

# COMPETITIVE RETAIL ELECTRIC SERVICE

(check all that apply):

- |   |   |
|---|---|
| <input type="radio"/> AGGREGATOR                            | <input type="radio"/> RETAIL ELECTRIC GENERATION PROVIDER |
| <input type="radio"/> ELECTRIC COOPERATIVE                  | <input type="radio"/> ELECTRIC UTILITY                    |
| <input checked="" type="checkbox"/> GOVERNMENTAL AGGREGATOR | <input type="radio"/> POWER BROKER                        |
| <input type="radio"/> POWER MARKETER                        | <input type="radio"/> OTHER (SPECIFY) _____               |

## INTRASTATE ANNUAL REPORT

OF

01-059

### Village of LaGrange

355 South Center Street  
LaGrange, Ohio 44050

TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2007

PUCO

2008 APR -4 PM 12:20

RECEIVED-BOOKETING DIV

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

**WALT SUKEY**  
**VILLAGE ADMINISTRATOR**  
**355 SOUTH CENTER STREET**  
**LAGRANGE, OHIO 44050**

**1-440-355-5555**

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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. **MUNICIPAL GOVERNMENT**
  
2. Identify names of affiliate and subsidiary companies of the respondent.
  
3. Date when respondent began operations in Ohio.
  
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.
  
5. If incorporated specify (a) Date of filing articles of incorporation,  
(b) State in which incorporated,
  
6. Ohio certificate number, case number granting authority and date issued. **01-059 (4); 2/3/07;**  
**01-0015-EL-GAG**
  
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.
  
8. Description of Ohio service territory served by respondent.

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

**STATEMENT OF INTRASTATE  
GROSS RECEIPTS AND KWH SALES**

<b>Customer Class</b>	<b>Receipts (\$)</b>	<b>Sales (kWh)</b>
Residential		
Commercial		
Industrial		
Other		
<b>Total</b>	<b>0.00</b>	<b>0</b>

**FIRSTENERGY SOLUTIONS CORP – COMMERCIAL ACCOUNTS;  
RESIDENTIAL ACCOUNTS**

**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**

Walt Sukey Village Administrator  
Name Title

355 South Center Street, LaGrange, Ohio 44050  
Address

1-440-355-5555  
Phone Number (Including Area Code)

lagov@alltel.net  
E-Mail Address

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

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (Including Area Code)

**Name and Address of the President**

\_\_\_\_\_  
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** \_\_\_\_\_

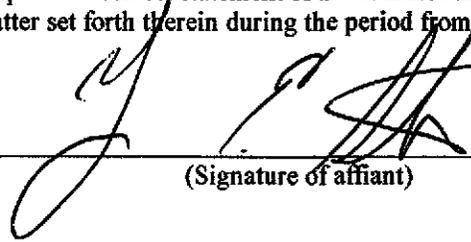
County of **Lorain** \_\_\_\_\_

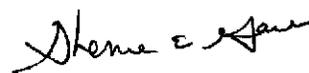
**Kim Strauss** \_\_\_\_\_ makes oath and says that  
(Insert here the name of the affiant)

he is **Mayor** \_\_\_\_\_  
(Insert here the official title of deponent)

of **Village of LaGrange** \_\_\_\_\_  
(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)

  
**SHERRIE E. GALL**  
NOTARY PUBLIC, State of Ohio  
My Commission Expires 09/26/10