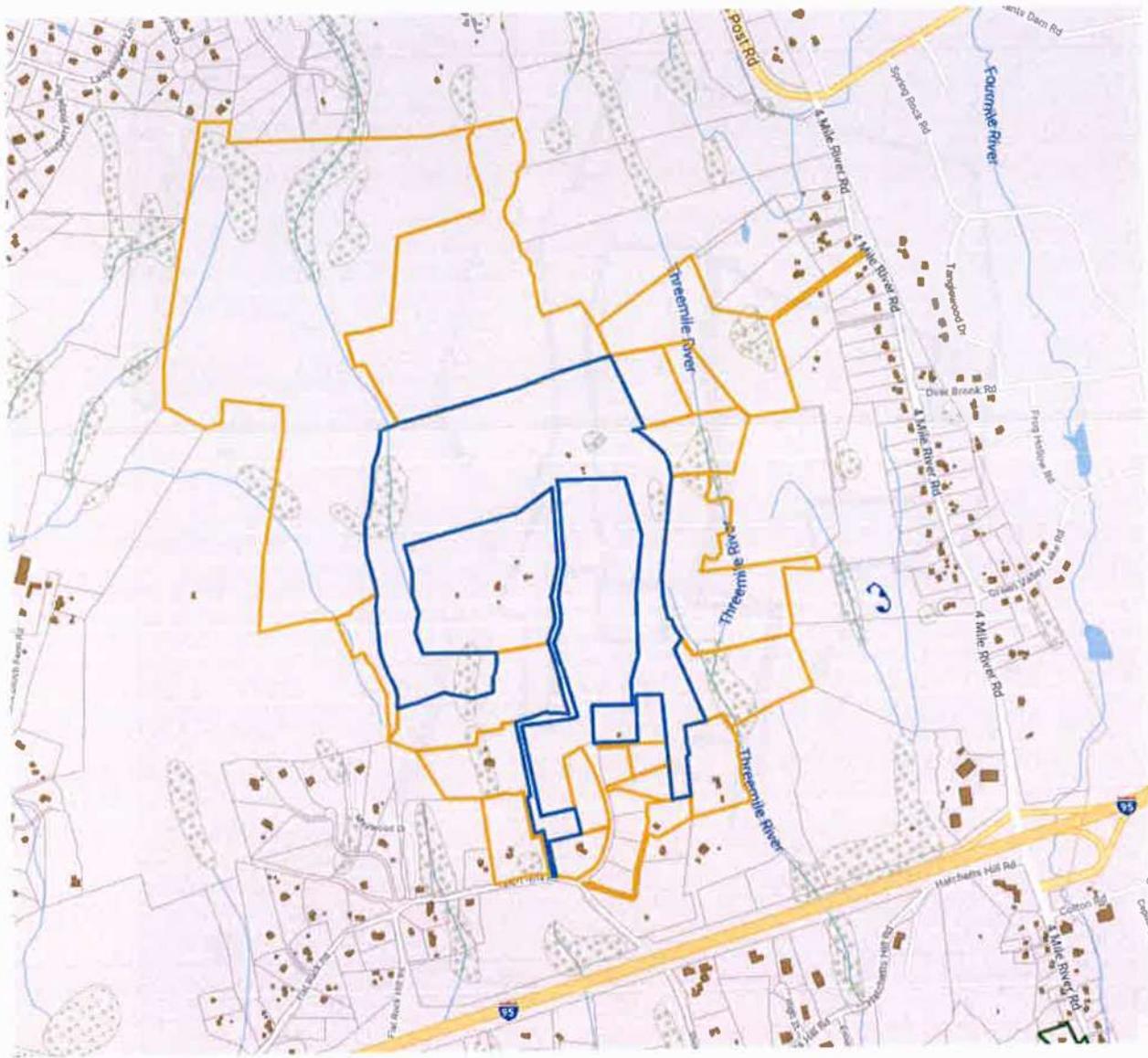
**20-1 SHORT HILL ROAD, OLD LYME  
ABUTTER NOTIFICATION VIA CERTIFIED MAIL**

<u>SITE ADDRESS</u>	<u>ABUTTERS:</u> ADDRESS PROPERTY ID	<u>ABUTTING PROPERTY OWNER</u> (MAILING ADDRESS FOR NOTIFICATION)	<u>MAILED</u> From P & C via Certified Mail	<u>RETURN RECEIPT BACK</u> [Green Card]	<u>NOTES:</u>
<b>20-1 SHORT HILL ROAD, OLD LYME MAP ID 24/ / 13/ / VISION ID : 1351 ACCT# 00119500  129.88 acres Zone – RU80</b>	OWNER OF SITE PROPERTY: Howard S. Tooker  Old assessor card = Howard S. Tooker 28 Library Lane Old Lyme, CT 06371	Current assessor card =  HOWARD S. TOOKER 20-1 SHORT HILLS RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	
	275-2 BOSTON POST RD  Mblu 30/ / 37/ /	MARGARET C. KUS, EST. KENNETH M. McKEEVER, ESQ. POB 514 NIANTIC, CT 06357	<b>09/24/19</b>	<b>09/30/19</b>	
	174-3 FOUR MILE RIVER RD  Mblu 30/ / 16/ /	TOWN OF OLD LYME 52 LYME STREET OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	
	164-4 FOUR MILE RIVER RD  Mblu 30/ / 35/ /	JENNIFER HILLHOUSE 24 GRISWOLD POINT RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	
	144-3 FOUR MILE RIVER RD  Mblu 30/ / 33/ /	JENNIFER HILLHOUSE 24 GRISWOLD POINT RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	↑ OWNS 2
	114-3 FOUR MILE RIVER RD  Mblu 24/ / 31/ /	OLD LYME LAND TRUST INC. PO BOX 163 OLD LYME, CT 06371	<b>09/24/19</b>	<b>10/01/19</b>	
	116-1 FOUR MILE RIVER RD  Mblu 24/ / 32/ /	OLD LYME LAND TRUST INC. PO BOX 163 OLD LYME, CT 06371	<b>09/24/19</b>	<b>10/01/19</b>	↑ OWNS 3  ↓
	26-2 SHORT HILLS RD  Mblu 24/ / 21/ /	DORENE SAUNDERS 26-2 SHORT HILLS RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	
	24-3 SHORT HILLS RD  Mblu 24/ / 19/1 /	PHILLIP P. LANIER 24-3 SHORT HILLS RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	

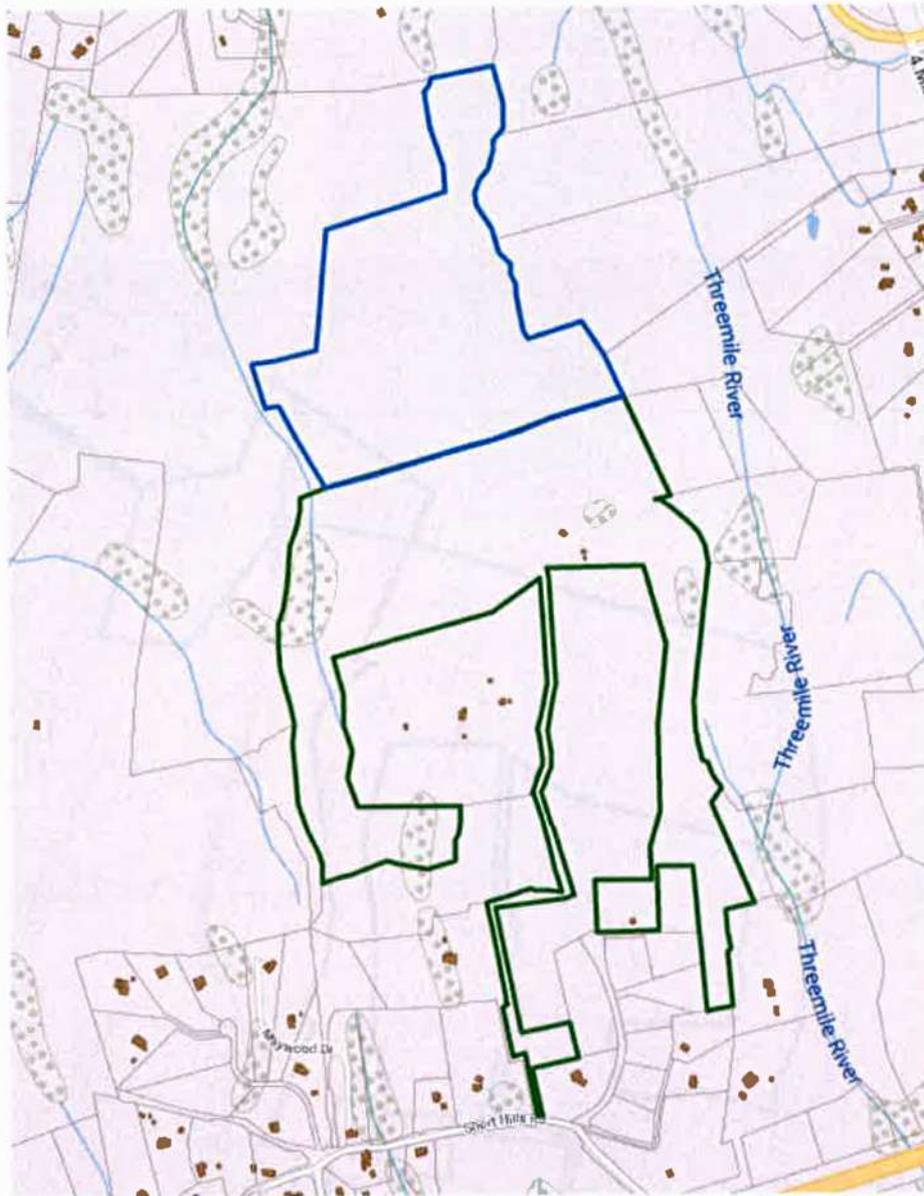
<u>SITE ADDRESS</u>	<b>ABUTTERS:</b> ADDRESS PROPERTY ID	<b>ABUTTING PROPERTY OWNER</b> <b>(MAILING ADDRESS FOR NOTIFICATION)</b>	<b>MAILED From P &amp; C via Certified Mail</b>	<b>RETURN RECEIPT BACK [Green Card]</b>	<b>NOTES:</b>
	9-1 GREAT OAK RD  Mblu 24/ / 13/2-A /	CAWIAMCA LLC 49 SHERWOOD TERR 2ND FL OLD SAYBROOK, CT 06475	<b>09/24/19</b>	<b>09/30/19</b>	OWN 3  ↓
	13-1 GREAT OAK RD  Mblu 24/ / 13/2-6 /	GARY M. & MARY ANN S. GOODRICH 13-1 GREAT OAK RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	
	11 GREAT OAK RD  Mblu 24/ / 13/2-5 /	JUSTIN & ANNEISE FULLER 11 GREAT OAK RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	
	8 GREAT OAK RD  Mblu 24/ / 13/2-B /	CAWIAMCA LLC 49 SHERWOOD TERR 2ND FL OLD SAYBROOK, CT 06475	<b>09/24/19</b>	<b>09/30/19</b>	
	18 SHORT HILLS RD  Mblu 24/ / 13/1 /	WILLIAM CULOTTA & LINDA REYNOLDS 12 SHORT HILLS RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	DOUBLE CHECKED THIS... THEY LIVE AT 12 SHORT HILLS ↓
	12 SHORT HILLS RD  Mblu 24/ / 11/ /	CHRISTOPHER B. JOHNSON 12 SHORT HILLS RD OLD LYME, CT 06371	<b>09/24/19</b>		←
	14-1 SHORT HILLS RD  Mblu 24/ / 12/ /	THOMAS & SHIRLEY CAMPO 14-1 SHORT HILLS RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	
	16-3 SHORT HILLS RD  Mblu 24/ / 15/ /	THOMAS & SHIRLEY CAMPO 14-1 SHORT HILLS RD OLD LYME, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>	↑ THEY OWN BOTH 14-1 & 16-3
	18-1 SHORT HILLS RD  Mblu 24/ / 17/ /	KATHLEEN WOODRUFF 18-2 SHORT HILLS RD OLD LYME, CT 06371	<b>09/25/19</b>	<b>09/30/19</b>	
	18-2 SHORT HILLS RD  Mblu 24/ / 16/ /	CAWIAMCA LLC 49 SHERWOOD TERR 2ND FL OLD SAYBROOK, CT 06475	<b>09/24/19</b>	<b>09/30/19</b>	
	60-3 WHIPPOORWILL RD  Mblu 23/ / 38/ /	OLD LYME LAND TRUST POB 163 OLD LYME, CT 06371	<b>09/24/19</b>	<b>10/01/19</b>	↑ 2 MORE



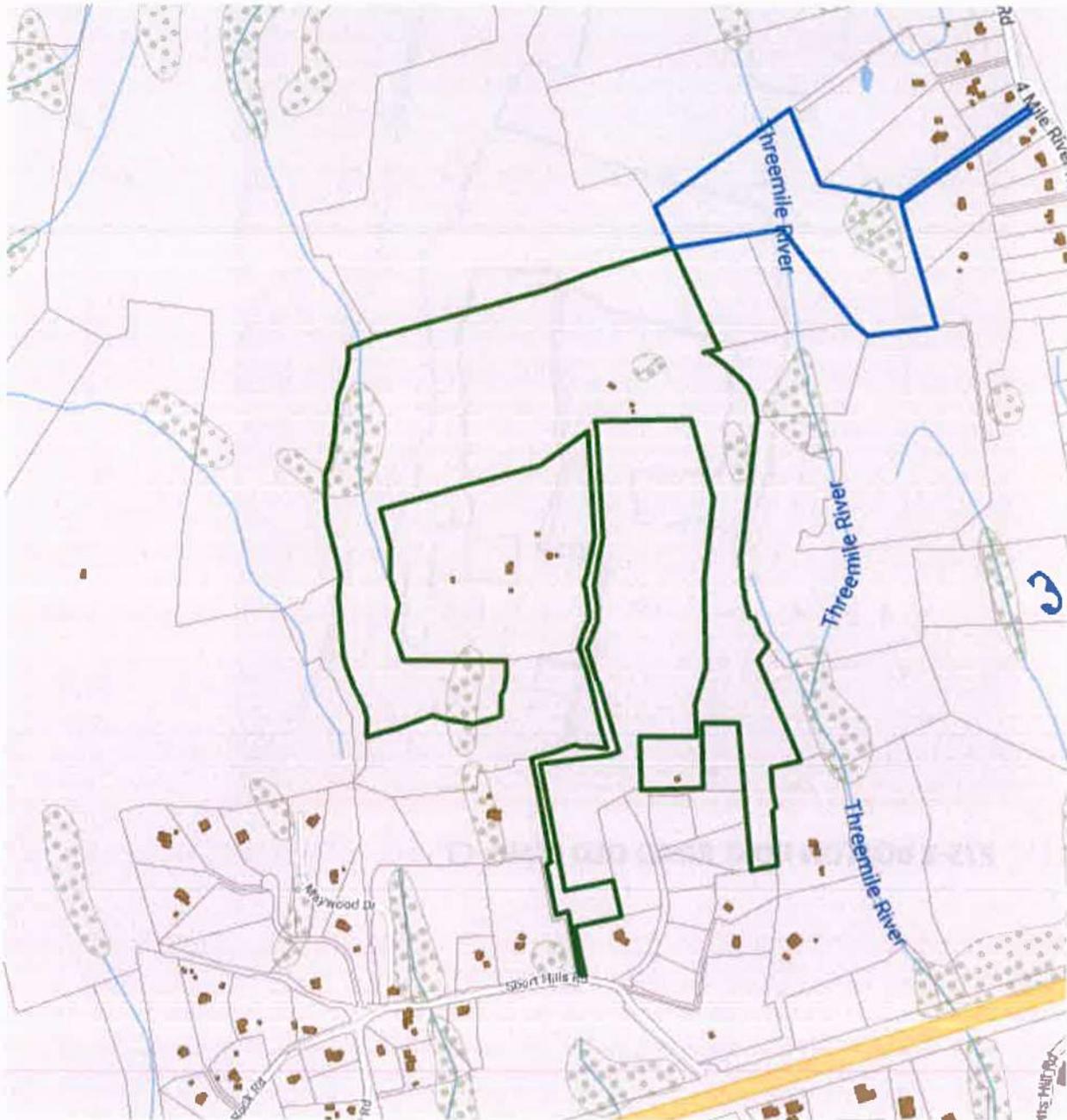
**20-1 SHORT HILLS RD, OLD LYME, CT**



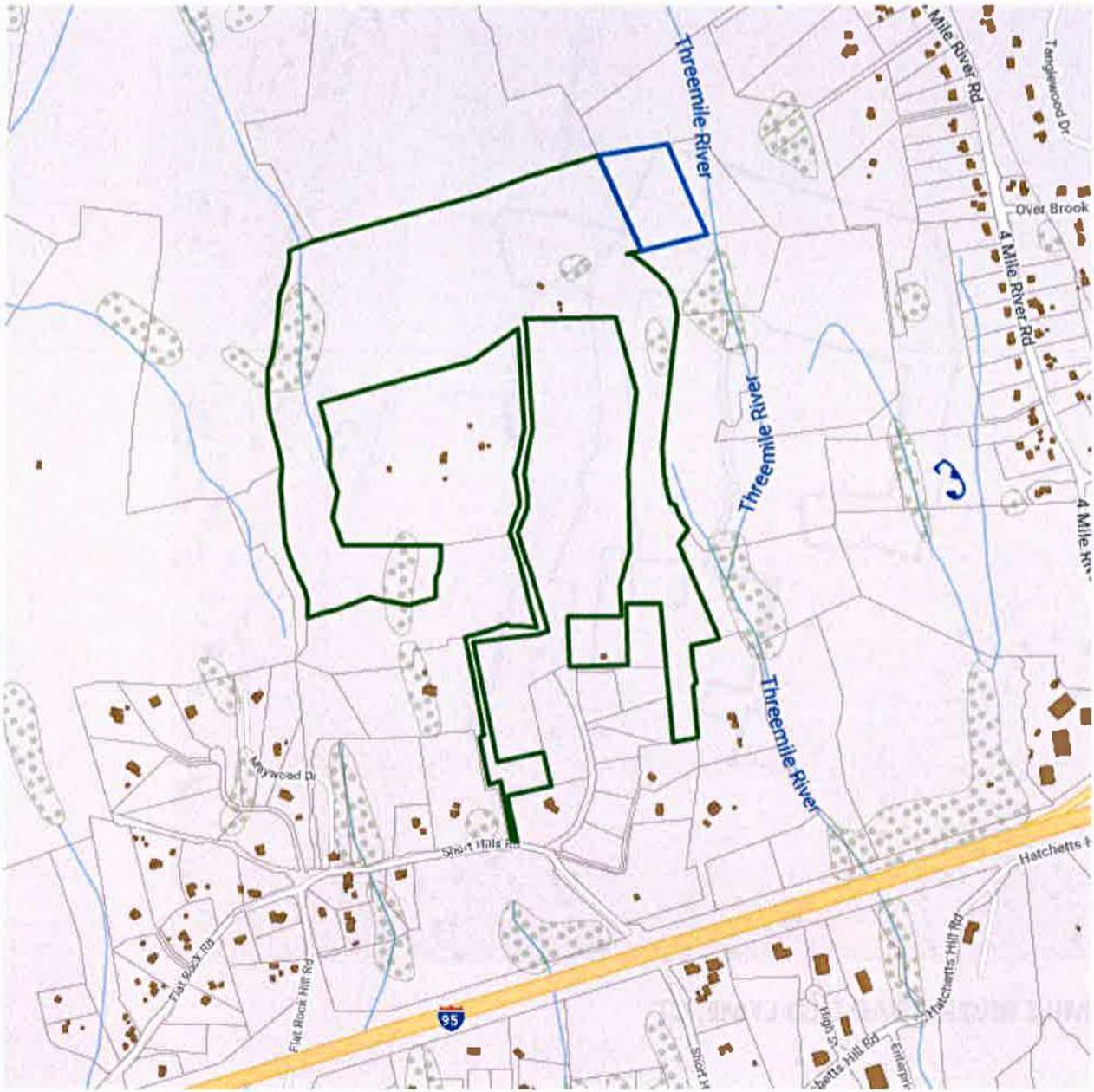
**ABUTTING PROPERTIES**



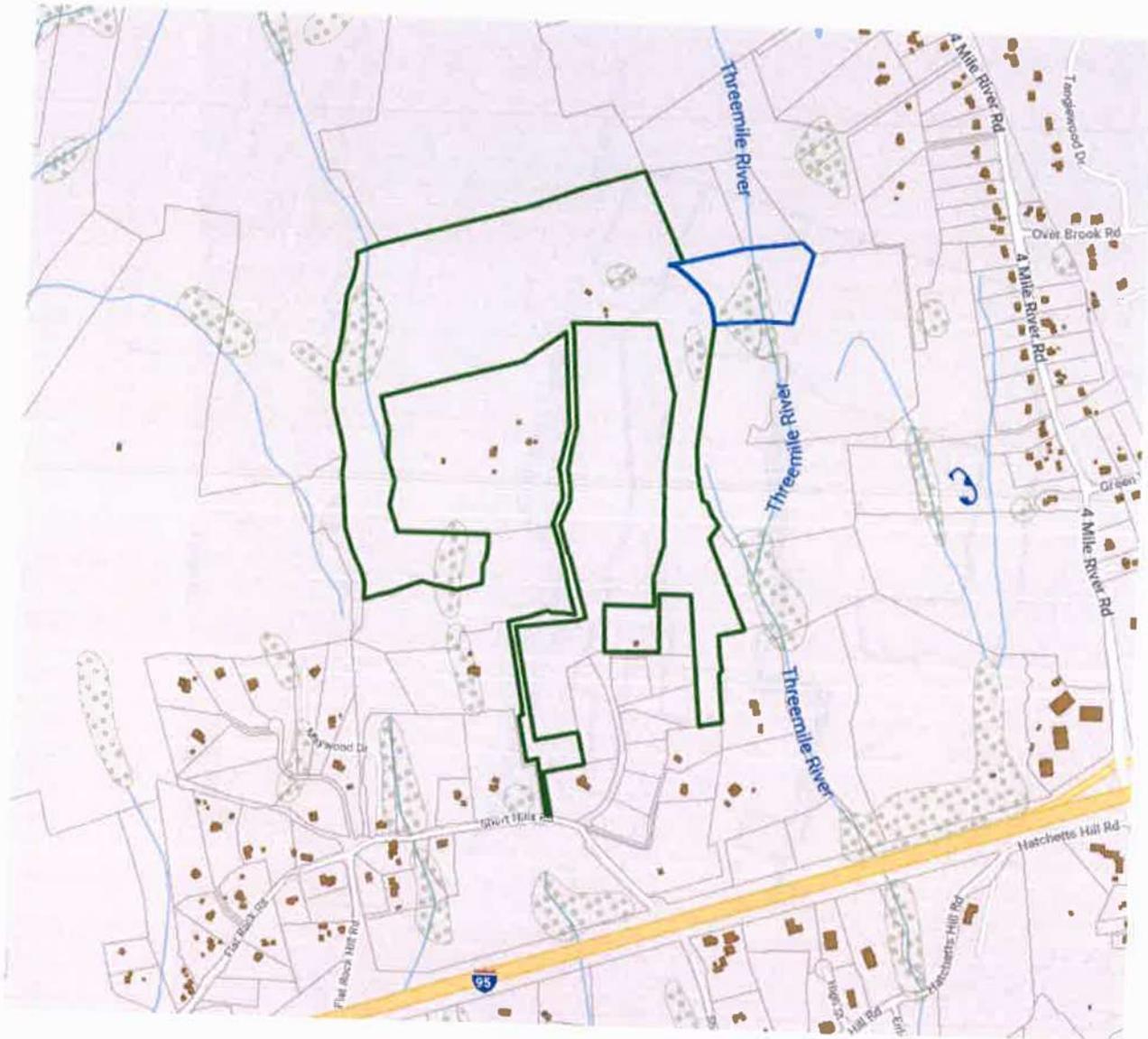
**275-2 BOSTON POST ROAD OLD LYME, CT**



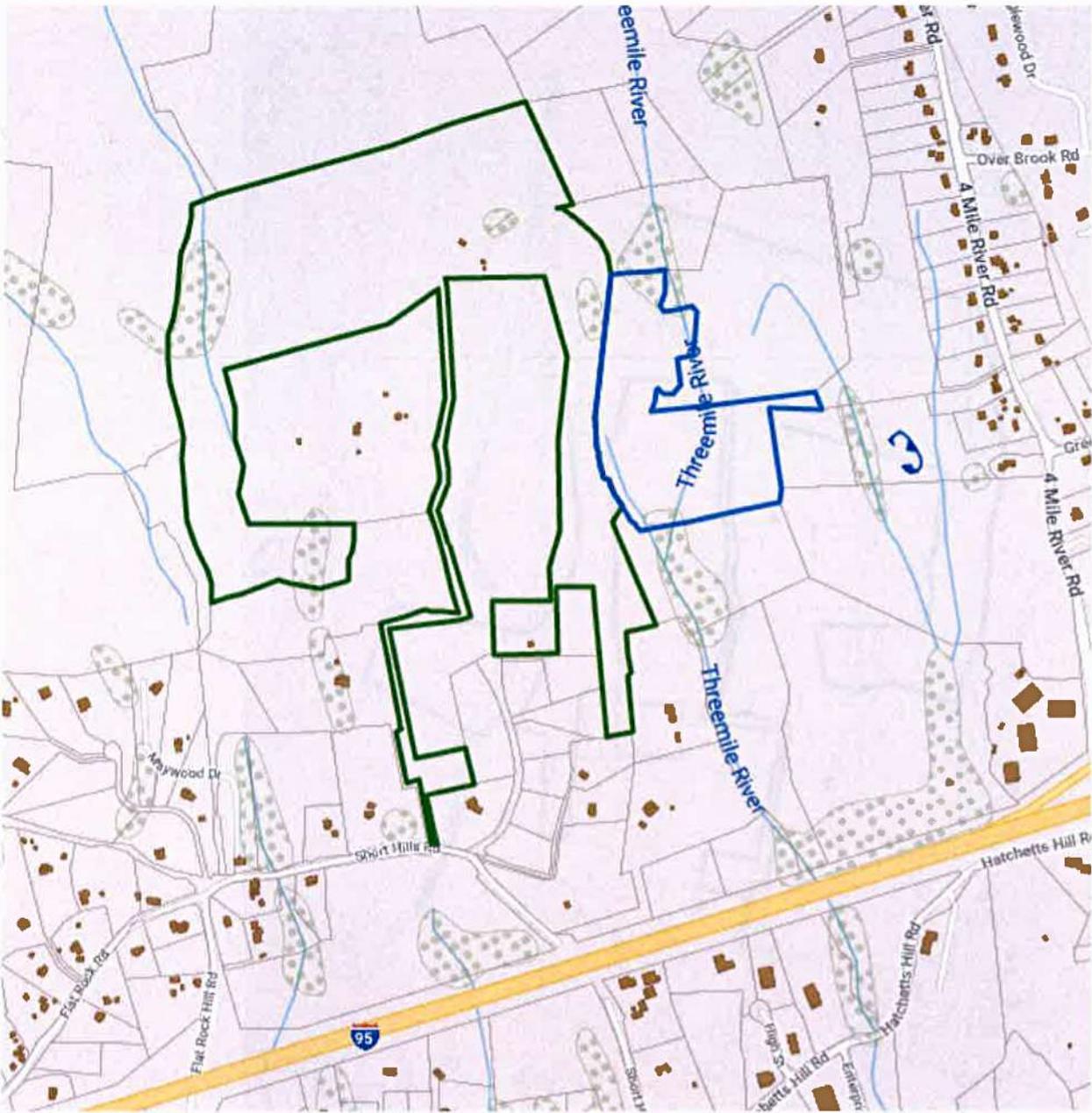
**174-3 FOUR MILE RIVER ROAD OLD LYME, CT**



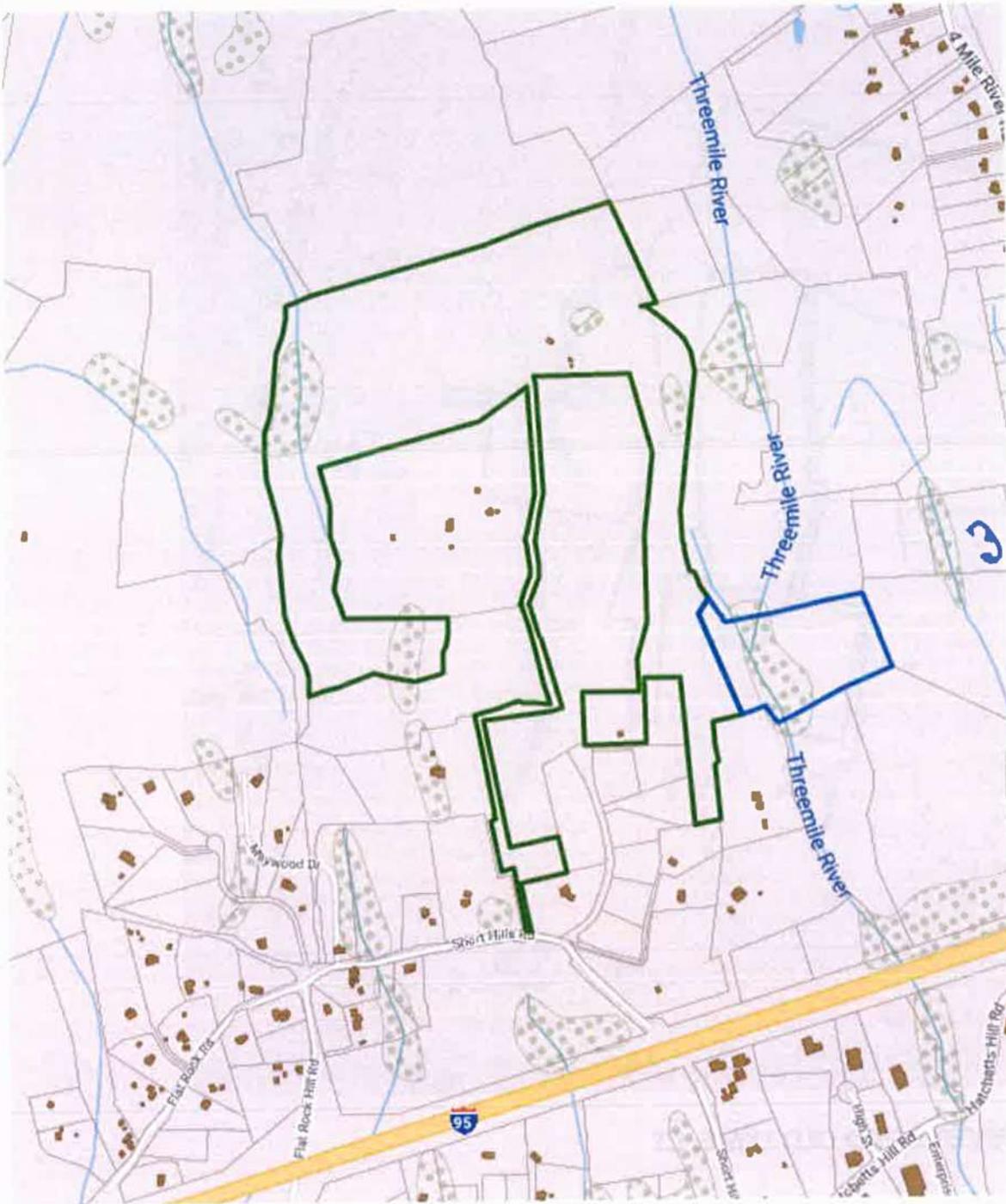
164-4 FOUR MILE RIVER ROAD OLD LYME, CT



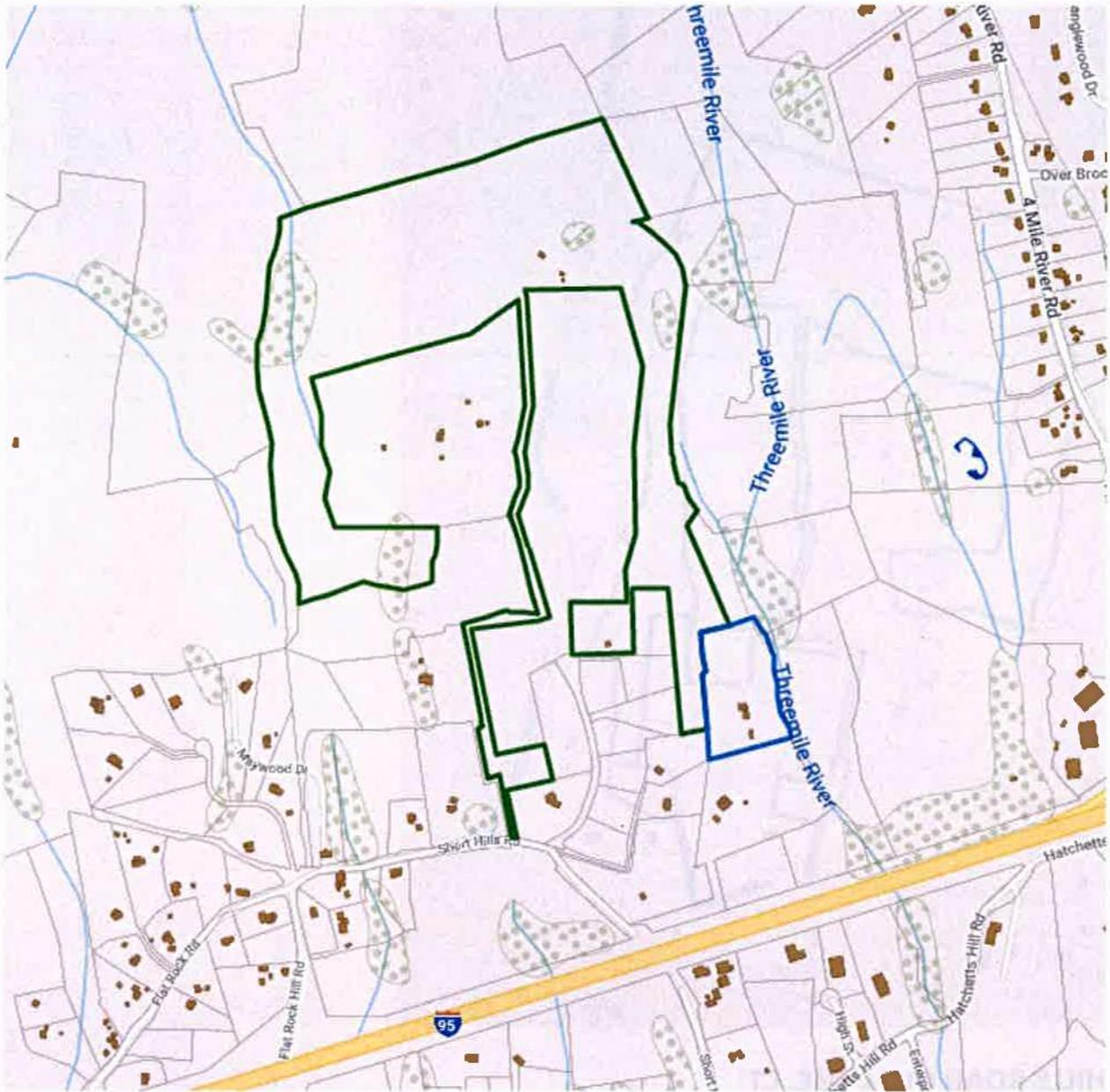
**144-3 FOUR MILE RIVER ROAD OLD LYME, CT**



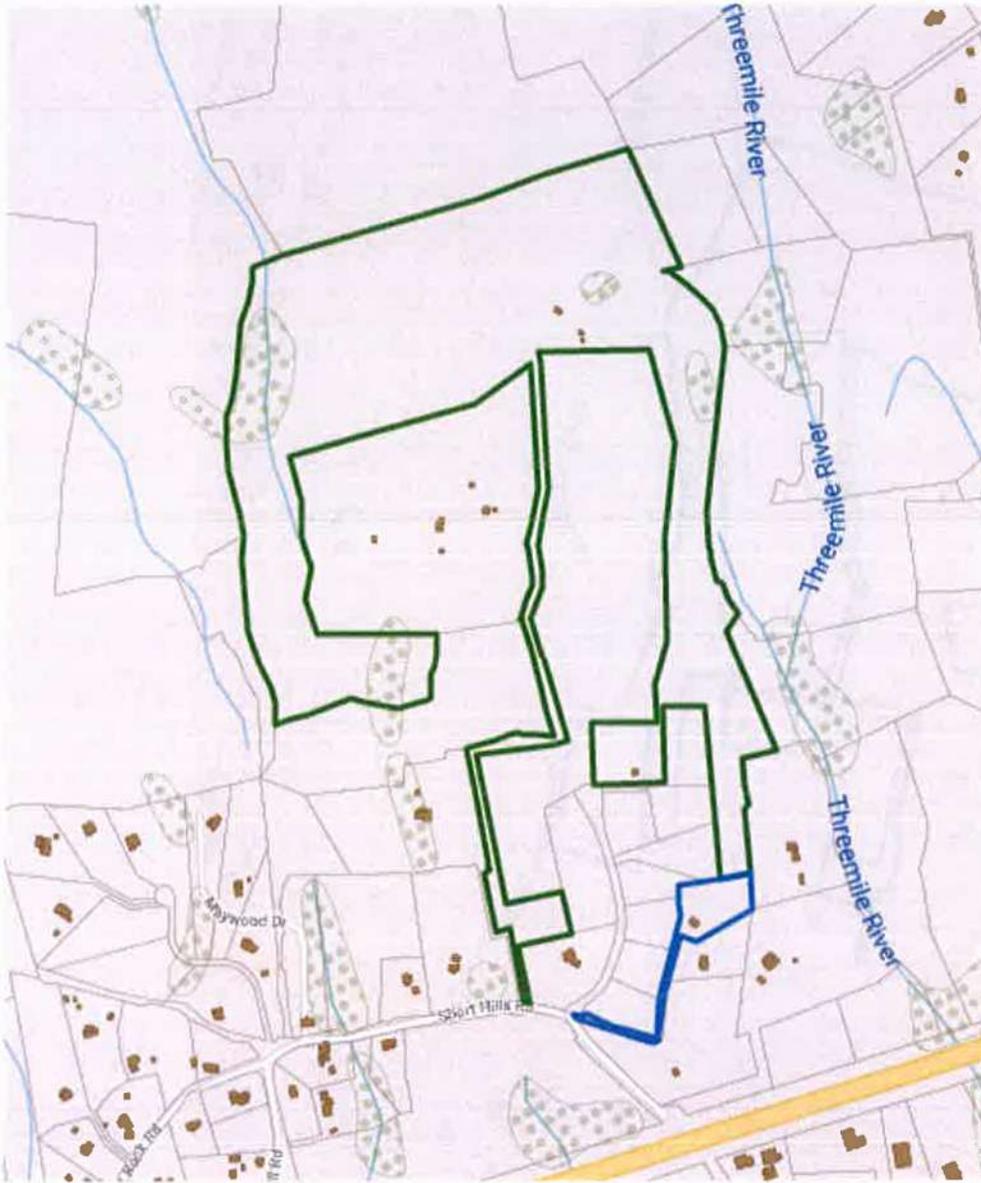
114-3 FOUR MILE RIVER ROAD OLD LYME, CT



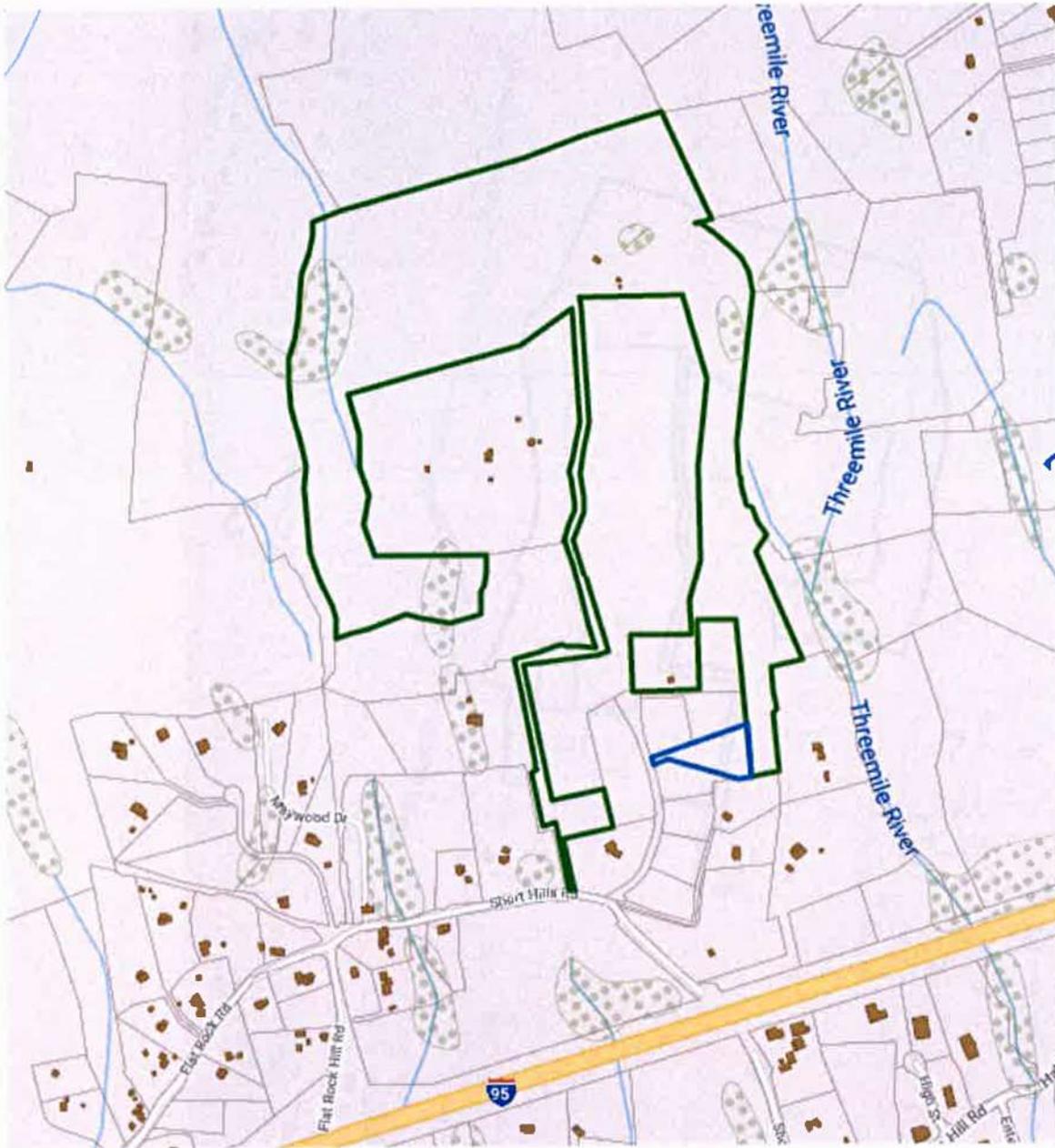
**116-1 FOUR MILE RIVER ROAD OLD LYME, CT**



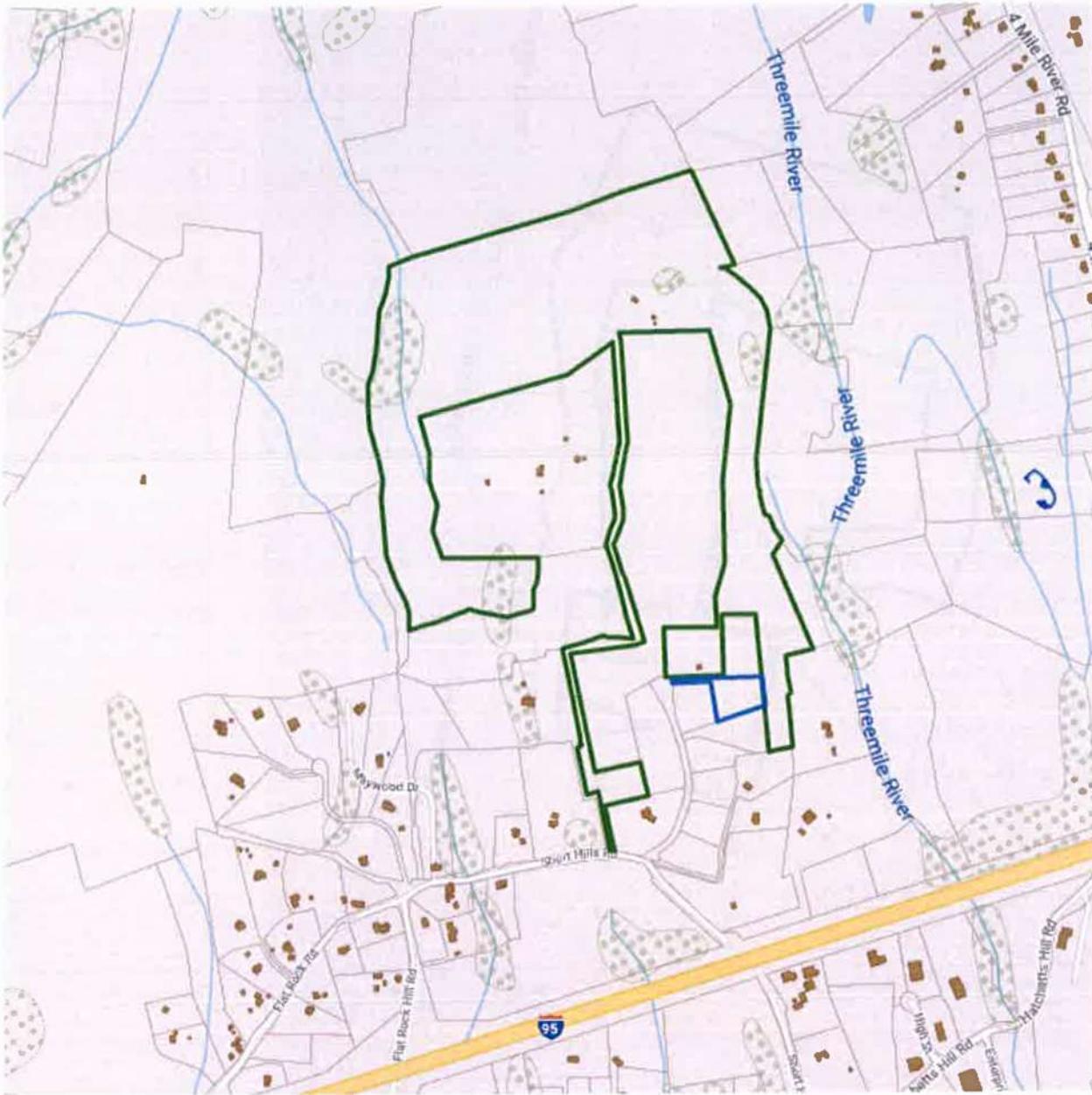
**26-2 SHORT HILLS ROAD OLD LYME, CT**



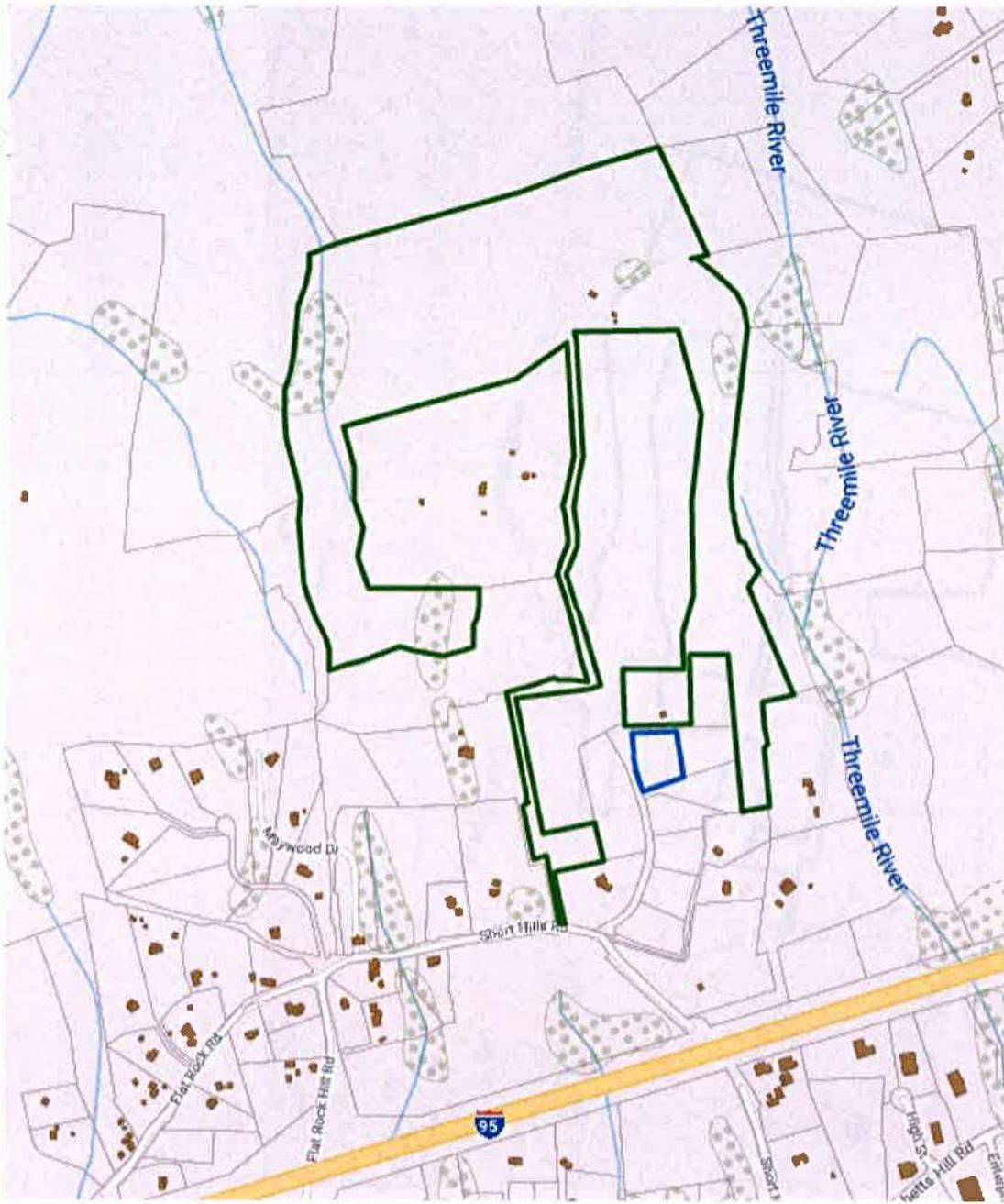
**24-3 SHORT HILLS ROAD OLD LYME, CT**



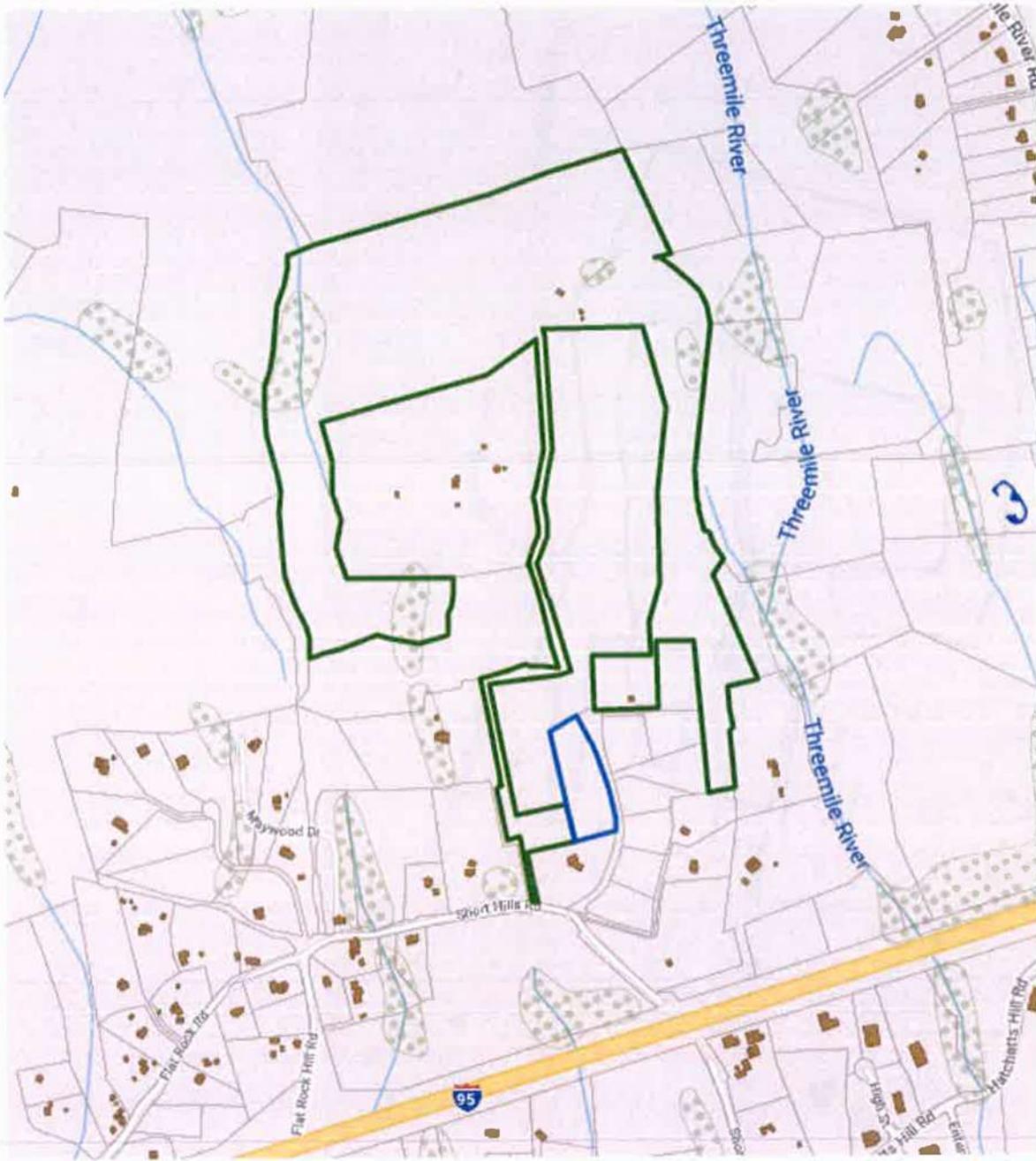
**9-1 GREAT OAK ROAD OLD LYME, CT**



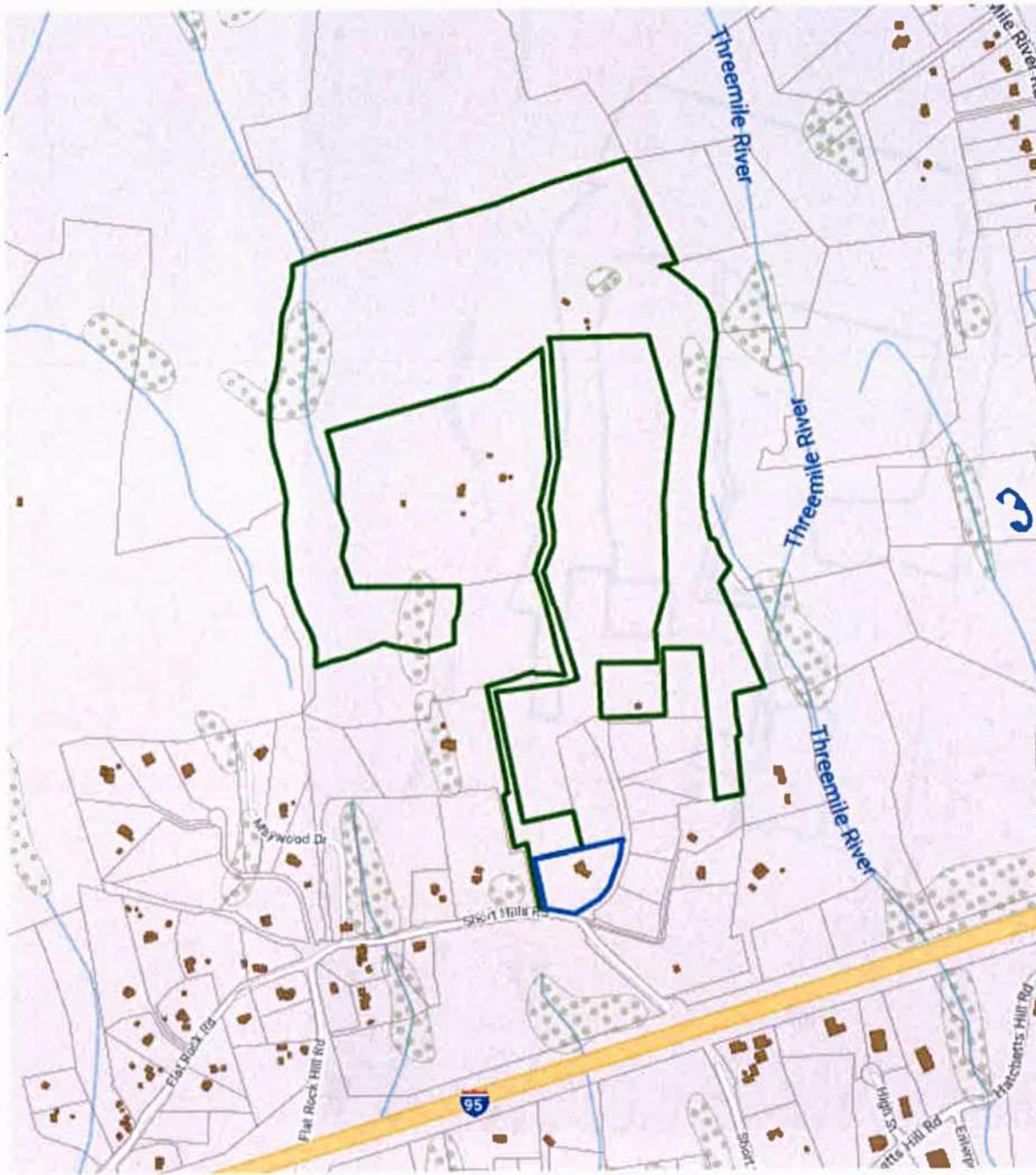
**13-1 GREAT OAK ROAD OLD LYME, CT**



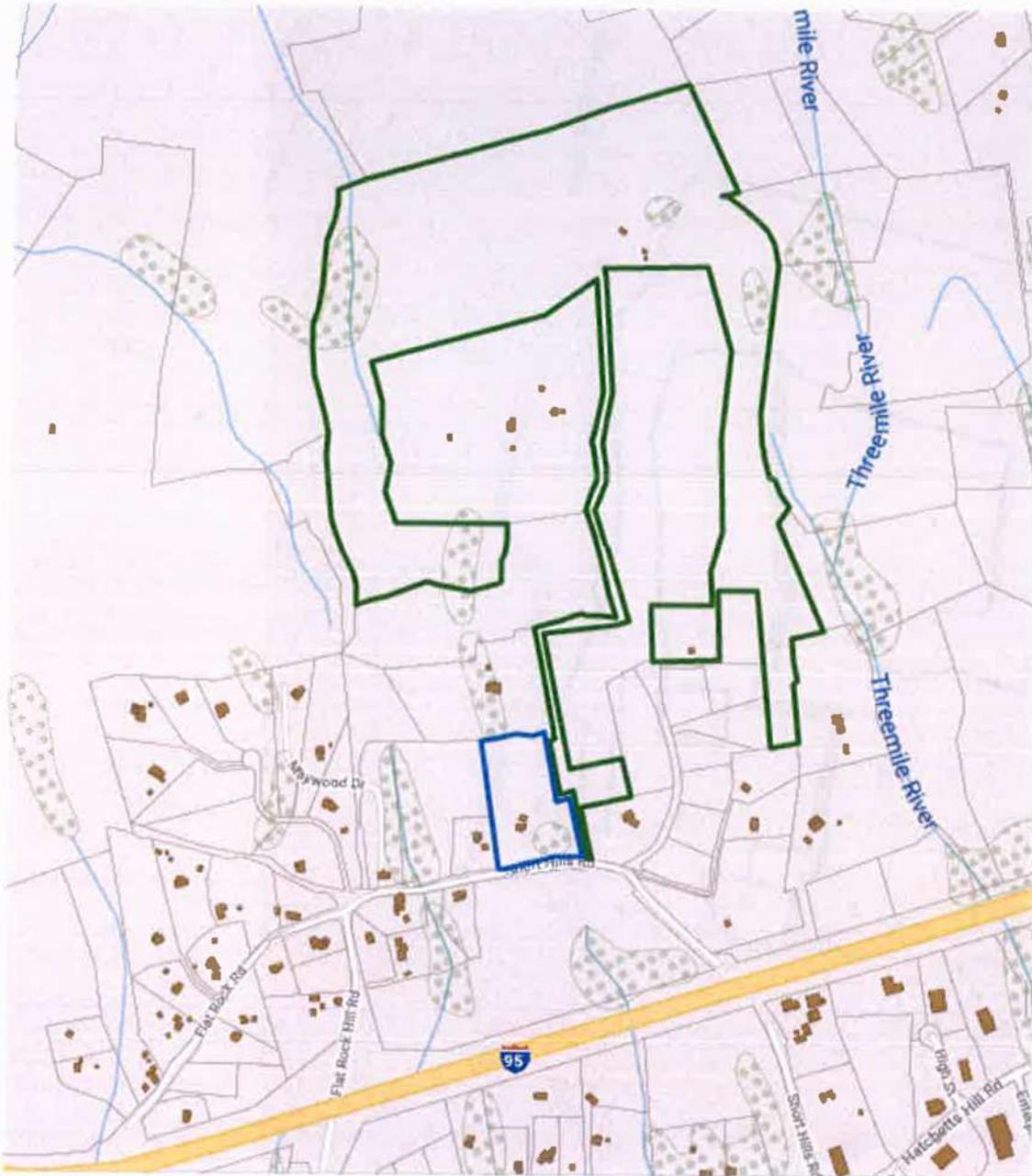
**11 GREAT OAK ROAD OLD LYME, CT**



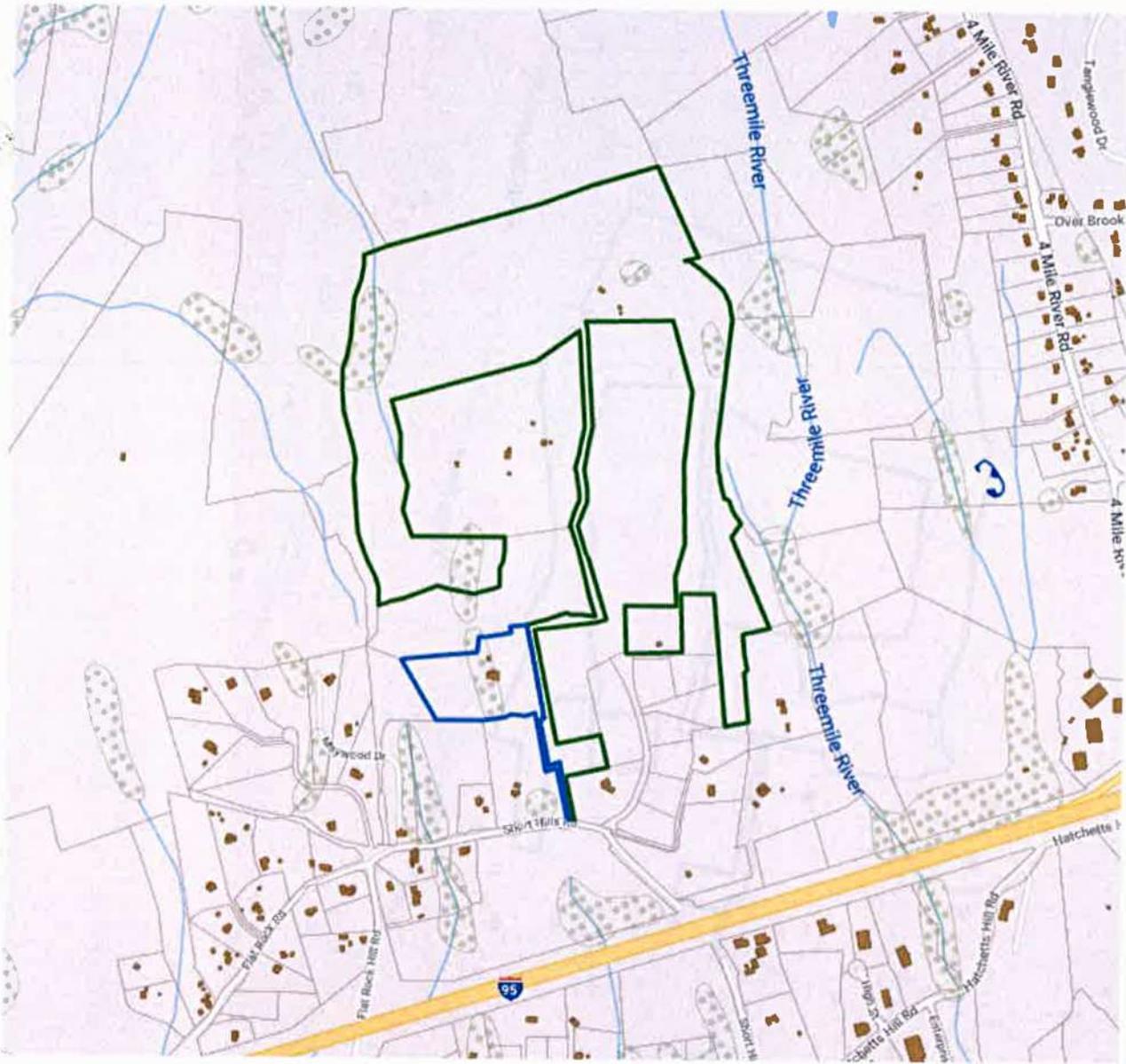
**8 GREAT OAK ROAD OLD LYME, CT**



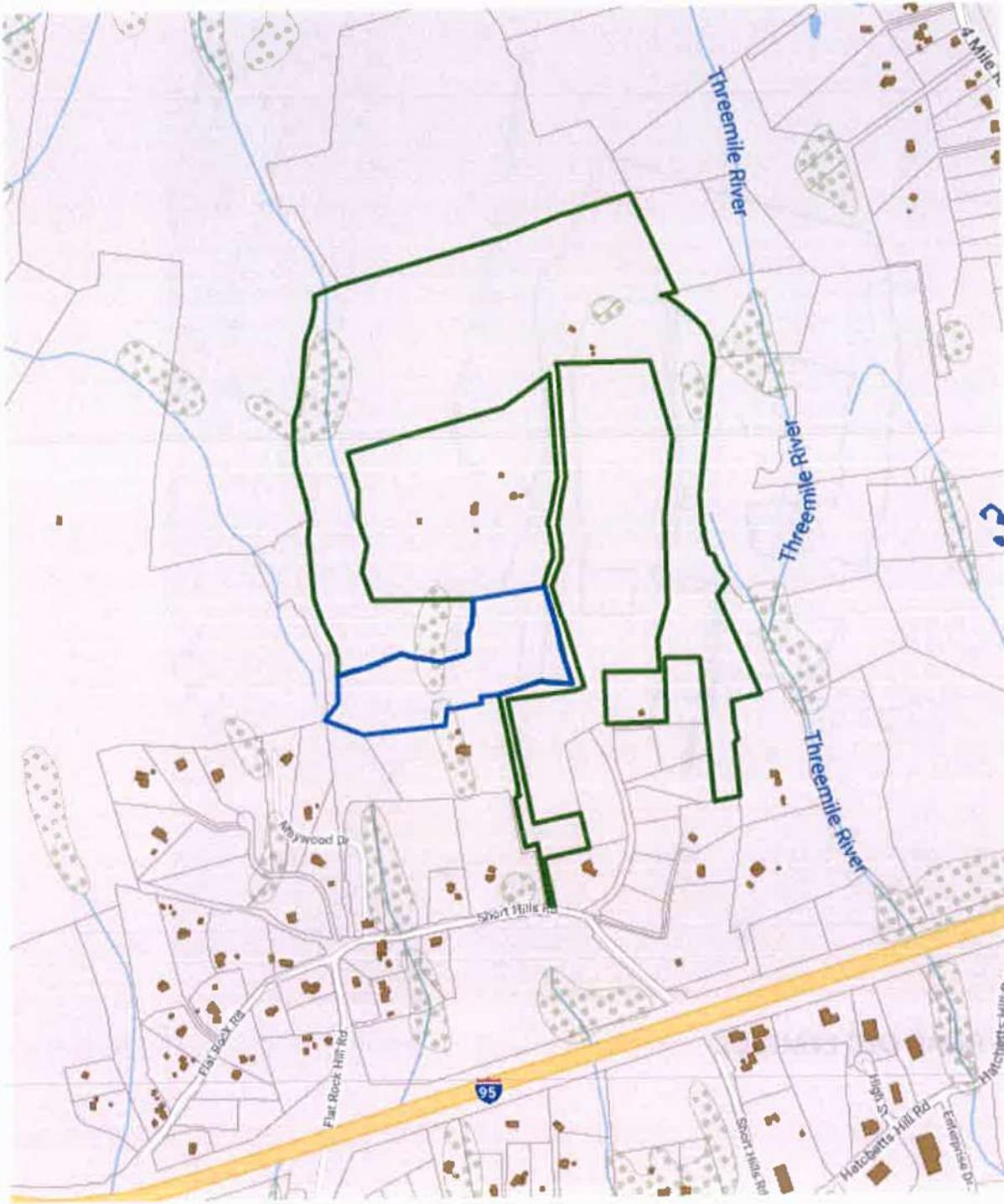
**18 SHORT HILLS ROAD OLD LYME, CT**



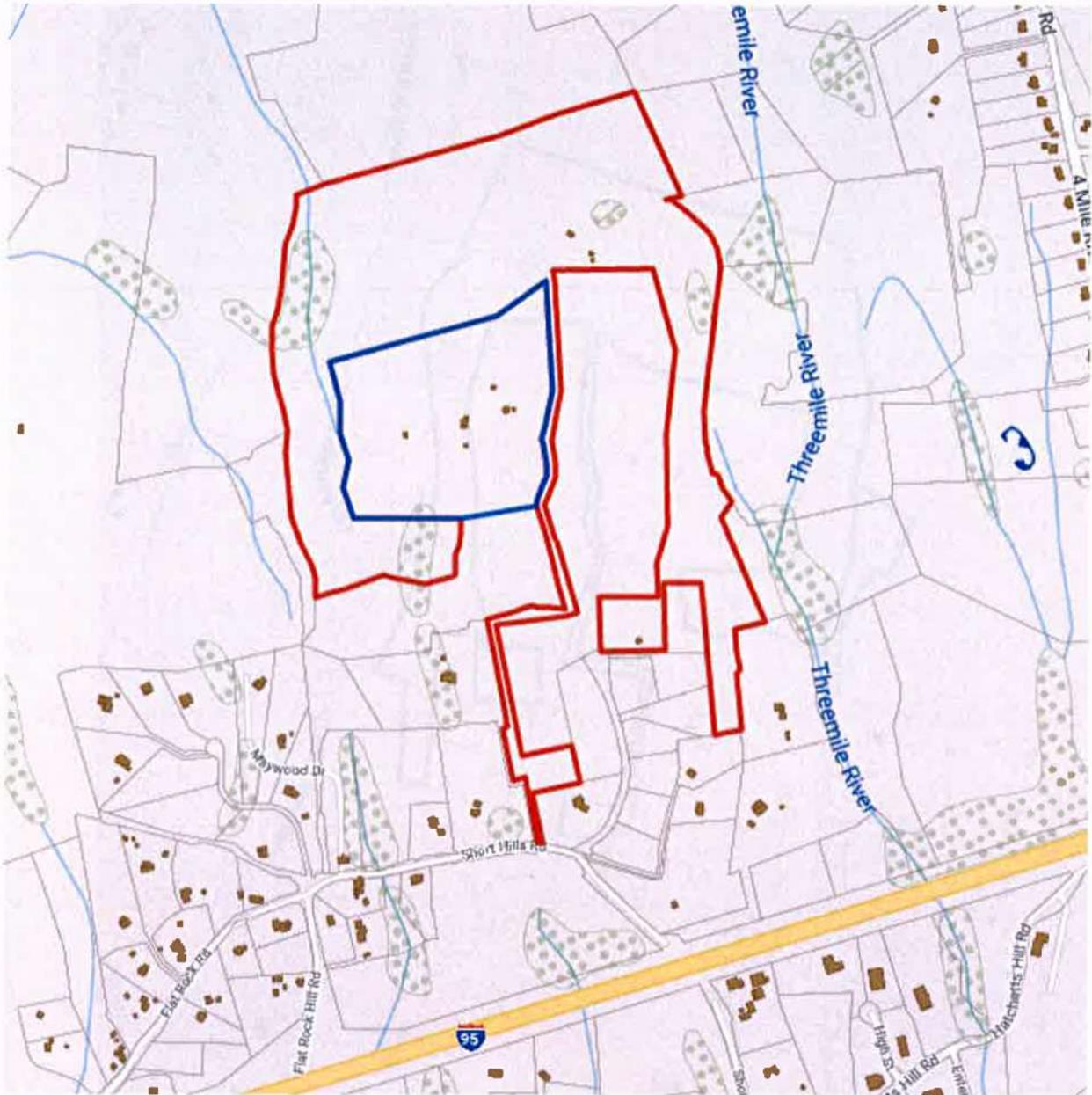
**12 SHORT HILLS ROAD OLD LYME, CT**



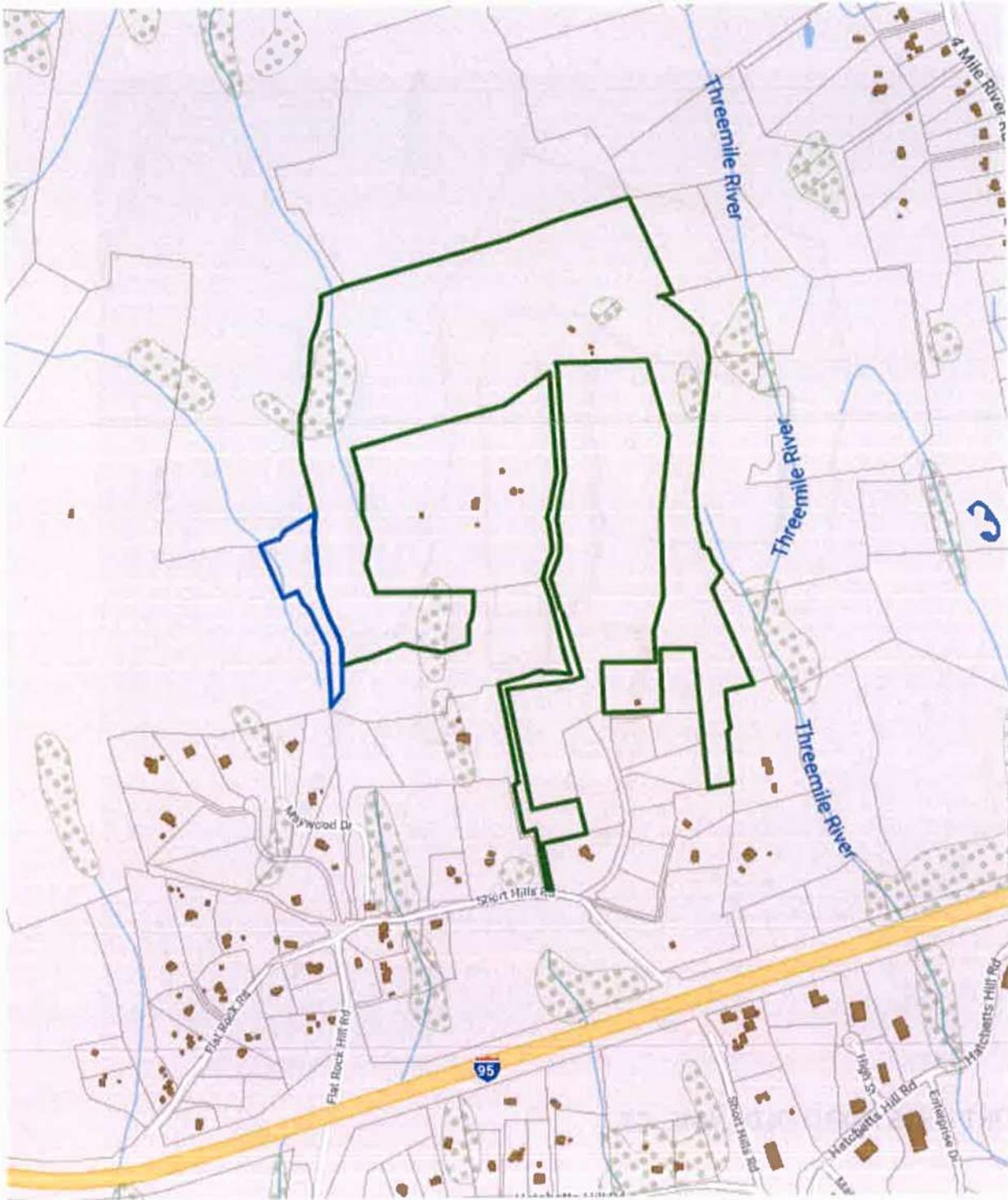
**14-1 SHORT HILLS ROAD OLD LYME, CT**



**16-3 SHORT HILLS ROAD OLD LYME, CT**



**18-1 SHORT HILLS ROAD OLD LYME, CT**



**18-2 SHORT HILLS ROAD OLD LYME, CT**





**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

HOWARD S. TOOKER  
20-1 SHORT HILLS RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

The Project is located within an approximately 120.23 acre irregular shaped parcel within the Town of Old Lyme's RU80 (Rural Residence) zoning district and is comprised of approximately 12.3 acres. The immediate surrounding area of the Project parcel is characterized as rural, with a mix of largely undeveloped land and sparse residential development.

The Project consists of solar modules, string inverters; distribution level collector lines; electrical subpanels; step-up transformers; security fencing; and access roads. The Project will be interconnected with Eversource's electric distribution system.

Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

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**OFFICIAL USE**

Certified Mail Fee

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

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

**HOWARD S. TOOKER**

Street and Apt. No., or PO Box No.

**20-1 SHORT HILLS ROAD**

City, State, ZIP+4®

**OLD LYME, CT 06371**



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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 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:

**HOWARD S. TOOKER**  
**20-1 SHORT HILLS ROAD**  
**OLD LYME, CT 06371**



9590 9402 4228 8121 3818 24

2. Article Number (Transfer from service label)

**7018 2290 0000 3239 5528**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Howard Toker*

- Agent
- Addressee

B. Received by (Printed Name)

*Toker*

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

MARGARET C. KUS, EST.  
KENNETH M. McKEEVER, ESQ.  
POB 514  
NIANTIC, CT 06357

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

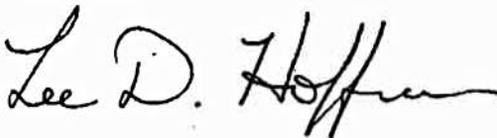
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Sincerely,



Lee D. Hoffman

**U.S. Postal Service™**  
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Certified Mail Fee

\$ \_\_\_\_\_  
 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

\$ \_\_\_\_\_  
 Total Postage and Fees

Sent To **MARGARET C. KUS, ESQ.**  
**KENNETH M. MCKEEVER, ESQ.**  
 Street and Apt. No. **P.O. BOX 514**  
 City, State, ZIP+4 **NIANTIC, CT 06357**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7018 2290 0000 3239 5511

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span></p> <p>X </p>	
<p>1. Article Addressed to:</p> <p><b>MARGARET C. KUS, ESQ.</b>  <b>KENNETH M. MCKEEVER, ESQ.</b>  <b>P.O. BOX 514</b>  <b>NIANTIC, CT 06357</b></p>	<p>B. Received by (Printed Name)</p> <p></p>	<p>C. Date of Delivery</p> <p>9/27/14</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3239 5511</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/></span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/></span></p> <p><input type="checkbox"/> Mail Restricted Delivery (0)</p>	
<p>9590 9402 4228 8121 3818 17</p>		
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>		

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Hartford, CT 06103-3702  
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lhoffman@pullcom.com  
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September 24, 2019

**Via Certified Mail/Return Receipt Requested**

TOWN OF OLD LYME  
52 LYME STREET  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

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Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

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

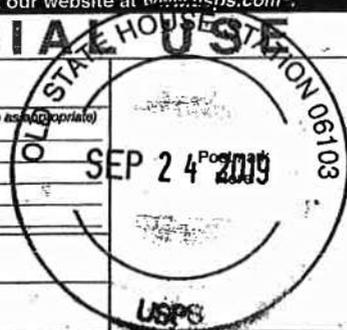
For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	TOWN OF OLD LYME
Street and Apt. No., P.O. Box	52 LYME STREET
City, State, ZIP+4®	OLD LYME, CT 06371

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature                  X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>TOWN OF OLD LYME                  52 LYME STREET                  OLD LYME, CT 06371</p>		<p>B. Received by (Printed Name) C. Date of Delivery                  Heather Polanco 9/26</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3239 5535</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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September 24, 2019

**Via Certified Mail/Return Receipt Requested**

JENNIFER HILLHOUSE  
24 GRISWOLD POINT RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

The Project is located within an approximately 120.23 acre irregular shaped parcel within the Town of Old Lyme's RU80 (Rural Residence) zoning district and is comprised of approximately 12.3 acres. The immediate surrounding area of the Project parcel is characterized as rural, with a mix of largely undeveloped land and sparse residential development.

The Project consists of solar modules, string inverters; distribution level collector lines; electrical subpanels; step-up transformers; security fencing; and access roads. The Project will be interconnected with Eversource's electric distribution system.

Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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Certified Mail Fee \$  
 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 \$  
 Total Postage and Fees \$

Sent To **JENNIFER HILLHOUSE**  
 Street and Apt. No. or P.O. Box No. **24 GRISWOLD POINT ROAD**  
 City, State, ZIP+4® **OLD LYME, CT 06371**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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:  
**JENNIFER HILLHOUSE**  
**24 GRISWOLD POINT ROAD**  
**OLD LYME, CT 06371**



9590 9402 4228 8121 3817 94

2. Article Number (Transfer from service label)  
**7018 2290 0000 3239 5542**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jennifer Hillhouse*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **9/26/19**

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"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery (500)          |   |

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

OLD LYME LAND TRUST INC.  
PO BOX 163  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

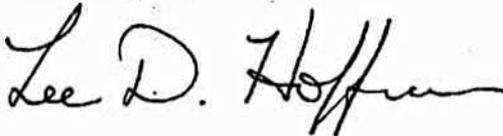
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

The Project is located within an approximately 120.23 acre irregular shaped parcel within the Town of Old Lyme's RU80 (Rural Residence) zoning district and is comprised of approximately 12.3 acres. The immediate surrounding area of the Project parcel is characterized as rural, with a mix of largely undeveloped land and sparse residential development.

The Project consists of solar modules, string inverters; distribution level collector lines; electrical subpanels; step-up transformers; security fencing; and access roads. The Project will be interconnected with Eversource's electric distribution system.

Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

**U.S. Postal Service™**  
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**OFFICIAL USE**

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Certified Mail Fee		\$
Extra Services & Fees (check box, add fee if appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		\$
Total Postage and Fees		\$
Sent To <b>OLD LYME LAND TRUST INC.</b>		
Street and Apt. No., or P.O. Box No. <b>P.O. BOX 163</b>		
City, State, ZIP+4® <b>OLD LYME, CT 06371</b>		



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>Anne L. Galbraith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery                  9/30/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>OLD LYME LAND TRUST INC.</b>  <b>P.O. BOX 163</b>  <b>OLD LYME, CT 06371</b></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3239 5559</p>	<p>Mail Restricted Delivery (00)</p>

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

DORENE SAUNDERS  
26-2 SHORT HILLS RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

The Project is located within an approximately 120.23 acre irregular shaped parcel within the Town of Old Lyme's RU80 (Rural Residence) zoning district and is comprised of approximately 12.3 acres. The immediate surrounding area of the Project parcel is characterized as rural, with a mix of largely undeveloped land and sparse residential development.

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Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

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 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

**DORENE SAUNDERS**

Street and Apt. No. (Do not check box)

**26-2 SHORT HILLS ROAD**

City, State, ZIP+4

**OLD LYME, CT 06371**

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

See Reverse for Instructions

7018 2290 0000 3239 5566



**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:

**DORENE SAUNDERS  
 26-2 SHORT HILLS ROAD  
 OLD LYME, CT 06371**



9590 9402 4950 9063 5193 84

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5566

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten 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

- |  |   |
|--|---|
| <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        |   |
| <input type="checkbox"/> Registered Mail Restricted Delivery     |   |

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

PHILLIP P. LANIER  
24-3 SHORT HILLS RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

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Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

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<b>OFFICIAL USE</b>	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	
<input type="checkbox"/> Return Receipt (electronic)	
<input type="checkbox"/> Certified Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature Required	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <b>PHILIP P. LANIER</b>	
Street and Apt. No. <b>245 SHORT HILLS ROAD</b>	
City, State, ZIP+4® <b>OLD LYME, CT 06371</b>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  </p> <p>B. Received by (Printed Name)  <b>Loni Downing</b></p> <p>C. Date of Delivery  <b>SEP 24 2019</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p><b>PHILIP P. LANIER</b>  <b>245 SHORT HILLS ROAD</b>  <b>OLD LYME, CT 06371</b></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<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"/> 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												
<p>2. Article Number (Transfer from service label)</p> <p><b>7018 2290 0000 3239 5573</b></p>													
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

CAWIAMCA LLC  
49 SHERWOOD TERR 2ND FL  
OLD SAYBROOK, CT 06475

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

The Project is located within an approximately 120.23 acre irregular shaped parcel within the Town of Old Lyme's RU80 (Rural Residence) zoning district and is comprised of approximately 12.3 acres. The immediate surrounding area of the Project parcel is characterized as rural, with a mix of largely undeveloped land and sparse residential development.

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Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

**CAWIAMCA LLC**

**49 SHERWOOD TERRACE**

**2<sup>ND</sup> FLOOR**

City, State, ZIP+4® **OLD SAYBROOK, CT 06475**

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

See Reverse for Instructions



7018 2290 0000 3239 5580

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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:

**CAWIAMCA LLC**  
**49 SHERWOOD TERRACE**  
**2<sup>ND</sup> FLOOR**  
**OLD SAYBROOK, CT 06475**



9590 9402 4950 9063 5193 60

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5580

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

Agent

Addressee

B. Received by (Printed Name)

*RON PELLETIER*

C. Date of Delivery

*9/28/19*

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

Registered Mail Restricted Delivery (500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

GARY M. & MARY ANN S. GOODRICH  
13-1 GREAT OAK RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

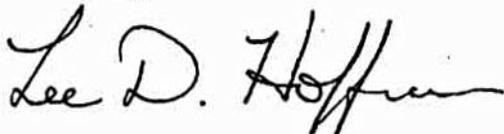
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

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Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

**U.S. Postal Service™  
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	<b>GARY M. &amp; MARY ANN S. GOODRICH</b>
Street and Apt. No., or PO Box No.	<b>13-1 GREAT OAK ROAD</b>
City, State, ZIP+4®	<b>OLD LYME, CT 06371</b>



PS Form 3800, April 2015 PSN 7530-02-000-5047 See Reverse for Instructions

**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 M. &  
MARY ANN S. GOODRICH  
13-1 GREAT OAK ROAD  
OLD LYME, CT 06371**



9590 9402 4228 8121 3815 96

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5597

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Gary M. Goodrich*  Agent  Addressee

B. Received by (Printed Name)  
*Goodrich*

C. Date of Delivery

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 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 (\$500) |   |

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

JUSTIN & ANNE LISE FULLER  
11 GREAT OAK RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

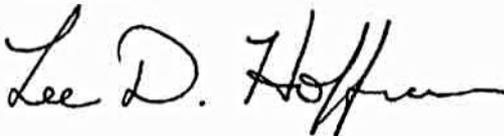
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

The Project is located within an approximately 120.23 acre irregular shaped parcel within the Town of Old Lyme's RU80 (Rural Residence) zoning district and is comprised of approximately 12.3 acres. The immediate surrounding area of the Project parcel is characterized as rural, with a mix of largely undeveloped land and sparse residential development.

The Project consists of solar modules, string inverters; distribution level collector lines; electrical subpanels; step-up transformers; security fencing; and access roads. The Project will be interconnected with Eversource's electric distribution system.

Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	<b>JUSTIN &amp; ANNEISE FULLER</b>
Street and Apt. No., PO Box	<b>11 GREAT OAK ROAD</b>
City, State, ZIP+4®	<b>OLD LYME, CT 06371</b>

Postmark: **SEP 24 2019**  
 OLD STATE HOUSE STATION 06103

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

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1. Article Addressed to:  
**JUSTIN & ANNEISE FULLER**  
**11 GREAT OAK ROAD**  
**OLD LYME, CT 06371**



9590 9402 4228 8121 3815 89

2. Article Number (Transfer from service label)  
**7018 2290 0000 3239 5603**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b> <i>Justin Fuller</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Justin Fuller</i>	C. Date of Delivery

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 |

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

WILLIAM CULOTTA & LINDA REYNOLDS  
12 SHORT HILLS RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

The Project is located within an approximately 120.23 acre irregular shaped parcel within the Town of Old Lyme's RU80 (Rural Residence) zoning district and is comprised of approximately 12.3 acres. The immediate surrounding area of the Project parcel is characterized as rural, with a mix of largely undeveloped land and sparse residential development.

The Project consists of solar modules, string inverters; distribution level collector lines; electrical subpanels; step-up transformers; security fencing; and access roads. The Project will be interconnected with Eversource's electric distribution system.

Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

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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

\$

Total Postage and Fees

\$

Sent To

**WILLIAM CULOTTA &  
 LINDA REYNOLDS**

Street and Apt. No., or PO Box No.

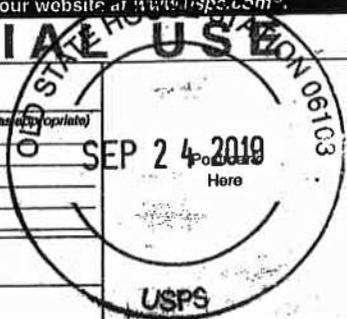
**12 SHORT HILLS ROAD**

City, State, ZIP+4®

**OLD LYME, CT 06371**

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

See Reverse for Instructions



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1. Article Addressed to:  
**WILLIAM CULOTTA &  
 LINDA REYNOLDS  
 12 SHORT HILLS ROAD  
 OLD LYME, CT 06371**



9590 9402 4228 8121 3815 72

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5610

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Linda Reynolds* Agent  
 Addressee  
 B. Received by (Printed Name) *COLOTTA REYNOLDS* 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
- Mail
- Mail Restricted Delivery (500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

CHRISTOPHER B. JOHNSON  
12 SHORT HILLS RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

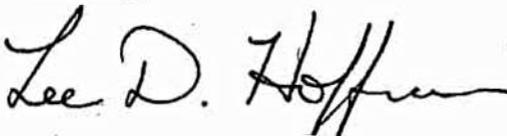
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

The Project is located within an approximately 120.23 acre irregular shaped parcel within the Town of Old Lyme's RU80 (Rural Residence) zoning district and is comprised of approximately 12.3 acres. The immediate surrounding area of the Project parcel is characterized as rural, with a mix of largely undeveloped land and sparse residential development.

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Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

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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

\$

Total Postage and Fees

\$

Sent To

**CHRISTOPHER B. JOHNSON**

**12 SHORT HILLS ROAD**

Street and Apt. No., or PO Box No.

**OLD LYME, CT 06371**

City, State, ZIP+4®



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

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**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

THOMAS & SHIRLEY CAMPO  
14-1 SHORT HILLS RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

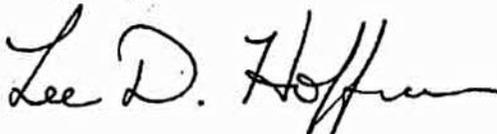
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council, we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction of an approximately 1.95 megawatt alternating current ground-mounted solar photovoltaic system on a parcel of land located at 20-1 Short Hills Road, Old Lyme, Connecticut. ("the Project").

The Project is located within an approximately 120.23 acre irregular shaped parcel within the Town of Old Lyme's RU80 (Rural Residence) zoning district and is comprised of approximately 12.3 acres. The immediate surrounding area of the Project parcel is characterized as rural, with a mix of largely undeveloped land and sparse residential development.

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Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

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

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

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Street and Apt. No., or PO Box No.

City, State, ZIP+4®

**THOMAS & SHIRLEY CAMPO**  
**14-1 SHORT HILLS ROAD**  
**OLD LYME, CT 06371**

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

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1. Article Addressed to:

**THOMAS & SHIRLEY CAMPO**  
**14-1 SHORT HILLS ROAD**  
**OLD LYME, CT 06371**



9590 9402 4228 8121 3818 55

2. Article Number. (Transfer from service label)

7018 2290 0000 3239 5634

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Handwritten 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®
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- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 25, 2019

**Via Certified Mail/Return Receipt Requested**

KATHLEEN A. WOODRUFF  
18-1 SHORT HILLS RD  
OLD LYME, CT 06371

**Cobb Road, LLC ("Cobb Road") Petition for Declaratory Ruling for a Solar Project to Be Located in Old Lyme, Connecticut**

Dear Property Owner:

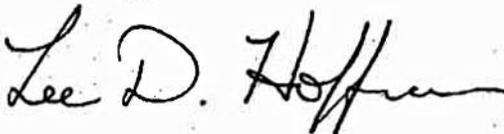
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Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Cobb Road, LLC

**U.S. Postal Service™**  
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- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or P.O. Box No.

City, State, ZIP+4®

Kathleen Woodruff  
 18-1 Short Hills Road  
 Old Lyme, CT 06371



7018 2290 0000 3239 5948

PS Form 3800, April 2015 PSN 7530-02-003-0047

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1. Article Addressed to:  
 Kathleen Woodruff  
 18-1 Short Hills Road  
 Old Lyme, CT 06371



9590 9402 4949 9063 1704 97

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5948

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Kathleen Woodruff*  
 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
  - Registered Mail
  - Registered Mail Restricted Delivery (\$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

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

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**NOTICE TO LOCAL & STATE  
GOVERNMENT  
AND  
STATE AGENCIES  
  
CERTIFIED MAIL**

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RECEIPTS ON THE BACK OF THE LETTERS]**



+  
**COBB ROAD, LLC**  
**OLD LYME**  
**CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES**  
**CT SITING COUNCIL**

<b><u>GOVERNMENT NAME / ENTITY</u></b>	<b>MAILED From P &amp; C via Certified Mail</b>	<b>RETURN RECEIPT BACK [Green Card]</b>
<b><u>TOWN OF OLD LYME</u></b>		
Bonnie Reemsnyder, First Selectwoman Town of Old Lyme 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>
Vicki Urbowicz, Town Clerk 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>
Tom Sherer, Chair Conservation Commission 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>
Harold Thompson, Chair Planning Commission Town of Old Lyme 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>
Jane Cable, Chair Zoning Commission 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>
Justin Fuller & Howard Margules, Co-Chairs Economic Development Commission 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>
Rachel, Gaudio, Chair Inland Wetlands & Water Courses Commission 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>
Kim Groves, Land Use Administrator 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>

**COBB ROAD, LLC**  
**OLD LYME**  
**CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES**  
**CT SITING COUNCIL**

<b><u>GOVERNMENT NAME / ENTITY</u></b>	<b>MAILED From P &amp; C via Certified Mail</b>	<b>RETURN RECEIPT BACK [Green Card]</b>
Keith Rosenfeld Zoning Enforcement Officer 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>
Mark Wayland, Building Official 52 Lyme Street Old Lyme, CT 06371	<b>09/24/19</b>	<b>09/27/19</b>
Lower Connecticut River Valley Council of Governments (RiverCOG) Attn: Samuel Gold, Executive Director RiverCOG 145 Dennison Road Essex, CT 06426	<b>09/24/19</b>	<b>09/27/19</b>
<b><u>STATE GOVERNMENT</u></b>		
Office of the Attorney General State of Connecticut Attorney General William Tong 55 Elm Street Hartford, CT 06106	<b>09/24/19</b>	<b>09/26/19</b>
Senator Richard Blumenthal 90 State House Square, 10 <sup>th</sup> Floor Hartford, CT 06103	<b>09/24/19</b>	<b>09/26/19</b>
Senator Christopher Murphy Colt Gateway 120 Huyshope Avenue Suite 401 Hartford, CT 06106	<b>09/24/19</b>	<b>09/26/19</b>
Joe Courtney 101 Water Street Suite 301 Norwich, CT 06360	<b>09/24/19</b>	<b>09/27/19</b>

**COBB ROAD, LLC**  
**OLD LYME**  
**CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES**  
**CT SITING COUNCIL**

<b><u>GOVERNMENT NAME / ENTITY</u></b>	<b>MAILED From P &amp; C via Certified Mail</b>	<b>RETURN RECEIPT BACK [Green Card]</b>
State Senator Paul Formica Room 3400 Legislative Office Building 300 Capitol Avenue Hartford, CT 06106	<b>09/24/19</b>	<b>09/26/19</b>
State Representative Devin Carney Room 4200 Legislative Office Building 300 Capitol Avenue Hartford, CT 06106	<b>09/24/19</b>	<b>09/26/19</b>
<b><u>STATE AGENCIES</u></b>		
State of Connecticut Department of Energy and Environmental Protection Katie Dykes, Commissioner 79 Elm Street Hartford, CT 06106	<b>09/24/19</b>	<b>10/01/19</b>
State of Connecticut Department of Public Health c/o Renee D. Coleman-Michell, Commissioner 410 Capitol Avenue Hartford, CT 06134	<b>09/24/19</b>	<b>09/26/19</b>
State of Connecticut Council on Environmental Quality c/o Susan D. Merrow, Chair 79 Elm Street Hartford, CT 06106	<b>09/24/19</b>	<b>10/01/19</b>
State of Connecticut Department of Agriculture c/o Bryan P. Hurlburt, Commissioner Department of Agriculture 450 Columbus Blvd, Suite 701 Hartford, CT 06103	<b>09/24/19</b>	<b>09/26/19</b>

**COBB ROAD, LLC**  
**OLD LYME**  
**CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES**  
**CT SITING COUNCIL**

<b><u>GOVERNMENT NAME / ENTITY</u></b>	<b>MAILED From P &amp; C via Certified Mail</b>	<b>RETURN RECEIPT BACK [Green Card]</b>
State of Connecticut Public Utility Regulatory Authority c/o Miachael Caron, Commissioner Ten Franklin Square New Britain, CT 06051	<b>09/24/19</b>	<b>09/26/19</b>
State of Connecticut Office of Policy and Management Melissa McCaw, Secretary Office of Policy and Management 450 Capitol Avenue Hartford, CT 06106	<b>09/24/19</b>	<b>09/26/19</b>
State of Connecticut Department of Economic and Community Development David Lehman, DECD Commissioner 450 Columbus Boulevard Hartford, CT 06103	<b>09/24/19</b>	<b>09/26/19</b>
State of Connecticut Department of Transportation c/o Joseph Giuletti, Commissioner 2800 Berlin Turnpike Newington, CT 06111	<b>09/24/19</b>	<b>09/26/19</b>
Connecticut Department of Emergency Services and Public Protection James Rovella, Commissioner 1111 Country Club Road Middletown, CT 06457	<b>09/24/19</b>	<b>09/27/19</b>
State of Connecticut Department of Consumer Protection Michelle Seagull, Commissioner 450 Columbus Boulevard, Suite 901 Hartford, Connecticut 06103-1840	<b>09/24/19</b>	<b>09/26/19</b>

**COBB ROAD, LLC**  
**OLD LYME**  
**CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES**  
**CT SITING COUNCIL**

<b><u>GOVERNMENT NAME / ENTITY</u></b>	<b>MAILED From P &amp; C via Certified Mail</b>	<b>RETURN RECEIPT BACK [Green Card]</b>
Connecticut Department of Administrative Services Josh Geballe, Commissioner Department of Administrative Services 450 Columbus Boulevard Hartford CT, 06103	<b>09/24/19</b>	<b>09/26/19</b>
State of Connecticut Department of Labor Kurt Westby, Commissioner 200 Folly Brook Boulevard Wethersfield, CT 06109	<b>09/24/19</b>	<b>09/26/19</b>



**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Bonnie Reemsnyder  
First Selectman  
Town of Old Lyme  
52 Lyme Street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

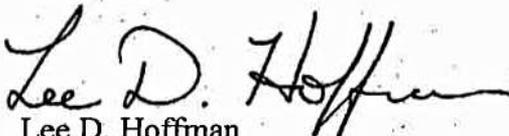
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
 Postage \$  
 Total Postage and Fees \$  
**BONNIE REEMSNYDERS**  
 Sent To **FIRST SELECTMAN**  
**TOWN OF OLD LYME**  
 Street and Apt. No., or PO Box No. **52 LYME STREET**  
 City, State, ZIP+4® **OLD LYME, CT 06371**

SEP 24 2019  
 POST OFFICE  
 OLD LYME, CT 06102

PS Form 3800, April 2015 PSN 7530-02-000-6047 See Reverse for Instructions

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1. Article Addressed to:  
**BONNIE REEMSNYDER**  
**FIRST SELECTMAN**  
**TOWN OF OLD LYME**  
**52 LYME STREET**  
**OLD LYME, CT 06371**



9590 9402 4950 9063 5199 40

2. Article Number (Transfer from service label)

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9/24

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"/> Mail Restricted Delivery	

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Vicki Urbowicz  
Town Clerk  
Town of Old Lyme  
52 Lyme Street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

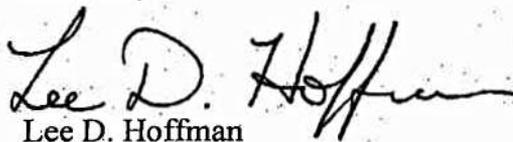
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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Return Receipt (hardcopy) \$ \_\_\_\_\_

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Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To **VICKI URBOWICZ**

Street and Apt. No., or PO Box No. **TOWN CLERK**  
**TOWN OF OLD LYME**

City, State, ZIP+4® **52 LYME STREET**  
**OLD LYME, CT 06371**

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PS Form 3800, April 2015 PSN 7530-02-000-9047 Sec Reverse for Instructions

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1. Article Addressed to:  
**VICKI URBOWICZ**  
**TOWN CLERK**  
**TOWN OF OLD LYME**  
**52 LYME STREET**  
**OLD LYME, CT 06371**



9590 9402 4950 9063 5199 33

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5375

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery **9/24**

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
- Priority Mail Express®
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- Registered Mail Restricted Delivery
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- Signature Confirmation™
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**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Tom Sherer, Chair  
Conservation Commission  
Town of Old Lyme  
52 Lyme Street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

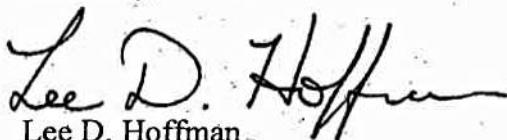
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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Total Postage and Fees

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**TOM SHERER, CHAIR**

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**CONSERVATION COMMISSION**

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City, State, ZIP+4®

**52 LYME STREET**

**OLD LYME, CT 06371**

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

See Reverse for Instructions

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1. Article Addressed to:

**TOM SHERER, CHAIR  
 CONSERVATION COMMISSION  
 TOWN OF OLD LYME  
 52 LYME STREET  
 OLD LYME, CT 06371**



9590 9402 4950 9063 5199 26

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5382

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date]*

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
- Mail Restricted Delivery (00)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
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- Signature Confirmation Restricted Delivery

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

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**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com,  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Harold Thompson, Chair  
Planning Commission  
Town of Old Lyme  
52 Lyme Street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

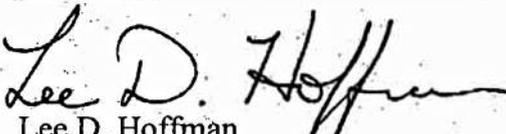
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	HAROLD THOMPSON, CHAIR	
Street and Apt. No. or P.O. Box No.	PLANNING COMMISSION	
	TOWN OF OLD LYME/SPS	
	52 LYME STREET	
City, State, ZIP+4®	OLD LYME, CT 06371	



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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1. Article Addressed to:  
**HAROLD THOMPSON, CHAIR**  
**PLANNING COMMISSION**  
**TOWN OF OLD LYME**  
**52 LYME STREET**  
**OLD LYME, CT 06371**



9590 9402 4950 9063 5199 19

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5399

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
X	
B. Received by (Printed Name)	C. Date of Delivery
	9/26
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<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 checked="" 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	

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com,  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Jane Cable, Chair  
Zoning Commission  
Town of Old Lyme  
52 Lyme Street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

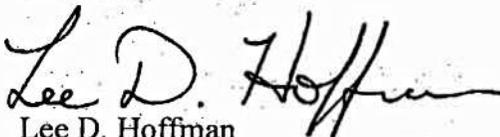
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ \_\_\_\_\_  
 Total Postage and Fees \$ \_\_\_\_\_  
 Sent To **JANE CABLE, CHAIR**  
**ZONING COMMISSION**  
**TOWN OF OLD LYME**  
 Street and Apt. No. of PO Box No. **52 LYME STREET**  
 City, State, ZIP+4® **OLD LYME, CT 06371**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 3239 5405

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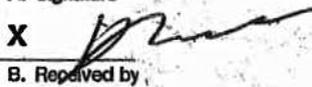
1. Article Addressed to:  
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**ZONING COMMISSION**  
**TOWN OF OLD LYME**  
**52 LYME STREET**  
**OLD LYME, CT 06371**



9590 9402 4950 9063 5199 02

2. Article Number (Transfer from service label)  
**7018 2290 0000 3239 5405**

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A. Signature  
 X   
 B. Received by 

D. Is delivery address 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"/> Registered Mail Restricted Delivery (500) |   |

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Justin Fuller & Howard Margules, Co-Chairs  
Economic Development Commission  
52 Lyme Street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

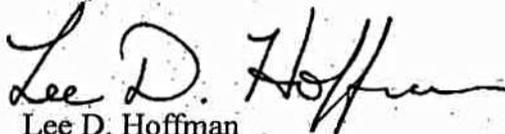
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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

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- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **JUSTIN FULLER &  
 HOWARD MARGULES, CO CHAIRS  
 ECONOMIC DEVELOPMENT  
 COMMISSION  
 52 LYME STREET  
 OLD LYME, CT 06371**



PS Form 3800, April 2015 PSN 7530-02-000-9017

See Reverse for Instructions

**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.
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1. Article Addressed to:  
**JUSTIN FULLER &  
 HOWARD MARGULES, CO-CHAIRS  
 ECONOMIC DEVELOPMENT  
 COMMISSION  
 52 LYME STREET  
 OLD LYME, CT 06371**



9590 9402 4950 9063 5198 96

2. Article Number (Transfer from service label)

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/24

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Rachel Gaudio, Chair  
Inland Wetlands & Water Courses Commission  
52 Lyme Street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

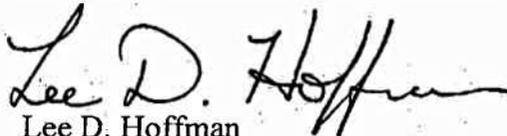
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery

Postage \$

Total Postage and Fees \$

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City, State, ZIP+4®

**RACHEL GAUDIO, CHAIR**  
**INLAND WETLANDS & WATER**  
**COURSES COMMISSION**  
**52 LYME STREET**  
**OLD LYME, CT 06371**



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

See Reverse for Instructions

7018 2290 0000 3239 5429

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**RACHEL GAUDIO, CHAIR**  
**INLAND WETLANDS & WATER**  
**COURSES COMMISSION**  
**52 LYME STREET**  
**OLD LYME, CT 06371**



9590 9402 4950 9063 5198 89

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5429

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/24

D. Is delivery address different from item 1?  Yes  No  
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3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Kim Groves, Land Use Administrator  
Town of Old Lyme  
52 Lyme Street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

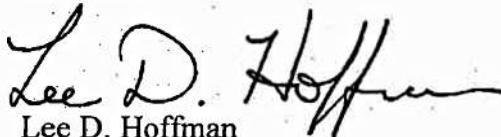
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council (the "Council"), we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction a +/- 1.95 megawatt alternating current ground-mounted solar photovoltaic system in Old Lyme, Connecticut ("the Project").

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Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council

Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee if appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
 Postage \$  
 Total Postage and Fees \$  
 Sent To **KIM GROVES, LAND USE ADMINISTRATOR**  
 Street and Apt. No., or PO Box No. **TOWN OF OLD LYME**  
**52 LYME STREET**  
 City, State, ZIP+4® **OLD LYME, CT 06371**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 3239 5436



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>9/24</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:  <b>KIM GROVES, LAND USE ADMINISTRATOR</b>  <b>TOWN OF OLD LYME</b>  <b>52 LYME STREET</b>  <b>OLD LYME, CT 06371</b></p> <p>9590 9402 4950 9063 5197 97</p>	<p>3. Service Type</p> <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 (\$50)
<p>2. Article Number (Transfer from service label)                  7018 2290 0000 3239 5436</p>	

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Keith Rosenfeld  
Zoning Enforcement Officer  
Town of Old Lyme  
52 Lyme Street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

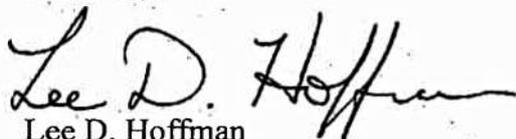
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

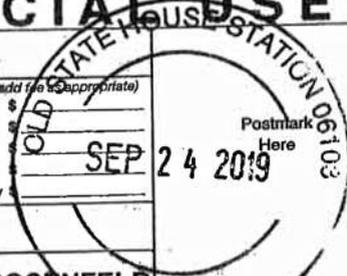
**U.S. Postal Service™**  
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**OFFICIAL USE**

7018 2290 0000 3239 5443

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	
<input type="checkbox"/> Return Receipt (electronic)	
<input type="checkbox"/> Certified Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature Required	
<input type="checkbox"/> Adult Signature Restricted Delivery	
Postage	\$
Total Postage and Fees	\$
Sent To	<b>KEITH ROSENFELD</b>
Street and Apt. No., or Post Box No.	<b>ZONING ENFORCEMENT OFFICER</b>
City, State, ZIP+4®	<b>TOWN OF OLD LYME 52 LYME STREET OLD LYME, CT 06371</b>



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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:  
**KEITH ROSENFELD**  
**ZONING ENFORCEMENT OFFICER**  
**TOWN OF OLD LYME**  
**52 LYME STREET**  
**OLD LYME, CT 06371**



9590 9402 4950 9063 5197 80

2. Article Number (Transfer from service label)  
**7018 2290 0000 3239 5443**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature	
X	<i>[Signature]</i> Agent Addressed
B. Received by (Printed Name)	C. Date of Delivery
<i>Keith Rosenfeld</i>	9/26
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input type="checkbox"/> 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"/> Mail Restricted Delivery (500)	

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Mark Wayland, Building Official  
Town of Old Lyme  
52 Lyme street  
Old Lyme, CT 06371

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

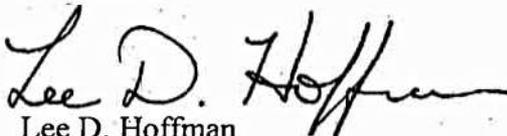
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Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council

Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

**U.S. Postal Service™**  
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**OFFICIAL HOUSE USE**

Certified Mail Fee \$

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 \$

Total Postage and Fees \$

Sent To

MARK WAYLAND BUILDING  
 OFFICIAL  
 TOWN OF OLD LYME  
 52 LYME STREET  
 OLD LYME, CT 06371

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

See Reverse for Instructions

7018 2290 0000 3239 5450



**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.
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1. Article Addressed to:

MARK WAYLAND, BUILDING  
 OFFICIAL  
 TOWN OF OLD LYME  
 52 LYME STREET  
 OLD LYME, CT 06371



9590 9402 4950 9063 5197 73

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5450

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*  Agent  Addressee

B. Received by (Printed Name)

*Heather Palma*

C. Date of Delivery

*9/26*

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

Lee D. Hoffman  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Lower Connecticut River Valley Council of Governments (Rivercog)  
Attn: Samuel Gold, Executive Director  
145 Dennison Road  
Essex, CT 06426

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

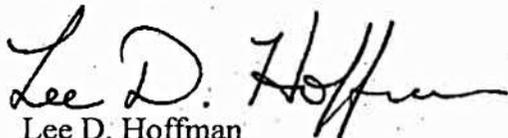
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

(RiverCOG)

Street and Apt. No., or PO Box No.

145 Dennison Road

City, State, ZIP+4

Essex, CT 06426

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

See Reverse for Instructions



7018 2290 0000 3239 5801

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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:  
**LOWER CONNECTICUT RIVER VALLEY  
 COUNCIL OF GOVERNMENTS  
 (RiverCOG)  
 Attn: Samuel Gold, Executive Director  
 145 Dennison Road  
 Essex, CT 06426**



9590 9402 4228 8121 3814 80

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5801

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
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com,  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Office of the Attorney General  
State of Connecticut  
Attorney General William Tong  
55 Elm Street  
Hartford, CT. 06105

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

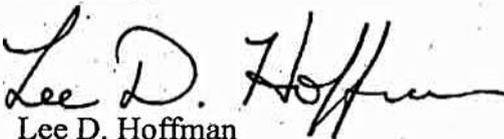
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Sincerely,



Lee D. Hoffman

Attorney for Greenskies Renewable Energy, LLC

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**OFFICIAL USE**

Certified Mail Fee

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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

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No. or P.O. Box No.

City, State, ZIP+4

OFFICE OF THE ATTORNEY GENERAL  
 STATE OF CONNECTICUT  
 ATTORNEY GENERAL WILLIAM TONG  
 55 ELM STREET  
 HARTFORD, CT 06105



7018 2290 0000 3239 5467

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

See Reverse for Instructions

**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:  
 OFFICE OF THE ATTORNEY GENERAL  
 STATE OF CONNECTICUT  
 ATTORNEY GENERAL WILLIAM TONG  
 55 ELM STREET  
 HARTFORD, CT 06105



9590 9402 3009 7124 0779 56

2. Article Number (transfer from service label)

7018 2290 0000 3239 5467

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/25/19

D. Is delivery address different from item 1? 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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation®
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Senator Richard Blumenthal  
90 State House Square, 10th Floor  
Hartford, CT 06103

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

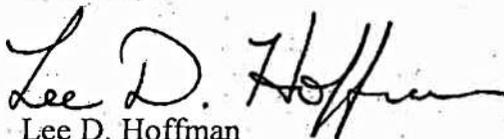
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Sincerely,



Lee D. Hoffman

Attorney for Greenskies Renewable Energy, LLC

**U.S. Postal Service™**  
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**OFFICIAL USE**

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Certified Mail Fee \$  
 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 \$  
 Total Postage and Fees \$

Sent To **SENATOR RICHARD BLUMENTHAL**  
 Street and Apt. No., of PO Box No. **90 STATE HOUSE SQUARE, 10<sup>TH</sup> FL**  
 City, State, ZIP+4® **HARTFORD, CT 06103**

PS Form 3800, April 2015 PSN 7530-02-000-90-17 See Reverse for Instructions

**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:  
**SENATOR RICHARD BLUMENTHAL**  
**90 STATE HOUSE SQUARE, 10<sup>TH</sup> FL**  
**HARTFORD, CT 06103**



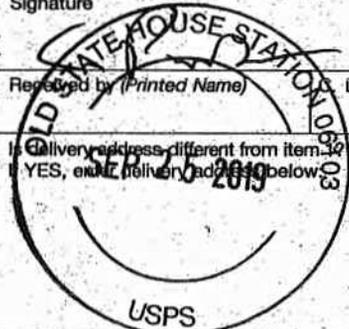
9590 9401 0192 5234 2794 05

2. Article Number (Transfer from service label)  
**7018 2290 0000 3239 5474**

**COMPLETE THIS SECTION ON DELIVERY**

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

D. Is delivery address different from item 1?  Yes  
 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

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

Domestic Return Receipt

Lee D. Hoffman  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Senator Christopher Murphy  
Colt Gateway  
120 Huyshope Avenue, Suite 401  
Hartford, CT 06106

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

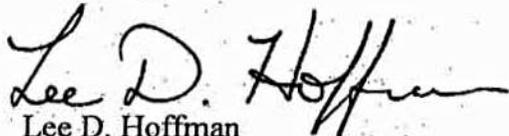
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council (the "Council"), we are notifying you that Cobb Road, LLC ("Cobb Road") intends to file a petition for declaratory ruling with the Council on or shortly after October 2, 2019. This petition will request the Council's approval of the location and construction a +/- 1.95 megawatt alternating current ground-mounted solar photovoltaic system in Old Lyme, Connecticut ("the Project").

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Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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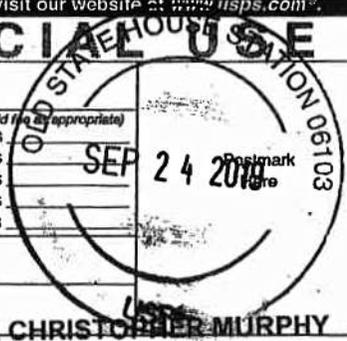
Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_



**SENATOR CHRISTOPHER MURPHY**  
 Sent To **COLT GATEWAY**  
 Street and Apt. No. **120 HOYSHOPE AVENUE, SUITE 401**  
 City, State, ZIP+4 **HARTFORD, CT 06106**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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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:  
**SENATOR CHRISTOPHER MURPHY**  
**COLT GATEWAY**  
**120 HOYSHOPE AVENUE, SUITE 401**  
**HARTFORD, CT 06106**



9590 9402 4228 8121 3814 35

2. Article Number (Transfer from service label)  
**7018 2290 0000 3239 5481**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X *Christopher Murphy*  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
- |  |   |
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| <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 |

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

Domestic Return Receipt

Lee D. Hoffman  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Congressman Joe Courtney  
101 Water Street, Suite 301  
Norwich, CT 06360

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

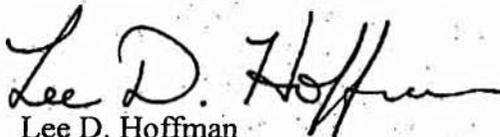
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Sincerely,



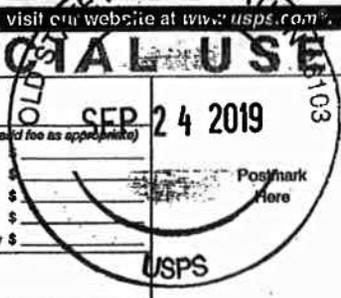
Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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Extra Services & Fees (check box, and fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$



7018 2290 0000 3239 5498

Sent To **CONGRESSMAN JOE COURTNEY**  
 Street and Apt. No. **101 WATER STREET, SUITE 301**  
 City, State, ZIP+4 **NORWICH, CT 06360**

PS Form 3800, April 2015 PSN 7530-02-000-90-17 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><b>CONGRESSMAN JOE COURTNEY</b>  <b>101 WATER STREET, SUITE 301</b>  <b>NORWICH, CT 06360</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 4228 8121 3814 28</p> <p>7018 2290 0000 3239 5498</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

Lee D. Hoffman  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State Representative Paul Formica  
Legislative Office Building  
300 Capitol Ave, Room 3400  
Hartford, CT 06106

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

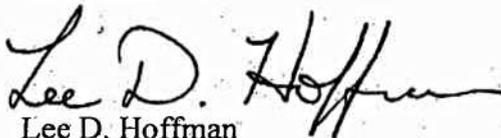
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Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council

Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

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Total Postage and Fees

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Sent To

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City, State, ZIP+4

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PS Form 3800, April 2015 PSN 7530-02-000-2047 See Reverse for Instructions

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>Debra Maselek</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Debra Maselek</i> C. Date of Delivery <i>9-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:                  STATE REPRESENTATIVE                  PAUL FORMICA                  LEGISLATIVE OFFICE BUILDING                  300 CAPITOL AVE, ROOM 3400                  HARTFORD, CT 06106</p>	
<p>2. Article Number (Transfer from service label)                  7018 2290 0000 3239 5672</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Mail Restricted Delivery (3)</li> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State Representative Devin Carney  
Legislative Office Building  
300 Capitol Ave, Room 4200  
Hartford, CT 06106

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

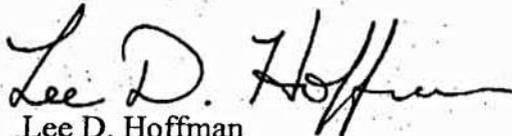
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
 Postage \$  
 Total Postage and Fees \$  
 Sent To **STATE REPRESENTATIVE**  
**DEVIN CARNEY**  
 Street and Apt. No. **LEGISLATIVE OFFICE BUILDING**  
**300 CAPITOL AVE, ROOM 4200**  
 City, State, ZIP+4® **HARTFORD, CT 06106**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 3239 5818



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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:  
**STATE REPRESENTATIVE**  
**DEVIN CARNEY**  
**LEGISLATIVE OFFICE BUILDING**  
**300 CAPITOL AVE, ROOM 4200**  
**HARTFORD, CT 06106**



9590 9402 4228 8121 3814 97

2. Article Number (Transfer from service label)  
**7018 2290 0000 3239 5818**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *Debra Masele K*  Agent  Addressee

B. Received by (Printed Name) *Debra Masele K* C. Date of Delivery *9-28*

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 |

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State of Connecticut  
Department of Energy and Environmental Protection  
Kate Dykes, Commissioner  
79 Elm Street  
Hartford, CT 06106

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

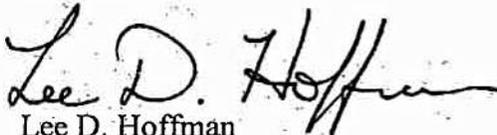
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Sincerely,



Lee D. Hoffman

Attorney for Greenskies Renewable Energy, LLC

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- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

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Total Postage and Fees

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City, State, ZIP+4®

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

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>M. Terna</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p><b>STATE OF CONNECTICUT                  DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION                  KATE DYKES, COMMISSIONER                  79 ELM STREET                  HARTFORD, CT 06106</b></p>	<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <b>9-25-19</b></p>
<p>2. Article Number (Transfer from service label)</p> <p><b>7018 2290 0000 3239 5689</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>
<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State of Connecticut  
Department of Public Health  
c/o Renee D. Coleman-Michell, Commissioner  
410 Capitol Avenue  
Hartford, CT 06134

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

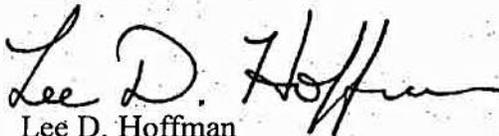
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Sincerely,



Lee D. Hoffman

Attorney for Greenskies Renewable Energy, LLC

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- Return Receipt (electronic)
- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery



Postage

\$

Total Postage and Fees

\$

Sent To

STATE OF CONNECTICUT  
 DEPARTMENT OF PUBLIC HEALTH  
 C/O RENEE D. COLEMAN-MICHELL,  
 COMMISSIONER  
 410 CAPITOL AVENUE  
 HARTFORD, CT 06134

Street and Apt. No., P.O. Box, or other address

City, State, ZIP+4®

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

See Reverse for Instructions

7018 2290 0000 3239 5696

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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:  
 STATE OF CONNECTICUT  
 DEPARTMENT OF PUBLIC HEALTH  
 C/O RENEE D. COLEMAN-MICHELL,  
 COMMISSIONER  
 410 CAPITOL AVENUE  
 HARTFORD, CT 06134



9590 9402 4228 8121 3813 81

2. Article Number (Transfer from service label)

7018 2290 0000 3239 5696

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *R. Mitchell*

- Agent
- Addressee

B. Received by (Printed Name)

Date of Delivery  
 9-25-10

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

3. Service Type

- Adult Signature
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- Certified Mail®
- Certified Mail Restricted Delivery
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- Collect on Delivery Restricted Delivery
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- Return Receipt for Merchandise
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- Signature Confirmation Restricted Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State of Connecticut  
Council on Environmental Quality  
c/o Susan D. Merrow, Chair  
79 Elm Street  
Hartford, CT 06106

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

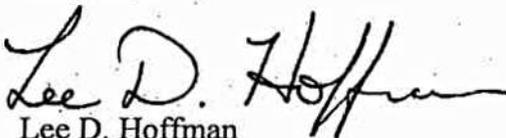
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Sincerely,



Lee D. Hoffman

Attorney for Greenskies Renewable Energy, LLC

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
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Sent To	STATE OF CONNECTICUT COUNCIL ON ENVIRONMENTAL QUALITY C/O SUSAN D. MERROW, CHAIR
Street and Apt. No., P.O. Box or Street	79 ELM STREET
City, State, ZIP+4®	HARTFORD, CT 06106



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>m. merrow</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery                  9-25-19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:                  STATE OF CONNECTICUT                  COUNCIL ON ENVIRONMENTAL QUALITY                  C/O SUSAN D. MERROW, CHAIR                  79 ELM STREET                  HARTFORD, CT 06106</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<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"/> 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												
<p>2. Article Number (Transfer from service label)                  7018 2290 0000 3239 5702</p>													

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State of Connecticut  
Department of Agriculture  
c/o Bryan P. Hurlburt, Commissioner  
450 Columbus Blvd., Suite 701  
Hartford, CT 06103

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

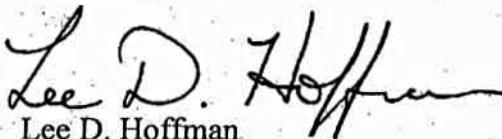
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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1. Article Addressed to:

STATE OF CONNECTICUT  
 DEPARTMENT OF AGRICULTURE  
 C/O BRYAN P. HURLBURT, COMMISSIONER  
 450 COLUMBUS BLVD., SUITE 701  
 HARTFORD, CT 06103



9590 9402 4228 8121 3813 67

2. Article Number (Transfer from service label)

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A. Signature

X

- Agent
- Addressee

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D. Is delivery address different from item 1?  Yes  
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MAIL RESTRICTED DELIVERY



**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com,  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State of Connecticut  
Public Utility Regulatory Authority  
c/o Michael Caron, Commissioner  
Ten Franklin Square  
New Britain, CT 06051

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

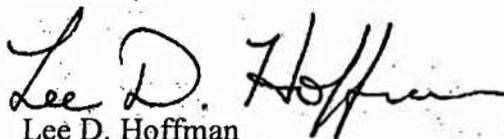
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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Return Receipt (hardcopy) \$

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

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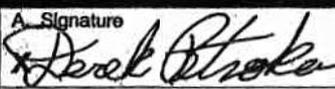
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PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

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<p>1. Article Addressed to:  <b>STATE OF CONNECTICUT          PUBLIC UTILITY REGULATORY          AUTHORITY          C/O MICHAEL CARON, COMMISSIONER          TEN FRANKLIN SQUARE          NEW BRITAIN, CT 06051</b></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3239 5900</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State of Connecticut  
Office of Policy And Management  
Melissa McCaw, Secretary  
450 Capitol Avenue  
Hartford, CT 06016

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

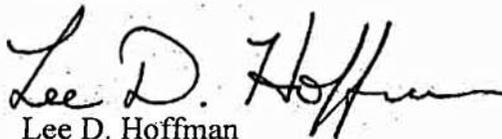
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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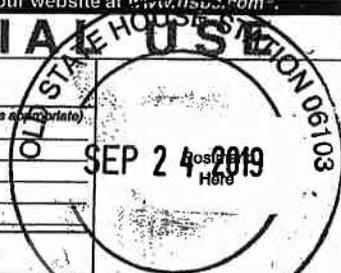
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**STATE OF CONNECTICUT**  
**OFFICE OF POLICY AND MANAGEMENT**  
**MELISSA MCCAW, SECRETARY**  
**450 CAPITOL AVENUE**  
**HARTFORD, CT 06016**



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

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1. Article Addressed to:

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**OFFICE OF POLICY AND MANAGEMENT**  
**MELISSA MCCAW, SECRETARY**  
**450 CAPITOL AVENUE**  
**HARTFORD, CT 06016**



9590 9402 4228 8121 3813 43

2. Article Number (Transfer from service label)

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A. Signature

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- Agent
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90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State of Connecticut  
Department of Economic And Community Development  
David Lehman, Commissioner  
450 Columbus Boulevard  
Hartford, CT 06103

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

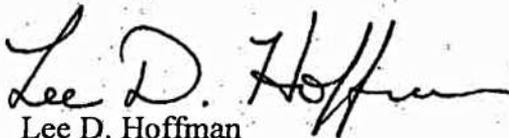
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Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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**STATE OF CONNECTICUT**  
**DEPARTMENT OF ECONOMIC AND**  
**COMMUNITY DEVELOPMENT**  
**DAVID LEHMAN, COMMISSIONER**  
**450 COLUMBUS BOULEVARD**  
**HARTFORD, CT 06103**



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

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1. Article Addressed to:  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF ECONOMIC AND**  
**COMMUNITY DEVELOPMENT**  
**DAVID LEHMAN, COMMISSIONER**  
**450 COLUMBUS BOULEVARD**  
**HARTFORD, CT 06103**



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 *ac*  Addressee

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  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
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  - Mail Restricted Delivery
  - Priority Mail Express®
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  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State of Connecticut  
Department of Transportation  
c/o Joseph Giuletti, Commissioner  
2800 Berlin Turnpike  
Newington, CT 06111

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

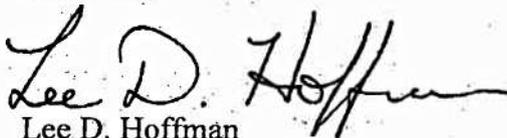
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Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

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Total Postage and Fees

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STATE OF CONNECTICUT  
 DEPARTMENT OF TRANSPORTATION  
 C/O JOSEPH GIULETTI, COMMISSIONER  
 2800 BERLIN TURNPIKE  
 NEWINGTON, CT 06111

City, State, ZIP+4

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

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1. Article Addressed to:

STATE OF CONNECTICUT  
 DEPARTMENT OF TRANSPORTATION  
 C/O JOSEPH GIULETTI, COMMISSIONER  
 2800 BERLIN TURNPIKE  
 NEWINGTON, CT 06111



9590 9402 4228 8121 3813 29

2. Article Number (Transfer from service label)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

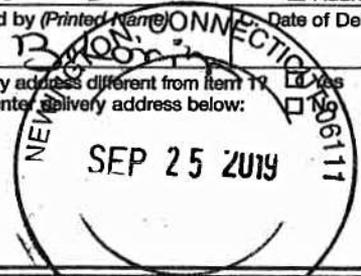
*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery \_\_\_\_\_

*[Handwritten Name]*

D. Is delivery address different from item 1?  Yes  No  
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3. Service Type

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- Mail Restricted Delivery (00)
- Priority Mail Express®
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- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

Lee D. Hoffman  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Connecticut Department of Emergency Services and Public Protection  
James Rovella, Commissioner  
1111 Country Club Road  
Middletown, CT 06457

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

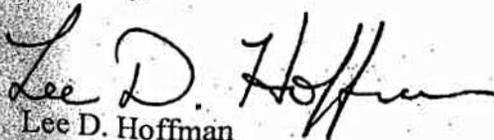
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Once filed, a full copy of the Petition will be placed on file with the Town of Old Lyme. A copy of the Petition will also be available at: <https://www.ct.gov/csc/cwp/view.asp?a=895&q=318776>. If you have any questions regarding the Project, please contact the undersigned or the Council

Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Street and Apt.	JAMES ROVELLA, COMMISSIONER 1111 COUNTRY CLUB ROAD
City, State, ZIP+4®	MIDDLETOWN, CT 06457



PS Form 3800, April 2015 PSN 7530-02-000-3047 See Reverse for Instructions

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<p>1. Article Addressed to:                  CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION                  JAMES ROVELLA, COMMISSIONER                  1111 COUNTRY CLUB ROAD                  MIDDLETOWN, CT 06457</p>	<p>B. Received by (Printed Name)  <b>DEPT. OF SAFETY</b></p>	<p>C. Date of Delivery  <b>9/26/19</b></p>
<p>2. Article Number (Transfer from service label)  <b>7018 2290 0000 3239 5764</b></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> <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"/> 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	

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

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

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

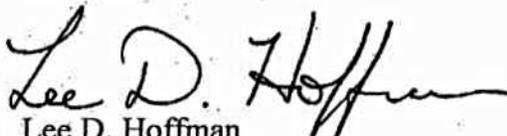
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Sincerely,



Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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Postage

Total Postage and Fees

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**DEPARTMENT OF CONSUMER PROTECTION**  
**MICHELLE SEAGULL COMMISSIONER**  
 Street and Apt. No. **450 COLUMBUS BLVD., SUITE 901**  
 City, State, ZIP+4® **HARTFORD, CT 06103**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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1. Article Addressed to:  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**MICHELLE SEAGULL COMMISSIONER**  
**450 COLUMBUS BLVD., SUITE 901**  
**HARTFORD, CT 06103**



9590 9401 0192 5234 2794 12

2. Article Number (transfer from service label)

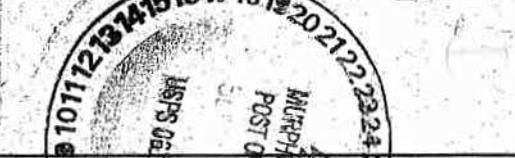
7018 2290 0000 3239 5771

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A. Signature   Agent  
 Addressee

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PS Form 3811, July 2015 PSN 7530-02-000-9058

Domestic Return Receipt

**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

Connecticut Dept. of Administrative Services  
Josh Geballe, Commissioner  
Dept. of Administrative Services  
450 Columbus Boulevard  
Hartford, CT 06103

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

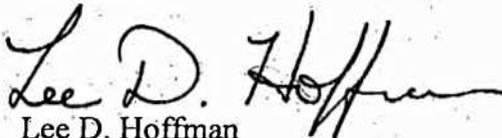
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Sincerely,



Lee D. Hoffman

Attorney for Greenskies Renewable Energy, LLC

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<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
CONNECTICUT DEPT. OF ADMINISTRATIVE SERVICES	
Sent To	JOSH GEBALLE, COMMISSIONER
Street and Apt. No.	DEPT. OF ADMINISTRATIVE SERVICES 450 COLUMBUS BOULEVARD
City, State, ZIP+4®	HARTFORD, CT 06103
PS Form 3800, April 2015 PSN 7539-02-000-9047 See Reverse for Instructions	



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 JOSH GEBALLE, COMMISSIONER  
 DEPT. OF ADMINISTRATIVE SERVICES  
 450 COLUMBUS BOULEVARD  
 HARTFORD, CT 06103



9590 9402 4228 8121 3814 66

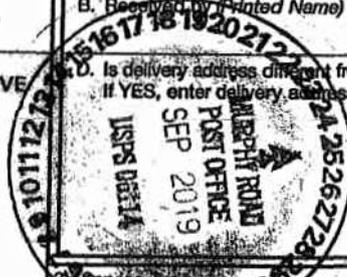
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 X *ac*  Agent  Addressee

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3. Service type

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<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

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**Lee D. Hoffman**  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4315  
f 860 424 4370  
lhoffman@pullcom.com  
www.pullcom.com

September 24, 2019

**Via Certified Mail/Return Receipt Requested**

State of Connecticut Department of Labor  
Kurt Westby, Commissioner  
200 Folly Brook Boulevard  
Wethersfield, CT 06109

**Re: Cobb Road LLC Petition for Declaratory Ruling**

Dear Sir/Madam:

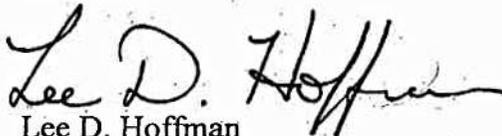
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Lee D. Hoffman  
Attorney for Greenskies Renewable Energy, LLC

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To <b>STATE OF CONNECTICUT</b> <b>DEPARTMENT OF LABOR</b> <b>KURT WESTBY, COMMISSIONER</b> Street and Apt. No., P.O. Box No. <b>200 FOLLY BROOK BOULEVARD</b> City, State, ZIP+4® <b>WETHERSFIELD, CT 06109</b>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



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1. Article Addressed to:  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF LABOR**  
**KURT WESTBY, COMMISSIONER**  
**200 FOLLY BROOK BOULEVARD**  
**WETHERSFIELD, CT 06109**



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2. Article Number (Transfer from service label)  
**7018 2290 0000 3239 5795**

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A. Signature  
*George Balducci*  
**George Balducci**  Agent  
 Addressee

B. Received by (Print name)  
**200 FOLLY BROOK BOULEVARD**

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
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3. Service type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature Required                | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input checked="" 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 |   |