REDACTED

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G
FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	1/11/17
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	A ll on n ed ct,	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE,#1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atla n ta G, A 0 3 2	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

F/o

ACTIONS: check one box with an "X"

x	Initiate invoice		Correction of invoice already billed		Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of November 2016

Total Amount $4,250.50

RECEIVED
JAN 10 2017
BY:

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

DO NOT MAIL - Payments by Wire

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

	ENTER Accounting Distribution Code Block (credit)					(FSSP changes indicated with column headers highlighted in color)			
	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$4,250.50
							TOTAL		$ $4,250.50

DESCRIPTION: (max 21 characters)	prepared by (type name below): [redacted]	sign below: [redacted]	date: 1/4/17
Referral Svcs Revs	Ext. with tie line: [redacted] Work address:		
approved by (type name below): [redacted]	sign below: [redacted]	per APS #13: Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in)	date: 1/9/17
Ext. with tie line: [redacted]			

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: *Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G*
FORM EFFECTIVE USE DATE: *on or after August 1, 2014*

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	2/27/17
i.e. CL&P,CL&P-Transm, WNECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen,Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) – (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

x	Initiate invoice		Correction of invoice already billed		Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of December 2016

Total Amount $4,818.00

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********* DO NOT MAIL - Payments by Wire *********
****

RECEIVED
FEB 27 2017
BY:_____

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$4,818.00
							TOTAL		$ $4,818.00

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted]
Ext. with tie line: [redacted]
Work address: [redacted]
sign below: [redacted]
date: 2/24/17

approved by (type name below): [redacted]
Ext. with tie line: [redacted]

per APS #13, Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in)

date: 2-24-17

REDACTED

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G
FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	3/1/17
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of January 2017

Total Amount $3,174.09

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********** **********
********** DO NOT MAIL - Payments by Wire **********
********** **********
****

RECEIVED
MAR 02 2017
BY:_____

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: => mail attachments with bill or => copy of bill to preparer (need name & office address)

	ENTER Accounting Distribution Code Block (credit)					(FSSP changes indicated with column headers highlighted in color)			
	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$3,174.09
							TOTAL		$ $3,174.09

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted] sign below: [redacted] date: 3/1/17

Ext. with tie line: [redacted]
Work address: [redacted]

approved by (type name below): [redacted] sign below: [redacted] date: 3/1/17

Ext. with tie line: [redacted]

per AFSI#13, Department Code responsible for monitoring collections: 11F
(Preparer REQUIRED to fill in)

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G
FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	4/12/17
i.e.: CL&P,CL&P-Transm,WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen,Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Allconnect, Inc	(max 22 characters)	F/O
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

x	Initiate invoice		Correction of invoice already billed		Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of February 2016

Total Amount $1,902.54

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********** **********
********** DO NOT MAIL - Payments by Wire **********
********** **********
****

RECEIVED
APR 12 2017
BY:

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$1,902.54
							TOTAL		$ $1,902.54

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted]
Ext. with tie line: [redacted]
Work address:
sign below: [redacted]
date: 4/7/17

approved by (type name below): [redacted]
Ext. with tie line: [redacted]
sign below: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F
(Preparer REQUIRED to fill in)

date: 4/10/17

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G
FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	6/13/17
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen,Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11,11T,71,01,61 etc. should match "Billing Co Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

F10

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the fnders fee referral
For the month of March 2017

Total Amount $3,499.10

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

DO NOT MAIL - Payments by Wire

RECEIVED
JUN 08 2017
BY:_____

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$3,499.10
							TOTAL		$ $3,499.10

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted] sign below: [redacted] date: 6/7/17

Ext. with tie line: [redacted] Work address:

approved by (type name below): [redacted] sign below: [redacted] date: 6/7/17

Ext. with tie line: [redacted]

per APS #13: Department Code responsible for monitoring collections 11F (Preparer REQUIRED to fill in)

REDACTED

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G
FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	6/14/17
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen,Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc.; should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

F/o

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of April 2017

Total Amount $4,150.95

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

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********** **********
********** DO NOT MAIL - Payments by Wire **********
********** **********
****

RECEIVED
JUN 08 2017
BY: _____

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

	ENTER Accounting Distribution Code Block (credit)					(FSSP changes indicated with column headers highlighted in color)			
	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$4,150.95
							TOTAL		$ $4,150.95

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted]
Ext. with tie line: [redacted]
Work address: [redacted]

date: 6/7/17

approved by (type name below): [redacted]
Ext. with tie line: [redacted]
sign below: [redacted]

per APS #13, Department Code responsible for monitoring collections: 11F
(Preparer REQUIRED to fill in)

date: 6/7/17

J:\All Connect\All Connect Billing\2017\04 - April\ April.xlsx CT Electric

6/7/2017 - 10:24 AM

REDACTED

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G
FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	7/24/17
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of May 2017

Total Amount $4,727.54

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********** **********
********** DO NOT MAIL - Payments by Wire **********
********** **********
****

RECEIVED
JUL 13 2017
BY:_____

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

	ENTER Accounting Distribution Code Block (credit)					(FSSP changes indicated with column headers highlighted in color)			
	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$4,727.54
							TOTAL		$ $4,727.54

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted]
Ext. with tie line: [redacted]
Work address:

sign below: [redacted]

date: 7/5/17

approved by (type name below): [redacted]
Ext. with tie line: [redacted]

sign below: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F
(Preparer REQUIRED to fill in)

date: 7/12/17

REDACTED

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: ***Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G***
FORM EFFECTIVE USE DATE: ***on or after August 1, 2014***

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	8/7/17
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

F/o

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of June 2017

Total Amount $5,689.56

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********* DO NOT MAIL - Payments by Wire *********
****

RECEIVED
AUG 07 2017
BY:_____

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$5,689.56
							TOTAL		$ $5,689.56

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted]
Ext. with tie line: [redacted]
Work address: [redacted]
sign below: [redacted]
date: 8/1/17

approved by (type name below): [redacted]
Ext. with tie line: [redacted]
sign below: [redacted]

per APS #13, Department Code responsible for monitoring collections: 11F
(Preparer REQUIRED to fill in)

date: 8/3/17

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: ***Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G***
FORM EFFECTIVE USE DATE: ***on or after August 1, 2014***

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	9/8/17
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

FIo

ACTIONS: check one box with an "X"

x	Initiate invoice		Correction of invoice already billed		Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of July 2017

Total Amount $4,359.84

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********* DO NOT MAIL - Payments by Wire *********
****

RECEIVED
SEP 07 2017
BY:

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$4,359.84
							TOTAL		$ $4,359.84

DESCRIPTION: (max 21 characters)	prepared by (type name below): Carlene Desruisseaux	sign below: [redacted]	date: 9/5/17
Referral Svcs Revs	Ext. with tie line: [redacted] Work address:		
approved by (type name below): [redacted]	sign below: [redacted]	per APS #13, Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in)	date: 9/6/17
Ext. with tie line: [redacted]			

$6,112.71 CR

111417 11 0 1 4 3 07

20030944224 0006112718 0004943280

ALLCONNECT INC
ATTN DWIGHT SCRUGGS
980 HAMMOND DR
NH # 1000
ATLANTA GA 30328

SB

EVERSOURCE
PO BOX 650031
DALLAS TX 75265-0031

EVERSOURCE

200309442 NOV 14, 2017

PREVIOUS BILL	11/08/17	$11,055.99 CR
BALANCE FORWARD		$11,055.99 CR
AMOUNT NOW DUE		$6,112.71 CR

TO PROCESS THE EXPECTED RECEIPTS FOR THE FINDER'S FEE REFERRAL
FOR THE MONTH OF SEPTEMBER 2017

TOTAL AMOUNT $ 4,943.28

MONIES WILL BE RECEIVED VIA WIRES, EACH QUARTER

ANY CONCERNS, PLEASE CONTACT [redacted]

****
****** *******
****** DO NOT MAIL - PAYMENTS BY WIRE *******
****** *******
****

ANY QUESTIONS, PLEASE EMAIL SUNDRY.BILLING@EVERSOURCE.COM OR CALL (860)665-2246. TOLL FREE, CALL (800)286-5000, STATE "SUNDRY BILLING" WHEN PROMPTED FOR FIRST AND LAST NAME.

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G

FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	12-19-17
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

DP

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of October 2017

Total Amount $5,620.43

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********* DO NOT MAIL - Payments by Wire *********
****

RECEIVED
DEC 14 2017
BY:_____

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

	ENTER Accounting Distribution Code Block (credit)					(FSSP changes indicated with column headers highlighted in color)			
	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$5,620.43
							TOTAL		$ $5,620.43

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted] Ext. with tie line: [redacted] Work address:

sign below: [redacted]

date: 12/8/17

approved by (type name below): [redacted] Ext. with tie line: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in)

date: 12/13/17

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G
FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	1/9/18
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Allconnect, Inc	(max 22 characters)	Flo
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of November 2017

Total Amount $5,159.91

RECEIVED
JAN 08 2018
BY:_____

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********* *********
********* DO NOT MAIL - Payments by Wire *********
********* *********
****

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$5,159.91
							TOTAL		$ $5,159.91

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted]
Ext. with tie line: [redacted]
Work address: [redacted]
date: 1/2/18

approved by (type name below): [redacted]
Ext. with tie line: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F
(Preparer REQUIRED to fill in)

date: 1/4/18

REDACTED

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G

FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	02-14-18
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

DP

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of December 2017

Total Amount $5,965.86

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********** **********
********** DO NOT MAIL - Payments by Wire **********
********** **********
****

RECEIVED
FEB 14 2018
BY:_____

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

	ENTER Accounting Distribution Code Block (credit)					(FSSP changes indicated with column headers highlighted in color)			
	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$5,965.86
							TOTAL		$ $5,965.86

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted] sign below: [redacted] date: 2/2/18

Ext. with tie line: [redacted]
Work address:

approved by (type name below): [redacted] sign below: [redacted] date: 2/9/18

Ext. with tie line: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F
(Preparer REQUIRED to fill in)

REDACTED

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G
FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	3/19/18
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

P/O

ACTIONS: check one box with an "X"

x	Initiate invoice		Correction of invoice already billed		Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of January 2018

Total Amount $6,692.66

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

RECEIVED
MAR 21 2018
BY:

****
********** DO NOT MAIL - Payments by Wire
****

SPECIAL INSTRUCTIONS: (doesn't appear on face of bill) examples: => mail attachments with bill or => copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$6,692.66
							TOTAL		$ $6,692.66

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted] Ext. with tie line: [redacted] Work address:

sign below: [redacted]

date: 3/1/18

approved by (type name below): [redacted] Ext. with tie line: [redacted]

sign below: [redacted]

per A2S#13 - Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in)

date: 3/19/18

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G
FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	4/26/18
i.e.: CL&P,CL&P-Transm, WNECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

F10

name	Allconnect, Inc	(max 22 characters)
name - overflow	Attn: Dwight Scruggs	(max 23 characters) i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)
address - overflow		(max 23 characters) i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)
phone number		(include area code) -- (only fill in phone #, if necessary)

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of February 2018

Total Amount $4,785.90

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
********** **********
********** DO NOT MAIL - Payments by Wire **********
********** **********
****

RECEIVED
APR 25 2018
BY:_____

SPECIAL INSTRUCTIONS: (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$4,785.90
							TOTAL		$ $4,785.90

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted] Ext. with tie line: [redacted] Work address: [redacted] sign below: [redacted] date: 4/9/18

approved by (type name below): [redacted] Ext. with tie line: [redacted] sign below: [redacted]

per APS#13: Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in) date: 4/20/18

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G

FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	5/24/18
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Allconnect, Inc	(max 22 characters)	MP
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) – (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of March 2018

Total Amount $6,846.89

Monies will be received via wires, each quarter.

Any concerns, please contac[redacted]

****

DO NOT MAIL - Payments by Wire

RECEIVED
MAY 22 2018
BY:_____

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address),

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$6,846.89
							TOTAL		$ $6,846.89

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted] Ext. with tie line [redacted] Work address:

sign below: [redacted]

date: 5/17/18

approved by (type name below): [redacted] Ext. with tie line: [redacted]

sign below: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in)

date: 5/18/18

REDACTED

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: ***Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G***
FORM EFFECTIVE USE DATE: ***on or after August 1, 2014***

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	07-25-18
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc.	i.e.: 11, 17, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in
				DP

name	Allconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

x	Initiate invoice		Correction of invoice already billed		Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of August 2017

Total Amount $6,112.70 / .71

Monies will be received via wires, each quarter.

Any concerns, [redacted]

****
********** DO NOT MAIL - Payments by Wire **********
****

RECEIVED
JUL 25 2018

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

FYI

	ENTER Accounting Distribution Code Block (credit)					(FSSP changes indicated with column headers highlighted in color)			
	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$6,112.70 / .71
							TOTAL		$ $6,112.70

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted] Ext. with tie line: [redacted] Work address: [redacted] sign below: [redacted] date: 6/27/18

approved by (type name below): [redacted] Ext. with tie line: [redacted] sign below: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in) date: 7/24/18

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G

FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	8/9/18
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name	Aliconnect, Inc	(max 22 characters)	
name - overflow	Attn: Dwight Scruggs	(max 23 characters)	i.e.: ATTN,DBA,C/O,
address - street	980 Hammond Dr NE, #1000	(max 23 characters)	
address - overflow		(max 23 characters)	i.e.: APT #, SUITE, PO BOX
city, st zip	Atlanta, GA 30328	(city has a max 13 characters, state - max 2, zip)	
phone number		(include area code) -- (only fill in phone #, if necessary)	

ACTIONS: check one box with an "X"

x	Initiate invoice		Correction of invoice already billed		Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of April 2018

Total Amount $7,109.49

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

DO NOT MAIL - Payments by Wire

RECEIVED
AUG 09 2018
BY:

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$7,109.49
							TOTAL		$ $7,109.49

DESCRIPTION: (max 21 characters): Referral Svcs Revs

prepared by (type name below): [redacted] date: 8/8/18

Ext. with tie line: [redacted]

Work address: [redacted]

approved by (type name below): [redacted]

Ext. with tie line: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in)

date: 8/8/18

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G

FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	8/10/18
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc	i.e.: 11, 1T, 71, 01, 61, etc should match "Billing Co Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name: Allconnect, Inc (max 22 characters)
name - overflow: Attn: Dwight Scruggs (max 23 characters) i.e.: ATTN,DBA,C/O,
address - street: 980 Hammond Dr NE, #1000 (max 23 characters)
address - overflow: (max 23 characters) i.e.: APT #, SUITE, PO BOX
city, st zip: Atlanta, GA 30328 (city has a max 13 characters, state - max 2, zip)
phone number: (include area code) -- (only fill in phone #, if necessary)

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of May 2018

Total Amount $5,494.64

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

DO NOT MAIL - Payments by Wire

RECEIVED
AUG 09 2018
BY:

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$5,494.64
							TOTAL		$ $5,494.64

DESCRIPTION: (max 21 characters): Referral Svcs Revs

prepared by (type name below): [redacted] Ext. with tie line: Work address:

sign below: [redacted]

date: 8/8/18

approved by (type name below): [redacted] Ext. with tie line: [redacted]

sign below: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F (Preparer REQUIRED to fill in)

date: 8/8/18

SUNDRY BILLING FORM - FSSP

200309442

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G

FORM EFFECTIVE USE DATE: on or after August 1, 2014

Billing Co. Name (Legal Entity):	Legal Entity #:	Bill Type Code	Sundry Customer #	BILLING DATE
CL&P	11	FA	200309442	8/13/18
i.e.: CL&P,CL&P-Transm, WMECO,WMECO-Transm, PSNH,PSNH-Transm,PSNH-Gen, Yankee Gas, NUSCO, NU Parent, etc	i.e.: 11, 1T, 71, 01, 61, etc. should match "Billing Co. Name"	Sundry fills in	Preparer fills in, if known	Sundry Billing fills in

name: Allconnect, Inc (max 22 characters)
name - overflow: Attn: Dwight Scruggs (max 23 characters) i.e.: ATTN,DBA,C/O,
address - street: 980 Hammond Dr NE, #1000 (max 23 characters)
address - overflow: (max 23 characters) i.e.: APT #, SUITE, PO BOX
city, st zip: Atlanta, GA 30328 (city has a max 13 characters, state - max 2, zip)
phone number: (include area code) -- (only fill in phone #, if necessary)

ACTIONS: check one box with an "X"

[x] Initiate invoice [ ] Correction of invoice already billed [ ] Write off account (Manager's signature needed)

Billing information as it should appear on bill to customer: (max 69 characters, per line)

To process the expected receipts for the finders fee referral
For the month of June 2018

Total Amount $6,223.38

RECEIVED
AUG 09 2018
BY:

Monies will be received via wires, each quarter.

Any concerns, please contact [redacted]

****
DO NOT MAIL - Payments by Wire
****

SPECIAL INSTRUCTIONS (doesn't appear on face of bill): examples: --> mail attachments with bill or --> copy of bill to preparer (need name & office address)

ENTER Accounting Distribution Code Block (credit) — (FSSP changes indicated with column headers highlighted in color)

	Charge CC	FIELD WORK ORDER (FWO)	ACTIVITY	TASK	Cost Element	Line of Business (LOB)	FERC ACCT	WORK REQUEST #	AMOUNT
# of digits	3	9	5	3	3	5	6	10	
	310	ALLC0011			R51		254AC0		$6,223.38
							TOTAL		$ $6,223.38

DESCRIPTION: (max 21 characters) Referral Svcs Revs

prepared by (type name below): [redacted] date: 8/8/18
Ext. with tie line: [redacted]
Work address: [redacted]

approved by (type name below): [redacted] sign below: [redacted] date: 8/8/18
Ext. with tie line: [redacted]

per APS #13: Department Code responsible for monitoring collections: 11F
(Preparer REQUIRED to fill in)

SUNDRY - ORACLE AR (OAR) BILLING FORM # AD5022 REV.9-18 -- for NU Legacy only

Send completed form to: Sundry Billing Group, Revenue & Regulatory Accounting - BERLIN, NUE-G

Any questions, please email . . . AcctSundryBilling@Eversource.com or call 860-665-2246

FORM 'EFFECTIVE USE' DATE: on or after September 1, 2018

Form MUST be typed & does NOT need to be printed in color.

Only 'green' background cells need to be filled in.

SEG Code, Original and Converted (Sundry verifies):	11N	114	OAR Account Number: please fill in, if known	4000357575	Billing Date (Sundry fills in): 1/30/19
Eversource Company Name	CL&P d/b/a Eversource				Initials of Sundry processor: [redacted]
Eversource Company Code	11				

Per APS#13, Department Code responsible for monitoring collections. (REQUIRED TO BE FILLED IN)	11F	Handling Instructions to Sundry Billing Dept.	4000357575

Customer Information:				Length
Customer Name	ALLCONNECT, INC			15
Customer Name - overflow	ATTN: DWIGHT SCRUGGS			20
Customer Billing Address	980 HAMMOND DR			14
Customer Billing Address - overflow	NE, #1000			9
City, State, Zip Code	ATLANTA	GA	30328	7
Country (optional - USA,CANADA,etc)				

RECEIVED
JAN 25 2019
By

Transaction Type (Sundry fills in):	11_ MISC - BILLING	Oracle AR Invoice Number: (Sundry fills in)	551771

Billing information to appear on invoice:		Invoice Line Amount ($$$)
Invoice Line . . . Description #1	PROCESS FINDER'S FEE REFERRAL FOR Q3 2018	6,730.06
Invoice Line . . . Description #2		
Invoice Line . . . Description #3		
Invoice Line . . . Description #4		
Invoice Line . . . Description #5		
Invoice Line . . . Description #6		
Invoice Line . . . Description #7		
	TOTAL INVOICE AMOUNT	$ 6,730.06

Special Instructions . . . . to appear on invoice	MONIES WILL BE RECEIVED VIA WIRES, EACH QUARTER
Billing Comments . . . . to appear on invoice	ANY CONCERNS, CONTACT [redacted]
Memo Line Description . . . . to appear on invoice	**DO NOT MAIL** - PAYMENTS BY WIRE

Accounting Information:	Entity	Line of Business (LOB)	FERC Account	Cost Element (CE)	CCC	Field Work Order (FWO)	Task	Activity	Work Request #	Amount ($$$)
Accounting . . . Line #1	11	11100	254AC0	R51	310	ALLC0011				6,730.06
Accounting . . . Line #2										
Accounting . . . Line #3										
Accounting . . . Line #4										
Accounting . . . Line #5										
Accounting . . . Line #6										
Accounting . . . Line #7										
								TOTAL ACCOUNTING AMOUNT		$ 6,730.06

Preparer name (Must be typed)	Preparer ext. with tie line	Work Location	Preparer Signature	Date Prepared
[redacted]	[redacted]		[redacted]	1-24-19
Approver name (Must be typed)	**Approver ext. with tie line**	**Work Location**	**Approver Signature**	**Date Approved**
[redacted]	[redacted]		[redacted]	1/24/19