Batavia Site #7
18,000

New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number: 4028 (3

Work Permit Number: 4-2000-145, 146, 147

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7. Any missing or incorrect information may cause a delay in the processing of your applicat

Section 1 APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe): _____

Name: Williams Communications, Inc.
c/o Williams Communications Group, Inc.

Federal ID: 73-1349451

Mailing Address:

Street	Suite or Apt. No.	3483 P.O. Box
Tulsa City/Town/Village	OK State	74101 Zip Co

Contact Person Name *(please print)*:	Telephone Number:	Fax Number:
Mr. John Corcoran	(918) 573-2600 ext 9928	(918) 573-6389

Section 2 FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☒ Other: (please describe): Fiberoptic Cable
☐ Gas Mains ☐ Cable Television
☐ Sewers ☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial
☐ Surface ☐ Bridge Attach

PURPOSE OF APPLICATION (Please provide brief description and location):

Install a fiberoptic system at M.P.# 393.4

Install a multi-port Vault to connect Fiber Optic cable backbone

Section 3 FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY	FACILITY LOCATION CITY/TOWN/VILLAGE (use beginning milepost to make determination)	FACILITY LOCATION COUNTY (use beginning milepost to make determi
Beginning Milepost Number 393.39 Only if longitudinal include Ending Milepost Number X.XX	Henrietta	Monroe

FACILITY LOCATION DIVISION (Check one):
(Use beginning milepost number to make determination; see Section 9 for further information)

☐ New York ☐ Albany ☐ Syracuse ☒ Buffalo

Section 7 APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attac and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY anc the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This appi will obtain any other consents or permits that may be necessary to accomplish the purposes set forth at es it is understood that in granting a permit, the New York State Thruway Authority merely expresses it assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 22 day of September 2000.

SIGNATURE OF APPLICANT

Row Agent, Williams Communications, Inc.
TITLE (if applicable)

Keith Buckalew
PLEASE PRINT NAME

Section 8 FOR THRUWAY USE ONLY

Permission is hereby granted to Williams Communications Inc. c/o Williams Communications Group Inc. (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at particular location described therein in accordance with the map and/or plan thereto attached and sub to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NE YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLIC (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated at ALBANY, N.Y. this 13th day of November ~~xx~~2000.

Edward M. Slovinski
SIGNATURE

Edward M. Slovinski
PLEASE PRINT NAME

Thruway Commercial Rep.
TITLE

TA-41341 (1/96)

NEW YORK STATE THRUWAY AUTHORITY
FIELD PAYMENT RECEIPT
WORK/OCCUPANCY PERMITS AND REVIEW FEES

White-Finance Yellow-Division Pink-Payer (See instructions on Reverse Side)

Received From (Print Name): Williams Communications	Date: 9/27/2000
Address: PO Box 3483 Tulsa OK 74101	Amount Received: $ 1500.00

METHOD OF PAYMENT:
- ☐ Cash
- ☒ Check # 151940
- ☐ Money Order #

PURPOSE OF FUNDS:
- ☒ Work Permit # 4-2000-145, 146, 147
- ☒ Occupancy Permit - *See note below.
- ☐ Security Deposits
- ☐ Other Engineering Review Fees - Attach correspondence explaining fee collection.

RECEIVED BY:	PRINT Name & Title:	DIVISION:
Edward M Slunk (Signature)	EDWARD M. SLOWNSKI Tury Committee	☐ New York ☐ Syracuse ☐ Albany ☒ Buffalo

* NOTE TO OCCUPANCY PERMIT APPLICANT: The Authority's acceptance of the above funds assures that the Authority will perform an engineering analysis on your Occupancy Permit Applicatio these funds do NOT assure that you will be issued an Occupancy Permit.

COMMENTS: OP 4028 administrative fee $750.00
3 workPerm 750.00
$1500.00

AFE 4455 Location Code _____ **Williams Communications Sight Draft** DATE 9-23- 2000 151

PAY TO THE ORDER OF New York State Thruway Authority $ 1500.00

one thousand five hundred and 00/100 DOLL
Void after 90 days

Address 3901 Genesee Street
City, St., Zip Cheektowaga New York 14225-0121 County Genesee State N.Y. Tract
SS# or Fed ID#

ROW	Damages	Recording Fees	Office Supplies	Permit/Fee	Other
$	$	$	$	$ 1500.00	$

Description NYSTA Crossing At Regen 7 Kelsey Road
Cleveland To New York Build
Williams 1000.00 Schupps $250.00
SUBURBAN 250.00

PAYABLE THROUGH BANK OF OKLAHOMA N.A. TULSA, OKLAHOMA

Keith Buckalew
Authorized Signature

OP01-3211
5001 001
R55404

⑈151940⑈ ⑆103900036⑆ 0000094⑈
750.00 # 4028 OP / 750.00 4-00-145-147 WP

Exhibit 32

L - 195.016

Contract Brief

File Number	C00910
Contract Name	Rider to Occupancy Permit Application - Buffalo - Permit #4053
Contract From	Williams Communications, Inc.
Contract To	New York State Thruway Authority
Agreement Type	Permit;
Effective Date	11/13/2000
Evergreen	No

To Party Notice Address

New York State Thurway Authority
Director of Albany Div.
P O Box 189
Albany, NY 12201

10/25/00 Per [illegible] @ NY St. Thruway Permit Only; No rider Annual fee of $600

Consideration	(No copy of Rider in file.) $18,000 annually, subject to annual CPI increase. CPI increase shall be no greater than 5% nor less than 2.54%.
Legal	(No rider copy in file) MP 4.50 - Buffalo, Erie County, NY. Permit #4053
Term	Term of permit shall terminate upon termination of User Agreement (20 years after acceptance of Williams Fiber)
Termination	
Renewal Option	
Insurance Requirements	
Indemnification	
Deliverables	
Limitations	
Confidentiality	
Governing Law	
Future Options	
Comments	
Assignability	
Taxes	
Relocation	
Maintenance	
Change of Control	
Parking	

Contract Brief

Exhibit

Capacity

Line Information

Line Names	Cleveland to New York - Cleveland to Yonkers;
Line States	Test State;
Line Counties	Sample County (XX);

C00910 IRU

Iru Type

Third Party Name

Line Segment

Mileage

Comments

IRU Line Components

IRU Line Names

IRU Line States

IRU Line Counties

New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number: 4053

Work Permit Number: 4-2000-164- 180, 181

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7. Any missing or incorrect information may cause a delay in the processing of your application.

Section 1 APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe): _____

Name: Williams Communication, Inc.
c/o Williams Communications Group, Inc.

Federal ID or SS# 73-1349451

Mailing Address: Street | Suite or Apt. No. | P.O. Box 3483

Tulsa | OK | 74101
City/Town/Village | State | Zip Code

Contact Person Name *(please print)*: John Corcoran

Telephone Number: (918) 573-2600 ext 9928

Fax Number: (918) 573-6389

Section 2 FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☒ Other: (please describe): Fiberoptic Cable

☐ Gas Mains ☐ Cable Television

☐ Sewers ☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial

☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

Install a fiberoptic system (ductbank) along Exchange Street at M.P. # N4.65

3 Ducts Only as per new Plans

Dated Revision 11-21-2000

Additional conduit will require a amended O.P.

Section 3 FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY

Beginning Milepost Number N4.50

Only if longitudinal include Ending Milepost Number N 4.65

FACILITY LOCATION CITY/TOWN/VILLAGE (use beginning milepost to make determination): Buffalo

FACILITY LOCATION COUNTY (use beginning milepost to make determination): ERIE

FACILITY LOCATION DIVISION (Check one):
(Use beginning milepost number to make determination; see Section 9 for further information)

☐ New York ☐ Albany ☐ Syracuse ☒ Buffalo

Section 4 PLEASE READ THOROUGHLY BEFORE SIGNING

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5 ADDITIONAL INFORMATION

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.
If You Have Further Questions About This Permit.

Applicant continue with Section 6

Section 6 FOR THRUWAY USE ONLY

Administrative Fee:	Annual Fee required:	Performance Bond:	Security Deposit:
☒ YES ☐ NO	☒ YES ☐ NO	☒ YES ☐ NO	☒ YES ☐ NO
☒ Original $ 250.00	☒ Original $ 600.00	☒ Original $ 50 K	☒ Original $ 2500.00
☐ Amended $	☐ Amended $	☐ Amended $	☐ Amended $

APPROVAL (If Applicable):

Edward M Slowinski — SIGNATURE OF FEE APPROVAL
EDWARD M. SLOWINSKI — PLEASE PRINT NAME
11/17/2000 — DATE

Subject to Back Charges:	Subject to Liquidated Damages:	Type of Insurance Furnished:
☒ YES ☐ NO	☒ YES ☐ NO	☒ TA-51333 ☒ Expiration Date 3-1-2001
Condition Rider attached: ☒ YES ☐ NO		☐ Undertaking, effective date _____
		☐ Duplicate policy # _____ Effective date _____
		☐ TA-51318 Engineering Agreement

Section 7 APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 9th day of November 19 2000

x [signature]
SIGNATURE OF APPLICANT

ROW Agent, Williams Communications, Inc.
TITLE
(if applicable)

x Keith Buckalew
PLEASE PRINT NAME

Section 8 FOR THRUWAY USE ONLY

Permission is hereby granted to Williams Communications Inc c/o Williams Communications Group Inc (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated at ALBANY, N.Y. this 17th day of November 19 2000

[signature]
SIGNATURE

Edward M. Slowinski
PLEASE PRINT NAME

Twy Commercial Rep.
TITLE

Section 9 SUBM PERMIT APPLICATIONS TO THE APPROPRIATE THRUWAY AUTHORITY DIVISION DIRECTOR

DIVISION	HIGHWAY SECTIONS	DIVISION MILEPOST LIMITS
☐ New York	New York (Main Line)	0.00 - 76.50
	• Garden State Parkway Connection	G.S. 0.00 - G.S. 2.40
	• New England Section	N.E. 0.17 - N.E. 15.01
	• I-287 Cross Westchester	C.W.E. 0.00 - C.W.E. 10.90
	• I-84	0.00 - 71.46
☐ Albany	Albany (Main Line)	76.50 - 197.90
	• Berkshire Section	B 0.00 - B 24.28
☐ Syracuse	Syracuse (Main Line)	197.90 - 350.60
☐ Buffalo	Buffalo (Main Line)	350.60 - 496.00
	• Niagara Section	N 0.00 - N 21.50

TELEPHONE NUMBERS AND ADDRESSES

Thruway Division Director
New York Division
333 South Broadway
Tarrytown, NY 10591-5697
Phone: (914) 524-0290
Fax: (914) 332-8509

Thruway Division Director
Albany Division
9W, Interchange No. 23
P.O. Box 189
Albany, NY 12201-0189
Phone: (518) 436-2999
Fax: (518) 436-0233

Thruway Division Director
Syracuse Division
Mailing Address: P.O. Box 308
East Syracuse, NY 13057-0308
Location: 6712 Brooklawn Parkway
Syracuse, NY
Phone: (315) 437-2741
Fax: (315) 463-5835

Thruway Division Director
Buffalo Division
3901 Genesee Street
Cheektowaga, NY 14225-0121
Phone: (716) 631-9017
Fax: (716) 626-1328

NOTE: For the Cross Westchester Expressway (I-287), the New York State Department of Transportation shall issue Occupancy Permits and the Thruway Authority shall issue Work Permits.

New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number: 4053

Work Permit Number: 4-2000-164-180, 181

APPLICANTS: *Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7. Any missing or incorrect information may cause a delay in the processing of your application.*

Section 1 APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe): _____

Name: Williams Communication, Inc. c/o Williams Communications Group, Inc.

Federal ID or SS#: 73-1349451

Mailing Address: Street | Suite or Apt. No. | P.O. Box 3483

Tulsa | OK | 74101
City/Town/Village | State | Zip Code

Contact Person Name *(please print)*: John Corcoran

Telephone Number: (918) 573-2600 ext 9928

Fax Number: (918) 573-6389

Section 2 FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☒ Other: (please describe): Fiberoptic Cable

☐ Gas Mains ☐ Cable Television

☐ Sewers ☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial

☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

Install a fiberoptic system (ductbank) along Exchange Street at M.P. # N4.65

3 Ducts Only as per new Plans

Dated Revised 11-21-2000

Additional conduit will require a amended O.P.

Section 3 FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY

Beginning Milepost Number N4.50

Only if longitudinal include Ending Milepost Number N4.65

FACILITY LOCATION CITY/TOWN/VILLAGE (use beginning milepost to make determination): Buffalo

FACILITY LOCATION COUNTY (use beginning milepost to make determination): ERIE

FACILITY LOCATION DIVISION (Check one):
(Use beginning milepost number to make determination; see Section 9 for further information)

☐ New York ☐ Albany ☐ Syracuse ☒ Buffalo

Section 4 PLEASE READ THOROUGHLY BEFORE SIGNING

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5 ADDITIONAL INFORMATION

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.
If You Have Further Questions About This Permit.

Applicant continue with Section 6

Section 6 FOR THRUWAY USE ONLY

Administrative Fee:	Annual Fee required:	Performance Bond:	Security Deposit:
☒ YES ☐ NO	☒ YES ☐ NO	☒ YES ☐ NO	☒ YES ☐ NO
☒ Original $ 250 00	☒ Original $ 600.00	☒ Original $ 50 K	☒ Original $ 2500 00
☐ Amended $	☐ Amended $	☐ Amended $	☐ Amended $

APPROVAL (If Applicable):

Edward M Slowinski — SIGNATURE OF FEE APPROVAL
EDWARD M. SLOWINSKI — PLEASE PRINT NAME
11/17/2000 — DATE

Subject to Back Charges:	Subject to Liquidated Damages:	Type of Insurance Furnished:
☒ YES ☐ NO	☒ YES ☐ NO	☒ TA-51333 ☒ Expiration Date 3-1-2001
Condition Rider attached: ☒ YES ☐ NO		☐ Undertaking, effective date ____
		☐ Duplicate policy # ____ Effective date ____
		☐ TA-51318 Engineering Agreement

Section 7 APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 9th day of November 19 2000

SIGNATURE OF APPLICANT

ROW Agent, Williams Communications, Inc.
TITLE (if applicable)

Keith Buckalew
PLEASE PRINT NAME

Section 8 FOR THRUWAY USE ONLY

Permission is hereby granted to Williams Communications Inc (to Williams Communications Group Inc) (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated at ALBANY, N.Y. this 17th day of November 19 2000

SIGNATURE

Edward M. Slowinski
PLEASE PRINT NAME

Twy Commercial Rep.
TITLE

Exhibit 33

[illegible] 1 of 4

New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number: 3781

Work Permit Number:

APPLICANTS: Please read and complete Sections 1, 2, 3, 4 (print or type) and sign Section 5. Any missing or incorrect information may cause a delay in the processing of your application.

Section 1 — APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe) _____

Name:	Federal ID or SSN
Teleegy Joint Venture	14-1503108

Mailing Address: 5786 Widewaters Parkway

Street	Suite or Apt. No.	P.O. Box
DeWitt	New York	13214
City/Town/Village	State	Zip Code

Contact Person Name:	Telephone Number:	Fax Number:
Brian Kelly	315 / 449-0328 ext _____	( )

Section 2 — FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☒ Other (please describe): Fiber Optic Cable

☐ Gas Mains ☐ Cable Television

☐ Sewers ☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial

☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description):

Installation of ~~two~~ three 1" ducts for fiber optic cable. Method of construction will be by directional boring.

(Annual Fee Required)

FACILITY LOCATION MILEPOST BOUNDARY	FACILITY LOCATION CITY/TOWN/VILLAGE (use beginning milepost to make determination)	FACILITY LOCATION COUNTY (use beginning milepost to make determination)
Beginning Milepost Number 240.6 + 32%	Whitestown	Oneida
Only if longitudinal, include Ending Milepost Number 240.7 + 333'		

FACILITY LOCATION DIVISION (Check one):
(Use beginning milepost number to make determination) see Section 8 for further information)

☐ New York ☐ Albany ☒ Syracuse ☐ Buffalo

TA-41137 (Cont.) 3 of 4

Section 3 — PLEASE READ THOROUGHLY BEFORE SIGNING

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 4 — ADDITIONAL INFORMATION

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application
If You Have Further Questions About This Permit.

Applicant continue with Section 5

Section 5 — FOR THRUWAY USE ONLY

Administrative Fee:	Revenue Permit:	Performance Bond:	Security Deposit:
☑ YES ☐ NO	☑ YES ☐ NO	☑ YES ☐ NO	☑ YES ☐ NO
☑ Original $ 700.00	☐ Original $ 252.00	☑ Original $ 10,000	☐ Original $ 10,000
☐ Amended $	☐ Amended $	☐ Amended $	☐ Amended $

Back Charges Anticipated:	Liquidated Damages:	Type of Insurance Furnished:
☑ YES ☐ NO	☐ YES ☑ NO If yes, see attached CONDITION RIDER	☑ TA-51888 ☐ Undertaking, effective date _____ ☐ Duplicate policy # _____ Effective date _____

Telergy Jt. Vent.
3 underground ducts.
"Annual Fee Required"
$252.00 ??

Section 4 APPLICANT/AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 3rd day of July 19 96.

[signature] BY: Right of Way Agent
SIGNATURE OF APPLICANT — ADD TITLE IF SIGNED BY REPRESENTATIVE

Section 5 FOR THRUWAY USE ONLY

Approval Recommended By:

[signature] 9/16/96
DIVISION DIRECTOR — DATE

Section 6 PERMIT

Permission is hereby granted to Telergy Joint Venture thereinafter referred to as "permittee" to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated at ALBANY, N.Y. this 18 day of June 19 97.

BY: [signature] Christian M. Trusi
CHIEF ENGINEER

[illegible]

New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☑ New ☐ Amended

Occupancy Permit Number: 3292

Work Permit Number:

APPLICANTS: *Please read and complete Sections 1, 2, 3, 4 (print or type) and sign Section 6. Any missing or incorrect information may cause a delay in the processing of your application.*

Section 1 — APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe): _____

Name:	Federal ID or SSN:
Telergy Joint Venture	16-1505208

Mailing Address: 5701 Widewaters Parkway

Street	Suite or Ack. No.	P.O. Box
DeWitt	New York	13236
City/Town/Village	State	Zip Code

Contact Person Name:	Telephone Number:	Fax Number:
Brian Mally	1 315 1449-0388 ext _____	4 5

Section 2 — FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☒ Other (please describe): _____

☐ Gas Mains ☐ Cable Television

☐ Sewers ☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial

☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description):

Installation of [illegible] 1½" ducts for fiber optic cable.

Method of construction will be by directional boring.

(50' Strip, overall fee applied)

FACILITY LOCATION MILEPOST BOUNDARY	FACILITY LOCATION CITY/TOWN/VILLAGE (Use beginning milepost to make determination)	FACILITY LOCATION COUNTY (Use beginning milepost to make determination)
Beginning Milepost Number 261.5 + 225'	Camarota	Madison
Only if neighborhood include Ending Milepost Number 261.4		

FACILITY LOCATION DIVISION (Check one):
(Use beginning milepost number to make determination; see Section 6 for further information)

☐ New York ☐ Albany ☒ Syracuse ☐ Buffalo

Telergy JV
Annual Fee Req.
$152

TA-61327 (Sheet 2 of 4)

Section 3 — PLEASE READ THOROUGHLY BEFORE SIGNING

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of time granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 4 — ADDITIONAL INFORMATION

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application
if You Have Further Questions About This Permit.

Applicant continue with Section 6

Section 5 — FOR THRUWAY USE ONLY

Administrative Fee:	Revenue Permit:	Performance Bond:	Security Deposit:
☒ YES ☐ NO	☒ YES ☐ NO	☒ YES ☐ NO	☒ YES ☐ NO
☒ Original $ [illegible]	☐ Original $ 152.00	☐ Original $ 10,000	☐ Original $ 10,000
☐ Amended $ _____	☐ Amended $ _____	☐ Amended $ _____	☐ Amended $ _____

Best Charges Anticipated:	Liquidated Damages:	Type of Insurance Furnished:
☒ YES ☐ NO	☐ YES ☒ NO If yes, see attached CONDITION PAPER	☒ TA-61323 ☐ Undertaking, effective date _____ ☐ Duplicate policy # _____ Effective date _____

TA-[illegible]

Section 6 APPLICANT APPROBATION

Application is hereby made by the undersigned in accordance with the map and plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 3rd day of July 19 96.

[signature] SIGNATURE OF APPLICANT BY: Right-of-Way Agent AND TITLE, IF SIGNED BY REPRESENTATIVE

Section 7 FOR THRUWAY USE ONLY

Approval Recommended By:

[signature] DIVISION DIRECTOR 9/26/96 DATE

Section 8 PERMIT

Permission is hereby granted to Telergy Joint Venture (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated at ALBANY, N.Y. this 18 day of June 1997.

BY: [signature] Christina M. Pracer for CHIEF ENGINEER

New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☑ New ☐ Amended

Occupancy Permit Number: 3861

Work Permit Number: 3-98-57

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7. Any missing or incorrect information may cause a delay in the processing of your application.

Section 1 APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe): _____

Name: TELERGY JOINT VENTURE

Federal ID or SS#: 16-1503208

Mailing Address:

Street: 5784 WIDEWATERS PARKWAY Suite or Apt. No. P.O. Box

City/Town/Village: DEWITT State: NY 13214 Zip Code

Contact Person Name (please print): JASON VANALSTYNE

Telephone Number: cell: (315) 491-4545 (315) 431-2700 ext. _____

Fax Number: (315) 437-0685

Section 2 FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☒ Other: (please describe): FIBER OPTIC CABLE

☐ Gas Mains ☐ Cable Television

☐ Sewers ☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial

☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

INSTALLATION OF THREE 1¼" HDPE DUCTS FOR FIBER OPTIC CABLE.

METHOD OF CONSTRUCTION WILL BE BY DIRECTIONAL BORE.

Section 3 FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY

Beginning Milepost Number 287.5

Only if longitudinal include Ending Milepost Number _____

FACILITY LOCATION CITY/TOWN/VILLAGE (use beginning milepost to make determination): GEDDES

FACILITY LOCATION COUNTY (use beginning milepost to make determination): ONONDAGA

FACILITY LOCATION DIVISION (Check one):
(Use beginning milepost number to make determination; see Section 9 for further information)

☐ New York ☐ Albany ☑ Syracuse ☐ Buffalo

Section 4 — **PLEASE READ THOROUGHLY BEFORE SIGNING**

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5 — **ADDITIONAL INFORMATION**

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.
If You Have Further Questions About This Permit.

Applicant continue with Section 7

Section 6 — **FOR THRUWAY USE ONLY**

Administrative Fee:	Annual Fee required:	Performance Bond:	Security Deposit:
☑ YES ☐ NO	☑ YES ☐ NO	☐ YES ☑ NO	☐ YES ☑ NO
☑ Original $ 750.00	☐ Original $ 258.00	☐ Original $	☐ Original $
☐ Amended $	☐ Amended $	☐ Amended $	☐ Amended $

APPROVAL (If Applicable):

SIGNATURE OF FEE APPROVAL — PATRICK HOGAN (PLEASE PRINT NAME) — 8/12/98 (DATE)

Subject to Back Charges:	Subject to Liquidated Damages:	Type of Insurance Furnished:
☐ YES ☑ NO	☐ YES ☑ NO	☑ TA-51333 ☐ Expiration Date
Condition Rider attached: ☐ YES ☐ NO		☐ Undertaking, effective date
		☐ Duplicate policy #
		Effective date
		☐ TA-51318 Engineering Agreement

New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number: 3898

Work Permit Number:

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7. Any missing or incorrect information may cause a delay in the processing of your application.

Section 1 — APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe): _____

Name: TELERGY JOINT VENTURE

Federal ID or SS#: 16-1503208

Mailing Address:

Street: 5784 WIDEWATERS PARKWAY Suite or Apt. No. P.O. Box

City/Town/Village: DEWITT State: NY Zip Code: 13214

Contact Person Name (please print): JASON VANALSTYNE

Telephone Number: Cell (315) 491-4545 (315) 451-2708 ext. _____

Fax Number: (315) 437-0685

Section 2 — FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☒ Other: (please describe): FIBER OPTIC CABLE

☐ Gas Mains ☐ Cable Television

☐ Sewers ☐ Electric _____ Voltage

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial

☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

INSTALLATION OF THREE 1¼" HDPE DUCTS FOR FIBER OPTIC CABLE. METHOD OF CONSTRUCTION WILL BE BY DIRECTIONAL BORE.

Section 3 — FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY

Beginning Milepost Number: 123.4

Only if longitudinal include Ending Milepost Number: _____

FACILITY LOCATION CITY/TOWN/VILLAGE (use beginning milepost to make determination): New Baltimore

FACILITY LOCATION COUNTY (use beginning milepost to make determination): Greene

FACILITY LOCATION DIVISION (Check one): (Use beginning milepost number to make determination; see Section 9 for further information)

☐ New York ☒ Albany ☐ Syracuse ☐ Buffalo

Section 4 — **PLEASE READ THOROUGHLY BEFORE SIGNING**

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5 — **ADDITIONAL INFORMATION**

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.
If You Have Further Questions About This Permit.

Applicant continue with Section 7

Section 6 — **FOR THRUWAY USE ONLY**

Administrative Fee:	Annual Fee required:	Performance Bond:	Security Deposit:
☒ YES ☐ NO	☒ YES ☐ NO	☒ YES ☐ NO	☒ YES ☐ NO
☒ Original $ 750.00	☒ Original $ 100.00	☒ Original $ 10,000.00	☒ Original $ 10,000
☐ Amended $	☐ Amended $	☐ Amended $	☐ Amended $

APPROVAL (If Applicable):

SIGNATURE OF FEE APPROVAL	PLEASE PRINT NAME	DATE
[signature]	Donald F. Brott	7/8/98

Subject to Back Charges:	Subject to Liquidated Damages:	Type of Insurance Furnished:
☐ YES ☑ NO	☐ YES ☑ NO	☑ TA-51333 ☐ Expiration Date ____
Condition Rider attached: ☐ YES ☑ NO		☐ Undertaking, effective date ____
		☐ Duplicate policy # ____ Effective date ____
		☐ TA-51318 Engineering Agreement

Section 7 — **APPLICANT AFFIRMATION**

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 15th day of June 1998.

x [signature] — SIGNATURE OF APPLICANT

Manager, ROW — TITLE (if applicable)

x JoAnne Harris — PLEASE PRINT NAME

Section 8 — **FOR THRUWAY USE ONLY**

Permission is hereby granted to Telergy Joint Venture (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated at Albany NY this 17th day of July 1998.

[signature] — SIGNATURE

Paul J. Barrier, P.E. — PLEASE PRINT NAME

Division Director — TITLE