COMMONWEALTH OF KENTUCKY BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

THE APPLICATION OF)
NEW CINGULAR WIRELESS PCS, LLC,)
A DELAWARE LIMITED LIABILITY COMPANY,)
AND TILLMAN INFRASTRUCTURE LLC,)
A DELAWARE LIMITED LIABILITY COMPANY)
FOR ISSUANCE OF A CERTIFICATE OF PUBLIC) CASE NO.: 2025-00108
CONVENIENCE AND NECESSITY TO CONSTRUCT)
A WIRELESS COMMUNICATIONS FACILITY)
IN THE COMMONWEALTH OF KENTUCKY)
IN THE COUNTY OF HARLAN)

SITE NAME: FOX HARLAN

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SUPPLEMENTAL NOTICE DOCUMENTATION

New Cingular Wireless PCS, LLC, a Delaware limited liability company, and Tillman Infrastructure LLC, a Delaware limited liability company ("Applicants"), by counsel, hereby submit supplemental notice documentation.

As discussed in paragraph 25 of the above captioned Application, notice letters sent to three landowners were either "Delivered, Individual Picked Up at Post Office" or "Delivered, Individual Picked Up at Postal Facility" according to USPS tracking data. One letter had been marked "Delivery Attempt: Action Needed" according to USPS tracking data. Signed United States Posal Service Form 3811 "green cards" have been returned for all four letters. Copies of the "green cards" 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,

Zwid a Pelse

Kein Brown

David A. Pike

And

F. Keith Brown

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EXHIBIT J-1 PROOF OF NOTICE

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. 	A. Signature X	
1. Article Addressed to: COX MICHAEL EUGENE & GINA RENEE COX % BETHANY MICHAELA COX 100 SALLY RACHEL ROAD HARLAN, KY 40831	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
9590 9402 7926 2305 8856 30 2. Article Number (Transfer from service label) 9589 0710 5270 3100 7741 13	3. Service Type ☐ Priority Mail Express®☐ Adult Signature ☐ Registered Mail™☐ Registered Mail Restrict Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Insured Mail Restricted Delivery ☐ (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receip	
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. Article Addressed to: SHVIPSON GEORGETTA WILLIAMS CHARSLEE SIMPSON 4251 ANCHOR PT KINGSPORT, TN 37664	A. Signature X	
9590 9402 7926 2305 8856 23 2 Article Number (Transfer from service label) 9589 0710 5270 3100 7743 04	3. Service Type	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receip	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON I	nei IVERY
 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. Article Addressed to: BROWNING WILLIAM B & JUDITH H P O BOX 4 BAXTER, KY 40806 	A. Signature B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address by	☐ Agent ☐ Addressee ☐ C. Date of Delivery ☐ Section 1? ☐ Yes
9590 9402 7926 2305 8856 54 2. Article Number (Transfer from service label) 9589 0710 5270 3100 7741 37	Adult Signature Adult Signature Restricted Delivery Contified Mail® Contified Mail® Collect on Delivery Collect on Delivery Collect on Delivery Insured Mail	☐ Priority Mail Express®☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery
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.	A. Signature A. Received by (Printed Name)	☐ Agent
Attach this card to the back of the mailpiece, or on the front if space permits. 1 Article Addressed to: BROWNING WILLIAM B & JUDITH H P O BOX 4 BAXTER, KY 40806	D. Is delivery address different from If YES, enter delivery address b	9-5. 25 item 1? □ Yes
9590 9402 7926 2305 8856 47 2. Article Number (Transfer from service label) 9589 0710 5270 3100 7741 20	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail Cortified Mail Restricted Delivery Collect on Delivery Collect on Delivery Insured Mail Insured Mail Restricted Delivery (over \$500)	☐ Priority Mail Express®☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ ☐ Pestricted Deliver ☐ P
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt