



AGGREGATOR  
GOVERNMENTAL AGGREGATOR  
POWER MARKETER

RETAIL ELECTRIC GENERATION PROVIDER  
 POWER BROKER

Certification No. 11-356E

Annual Report for the Year ending December 31, 2012  
of  
OPTIMUM GROUP LLC

Address:

34 Ellis Ct  
Morganville, NJ 07751

Website URL:  
openergy.net

Filed by:

**DARREN REED**  
**(347) 219-8834**

Changes:

This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2012 reporting year.

Annual Report filings and instructions are available at:

[www.puco.ohio.gov/puco/docketing/](http://www.puco.ohio.gov/puco/docketing/)

<b>Customer Class</b>	<b>Sales (kWh)</b>	<b>Earnings(\$)</b>
Residential	0	\$0
Commercial	6,000,000	\$6,000
Industrial	0	\$0
Other	0	\$0
<b>Total</b>	<b>6,000,000</b>	<b>\$6,000</b>

**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 earnings for the provision of retail services (e.g. Retail Electric Generation, Broker, Marketer, Governmental Aggregator) for which it is subject to certification by the PUCO under Section 4928, Revised Code. In addition, power providers please provide all corresponding sales of kilowatt hours of electricity. 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.

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

**Docketing Contact Information**

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DREED@OPENENERGY.NET

Email

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DARREN REED

EVP

Name

Title

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34 Ellis Ct Morganville, NJ 07751

Address

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(347) 219-8834

Phone Number (including Area Code)

**Fiscal Contact Information**

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DREED@OPENENERGY.NET

Email

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DARREN REED

Name

Title

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34 Ellis Ct Morganville, NJ 07751

Address

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(347) 219-8834

Phone Number (including Area Code)



# Public Utilities Commission

## Affidavit for the Filing of the Annual Report of a Regulated Entity

### REQUIRED VERIFICATION:

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of: New Jersey  
County of: Monmouth

Affiant's Name: Darren R Dingfelder  
Affiant's Title: EVP  
Reporting Entity: Optimum Group, LLC

### OATH:

The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name: \_\_\_\_\_  
Filer's Title: \_\_\_\_\_  
Filer's Company: \_\_\_\_\_

[Handwritten Signature]  
(Signature of Affiant)

Sworn and subscribed before me this 4<sup>th</sup> day of March, 2013.

[Handwritten Signature]  
Signature of Notary: Paul J. Cuppari  
Print name of Notary: Paul J. Cuppari  
My commission expires on: 6-27-17

PAUL J CUPPARI  
Notary Public  
State of New Jersey  
My Commission Expires Jun 27, 2017

### DECLARATION OF FILER:

The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.

[Handwritten Signature]  
(Signature of Filer)

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