COMPETITIVE RETAIL NATURAL GAS SERVICE PROVIDERS

For the provision of (check all that apply):

- ☐ **RETAIL NATURAL GAS SUPPLIER**
- ☐ **RETAIL NATURAL GAS MARKETER**
- ☐ **RETAIL NATURAL GAS BROKER**
- ☒ **RETAIL NATURAL GAS AGGREGATOR**
- ☐ **OTHER** (Describe):

ANNUAL REPORT

OF

03-063

Village of Jackson Center
Mr. W. Michael Dodds
Village Administrator
122 E. Pike Street P.O. Box 819
Jackson Center, OH 45334

Address

Zip Code

(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO

RECEIVED-RECORDING DIV
2006 JUN 28 AM 9:28
PUCO

FOR THE

YEAR ENDED DECEMBER 31, 20__

Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.

Same as above

vjcmike@earthlink.net

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GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

Please read the general instructions carefully before filling out this form:

1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.

2. The schedules and questions contained in this report were developed to be generally applicable to all competitive telecommunication service providers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.

3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.

4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.

5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.

6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.

7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.

8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.

IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain). MUNICIPAL GOVERNMENT

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 PUCO Case Number (and date issued) granting authority to operate as a CRNGS provider.
   03-1608-GA-GAG 03-063 (1)

4. Check all service territories in Ohio served by respondent:

   ☐ Columbia Gas of Ohio
   ☐ Dominion East Ohio
   ☐ Cincinnati Gas & Electric
   X Vectren Energy Delivery of Ohio
   ☐ Other (Please Explain)

4. Website URL.

Annual Report of **VILLAGE OF JACKSON CENTER**_____ Year Ended December 31, 2004_

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. 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 are deemed to occur at the meter of a retail customer.

SCHEDULE: 1

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE)			
		Sales (Mcf)	Earnings ($)
1	Natural Gas Sales		
	Mercantile		
	Non-Mercantile		
	Other		
2	Total Natural Gas Sales	0	0
3	All Other Intrastate Gross Earnings		
4	Total		0

AGGREGATION SUPPLIER - INTERSTATE GAS SUPPLY, DUBLIN, OHIO

Annual Report of **VILLAGE OF JACKSON CENTER**_____ Year Ended December 31, 2004_

SCHEDULE: 2

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Name, Title, Address, and Phone Number of the Company's Contact Persons to Receive Entries and Orders from the Docketing Division

MICHAEL DODDS VILLAGE ADMINISTRATOR
Name Title

122 EAST PIKE STREET, JACKSON CENTER, OHIO 45334
Address

1-937-596-6314
Phone Number (Including Area Code)

Name, Title, Address, and Phone Number of Person to whom Invoice should be Directed

SAME
Name Title

Address

Phone Number (Including Area Code)

Name and Address of the President

SCOTT KLOPFENSTEIN MAYOR
Name President

122 EAST PIKE STREET, P.O. BOX 819, JACKSON CENTER, OHIO 45334
Address

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State of OHIO
County of SHELBY

SCOTT KLOPFENSTEIN makes oath and says that
(Insert here the name of the affiant.)

he is MAYOR
(Insert here the official title of deponent)

of VILLAGE OF JACKSON CENTER
(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his 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 January 1, 20 04, to and including December 31, 2004.

Scott W. Klopfenstein
(Signature of affiant)