COMMONWEALTH OF KENTUCKY BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

| THE APPLICATION OF |) |
|--|------------------------|
| THE TOWERS, LLC, D/B/A VERTICLE BRIDGE AND |) |
| KENTUCKY RSA NO. 1 PARTNERSHIP BY CELLCO |) |
| PARTNERSHIP D/B/A VERIZON WIRELESS |) |
| FOR ISSUANCE OF A CERTIFICATE OF PUBLIC |) CASE NO.: 2024-00407 |
| CONVENIENCE AND NECESSITY TO CONSTRUCT |) |
| A WIRELESS COMMUNICATIONS FACILITY |) |
| IN THE COMMONWEALTH OF KENTUCKY |) |
| IN THE COUNTY OF BALLARD |) |
| | |

SITE NAME: LOVELACEVILLE

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SUPPLEMENTAL NOTICE DOCUMENTATION

The Towers, LLC d/b/a Vertical Bridge and Kentucky RSA No. 1 Partnership by Cellco Partnership d/b/a Verizon Wireless, its Operating Entity, ("Applicants"), by counsel, hereby submit supplemental notice documentation. As discussed in paragraph 25 of the above captioned Application, two notice letters were dispatched to landowners on the even date of filing of the within Application. A returned signed "green card" was delivered for one of the recipients and a returned undelivered letter was delivered for the other. The signed green card and returned undelivered letter are attached as **Exhibit J-1**. There are no unaccountable notices.

WHEREFORE, Applicants respectfully request that the PSC accept the foregoing supplemental filing and grant the requested Certificate of Public Convenience and Necessity to construct and operate the WCF.

Respectfully submitted,

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Ceix Brown

David A. Pike

And

F. Keith Brown

Pike Legal Group, PLLC

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EXHIBIT J-1 CERTIFIED GREEN CARD RECEIPT AND RETURNED UNDELIVERED LETTER

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| ■ 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: BOHANON JOHN L 2099 COUNTY LINE ROAD KEVIL, KY 42053 | A. Signature Agent Addresse B. Received by (Printed Name) C. Date of Deliver BREUD A BOND NO D. Is delivery address different from item 1? If YES, enter delivery address below: No |
| 95,90 9402 7926 2305 8849 78 2. Articl e Number(Transfer from s revice label) | 3. Service Type |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Insured Mail Insured Mail Restricted Delivery (over \$500) Domestic Return Receip |
| | |

de

Pike P. O. Box 369 Shepherdsville, KY 40165







ZIP 40165 02 7H 0006034260



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3091/17/25

RETURN TO SENDER VACANT UNABLE TO FORWARD

VAC 4201016520368 BC: 40165036969

*1570-05092-08-41