

CINDY J. KARLSON
Attorney at Law

242 Trumbull Street
Hartford, CT 06103

T: (860) 275 0298 F: (860) 881 2441
cjkarlson@daypitney.com

April 1, 2011

Via Overnight Delivery & Electronic Mail

Linda Birmingham
New Hampshire Dept. of Environmental Services
Waste Management Division
Hazardous Waste Management Bureau
Hazardous Waste Compliance Section
29 Hazen Drive
Concord, NH 03301

Mr. Wayne Wheeler
New Hampshire Dept. of Environmental Services
Waste Management Division
Permitting and Design Review Section
29 Hazen Drive
Concord, NH 03301

Re: United Oil Recovery, Inc., 410 Shattuck Way, Newington, New Hampshire
Permit No. DES-SW-TP-97-018
Permit No. DES-HW-TF-2000-01

Dear Ms. Birmingham and Mr. Wheeler:

On behalf of United Oil Recovery, Inc. ("United Oil") and Tradebe Environmental Services, LLC ("Tradebe"), I am writing to provide you with the information you requested in connection with the stock purchase transaction between United Oil and Trade be scheduled to occur on April 8, 2011 (the "Stock Purchase Transaction"). United Oil is the owner and operator of the facility located at 410 Shattuck Way, Newington, NH 03801 (the "Facility").

As you are aware, we have submitted the required applications to obtain the Department's prior approval concerning the request for a Type IV Modification of the Facility's solid waste permit (Permit No. DES-SW-TP-018) and a permit transfer (to reflect the change in ownership interests) for the Facility's hazardous waste transfer facility permit (Permit No. DES-HW-TF-2000-01). In order to meet the scheduled closing date, we respectfully request the following:

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1. Solid Waste Permit No. DES-SW-TP-018: Exemption from the requirement of completion of the background investigation of the performance history and criminal record of the applicant and waiver of the 30 day notification requirement to abutters. (RSA 149-M:9 XII).
2. Hazardous Waste Transfer Facility Permit No. DES-HW-TF-2000-01: Issuance of an interim permit pursuant to RSA 147-A:4 V which will allow the Facility to operate after the closing date and prior to the Department's approval of the permit transfer from United Oil to United Oil.

We submit the following information in support of the above requests to demonstrate that the necessary criteria and conditions have been satisfied.

Solid Waste Facility Permit No. DES-SW-TP-97-018

Pursuant to RSA 149-M:7 V, the Department has the authority to adopt standards for granting exemptions or notice waivers from RSA 149-M:9. The parties respectfully request that the Department grant a waiver and exemption of the 30-day notice period and the completion of the background investigation being undertaken by the New Hampshire Attorney General in order that it may issue approval of the Type IV Modification prior to the closing scheduled for April 8, 2011.

The New Hampshire Code of Administrative Rules provide that a request for waiver shall be granted if certain criteria are satisfied (Env-Sw 202.04(a)). The facts of the instant matter satisfy the criteria and demonstrate that a waiver and/or exemption from complying with the rule will:

- a. Not result in an adverse effect to the environment or natural resources of the state, public health or to public safety.

The requests for waiver we are seeking are administrative in nature and will not result in an adverse effect to the environment or public health and safety. The requested Type IV Modification is to reflect a change in ownership interests as a result of the Stock Purchase Transaction. No other permit terms or conditions are required to be altered or modified. After the closing, the Facility will continue to operate in compliance with the terms and conditions of the current permit. The current permit is protective of the environmental and natural resources of the state and will not cause any adverse effect to public health or public safety. The same facility personnel will continue to perform in accordance with the permit terms. Further, United Oil will continue to maintain the current financial assurance mechanism post-closing.

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- b. Not result in an impact on abutting properties that is more significant than that which would result from complying with the rule.

As discussed above, the requests for waiver and/or exemption we are seeking are administrative in nature and will not result in an adverse effect to the environment or public health and safety. The requested Type IV Modification is to reflect the change in ownership interests only and no other permit terms or conditions are required to be altered or modified. There will be no impact on abutting properties since compliance with the 30-day notice rule and waiting for completion of the background investigation will not result in any operational changes resulting in environmental harm. Further, abutters have already received notice of the proposed modification (change in ownership interests)(See attached receipts confirming delivery of notices between March 5 – 9, 2011). Abutters will also have an opportunity for public involvement upon the issuance of the draft renewal permit which will be published after the closing date.

- c. Be in keeping with the intent and purpose of the rule being waived.

The requests for waiver and/or exemption are consistent with the intent and purpose of the rule requiring 30-day public notice to abutters and a completed background investigation. With regard to the notice waiver, the abutters have already been provided written notice (see copies of delivery receipts attached). With regard to the background investigation, the New Hampshire Attorney General's investigation is underway. The disclosure forms were delivered to the Attorney General via overnight delivery dated February 28, 2011. The application for the Type IV Modification was received on March 2, 2011. We understand that on March 4, 2011 the Department requested that the Attorney General expedite its background investigation.

Even though the New Hampshire Attorney General has not completed its background investigation yet, there is additional information to support approval of the Type IV Modification. Tradebe has recently undergone a background investigation and state scrutiny in New Jersey in a prior transaction during the last quarter of 2010. The New Jersey Department of Law and Public Safety performed an extensive background check of the business and the key individuals (including Alberto Diez Quintanilla and Sergio Nusimovich Kolodny) in connection with a transaction involving a facility holding a New Jersey hazardous waste license. New Jersey is well-known as performing one of the most arduous and comprehensive background investigations in the country. New Jersey did not identify any concerns.

The Massachusetts Department of Environmental Protection ("MADEP") has also scrutinized and reviewed the pending Stock Purchase Transaction in terms of the corporate structure and directors and officers of United Oil in Massachusetts. The MADEP counsel was satisfied with the information provided and did not require a permit transfer or additional investigation (Tradebe provided information relating to the deal structure, the entities involved in

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the deal, and confirmation that the financial assurance mechanisms would be continuously maintained). Copies of the information provided to counsel for the MADEP were forwarded to the NHDES Legal Unit on March 24, 2011. Therefore, granting of the rule the waiver/exemption from the completed background check will not subvert the intent and goal to ensure that entities and individuals are in good standing based on the results of the scrutiny and review of New Jersey and Massachusetts.

- d. Strict compliance with the rule will provide no benefit to the public and will cause an operational or economic hardship to the applicant.

Strict compliance with the rule will cause economic hardship to the applicant. The pending transaction involves lender financing and is subject to lender approval. The closing date was extended to April 8, 2011, for a number of reasons, including being able to secure agency approvals prior to closing. The financing rate is a key component of this deal and we not believe that the lending institution would be willing to offer another extension without changing the financial terms of the deal (creating significant economic hardship to the parties). More importantly, without this financing, the deal cannot occur (which would result in substantial economic hardship to all parties).

Strict compliance with the rule will provide no benefit to the public. As mentioned above, the applicant has demonstrated that it has passed the stringent background investigation in New Jersey and the deal review process in Massachusetts. Further, the waiver is not changing any of the terms and conditions of the current permit that could result in any change to the protections afforded by the current permit.

Based on the above, the parties have demonstrated that the criteria to grant a waiver and/or exemption set for at Env-Sw 202.04 have been satisfied and the waiver and/or exemption should be granted in order that the Department may approve the Type IV Permit Modification prior to the scheduled closing date.

Hazardous Waste Transfer Facility Permit - Permit No. DES-HW-TF-2000-01

As you are aware, Tradebe and United Oil have a pending request for a change in ownership for the above-requested permit in connection with the Stock Purchase Transaction scheduled to take place on April 8, 2011. As a condition of approval, the NHDES is requiring that a 30-day notice be sent to abutting property owners. We respectfully request that the NHDES issue an interim permit in order for the applicants to meet the scheduled closing. The applicants are proceeding in good faith and are in the process of issuing the public notices in connection with delivery of this request to the Department. We will provide written confirmation and evidence of delivery of the notices immediately upon receipt of same.

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Pursuant to New Hampshire RSA 147-A:4 VI, the NHDES is authorized to issue an interim permit in circumstances where meeting the requirements for the issuance of a permit or complying with the conditions of a permit would, in the opinion of the department, cause undue hardship without equal or greater benefit to the public. No interim permit shall be granted to a person who is causing danger to public health or safety. Tradebe and United Oil respectfully request that the NHDES issue an interim permit approval with regard to its request for approval of a permit transfer from United Oil to United Oil for Permit No. DES-HW-TF-2000-01.

- a. Compliance with the conditions of the approval would cause undue hardship without equal or greater benefit to the public.

As mentioned above, strict compliance with the rule will cause economic hardship to the applicant. The pending transaction involves lender financing and is subject to lender approval. The closing date was extended to April 8, 2011, for a number of reasons, including being able to secure agency approvals prior to closing. We not believe that the lending institution would be willing to offer another extension without changing the financial conditions of the deal resulting in significant economic hardship to the parties. The deal cannot occur without the financing.

- b. Issuance of an interim permit will not cause danger to public health or safety.

As you are aware, United Oil is selling its stock ownership interests to Tradebe. Because this is a transfer of the ownership interests only, United Oil continues to be the owner and operator of the Facility and continues to be the permittee on the permit. The transaction will not change the permittee's day-to-day Facility operations or management personnel responsible for compliance with the permit (as has been previously provided to the Department). United Oil will continue to comply with the terms and conditions of the permit and, as such, there is no danger to public health or safety resulting from the Stock Transfer Purchase. Further, United Oil will continue to maintain the current financial assurance mechanism in accordance with the permit and regulatory requirements.

For the reasons above, we respectfully request that the Department grant the waivers and/or exemptions necessary such that it may approve the Type IV Modification for the solid waste permit and that it issue the interim permit for the hazardous waste transfer facility permit so that United Oil may continue to operate the Facility post-closing while the other conditions

April 1, 2011

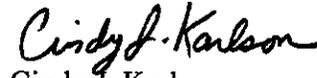
Page 6

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are satisfied based on a schedule set forth by the Department. If you have any questions or require any additional information, please feel free to contact us.

Sincerely,



Cindy J. Karlson

cc: Peter Demas, Esq., NHDES
Tradebe Environmental Services, LLC
United Oil Recovery, Inc.
Tricia H. Foley, Esq., Day Pitney, LLP

Karlson, Cindy J.

From: Baker, Rick [RBaker@unitedindustrialservices.com]
Sent: Wednesday, March 23, 2011 2:05 PM
To: Wheeler, Wayne
Cc: Karlson, Cindy J.
Subject: return receipts
Attachments: Notice of Filing for Stock Transfer Ret Rects 3-23-11.pdf

Hi Wayne. Attached are the return receipts for the Notice of Filing for the transfer of ownership for the Temp SW Permit. As I mentioned to you in a previous email, 1 Eliot homeowner was not around and we got the letter returned. The USPS tried to deliver it on 2 occasions. The last page of the scan is the returned envelope.

Let me know if questions.

Thanks
Rick

4/1/2011

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Willis, Harlon/Jean Revocable Trust
Harlon/Jean Willis Trustees
437 Lafayette Road
Portsmouth, NH
03801

2. Article Number

7009 2250 0001 9614 7517

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jean Willis*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/5/11

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Carol Boire
11 North Crescent Drive
Eliot, ME
03903

2. Article Number

7010 0780 0000 1999 5842

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary J Boire*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

GARY BOIRE

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Laurie & Elizabeth Nutter
185 Old Road
Eliot, ME
03903

2. Article Number

7009 2250 0001 9614 7456

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Elizabeth Nutter*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

ELIZABETH NUTTER

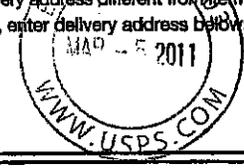
3/5/11

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Judith Mills
41 Nelson Lane
Eliot, ME
03903



COMPLETE THIS SECTION ON DELIVERY

- A. Signature: Agent Addressee
 X *Richard A Mills*
- B. Received by (Printed Name): **RICHARD A. MILLS**
- C. Date of Delivery: **2/5/11**
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7009 2250 0001 9614 7449**

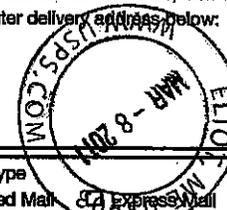
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Maureen & Francis Morrissey
48 Trillium Way
Eliot, ME
03903



COMPLETE THIS SECTION ON DELIVERY

- A. Signature: Agent Addressee
 X *Francis Morrissey*
- B. Received by (Printed Name): **FRANCIS MORRISSEY**
- C. Date of Delivery: **3/8/11**
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7010 0780 0000 1999 7044**

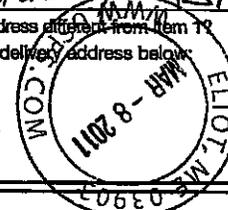
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Catherine Lunn & Maureen Morrissey
172 Adlington Road
Eliot, ME
03903



COMPLETE THIS SECTION ON DELIVERY

- A. Signature: Agent Addressee
 X *Francis Morrissey*
- B. Received by (Printed Name): **FRANCIS MORRISSEY**
- C. Date of Delivery: **3/8/11**
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7009 2250 0001 9614 7463**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**Green Acre Baha'i School
1233 Central Street
Evanston, IL
60201**

2. Article Number (Transfer from service label) **7009 2250 0001 9614 7500**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x *Ron Chism*

B. Received by (Printed Name) *RON CHISM* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**Roy & Irene Rohde
5 North Crescent Drive
Eliot, ME
03903**

2. Article Number (Transfer from service label) **7010 0780 0000 1999 5903**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x *Sharon Rohde*

B. Received by (Printed Name) *Sharon Rohde* C. Date of Delivery *3/5/11*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**Joseph & Michelle Boldiga
3 North Crescent Drive
Eliot, ME
03903**

2. Article Number (Transfer from service label) **7010 0780 0000 1999 5866**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x *Michelle Boldiga*

B. Received by (Printed Name) *MICHELLE BOLDIGA* C. Date of Delivery *3/5/11*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Riverview Homeowners Assn, Inc.
P.O. Box 6
Eliot, ME
03903

2. Article Number

(Transfer from service label)

7010 0780 0000 1999 5835

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

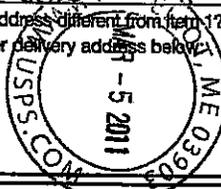
R.L. MATSON

C. Date of Delivery

3-5-11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Thomas Markham
P.O. Box 142
Eliot, ME
03903

2. Article Number

(Transfer from service label)

7010 0780 0000 1999 5897

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

Thomas Markham

C. Date of Delivery

3/5/11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Don & Maria Gonzales
1 North Crescent Drive
Eliot, ME
03903

2. Article Number

(Transfer from service label)

7010 0780 0000 1999 5910

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

DON & MARIA GONZALES

C. Date of Delivery

3-8-11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>G.O. JOHNSON</i> C. Date of Delivery <i>3/9/11</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Linda & G. Orrin Johnson 7 North Crescent Drive Eliot, ME 03903		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7010 0780 0000 1999 5859		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: William & Wendy Gilbert 241 River Road Eliot, ME 03903		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7010 0780 0000 1999 5873		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Linda Krasnow</i> C. Date of Delivery <i>3-7-11</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Barry & Linda Krasnow 267 River Road Eliot, ME 03903		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7010 0780 0000 1999 5828		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Constance Ludwig
13 North Crescent Drive
Eliot, ME
03903

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7010 0780 0000 1999 5880**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Paul Deschaine
Lamprey Regional Solid Waste Co-Op
c/o Stratham Town Hall
10 Bunker Hill Avenue
Stratham, NH 03885

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Cathy Kenny
 B. Received by (Printed Name) *Cathy Kenny* C. Date of Delivery *3/9/11*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7009 2250 0001 9614 7418**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Jane Mazeau, Town Clerk
Town of Newington
205 Nimble Hill Road
Newington, NH
03801

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Therese Tomlinson
 B. Received by (Printed Name) *Therese Tomlinson* C. Date of Delivery *3-7-11*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7010 0780 0000 1999 5965**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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>Sue Bernier</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Sue Bernier</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>
Phil Chase Sprague Energy Corp. Two International Drive Suite 200 Portsmouth, NH 03801	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 2410 0002 1313 6873</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery _____ _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
Short Family Limited Partnership 373 Shattuck Way Newington, NH 03801	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7010 0780 0000 1999 5941</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>P. White</i> 3-7-11</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: Rockingham Electric Supply 427 Shattuck Way Newington, NH 03801</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7010 0780 0000 1999 5934</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**K. Allen Brooks
New Hampshire Dept. of Justice
Office of Attorney General
Environmental Protection Bureau
33 Capitol Street
Concord, NH 03301**

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *J. Stevens* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 07 2011

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7009 2250 0001 9614 7425

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**B&M Railroad, Guilford Transportation
Springfield Terminal, Iron House Park
BillERICA, MA
01821**

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *RON EDWIN* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
RON EDWIN 2/7/11

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7009 2250 0001 9614 7432

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**New Hampshire DOT
7 Hazen Drive
Concord, NH
03302-6483**

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *John P. [Signature]* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 07 2011

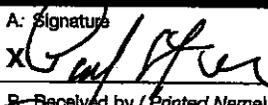
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

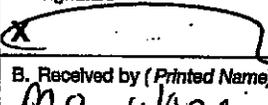
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

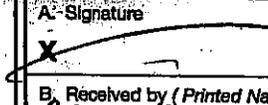
4. Restricted Delivery? (Extra Fee) Yes

7010 0780 0000 1999 5927

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Paul Stone	C. Date of Delivery MAR 07 2011
Public Services of New Hampshire P.O. Box 330 780 North Commercial Street Concord, NH 03101		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type	
7010 0780 0000 1999 5958		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Mo Wong	C. Date of Delivery 3/7/11
Esther Chee Bang Wong 110 Hartford Drive Portsmouth, NH 03801		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type	
7009 2250 0001 9614 7487		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Mo Wong	C. Date of Delivery 3/7/11
Mo Y. Wong 110 Hartford Drive Portsmouth, NH 03801		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type	
7010 0780 0000 1999 7051		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>S. Hoyle</i> 3-7-11</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Yuk Yin Wong 15 James Drive Lee, NH 03824</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 <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7009 2250 0001 9614 7470</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540</p>	



DIVISION OF UNITED OIL RECOVERY, INC.

47 GRACEY AVENUE
MERIDEN, CT 06451

CERTIFIED MAIL™



7009 2250 0001 9614 7494

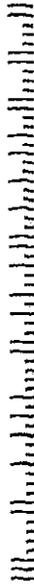


Return Recd

ADDRESS SERVICE REQUESTED

NIXIE 031 DE 1 00 03/20/11
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 06451228447 *0744-03193-03-39



Thomas Ratcliffe
21 Bayberry Drive
Eliot, ME
03903

3/21/11
3/20/11
3/20/11
UNC
RETURN

0950031714 0002
0645102284

