



Michael J. Sheehan, Esq.
Senior Counsel
Phone: 603-724-2135
Email: Michael.Sheehan@libertyutilities.com

August 20, 2018



Via Electronic Mail and Hand-Delivery

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

**Re: DG 18-092 Liberty Utilities (EnergyNorth Natural Gas) Corp. d/b/a Liberty Utilities
Petition for a License to Construct and Maintain a Natural Gas Pipeline beneath the
Ashuelot River in Keene**

Dear Ms. Howland:

On behalf of Liberty Utilities (EnergyNorth Natural Gas) Corp. d/b/a Liberty Utilities, I enclose for filing the following:

- An Affidavit of Publication demonstrating that the Summary of Order of Notice dated August 1, 2018 in the above-captioned docket was published in the Keene Sentinel on Wednesday, August 8, 2018; and
- An Affidavit of Mailing and copies of return receipts demonstrating that a copy of the Order of Notice was provided to the New Hampshire Attorney General; the City of Keene; and the owners of lands within 100 feet of either side of the crossing, all by United States Certified Mail on August 10, 2018.

Thank you for your assistance. Please do not hesitate to call if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Sheehan".

Michael J. Sheehan

Enclosures
cc: Service List



The Keene Sentinel

60 West St., P.O. Box 546, Keene, New Hampshire 03431-0546

(603) 352-7040

FAX #603-352-9733

Established 1799

I, Joe Warhall, hereby certify that a legal advertisement for Liberty Utilities DG-18-092 appeared in THE KEENE SENTINEL (daily) on Wednesday August 8, 2018


Advertising Representative

STATE OF NEW HAMPSHIRE

CHESHIRE, SS.

August 8 A.D. 20 18

Subscribed and sworn to by the said Joseph Warhall

Before, me, Linda M. Flagg
NOTARY PUBLIC





AFFIDAVIT OF MAILING

I hereby certify that copies of the Order of Notice dated August 1, 2018 in Docket No. DG 18-092, Liberty Utilities (EnergyNorth Natural Gas) Corp. d/b/a Liberty Utilities Petition for a License to Construct and Maintain a Natural Gas Pipeline beneath the Ashuelot River in Keene, were sent to the New Hampshire Attorney General; the City of Keene; and all owners of lands within 100 feet of either side of the crossing, whose names and addresses are listed below, via United States Certified Mail on August 10, 2018.

American Trikes & Motorsports
Attn: Lisa Liebl
223 Winchester Street
Keene, NH 03431

Cheshire Housing Trust
Attn: Connie
168 Castle Street
Keene, NH 03431

David Gray
232 Winchester Street
Keene, NH 03431

Keene State College
Attn: Frank Mazzola
229 Main Street
Keene, NH 03435-2502


Michael J. Sheehan

8.12-18
Date

State of New Hampshire
Merrimack County

Subscribed and sworn before me this 17th day of August, 2018.


Notary Public / Justice of the Peace

KAREN ANNE SINVILLE
Justice of the Peace, State of New Hampshire
My Commission Expires July 2, 2019

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:

NH Department of Justice
Gordon J. macdonald,
Attorney General
33 Capitol Street
Concord, NH 03301



9590 9402 2560 6306 9752 63

2. Article Number (Transfer from service label)
7017 1450 0001 0283 2018

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
Maureen Keene

C. Date of Delivery
8/13/18

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

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


Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

City of Keene
Attn: Barbara Dinapoli
3 Washington Street
Keene, NH 03431



9590 9402 2560 6306 9752 56

2. Article Number (Transfer from service label)
7017 1450 0001 0283 2025

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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


Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

American Trikes + motorsports
Attn: Lisa Lieb
223 Winchester Street
Keene, NH 03431



9590 9402 2560 6306 9752 32

2. Article Number (Transfer from service label)
7012 3050 0000 1459 6568

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee


B. Received by (Printed Name)

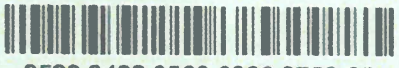
C. Date of Delivery
8/13/18


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

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

Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> <i>Connie Anule</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 8/14/18</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: Cheshire Housing Trust Attn: Connie Re: 218-228 Winchester St. 168 Castle Street Keene, NH 03431</p>  <p>9590 9402 2560 6306 9752 18</p> | <p>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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label) 7014 2120 0003 5885 2398</p> | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> <i>B G</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 8/13/18</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: David Gray 732 Winchester Street Keene, NH 03431</p>  <p>9590 9402 2560 6306 9752 25</p> | <p>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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label) 7014 2120 0003 5885 2374</p> | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> <i>Frank Mazzola</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Frank Mazzola</i> C. Date of Delivery 8-13-18</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: Keene State College Attn: Frank Mazzola 229 main Street Keene, NH 03435-2502</p>  <p>9590 9402 2560 6306 9752 49</p> | <p>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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label) 7017 1450 0001 0283 2032</p> | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |