

Form TR-1 with annex. FSA Version 2.1 updated April 2007

For filings with the FSA include the annex
For filings with the issuer exclude the annex

TR-1: Notification of Major Interests in Shares	
1. Identity of the Issuer or the underlying issuer of existing shares to which voting rights are attached:	Fairpoint Group plc
2. Reason for the notification (yes/no)	
An acquisition or disposal of voting rights	yes
An acquisition or disposal of financial instruments which may result in the acquisition of shares already issued to which voting rights are attached	
An event changing the breakdown of voting rights	
Other (please specify): _____	
3. Full name of person(s) subject to the notification obligation:	Capital Group International, Inc.
4. Full name of shareholder(s) (if different from 3.):	
5. Date of the transaction (and date on which the threshold is crossed or reached if different):	28 April 2009
6. Date on which the issuer notified:	29 April 2009
7. Threshold(s) that is/are crossed or reached:	Below 5%

8. Notified details:								
A: Voting rights attached to shares								
Class/type of shares If possible using the ISIN CODE	Situation previous to the Triggering transaction		Resulting situation after the triggering transaction					
	Number of shares	Number of voting rights	Number of shares		Number of voting rights		% of voting rights	
			Direct	Indirect	Direct	Indirect	Direct	Indirect
Ordinary Shares GB0032360280	2,308,261	2,308,261		1,839,521		1,839,521		4.2909%

B: Financial Instruments				
Resulting situation after the triggering transaction				
Type of financial instrument	Expiration date	Exercise/Conversion Period/Date	Number of voting rights that may be acquired (if the Instrument is exercised/converted)	% of voting rights
n/a				

Total (A+B)	
Number of voting rights	% of voting rights
1,839,521	4.2909%

9. Chain of controlled undertakings through which the voting rights and/or the financial instruments are effectively held, if applicable:

Proxy Voting:

10. Name of the proxy holder:

11. Number of voting rights proxy holder will cease to hold:

12. Date on which proxy holder will cease to hold voting rights:

13. Additional information:

14. Contact Name:

15. Contact telephone number:

For notes on how to complete form TR-1 please see the FSA website.