

# LCNF Full Submission

## Supplementary Answer Form

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<b>DNO Name:</b>	SPD	<b>Question Number:</b>	SP002
<b>Question Date:</b>	14 SEP 2010	<b>Answer Date:</b>	15 SEP 2010
<b>Question Topic:</b>		Direct Benefits	

<b>Original Question No:</b>	SP002	<b>Original Answer Date:</b>	15 SEP 2010
<b>Original Question:</b>	Please provide, in electronic (spreadsheet) form, any underlying calculations of direct benefits presented in the Direct Benefits tab of Appendix A.		
<b>Original Answer:</b>	No Direct Benefits have been claimed and hence it is assumed the question is not applicable.		

<b>Question:</b>	
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<b>Answer:</b>	
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<b>Attachments:</b>	
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