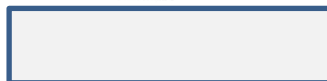


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David P. Fontaine



December 23, 1999

Mr. John G. Rowland
Governor of Connecticut
State Capitol
210 Capitol Ave
Hartford, CT 06106

Ref: My letter dated Dec 22, 1999 - attached
Ref: My letter dated Nov 01, 1999 - previously sent Nov 2, 1999
Ref: My letter dated Apr 14, 1999 - previously sent with my tax returns on Apr 14, 1999

Governor Rowland;

I have sent Mr. Gavin a third letter disputing Nonresident Connecticut tax assessment procedures. I am very concerned about fair assessment of taxes, and sincerely believe your procedures and law are flawed. I have detailed my concerns in the attached letter, which was also sent to Commissioner Gene Gavin. These concerns are not being addressed. The security of my income/home/family is being threatened by Commissioner Gavin's department.

I sent you a copy of my last correspondence with Commissioner Gavin about the same subject in November.

I will be forced to take legal and public action if Commissioner Gavin does not stop the proceedings he has threatened against me and fully investigate my concerns.

I hope you will take an immediate interest in this case.

Sincerely,

A handwritten signature in cursive script that reads "David P. Fontaine".

Under Threat, Duress, and/or Coercion
David P. Fontaine



cc: Commissioner Gene Gavin

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) DF</p> <p>B. Date of Delivery Jul 1 1999</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">GOVERNOR ROWLAND STATE CAPITOL 210 CAPITOL AVE HARTFORD, CT 06106</p>	<p>C. Signature</p> <p>X <i>D. Maseleh</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If YES, enter delivery address below:</p>
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.2em; margin-left: 20px;">Z 209 758 894</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	