

## REN Change of Ownership Form

This form can be used in the event of a change in ownership for a certified facility. This form should not be used to convey updates to the facility itself (i.e., system expansion, meter changes, etc). Once completed, this form should be filed in the case record (i.e., ##-####-EL-REN) of the original application. Staff will review the information and, if appropriate, (1) issue a revised certificate, and (2) notify the applicable attributes tracking system.

**I. Case Number**

09-730	EL-REN
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**II. Facility Name**

Is the facility name changing? Mark appropriate box.

Yes	X
No	

If "yes," provide new facility name:

PIXELLE CHILLICOTHE FACILITY
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**III. Provide updated Contact Information for Sections B-E**

**Section B. Legal Name of the Facility Owner**

Legal Name of Facility Owner	PIXELLE SPECIALTY SOLUTIONS LLC
Legal Name of Facility Owner Representative	JAMES F. LODER
Title	ENERGY DIRECTOR
Organization	PIXELLE SPECIALTY SOLUTIONS LLC
Street Address	228 S. MAIN STREET
City/State/Zip Code	SPRING GROVE, PA 15362
Phone	(717) 225-4711 x2887
Fax	(717) 225-7152
Email address	<a href="mailto:James.Loder@glatfelter.com">James.Loder@glatfelter.com</a>
Web Site (if applicable)	

Is the updated information above for Section B the same for Sections C, D, and E? Mark appropriate box.

Yes	X
No	

If "yes," Staff will insert the updated information from Section B into Sections C – E. However, if the information from Section B should not be applied to sections C – E, then please complete Sections C – E.

**Section C. List the name, address, telephone number and web site address under which the Applicant will do business in Ohio.**

<b>Legal Name of Facility Owner Representative</b>	
<b>Title</b>	
<b>Organization</b>	
<b>Street Address</b>	
<b>City/State/Zip Code</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email address</b>	
<b>Web Site (if applicable)</b>	

**Section D. Name of Generation Facility Operating Company**

<b>Legal Name of Contact Person</b>	
<b>Title</b>	
<b>Organization</b>	
<b>Street Address</b>	
<b>City/State/Zip Code</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email address</b>	
<b>Web Site (if applicable)</b>	

**Section E. Regulatory/Emergency Contact**

<b>Legal Name of Contact Person</b>	
<b>Title</b>	
<b>Organization</b>	
<b>Street Address</b>	
<b>City/State/Zip Code</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email address</b>	
<b>Web Site (if applicable)</b>	

**IV. Interconnection Agreement**

Does the owner have a new interconnection agreement with the utility listed in Section M of the application? Mark appropriate box.

<b>Yes</b>	
<b>No</b>	X

**V. Provide any additional information about the ownership change of the facility here:**

**REMINDER:** Representatives of certified facilities must notify the commission within thirty (30) days of any material changes in information previously submitted to the commission during the certification process. Failure to do so may result in revocation of certifications status.