

MCLANE MIDDLETON

THOMAS B. GETZ
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Concord, NH 03301
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Via Electronic Mail and Hand Delivery

March 29, 2016

NHPUC MAR29'16 PM 4:28

Ms. Debra A. Howland, Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

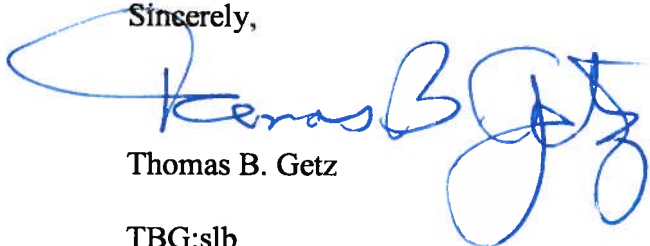
**Re: Docket DE 15-463: Public Service Company of New Hampshire d/b/a Eversource
Energy – Petition to Cross State Lands**

Dear Ms. Howland:

Enclosed for filing in the above-referenced docket, please find, pursuant to the Order of Notice issued on March 10, 2016, an original and six copies of an Affidavit of Notice.

Please contact me directly should you have any questions.

Sincerely,



Thomas B. Getz

TBG:slb
Enclosure

cc: Service List

**THE STATE OF NEW HAMPSHIRE
PUBLIC UTILITIES COMMISSION**

DE 15-463

**PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
D/B/A EVERSOURCE ENERGY**

Petition to Cross State Lands

AFFIDAVIT OF NOTICE

I, Thomas Getz, being duly sworn, do under oath depose and state as follows:

1. I am an Attorney at McLane Middleton, Professional Association, which represents Northern Pass Transmission LLC (“NPT”), which is a joint applicant with Public Service Company of New Hampshire, d/b/a Eversource Energy in New Hampshire Site Evaluation Committee Docket No. 2016-15, that led to the filing for the above-captioned matter.
2. Eversource Energy (“Eversource”) filed a request for license to construct and maintain electric lines at thirteen locations over and across lands owned by the State of New Hampshire. The crossings are to be located in: Stark, Northumberland, Lancaster, Dalton, New Hampton, Canterbury and Pembroke, and the city of Franklin, New Hampshire.
3. By Order dated March 10, 2016, Eversource was directed to notify 1) the New Hampshire Attorney General and 2) each town where the crossings will be constructed by causing a copy of the Order of Notice to be to be mailed via United States Certified Mail, return receipt requested, no later than March 21, 2016.
4. The Order requires that an affidavit be provided, no later than March 30, 2016, listing the names and addresses of the persons to whom notice was sent, along with copies of the return receipts.

5. Attached hereto as Exhibit A is a list of the names and addresses of the persons to whom notice was sent, along with copies of the return receipts received to date.

FURTHER THE AFFIANT SAYETH NOT.

3-29-16
Date


Thomas B. Getz

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

Personally appeared before me this 29th day of March, 2016, the above-described Thomas Getz, and made oath that the statements contained in the within Affidavit are true and accurate to the best of his knowledge and belief.


Notary Public/Justice of the Peace
My Commission Expires: _____



EXHIBIT A
(DE 15-463)

Town Clerk
Town of Stark
1189 Stark Highway
Stark, NH 03582

Town Clerk
Northumberland Town Office
10 Station Square
Northumberland, NH 03224

Town Clerk
Town of Lancaster
25 Main Street
Lancaster, NH 03584

Town Clerk
Town of Dalton
756 Dalton Road
Dalton, NH 03598

Town Clerk
New Hampton Town Office
6 Pinnacle Hill Road
New Hampton, NH 03256

Franklin City Clerk
316 Central Street
Franklin, NH 03235

Town Clerk
Pembroke Town Office
311 Pembroke Street
Pembroke, NH 03275

Attorney General Joseph Foster
Department of Justice
33 Capitol Street
Concord, NH 03301

Town Clerk
Canterbury Town Office
PO Box 500
Canterbury, NH 03224

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OFFICIAL USE

7015 1660 0001 0654 7342

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 P	\$	
Sent To: Town of Stark		
1189 Stark Highway		
Stark, NH 03582		
City, St: Town Clerk		

Postmark Here: **STARK NH 5/23/16**

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:
Town Clerk
Town of Stark
1189 Stark Highway
Stark, NH 03582



9590 9403 0125 5077 1274 64

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7342

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Sue Croteau Agent Addressee

B. Received by (Printed Name) **SUE CROTEAU** C. Date of Delivery **5/23/16**

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |


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7015 1660 0001 0654 6642

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	\$	
Town Clerk Town of Lancaster 25 Main Street Lancaster, NH 03584		
		NH MAR 18 2015 USPS 03301 Postmark Here
for instructions.		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Town Clerk Town of Lancaster 25 Main Street Lancaster, NH 03584</p> <p>Town Clerk</p>  <p>9590 9403 0125 5077 1400 12</p> <p>2. Article Number (Transfer from service label)</p> <p>7015 1660 0001 0654 6642</p>	<p>A. Signature</p> <p><i>Michael Naddea</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>MICHAEL NADDEA 3/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</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 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> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></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 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"/> Mail 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 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"/> Mail Restricted Delivery																	

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7015 1660 0001 0654 6635

Certified Mail Fee
 \$ _____

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

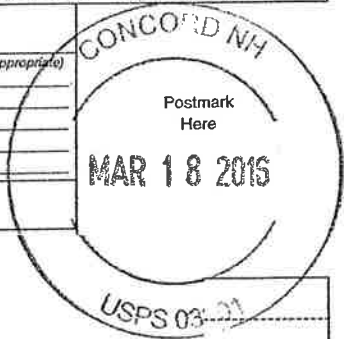
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
 \$ _____

TOWN CLERK
 Town of Dalton
 756 Dalton Road
 Dalton, NH 03598

or 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:
 Town Clerk
 Town of Dalton
 756 Dalton Road
 Dalton, NH 03598



9590 9403 0125 5077 1275 01

2. Article Number (Transfer from service label)
 7015 1660 0001 0654 6635

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *LH Jordan* Agent
 Addressee

B. Received by (Printed Name) *LH JORDAN*

C. Date of Delivery
3/21/16

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 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 |

7015 1660 0001 0654 7261

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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 \$

Postmark
Here

Postage

\$

Total Pk

\$

Sent To

Street a

City, St

New Hampton Town Office
6 Pinnacle Hill Road
New Hampton, NH 03256

Franklin City Clerk

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

See Reverse for Instructions

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7015 1660 0001 0654 7335

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 \$ _____

Sent to: **Franklin City Clerk**
316 Central Street
Franklin, NH 03235

Street and Apt. _____

City, State, Z _____

Town Clerk

Postmark
Here

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:
Franklin City Clerk
316 Central Street
Franklin, NH 03235



9590 9403 0125 5077 1404 70

2 Article Number (Transfer from service label)
7015 1660 0001 0654 7335

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent
 Addressee

B. Received by (Printed Name)
Vabouin

C. Date of Delivery
3/21/16

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7015 1660 0001 0654 7304

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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 Price \$ _____

Sent To **Pembroke Town Office**

311 Pembroke Street

Pembroke, NH 03275

City, St. _____

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:
 Town Clerk
 Pembroke Town Office
 311 Pembroke Street
 Pembroke, NH 03275



9590 9403 0125 5077 1404 49

2. Article Number (Transfer from service label)
 7015 1660 0001 0654 7304

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *Will Adams* C. Date of Delivery *3/20/16*

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

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

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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 \$ _____

Postmark Here

Postage \$ _____

Total \$ _____

Department of Justice
33 Capitol Street
Concord, NH 03301

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

7015 1660 0001 0654 7328

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:
Attorney General Joseph Foster
Department of Justice
33 Capitol Street
Concord, NH 03301



9590 9403 0125 5077 1404 63

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7328

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Wesley Goin* 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

MAR 21 2016

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

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OFFICIAL 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 Post

\$

Sent To

Street and

City, State

Town Clerk
 Canterbury Town Office
 PO Box 500
 Canterbury, NH 03224



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

See Reverse for Instructions

7113 7113 0654 0654 0001 0001 0990 0990 1660 1660 2015 2015

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Town Clerk
 Canterbury Town Office
 PO Box 500
 Canterbury, NH 03224



9590 9403 0125 5077 1402 41

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7113

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 LISA CARLSON 3/18/15

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

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

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

Domestic Return Receipt

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OFFICIAL 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

\$

Town Clerk

Total

\$

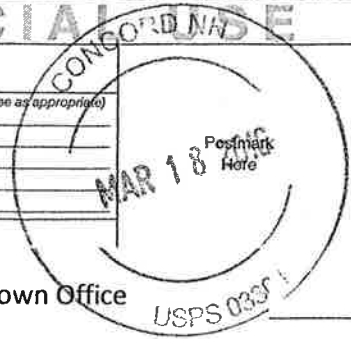
Sent

\$

Street

City

Northumberland Town Office
 10 Station Square
 Northumberland, NH 03224



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

See Reverse for Instructions

7015 1660 0001 0654 7106

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Town Clerk
 Northumberland Town Office
 10 Station Square
 Northumberland, NH 03224



9590 9403 0125 5077 1402 58

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7106

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rebecca L. Craggy

- Agent
- Addressee

B. Received by (Printed Name)

Rebecca L. CRAGGY

C. Date of Delivery

3-21-16

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

3. Service Type

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

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

Domestic Return Receipt