COMPETITIVE RETAIL NATURAL GAS SERVICE PROVIDERS

For the provision of (check all that apply):

N RETAIL NATURAL GAS SUPPLIER

N RETAIL NATURAL GAS MARKETER

N RETAIL NATURAL GAS BROKER

N RETAIL NATURAL GAS AGGREGATOR

Y OTHER (Describe): Ohio Natural Gas Governmental Aggregator

ANNUAL REPORT

OF

City of Cheviot, Ohio

(Exact legal name of respondent)

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

3814 Harrison Avenue. Cheviot, Hamilton OH 45211

Address City County State Zip Code

(513) 661-2700

Phone: (Area Code) Number

3814 Harrison Avenue Cheviot, OH 45211

(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE

YEAR ENDED DECEMBER 31, 2010

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

Brenda G. Coffey, Aggregation Business Developer and Manager, 300 W. Wilson Bridge Rd., Suite 350, Wort

Email: bgcoffey@integrysenergy.com, Phone: (614) 871-5290, Fax:

IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).

City of Cheviot, Hamilton County, OH

2. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.

N/A

3. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued. Provide full particulars.

Case No.: 07-568-GA-GAG Certificate No.: 07-128G(2) Dated: June 16, 2009

- 4. Check all service territories in Ohio served by respondent:
 - N Columbia Gas of Ohio
 - N Dominion East Ohio
 - Y Duke Energy Ohio
 - N Vectren Delivery of Ohio
 - N Other (Please Explain):
- 5. Website URL.

www.cheviot.org

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

For the purpose of this report, sales of natural gas are deemed to occur at the meter of a retail customer.

SCHEDULE: 1

STATEMENT OF INTRASTATE SALES AND REVENUES*

| Natural Gas Sales/Revenues | Sales (Mcf) | Revenues (\$) |
|-----------------------------------|-------------|---------------|
| 1 Choice Program Retail Sales | 0 | \$0 |
| 2 Choice Proram Aggregation Sales | 0 | 0 |
| 3 Total Natural Gas Sales (1 + 2) | 0 | \$0 |

^{*} The information reported on this form should refer only to those sales and revenues for which certification pursuant to Section 4929.20, Revised Code, is required. Natural gas Standard Choice Offer (SCO) providers should include such SCO sales and revenues as part of Choice Program Retail Sales.

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

Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons

| Mr. Tom Braun Name | Safety Service Director Title |
|--|--|
| tbraun@cheviot.org E-mail | |
| 3814 Harrison Avenue Cheviot, OH 45211 Address | |
| (513) 661-2700 Phone Number (Including Area Code) | |
| Name, Title, E-mail, A | Idress, and Phone Number of Person to whom Invoice |
| | should be Directed |
| N/A Name | N/A Title |
| N/A E-mail | |
| N/A Address | |
| N/A Phone Number (Including Area Code) | |
| <u>N</u> | ame and Address of the President |
| | |
| Mr. Tom Braun Name | |
| Safety Service Director City of Cheviot 3814 Harr Address | son Avenue Cheviot, OH 45211 |

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company.

OATH

State of <u>OH</u> County of <u>Hamilton</u>

Mr. Tom Braun makes oath and says that

s/he is Safety Service Director

of City of Chevior, Ohio

that she has examined the foregoing report; that to the best of her/his knowledge, information, and belief, all statements of fact commissed in the said report are true and the said report is a correct statement of the business and afficies of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2010 to and including December 31, 2010.

Thomas L. Braun (Signature of affirm).)

Sween and subscribed before me this 27 day of APRIC 201/Month/Year

Hay

THERESA SUNDERHAUS

Notary Public, State of Ohio My Commission Expires 10-21-2014

My commission expires on

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

4/28/2011 2:55:38 PM

in

Case No(s). 11-0003-GE-RPT

Summary: Annual Report electronically filed by Mrs. Brenda G Coffey on behalf of City of Cheviot