

# 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): Ohio Natural Gas Governmental Aggregator

## ANNUAL REPORT

OF

Village of Lockland

(Exact legal name of respondent)

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

101 North Cooper Avenue, Lockland, Hamilton Ohio 45215

Address	City	County	State	Zip Code

(513) 761-1124

Phone: (Area Code) Number

101 North Cooper Ave Lockland, OH 45215

(Address of principal business office at end of year)

### TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2011

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

Brenda Coffey, Aggregation Business Developer and Manager, Integrys Energy Services, Inc., 300 W. Wilson

Email: bgcoffey@integrysenergy.com, Phone: (614) 871-5290, Fax: (614) 844-4305



**IDENTITY OF RESPONDENT**

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

Village of Lockland, Hamilton County, OH

2. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.

N/A

3. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued. Provide full particulars.

09-548-GA-GAG

08/15/2011

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

Columbia Gas of Ohio

Dominion East Ohio

Duke Energy Ohio

Vectren Delivery of Ohio

Other (Please Explain):

5. Website URL.

## 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 SALES AND REVENUES\***

<u>Natural Gas Sales/Revenues</u>	<u>Sales (Mcf)</u>	<u>Revenues (\$)</u>
1 Choice Program Retail Sales	0	\$0
<u>2 Choice Program Aggregation Sales</u>	<u>0</u>	<u>0</u>
3 Total Natural Gas Sales (1 + 2)	0	\$0

\* The information reported on this form should refer only to those sales and revenues for which certification pursuant to Section 4929.20, 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**

Mr. David Krings  
Name

Administrator  
Title

davidk@lockland.com  
E-mail

Village of Lockland 101 N. Cooper Ave. Lockland, OH 45215  
Address

(513) 761-1124  
Phone Number (Including Area Code)

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

Brenda Coffey  
Manager  
Name

Aggregation Business Developer and  
Title

bgcoffey@integrysenergy.com  
E-mail

Integrays Energy Services, Inc. 300 W. Wilson Bridge Rd., Suite 350 Worthington, OH 43085  
Address

(614) 871-5290  
Phone Number (Including Area Code)

**Name and Address of the President**

David Krings, Administrator  
Name

Village of Lockland 101 N. Cooper Avenue Lockland, OH 45215  
Address

VERIFICATION

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

OATH

State of Ohio  
County of Hamilton

Mr. David Krings makes oath and says that

she is Administrator, Village of Lockland

of Village of Lockland

that she has examined the foregoing report; that on the basis of her knowledge, information, and belief, all statements and facts 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, 2011 to and including December 31, 2011.

David Krings  
\_\_\_\_\_  
(Signature of affiant)

Sworn and subscribed before me this 29<sup>th</sup> day of April, 2012 Month, Year

Krista M. Blum  
\_\_\_\_\_  
Signature of notary

My commission expires on 12/16/2013

KRISTA M. BLUM  
Notary Public, State of Ohio  
My Commission Expires 12-13-2013

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

**Commission of Ohio Docketing Information System on**

**5/4/2012 8:15:35 AM**

**in**

**Case No(s). 12-0003-GE-RPT**

Summary: Annual Report electronically filed by Mrs. Brenda G Coffey on behalf of Village of Lockland