

ALEXANDER, POOLE & COMPANY, INC.

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TAX ID # 14-1482374

Invoice # 1118086

October 28, 2011

The Montauk Friends of Olmstead Parks, Inc. / Town of Montauk

Robert A. Ficalora

P.O. Box 2612

Montauk, NY 11954

Your File

Caption:	<i>The Seaview at Amagansett, Ltd., et al</i>	Plaintiff/Petitioner	Date Received: 10/27/2011
	<i>Town of Montauk, Intervenor et ano etc.</i>	Defendant/Respondent	Serve By Date: 11/8/2011
Re:	Hon. Andrew M. Cuomo, Governor of the State of New York		Date Returnable: _____
			Docket or ID #: 09-34714
Docs. Served: Notice of Filing, Affirmation of Service, Notice			Court: Supreme
OR _____			County: Suffolk
Svc. Provided: _____			Original: <input type="checkbox"/> We File: <input type="checkbox"/>
Date Served: 10/27/2011			Server: Christopher Warner
Time Served: 12:45 pm			Place Served: Capitol Bldg., Albany, NY

Date	Service Description	Service Fee	Payments
10/28/2011	Process Serving-Local To Denise Gagnon, MA	\$28.00	
10/27/2011	Advance Payment by Customer 3416 (84) Jewelry Boutique)		\$28.00
Total Service Fees and Total Fees Prepaid:		\$28.00	\$28.00
There will be a \$25.00 late charge added to all past due accounts. Fees 30 days past due will accrue interest at the rate of 1.5% per month plus any reasonable costs of collection. Fed I.D.# 14-1482374		Total Amount Due =	\$0.00
Remarks:			

Payable upon receipt. Please pay from this invoice.

Please detach and return this section with your payment. Make checks payable to Alexander Poole & Co., Inc.

There will be a \$25.00 service fee on all returned checks

We now accept eChecks, Visa, Mastercard and Discover

The Montauk Friends of Olmstead Parks, Inc. /

Robert A. Ficalora

P.O. Box 2612

Montauk, NY 11954

Alexander, Poole & Co., Inc.

P.O. Box 69

Albany, New York, 12201

Invoice/Work Order #: 1118086

Invoice Date: October 28, 2011

Attorney's ID#: A10310

Total Amount Due= \$0.00

Amount Paid _____

The Seaview at Amagansett, Ltd., et al
vs
Town of Montauk, Intervenor et ano etc.

Plaintiff(s)/Petitioner(s)

Defendant(s)/Respondent(s)

STATE OF NEW YORK: COUNTY OF ALBANY, SS.:

Christopher Warner, being duly sworn deposes and says deponent is not a party herein,

is over the age of eighteen years and resides in the State of New York. That on October 27, 2011 at 12:45 pm
at NYS Capitol Bldg., Albany, NY deponent (did) ~~(did not)~~ serve the following :

Notice of Filing, Affirmation of Service, Notice

on: Hon. Andrew M. Cuomo, Governor of the State of New York

(herein called recipient) therein named.

#1 INDIVIDUAL By delivering a true copy of each to said recipient personally; deponent knew the person served to be the person described as said person therein.

#2 CORP. A xxxxxxx corporation, by delivering thereat a true copy of each to Denise Gagnon personally, deponent knew said corporation so served to be the corporation, described in same as said recipient and knew said individual to be Authorized Agent thereof.

Service was made in the following manner after your deponent was unable, with due diligence, to serve the defendant in person, including an effort to reach the defendant by telephone, (if such telephone number was available) and an attempt to locate the defendant's place of employment.

#3 SUITABLE AGE PERSON By delivering a true copy of each to _____ a person of suitable age and discretion. Said premises is recipient's actual place of business dwelling house (usual place of abode) within the state

#4 AFFIXING TO DOOR By affixing a true copy of each to the door of said premises, which is recipient's actual place of business dwelling house (usual place of abode) within the state.

#5 MAILING COPY On _____ deponent completed service under the last two sections by depositing a copy of the _____ to the above address in a First Class postpaid properly addressed envelope marked "Personal and Confidential" in an official depository under the exclusive care and custody of the United States Post Office in the State of New York.

Deponent called at the aforementioned address on the following dates and times:

on the _____ day of _____ at _____
on the _____ day of _____ at _____
on the _____ day of _____ at _____
on the _____ day of _____ at _____

#6 NON-SERVICE After due search, careful inquiry and diligent attempts, I have been unable to effect process upon the person/entity being served because of the following:
 Unknown at Address Evading Moved left no forwarding Address does not exist Other

#7 DESCRIPTION A description of the Defendant, or other person served, on behalf of the Defendant is as follows:
(use with #1, 2 or 3) Sex Female Color of skin White Color of hair Blonde Approx. Age 21 - 35 Yrs. Approx. Height 5' 4" - 5' 8" Approx. weight 161 - 200 Lbs Other _____

#8 WIT. FEES \$ _____, the authorized travel expenses and one day's witness fee was paid (tendered) to the recipient.

Deponent asked person spoken to whether the recipient was presently in military service of the United States Government or on active duty in the military service in the State of New York and was informed he/she was not.

Sworn to before me on this

28th day of October, 2011

[Signature]
Notary Public

FAITH COZZY
NOTARY PUBLIC, State of New York
No. 01CO6158874, Albany County
Commission Expires Jan 8, 2015

[Signature]
Christopher Warner

Invoice-Work Order # 1118086