

**COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION**

In the Matter of:

THE APPLICATION OF)	
TOWERCOM VI-C, LLC, AND)	
KENTUCKY RSA NO. 1 PARTNERSHIP BY CELLCO)	
PARTNERSHIP D/B/A VERIZON WIRELESS)	
FOR ISSUANCE OF A CERTIFICATE OF PUBLIC)	CASE NO.: 2025-00190
CONVENIENCE AND NECESSITY TO CONSTRUCT)	
A WIRELESS COMMUNICATIONS FACILITY)	
IN THE COMMONWEALTH OF KENTUCKY)	
IN THE COUNTY OF MARSHALL)	

SITE NAME: EQUINE HOSPITAL

* * * * *

SUPPLEMENTAL NOTICE DOCUMENTATION

TowerCom VI-C, LLC, a Delaware limited liability company and Kentucky RSA No. 1 Partnership by Cellco Partnership d/b/a Verizon Wireless, its Managing Partner, (“Applicants”), by counsel, hereby submits supplemental notice documentation.

In accordance with paragraph 24 of the above-captioned Application, copies of the returned “green cards” confirming delivery of notice letters to landowners entitled to notice are attached as part of **Exhibit J-1**. One notice letter, addressed to Mary Sue O’Daniel Et al., was returned as undeliverable; a copy of this returned letter is also attached as part of **Exhibit J-1**. Additionally, delivery of two other notice letters was confirmed via USPS tracking data, which is likewise attached as part of **Exhibit J-1**. There are no unaccountable notices.

In accordance with paragraph 25 of the above-captioned Application, a copy of the returned “green card” confirming receipt of the notice letter by the County Judge/Executive is attached as **Exhibit L-1**.

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,



David A. Pike
And



F. Keith Brown
Pike Legal Group, PLLC
1578 Highway 44 East, Suite 6
P. O. Box 369
Shepherdsville, KY 40165-0369
Telephone: (502) 955-4400
Telefax: (502) 543-4410
Email: dpike@pikelegal.com
kbrown@pikelegal.com

EXHIBIT J-1

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.

1. Article Addressed to:

COLE CEMETERY ASSOCIATION INC
C/O NEAL S. COLE
16 BONDURANT LANE
BENTON, KY, 42025



9590 9402 7926 2305 8836 67

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7776 51

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Neal S. Cole☐ Agent☒ Addressee

B. Received by (Printed Name)

NEAL S. COLE

C. Date of Delivery

6/12/25

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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.

1. Article Addressed to:

YOUNG MONTE G AND KIMBERLY
K ABERNATHY
4224 MAYFIELD HWY
BENTON, KY 42025



9590 9402 7926 2305 8836 29

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7776 99

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Monte G. Young☒ Agent☐ Addressee

B. Received by (Printed Name)

Monte G. Young

C. Date of Delivery

6/12/25

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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.

1. Article Addressed to:

HICKS CALLIE R AND JEROMY F
4110 MAYFIELD HWY
BENTON, KY 42025



9590 9402 7926 2305 8836 43

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7776 75

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jeromy F. Hicks☒ Agent☐ Addressee

B. Received by (Printed Name)

Jeromy F. Hicks

C. Date of Delivery

6/12/25

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

MARTIN SCOTT
763 HOUSER RD
BENTON, KY 42025



9590 9402 7926 2305 8837 42

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7777 29

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent☒ Addressee

B. Received by (Printed Name)

6-20-25

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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.

1. Article Addressed to:

AUSTIN DARIN S
300 COLE CEMETERY RD
BENTON, KY 42025



9590 9402 7926 2305 8837 28

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7777 43

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent☒ Addressee

B. Received by (Printed Name)

Darin Austin 6/18

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TYNES GAGE T AND KELSEY T
4058 MAYFIELD HWY
BENTON, KY 42025



9590 9402 7926 2305 8836 36

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7776 82

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent☒ Addressee

B. Received by (Printed Name)

Kelsey Tynes 6/13/25

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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.

1. Article Addressed to:

COLE NEAL S AND CLARA J ET AL
16 BONDURANT LN
BENTON, KY 42025



9590 9402 7926 2305 8832 47

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7775 90

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Neal S. Cole

☐ Agent☒ Addressee

B. Received by (Printed Name)

NEAL S. COLE

C. Date of Delivery

6/12/20

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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.

1. Article Addressed to:

FULFORD DONALD AND KATHLEEN
338 COLE CEMETERY RD
BENTON, KY 42025



9590 9402 7926 2305 8837 11

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7777 50

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kathleen Fulford

☐ Agent☐ Add. as

B. Received by (Printed Name)

Kathleen Fulford

C. Date of Del.

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Pike
P. O. Box 369
Shepherdsville, KY 40165-0369

CERTIFIED MAIL



9589 0710 5270 1676 7776 68

FIRST-CLASS



US POSTAGETM PITNEY BOWES

ZIP 40165 \$ 009.64⁰
02 7H
0006034260 JUN 10 2023

ODANIEL MARY SUE ET AL
497 COLE CEMETERY RD
BENTON, KY 42025

6/12
6/12
6/27



NE XIS 401 55 1 0007 03 07

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK

EC: 40165036969 *2870-01541-08-28

40165>0369



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.

1. Article Addressed to:

ODANIEL MARY SUE ET AL
497 COLE CEMETERY RD
BENTON, KY 42025



9590 9402 7926 2305 8836 50

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7776 68

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

3. Service Type

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

Tracking Number:

Remove X

9589071052701676777705

Copy Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was picked up at the post office at 8:55 am on June 16, 2025 in BETHALTO, IL 62010.

Get More Out of USPS Tracking:

USPS Tracking Plus[®]

Feedback

Delivered

Delivered, Individual Picked Up at Post Office

BETHALTO, IL 62010
June 16, 2025, 8:55 am

Notice Left (No Authorized Recipient Available)

BETHALTO, IL 62010
June 13, 2025, 12:10 pm

Arrived at USPS Regional Facility

SAINT LOUIS MO DISTRIBUTION CENTER
June 12, 2025, 6:04 am

In Transit to Next Facility

June 11, 2025

Arrived at USPS Regional Facility

LOUISVILLE KY DISTRIBUTION CENTER
June 10, 2025, 9:40 pm

● **Hide Tracking History**

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

Tracking Number:

Remove X

9589071052701676777736

Copy Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was delivered to an individual at the address at 12:31 pm on June 13, 2025 in CHARLOTTE, NC 28277.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

CHARLOTTE, NC 28277
June 13, 2025, 12:31 pm

Arrived at USPS Regional Facility

MID CAROLINA-CHARLOTTE NC DISTRIBUTION CENTER
June 12, 2025, 2:44 pm

In Transit to Next Facility

June 11, 2025

Arrived at USPS Regional Facility

LOUISVILLE KY DISTRIBUTION CENTER
June 10, 2025, 9:40 pm

Hide Tracking History

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less 

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

EXHIBIT L-1

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.

1. Article Addressed to:

Hon. Kevin Spraggs
Marshall County Judge Executive
1101 Main Street
Benton, KY 42025



9590 9402 7926 2305 8841 07

2. Article Number (Transfer from service label)

9589 0710 5270 1676 7776 06

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-12-25

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

3. Service Type

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt