

CLOSING ITEM NO.: B-7

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 October 19, 2022, I mailed an Thirty-Day Sales Tax Report (ST-60) executed by County of Lewis Industrial Development Agency (the "Agency"), said ST-60 reflecting the appointment of Martinsburg CSG LLC, as agent of the Agency with respect to Martinsburg CSG LLC Project, to the following:

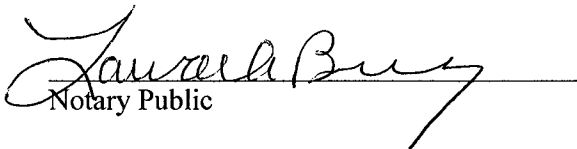
NYS Tax Department  
IDA Unit  
Building 8, Room 738  
W.A. Harriman Campus  
Albany, New York 12227

In witness thereof, I have hereunto set my hand this 19<sup>th</sup> day of October, 2022.



Adam Carson

Sworn to before me this  
19<sup>th</sup> day of October, 2022.

  
Notary Public

**LAURA A. BEYER**  
No. 01BE6278746  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires March 25, 2025

Nadene E. Zeigler  
Partner  
nzeigler@hodgsonruss.com



October 19, 2022

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

7020 0090 0000 8421 8113

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

Re: County of Lewis Industrial Development Agency  
Martinsburg CSG LLC Project

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 read "Nadene E. Zeigler".

Nadene E. Zeigler

NEZ/ral  
Enclosure

cc: Brittany Davis, Executive Director of Economic Development (via email, w/enclosures)  
Cheyenne Steria, Director of Finance & Incentives (via email, w/enclosures)  
Kevin McArdle, Esq. (via email, w/enclosures)  
Genevieve M. Trigg, Esq. (via email, w/enclosures)

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

7020 0090 0000 8421 8113

Certified Mail Fee  
 \$ 4.00

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ 3.25

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage  
 \$ .57

Total Postage and Fees \$ 4.57

Sent To NYS Tax Department  
IDA Unit 093011.000061

Street and Apt. No., or PO Box No. Building 8, Room 738 NEZ  
W.A. Harriman Campus ST-6

City, State, ZIP+4® Albany, NY 12227

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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:

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



9590 9402 7464 2055 3516 02

2. Article Number (Transfer from service label)

702009000084218113

**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

ALBANY, NY 12227

**OCT 21 REC'D**

3. Service Type

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

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

Domestic Return Receipt



# IDA Appointment of Project Operator or Agent For Sales Tax Purposes

# ST-60

(1/18)

The industrial development agency or authority (IDA) must submit this form within 30 days of the appointment of a project operator or agent, whether appointed directly by the IDA or indirectly by the operator or another agent.

For IDA use only

### IDA information

Name of IDA County of Lewis Industrial Development Agency			IDA project number (use OSC numbering system for projects after 1998) 2301-22-03
Street address 7551 South State Street			Telephone number (315 ) 376-3014
City Lowville	State NY	ZIP code 13367	Email address (optional)

### Project operator or agent information

Name of IDA project operator or agent Martinsburg CSG LLC		Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number 82-4819834
Street address 3050 Peachtree Road, Suite 460		Telephone number ( 631 ) 848-4899	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City Atlanta	State GA	ZIP code 30305	Email address (optional)

### Project information

Name of project Martinsburg CSG LLC			
Street address of project site 6424 State Route 26			
City Lowville	State NY	ZIP code 13367	Email address (optional)
Purpose of project solar energy generating facility			

Description of goods and services intended to be exempted from New York State and local sales and use taxes Equipment, machinery, building improvements, site improvements and related costs to the Project			
Date project operator or agent appointed (m/d/yy) 10/11 /2022	Date project operator or agent status ends (m/d/yy) 12/31/2023	Mark an X in the box if this is an extension to an original project: <input type="checkbox"/>	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax: \$ 1,749,000.00		Estimated value of New York State and local sales and use tax exemption provided: \$ 139,920.00	

**Certification:** I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer or employee signing on behalf of the IDA JOSEPH R. LAWRENCE		Print title (Vice) Chairman	
Signature 		Date 10/11/2022	Telephone number ( 315 ) 376-3014