9

COMPETITIVE RETAIL ELECTRIC SERVICE

(check all that apply):

- ❑ AGGREGATOR
- ❑ ELECTRIC COOPERATIVE
- ✷ GOVERNMENTAL AGGREGATOR
- ❑ POWER MARKETER
- ❑ RETAIL ELECTRIC GENERATION PROVIDER
- ❑ ELECTRIC UTILITY
- ❑ POWER BROKER
- ❑ OTHER (SPECIFY)_____

INTRASTATE

ANNUAL REPORT

OF

05-095

City of Canal Fulton

RECEIVED
APR 30 2008
DOCKETING DIVISION
Public Utilities Commission of Ohio

155 E. Market Street
Canal Fulton, OH 44614

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO

FOR THE
YEAR ENDED DECEMBER 31, 2007

BRENDA FARGO, GOVERNMENT AGGREGATION PROGRAM MANAGER, 395 GHENT RD., SUITE 408, AKRON, OH 44333
(330)-315-6898

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IDENTITY OF RESPONDENT

1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual.

   Respondent is a political subdivision in Ohio.

2. Identify names of affiliate and subsidiary companies of the respondent.

   N/A

3. Date when respondent began operations in Ohio.

   N/A

4. If a consolidated or merged company, give names of each such incident, date, and Commission authority. If a reorganized company, give name of original corporation.

   N/A

5. If incorporated specify (a) Date of filing articles of incorporation, (b) State in which incorporated,

   N/A

6. Ohio certificate number, case number granting authority and date issued.

   03-105(3) issued August 14, 2007

7. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown on Title Page. If so, give full particulars.

   N/A

8. Description of Ohio service territory served by respondent.

   The City of Canal Fulton is a Certified Governmental Aggregator. It provides an electric aggregation program to its residents.

IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated, data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information, which answers an inquiry, is given elsewhere in the report, identification of the other answer will be sufficient.

1. Changes in ownership or control (shareholders holding 5% or more of outstanding stock).

   N/A

2. Other important changes: Give brief particulars of each other important change, which is not disclosed elsewhere in this report.

   N/A

STATEMENT OF INTRASTATE
GROSS RECEIPTS AND KWH SALES

Customer Class	Receipts ($)	Sales (kWh)
Residential	0	0
Commercial	0	0
Industrial	0	0
Other	0	0
Total	0	0

City of Canal Fulton

Instructions:

This information is used for PUCO annual assessment purposes pursuant to Section 4905.10, Revised Code. The reporting company shall report its intrastate gross receipts and corresponding sales of kilowatt hours of electricity for the provision of retail services for which it is subject to certification by the PUCO under Section 4928, Revised Code. Sales of kilowatt-hours of electricity are deemed to occur at the meter of the retail customer.

The reporting company shall maintain supporting and/or subsidiary records to separately record receipts and sales of electricity derived from operations other than in Ohio. Information presented herein is subject to audit by the PUCO.

COMPANY CONTACTS

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

Brenda Fargo — Gov't Aggregation Progam. Manager
Name — Title

395 Ghent Road, Suite 408, Akron, OH 44333
Address

330-315-6898
Phone Number (Including Area Code)

fargob@fes.com
E-Mail Address

Name, Title, Address, and Phone Number of Person to whom Invoice Should be directed

N/A
Name — Title

Address

Phone Number (Including Area Code)

Name and Address of the President

N/A
Name — President

Address

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GROSS RECEIPTS AND KWH SALES

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Address

330-315-6898
Phone Number (Including Area Code)

fargob@fes.com
E-Mail Address

Name, Title, Address, and Phone Number of Person to whom Invoice Should be directed

N/A
Name — Title

Address

Phone Number (Including Area Code)

Name and Address of the President

N/A
Name — President

Address

VERIFICATION

The President or Chief Officer of the company must verify the foregoing report. 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 Summit

Mark Cozy makes oath and says that
(Insert here the name of the affiant)

he is City Manager
(Insert here the official title of deponent)

of The City of Canal Fulton
(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, 2007, to and including December 31, 2007.

(Signature of affiant)