

FILE

10-02-GA-RPT 7

PIPELINE
ANNUAL REPORT

OF

NORTH COAST GAS TRANSMISSION, LLC

(Exact legal name of respondent)

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

Website URL (where this filing is available for public viewing)

250 East Broad Street, Suite 1220, Columbus, Ohio 43215

(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2009

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

Michael E. Calderone, President/CEO, 250 East Broad Street, Suite 1220, Columbus, Ohio 43215
Office: (614) 545-0487, Fax: (614) 545-0496

RECEIVED-DOCKETING DIV

2010 MAY 20 AM 9:55

PUCO

This is to certify that the images appearing are an
accurate and complete reproduction of a case file
document delivered in the regular course of business
Technician 2 Date Processed MAY 20 2010

HISTORY

1.	Exact name of company making this report. North Coast Gas Transmission, LLC_____
2.	Date of organization 9/01/1998_____
3.	Under the laws of what Government, State or Territory organized? If more than one, name all. <u>Ohio</u> _____ _____
4.	If a consolidated or merged company, name all constituent and all merged companies. <u>N/A</u> _____ _____
5.	Date and authority for each consolidation and each merger. <u>N/A</u> _____
6.	State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual. <u>Respondent is a single member LLC</u> _____
7.	If a reorganized company, given name of original corporation, refer to laws under which it was organized, and state the occasion for the reorganization. N/A_____
8.	State whether or not, the respondent during the year conducted any part of its business under a name, or names, other than shown, in response to inquiry No. 1. If so, give full particulars. <u>N/A</u> _____ _____
9.	Where are the books and records of the company kept? 250 East Broad Street, Suite 1220, Columbus, Ohio 43215_____
10.	Name below all classes of public service furnished by the respondent. Transportation of natural gas to the natural gas utilities of Columbia Gas of Ohio, KNG Energy, Inc., Dominion East Ohio, Suburban Natural Gas, and Orwell Natural Gas and transportation to the interstate pipeline of Columbia Gas Transmission. The respondent also provides natural gas transportation service for two ethanol plants connected to its system, Fostoria Ethanol, LLC and Marion Ethanol, LLC. _____ _____ _____

IDENTITY OF RESPONDENT

1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual. Respondent is a single member LLC
2. Date when operations began. April 1, 2004 (as a regulated public utility)
3. If a consolidated or merged company, give names of each such incident, date, and Commission authority. If a reorganized company, give name of original corporation. N/A
4. If incorporated specify (a) Date of filing articles of incorporation, N/A
 (b) State in which incorporated, N/A
5. Commission Case Number granting operating authority and date issued. 04-265-PL-ATA issued 3/03/2004
6. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown Title Page; if so, give full particulars. N/A
7. Description of general service territory. The respondent is an intrastate pipeline traversing multiple northern Ohio counties serving various town border metering stations and interconnecting within the following natural gas utilities; KNG, Inc. - Wood, Hancock & Seneca Counties, Columbia Gas of Ohio - cities of Findlay, Fostoria, Norwalk, Oberlin, Parma/Hinckley & Toledo, Dominion East Ohio - Cuyahoga & Summit Counties & Orwell Natural Gas Co., - Mantua in Portage County.
8. List all affiliated companies with whom the respondent does business and their relationship to the respondent. If respondent is a partnership, provide this information for each partner. (Use separate page(s) if needed).
State whether the affiliate is (a) a regulated public utility or, (b) a publicly held corporation.
Somerset Gas Transmission Company, LLC - sole LLC member of the respondent.
9. Did any corporation or corporations, telephone or other, hold control over the respondent at the close of the year? Yes If control was so held, state:
 - a. The name and address of the controlling corporation or corporations. Somerset Gas Transmission Company, LLC, 250 East Broad Street, Suite 1220, Columbus, Ohio 43215
 - b. The form of control, whether sole or joint. Sole
 - c. The extent of control. Full
 - d. Whether control was direct or indirect. Direct
 - e. If indirect, the name and address of the intermediary through which control was established.
N/A

10. Did any individual, association, or corporation hold control, as trustee, over the respondent at the close of the year? No If control was so held, state: N/A

- a. The name and address of the trustee.
- b. The name and address of the beneficiary or beneficiaries for whom the trust was maintained, if available.

11. Did the respondent hold control over other corporations at the close of the year? No If so, state: _____

- a. The name and address of corporation or corporations controlled.
- b. The form of control, whether sole or joint.
- c. Other parties, if any, to joint agreement for control.
- d. The extent of control.
- e. Whether control is direct or indirect.
- f. If indirect, the name and address of the intermediary through which control was established.

SCHEDULE: 20

STATEMENT OF INTRASTATE-GROSS EARNINGS (1)				
Line No.	Item	Total Company	Amount	
			Other Than Ohio Intrastate	Ohio Intrastate
1	Operating and Miscellaneous Revenue (Rent Revenue, Special Billings (revenue from work performed for others, rent revenue-nonoperating, return on regulated investment used to provide nonregulated products and services, etc.)	13,125,364	0	13,125,364
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property -Operating and Nonoperating, Other Operating or Nonoperating Gains (foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounted for on equity method, income from sinking and other funds, etc.)	437	0	437
3	SUBTOTAL (1) + (2)	13,125,801	0	13,125,801
4	Earnings or receipts from sales to other public utilities for resale	(5,963,270)	(0)	(5,963,270)
5	TOTAL (3) + (4)	7,162,531	0	7,162,531
<p>(1) Intrastate means from one point in Ohio to another point in Ohio, or wholly within Ohio.</p>				

SCHEDULE: 21

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

**Name, Title, Address, and Phone Number of the Company's Contact Persons
to Receive Entries and Orders from the Docketing Division**

Michael E. Calderone, President/CEO
Name Title
250 East Broad Street, Suite 1220, Columbus, Ohio 43215
Address
614-545-0487
Phone Number (Including Area Code)

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

Michael E. Calderone, President/CEO
Name Title
250 East Broad Street, Suite 1220, Columbus, Ohio 43215
Address
614-545-0487
Phone Number (Including Area Code)

Name and Address of the President

Michael E. Calderone
Name President
250 East Broad Street, Suite 1220, Columbus, Ohio 43215
Address

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State of OHIO
County of FRANKLIN

Michael E. Calderone makes oath and says that
(Insert here the name of the affiant.)

he is the President _____
(Insert here the official title of deponent)

of North Coast Gas Transmission, LLC _____
(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his knowledge, information, and belief, all statements of fact 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, 2009, to and including December 31, 2009.

[Signature]
(Signature of affiant.)

Subscribed and sworn to before me, a NOTARY PUBLIC, in and for the State and county named, this 29th day of APRIL, 2010. My commission expires FEBRUARY 21, 2015.

[Signature]
(Signature of officer authorized to administer oaths.)



KELLY JONES
Notary Public, State of Ohio
My Comm. Expires Feb. 21, 2015