

# COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

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

## INTRASTATE ANNUAL REPORT

OF

Township of Springfield Ohio

(Exact legal name of respondent)

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

9150 Winton Road. Cincinnati, Hamilton Ohio 45231

Address City County State Zip Code

(513) 522-1410

(513) 522-1410

Phone: (Area Code) Number

9150 Winton Road Cincinnati, OH 45231

(Address of principal business office at end of year)

TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2010

**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.

N/A Governmental Aggregator

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.

N/A Governmental Aggregator

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

N/A Governmental Aggregator

4. Identify the PUCO Case Numbers (and dates issued) granting respondent authority to operate as a CRNGS and CRES, and respondent's certificate numbers.

CRNGS – Case # 05-1474-GA-GAG; Certificate # 06-109G(3) renewed 12/13/2009

CRES - Case # 05-1476-EL-GAG; Certificate # 06-132E(3) renewed 1/5/2010

5. Identify the dates when respondent began CRNGS and CRES operations in Ohio.

CRNGS operations: April 01, 2006

CRES operations: April 01, 2006

6. Provide a list of Ohio service territories served by respondent.

CRNGS - Duke Energy

CRES - Duke Energy

7. Identify respondent's website URL.

[www.springfieldtp.org](http://www.springfieldtp.org)

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

Mark R. Burns

President, Independent Energy Consultants, Inc.

215 W Garfield Road, Suite 210

Aurora, Ohio 44202

[mburns@naturalgas-electric.com](mailto:mburns@naturalgas-electric.com)

(888) 862-6060

## 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 SALES AND REVENUES \***

| <u>Natural Gas</u>                    | <u>Sales (Mcf)</u> | <u>Revenues (\$)</u>       |
|---------------------------------------|--------------------|----------------------------|
| Choice Program Retail Sales           | 0                  | \$0                        |
| Choice Program Aggregation Sales      | 0                  | 0                          |
| <b>Total Gas</b>                      | <b>0</b>           | <b>\$0</b>                 |
| <br>                                  |                    |                            |
| <u>Electric</u>                       | <u>Sales (kWh)</u> | <u>Gross Receipts (\$)</u> |
| Total Sales                           | 0                  | \$0                        |
| All Other Sales                       | 0                  | 0                          |
| <b>Total Electric</b>                 | <b>0</b>           | <b>\$0</b>                 |
| <br>                                  |                    |                            |
| <b>Total Electric and Natural Gas</b> |                    | <b>\$0</b>                 |

\* The information reported on this form should refer only to those sales / revenues / intrastate gross receipts for which certification pursuant to Sections 4929.20 or 4928.20, Revised Code, is required. Natural gas Standard Choice Offer (SCO) providers should include such SCO sales and revenues as part of Choice Program Retail Sales.

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

**Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons**

Michael Hinnenkamp  
Name

Administrator  
Title

MHinnenkamp@springfieldtp.org  
E-mail

9150 Winton Road Cincinnati, Ohio 45231  
Address

(513) 522-1410  
Phone Number (Including Area Code)

**Name, Title, E-mail, Address, and Phone Number of Person to whom Invoice should be Directed**

NA  
Name

NA  
Title

NA  
E-mail

NA  
Address

NA  
Phone Number (Including Area Code)

**Name and Address of the President**

NA  
Name

NA  
Address

**VERIFICATION**

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

**OATH**

State of Ohio  
County of Hamilton

makes oath and says that Michael Hinnenkamp

s/he is Administrator

of Township of Springfield Ohio

that s/he has examined the foregoing report; that to the best of her/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, 2010 to and including December 31, 2010.

[Handwritten Signature]  
(Signature of affiant.)

Sworn and subscribed before me this 25<sup>th</sup> day of April, 2011 Month/Year

[Handwritten Signature]  
Signature of notary

My commission expires on 4-14-2012



Dorothy J. Carter  
Notary Public, State of Ohio  
My Commission Expires 04-14-2012

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**4/29/2011 4:53:39 PM**

**in**

**Case No(s). 11-0003-GE-RPT**

Summary: Annual Report 2010 Annual Report for Combined Electric and Natural Gas Competitive Retail Service Providers filed by Mark Burns of Independent Energy Consultants on behalf of Springfield Township. electronically filed by MARK R BURNS on behalf of Springfield Township