LCNF Full Submission

Supplementary Answer Form

DNO Name:	Central Networks	**Question Number:**	CN002
Question Date:	13/09/10	**Answer Date:**	15/09/10
Question Topic:		Direct Benefits	

Original Question No:		**Original Answer Date:**	
Original Question:			
Original Answer:			

Question:	Please provide, in electronic (spreadsheet) form, any underlying calculations of direct benefits presented in the Direct Benefits tab of Appendix A.

Answer:	Please see the attached spreadsheet.

Attachments:	CN002_ breakdown.xls