

COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

	ELECTRIC	NATURAL GAS
BROKER	<input type="checkbox"/>	<input type="checkbox"/>
MARKETER	<input type="checkbox"/>	<input type="checkbox"/>
AGGREGATOR	<input type="checkbox"/>	<input type="checkbox"/>
GOVERNMENTAL AGGREGATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
COOPERATIVE	<input type="checkbox"/>	<input type="checkbox"/>
RETAIL ELECTRIC GENERATION PROVIDER	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>

INTRASTATE ANNUAL REPORT

Case No. & Natural Gas Certification No. 02-1910-GA-GAG Of The City of Oregon Case No. & Electric Certification No. 00-2075-EL-GAG
 CERT # ~~00-030(1)~~ (Exact legal name of respondent) CERT # ~~00-030(2)~~

00-030 & 02-033 If name was changed during year, show also the previous name and date of change.

5330 Seaman Road Oregon Lucas County Ohio 43616
 Address City County State Zip Code
 website: (419) 698-7045
 "www.ci.oregon.oh.us" Phone: (Area Code) Number

5330 Seaman Road Oregon Lucas County Ohio 43616
 (Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2003

RECEIVED-BOOKKEEPING DIV
 2004 APR 30 PM 12:41
 PUCO

Has two
 current certificate
 00-030-EL
 and
 02-033-GNS
 Both
 current.

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IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain). If incorporated, specify the date of filing articles of incorporation and the state in which incorporated.
2. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year. Provide full particulars.
3. Identify the names of affiliate and subsidiary companies of the respondent.
4. Identify the PUCO Case Numbers (and dates issued) granting respondent authority to operate as a CRNGS and CRES and respondent's certificate numbers.
00-2075-EL-016 & 02-1910-GAGAG
CERT (AS) ~~00-2075-EL-016~~ 00-030 & 02-033 ✓
5. Identify the dates when respondent began CRNGS and CRES operations in Ohio.
6. Provide a list of Ohio service territories served by respondent.
7. Identify respondent's website URL.
8. Identify the name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Sections 4905.10 and 4911.18, Revised Code. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

For the purpose of this report, sales of natural gas and electricity are deemed to occur at the meter of a retail customer.

Any competitive retail natural gas and electricity supplier that reports zero gross revenues will not be assessed.

SCHEDULE: 1

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE) AND SALES			
*	Natural Gas Sales	Sales (Mcf)	Earnings (\$)
	Mercantile ¹		
	Non-Mercantile		
	Other		
1	Total Natural Gas Sales		
**	Electricity Sales	Sales (kWh)	Earnings (\$)
2	Total Electric Sales		
3	All Other Intrastate Gross Earnings		
4	Total Earnings 1 + 2 + 3		

*IGS; **First Energy Services

1. "Mercantile" means a customer that consumes, other than for residential use, more than five hundred thousand cubic feet of natural gas per year at a single location within this state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside of this state. "Mercantile customer" excludes a not-for-profit customer for which a declaration under Section 4929.01(L)(2), Ohio Revised Code, is in effect.

SCHEDULE: 2B

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

SALES VOLUMES OF NATURAL GAS in the Columbia Gas of Ohio service area			
	<u>Mercantile</u>	<u>Non-Mercantile</u>	<u>Total</u>
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

SCHEDULE: 2D

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

SALES VOLUMES OF NATURAL GAS in the Vectren Energy Delivery of Ohio service area			
	<u>Mercantile</u>	<u>Non-Mercantile</u>	<u>Total</u>
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company.

OATH

State of Ohio
County of Lucas

Marge Brown makes oath and says that
(Insert here the name of the affiant.)

~~He~~/she is Mayor
(Insert here the official title of deponent)

of The City of Oregon
(Insert here the exact legal title or name of the respondent.)

that ~~he~~/she has examined the foregoing report; that to the best of ~~his~~/her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including 1 January 20 03 to and including 31 December 20 03

Mayor Marge Brown
(Signature of affiant.)