

March 17, 2014

Case No. 14-0152-EL-REN BEYERSDORFER-MICKEY-OH-PV-4.59kW Residence Staff Interrogatories – Initial Set

Question 1: Sections A, B, C, and D use the following address, but the residence was not located:

A. Generating Facility

Name of Renewable Generating Facility: BEYERSDORFER-MICKEY-OH-PV-4.59kW Residence The name specified will appear on the facility's certificate of eligibility issued by the Public Utilities Commission of Ohio.

Facility Location

Street Address: 6931 DAWSON AVE.

City: CINCINNATI State: OH County: Hamilton Zip Code: 45243

B. Legal Name of the Facility Owner

Please note that the facility owner name listed will be the name that appears on the certificate. The address provided in this section is where the certificate will be sent.

If the facility has multiple owners, please provide the following information for each on additional

sheets.

Legal Name of the Facility Owner: MICKEY BEYERSDORFER

Legal Name of Facility Owner Representative: MICKEY BEYERSDORFER

Title:

Organization:

Street Address: 6931 DAWSON AVE.

City: CINCINNATI State: OH Zip Code: 45243

Phone: 513-312-4671 Fax:

Email Address: mnb@sawbrooksteel.com **Web Site Address (if applicable):**

C. List the name, address, telephone number and web site address under which the

Applicant will do business in Ohio

Legal Name of Facility Owner Representative: MICKEY BEYERSDORFER

Title:

Organization:

Street Address: 6931 DAWSON AVE.

City: CINCINNATI State: OH Zip Code: 45243

Phone: 513-312-4671 Fax:

Email Address: mnb@sawbrooksteel.com
Web Site Address (if applicable):

D. Name of Generation Facility Operating Company

Name of Generation Facility Operating Company: MICKEY BEYERSDORFER

Legal Name of Contact Person: MICKEY BEYERSDORFER

Title:

Organization:

Street Address: 6931 DAWSON AVE.

City: CINCINNATI State: OH Zip Code: 45243

Phone: 513-312-4671 Fax:

Email Address: mmb@sawbrooksteel.com
Web Site Address (if applicable):

Did you mean to use this address:

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Facility Location

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B. Legal Name of the Facility Owner

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If the facility has multiple owners, please provide the following information for each on additional $\frac{1}{2}$

sheets.

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Legal Name of Facility Owner Representative: MICKEY BEYERSDORFER

Title:

Organization:

Street Address: 6931 DAWSON RD.

City: CINCINNATI State: OH Zip Code: 45243

Phone: 513-312-4671 Fax:

Email Address: mmb@sawbrooksteel.com
Web Site Address (if applicable):

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D. Name of Generation Facility Operating Company

Name of Generation Facility Operating Company: MICKEY BEYERSDORFER

Legal Name of Contact Person: MICKEY BEYERSDORFER

Title:

Organization:

Street Address: 6931 DAWSON RD.

City: CINCINNATI State: OH Zip Code: 45243

Phone: 513-312-4671 Fax:

Email Address: mmb@sawbrooksteel.com
Web Site Address (if applicable):

Answer 1: Yes, please use the second address listed. 6931 Dawson Road, Cincinnati, OH 45243.

Please let me know if you have any further questions and thank you for your cooperation.

Best,

Anna Noucas Associate Sol Systems, LLC This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

3/17/2014 1:58:28 PM

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Case No(s). 14-0152-EL-REN

Summary: Reply reply to staff interrogatory electronically filed by Ms. Anna Noucas on behalf of BEYERSDORFER, MICKEY