

PIPELINE  
ANNUAL REPORT

OF

Cobra Pipeline Co., LTD  
(Exact legal name of respondent)

89-8041

If name was changed during year, show also the  
previous name and date of change

Website URL (where this filing is available for public viewing)

3511 Lost Nation Rd. Suite 213 Willoughby, OH 44094  
(Address of principal business office at end of year)

TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2008

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

Jeffrey S. Kubaney, CFO 3511 Lost Nation Rd. Suite 213 Willoughby, OH 44094  
Phone: 440-255-1945 Fax: 440-255-1985

RECEIVED-DOCKETING DIV  
2009 MAY -5 AM 7:55  
PUCO

## HISTORY

1.	Exact name of company making this report. <u>Cobra Pipeline Co., LTD</u>
2.	Date of organization <u>October 17, 2005</u>
3.	Under the laws of what Government, State or Territory organized? If more than one, name all. <u>Ohio</u>
4.	If a consolidated or merged company, name all constituent and all merged companies. <u>None</u>
5.	Date and authority for each consolidation and each merger. <u>N/A</u>
6.	State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual. <u>Limited Liability Company</u>
7.	If a reorganized company, given name of original corporation, refer to laws under which it was organized, and state the occasion for the reorganization. <u>N/A</u>
8.	State whether or not, the respondent during the year conducted any part of its business under a name, or names, other than shown, in response to inquiry No. 1. If so, give full particulars. <u>No</u>
9.	Where are the books and records of the company kept? <u>3511 Lost Nation Rd Suite 213 Willoughby, OH 44094</u>
10.	Name below all classes of public service furnished by the respondent. <u>Intrastate natural gas transportation</u>

**IDENTITY OF RESPONDENT**

1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual. **Limited Liability Company**
2. Date when operations began. **02/06/2008**
3. 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**
4. If incorporated specify (a) Date of filing articles of incorporation, **October 17, 2005**  
(b) State in which incorporated, **Ohio**
5. Commission Case Number granting operating authority and date issued. **05-1558-PL-ATA, June 27, 2007**
6. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown Title Page; if so, give full particulars. **NO**
7. Description of general service territory. **Holmes, Wayne, Ashtabula, Columbiana, Geauga, Mahoning, Trumbull, Washington and Noble Counties (OH)**
8. List all affiliated companies with whom the respondent does business and their relationship to the respondent. If respondent is a partnership, provide this information for each partner. (Use separate page(s) if needed). **Orwell Natural Gas Co. (regulated, private)**  
State whether the affiliate is (a) a regulated public utility or, (b) a publicly held corporation.  
**Northeast Ohio Gas (regulated, private)**
9. Did any corporation or corporations, telephone or other, hold control over the respondent at the close of the year? **No** If control was so held, state:
  - a. The name and address of the controlling corporation or corporations.
  - b. The form of control, whether sole or joint.
  - c. The extent of control.
  - d. Whether control was direct or indirect.
  - e. If indirect, the name and address of the intermediary through which control was established.
10. Did any individual, association, or corporation hold control, as trustee, over the respondent at the close of the year? **Yes** If control was so held, state:
  - a. The name and address of the trustee. **Richard M. Osborne, Mentor, OH 44060**
  - b. The name and address of the beneficiary or beneficiaries for whom the trust was maintained, if available.

11. Did the respondent hold control over other corporations at the close of the year? No

If so, state:

- a. The name and address of corporation or corporations controlled.
- b. The form of control, whether sole or joint.
- c. Other parties, if any, to joint agreement for control.
- d. The extent of control.
- e. Whether control is direct or indirect.
- f. If indirect, the name and address of the intermediary through which control was established.

## SCHEDULE: 20

<b>STATEMENT OF INTRASTATE-GROSS EARNINGS (1)</b>				
Line No.	Item	Total Company	Amount	
			Other Than Ohio Intrastate	Ohio Intrastate
1	Operating and Miscellaneous Revenue (Rent Revenue, Special Billings (revenue from work performed for others, rent revenue-nonoperating, return on regulated investment used to provide nonregulated products and services, etc.)	\$ 728,951		\$ 728,951
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property -Operating and Nonoperating, Other Operating or Nonoperating Gains (foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounted for on equity method, income from sinking and other funds, etc.)	\$ 801,862		\$ 801,862
3	SUBTOTAL (1) + (2)	\$ 1,530,813		\$1,530,813
4	Earnings or receipts from sales to other public utilities for resale	\$ 932,672		\$ 932,672
5	TOTAL (3) + (4)	\$ 2,463,485		\$ 2,463,485
<p>(1) Intrastate means from one point in Ohio to another point in Ohio, or wholly within Ohio.</p>				

SCHEDULE: 21

**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**

Jeffrey S Kubaney CFO  
Name Title

3511 Lost Nation Rd., Suite 213 Willoughby, OH 44094  
Address

440-255-1945  
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**

Richard M Osborne, Sr.  
Name President

8500 Station Street, Suite 100 Mentor, OH 44060  
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 Lake

Jeffrey S Kubaney makes oath and says that  
(Insert here the name of the affiant.)

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

of Cobra Pipeline Co., LTD  
(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 February 6, 2008, to and including December 31, 2008.

Jeffrey S Kubaney  
(Signature of affiant.)

Subscribed and sworn to before me, a Notary Public in and for the State and county named, this 29 day of April, 2009 My commission expires January 7<sup>th</sup>, 2013.

Amycia Knoll  
(Signature of officer authorized to administer oaths.)