

CLOSING ITEM NO.: B-6

AFFIDAVIT OF MAILING
OF THIRTY-DAY SALES TAX REPORT (ST-60)

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

The undersigned, being duly sworn, hereby states:

That on November 13, 2013, I mailed a Thirty-Day Sales Tax Report (ST-60) by and between County of Clinton Industrial Development Agency (the "Agency") and The Development Corporation (the "Company"), both relating to the Agency's The Development Corporation Project, to the following:

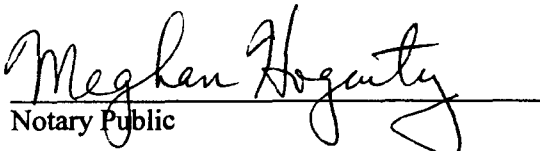
NYS Tax Department
IDA Unit
Building 8, Room 738
W.A. Harriman Campus
Albany, New York 12227

In witness thereof, I have hereunto set my hand this 13th day of November, 2013.



Adam Carson

Sworn to before me this
13th day of November, 2013.


Notary Public

MEGHAN HOGARTY
Notary Public, State of New York
No. 01H06277544
Qualified in Albany County
Commission Expires March 11, 2017

George W. Cregg, Jr.
Partner
E-mail: gcregg@hodgsonruss.com



November 13, 2013

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

7012 3460 0000 4958 6148

NYS Tax Department
IDA Unit
Building 8, Room 738
W.A. Harriman Campus
Albany, New York 12227

Re: County of Clinton Industrial Development Agency
The Development Corporation

Ladies/Gentlemen:

Enclosed herewith please find an executed Tax Form ST-60 - IDA Appointment of Project Operator or Agent for Sales Tax Purposes regarding the above-captioned transaction.

If you have any questions or comments regarding the foregoing, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to be "GWC", written over a horizontal line.

George W. Cregg, Jr.

GWC/nhb
Enclosure

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

9479 3460 0000 044E 2702

Postage	\$.46	ALBANY, NY 12207-9996 13 NOV 2013 Postmark 012064 00073 BLUE ST-100 (NH8)
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$6.11	

Sent To
NYS Tax Department
IDA Unit, Building 8, Room 738
 Street, Apt. No. or PO Box No. **W.A. Harriman Campus**
 City, State, ZIP+4 **Albany, NY 12227**

PS Form 3800, August 2006 See Reverse for Instructions

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:

NYS Tax Department
IDA Unit, Building 8, Room 738
W.A. Harriman Campus
Albany, NY 12227

2. Article Number
 (Transfer from service label) **7012 3460 0000 4958 0148**

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

REC'D NY TAX DEPT.
ALBANY, NY 12227
NOV 15 2013

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

4. Restricted Delivery? (Extra Fee) Yes