Partnership

Corporation

**GENERAL INFORMATION – [insert year]**

1.

FILING STATUS:

Individual (Sole Proprietor)  LLC

Officer, owner, or partner to whom correspondence or questions are to be addressed:

2.

Name (Print)

Title/Position

Phone Number

Website Address

Email Address

Accounting records are maintained at the following address:

3.

Address

State

\_

City

Zip

Phone Number

**VERIFICATION REGARDING ACCURACY OF REPORT**

(**NOTE:** This verification shall be completed by the chief executive officer, a senior level financial officer, or the responsible accounting officer.)

I, (**name**), state and attest under penalty of perjury that the attached Annual Report is filed on behalf of (**full Certificated Name of Entity**) as required by the North Carolina Utilities Commission; that I have reviewed said Report and, in the exercise of due diligence, have made reasonable inquiry into the accuracy of the information provided herein; and that, to the best of my knowledge, information, and belief, all of the information contained herein is accurate and true, no material information or fact has been knowingly omitted or misstated herein, and all of the information contained in said Report has been prepared and presented in accordance with all applicable North Carolina General Statutes, Commission Rules, and Commission Orders. (Note: Failure to provide information required by the Commission is punishable by criminal prosecution pursuant to NC General Statute § 62-326, and refusal to obey Commission rules or orders may result in a fine under NC General Statute § 62-310.)

Signature of Person Making Verification

Title

Date