

COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

	ELECTRIC	NATURAL GAS
BROKER	<input type="checkbox"/> N	<input type="checkbox"/> N
MARKETER	<input type="checkbox"/> N	<input type="checkbox"/> N
AGGREGATOR	<input type="checkbox"/> N	<input type="checkbox"/> N
GOVERNMENTAL AGGREGATOR	<input type="checkbox"/> Y	<input type="checkbox"/> Y
RETAIL ELECTRIC GENERATION PROVIDER	<input type="checkbox"/> N	
OTHER (Describe): _____	<input type="checkbox"/> N	<input type="checkbox"/> N

INTRASTATE ANNUAL REPORT

OF

City of Munroe Falls

(Exact legal name of respondent)

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

43 Munroe Falls Avenue. Munroe Falls, Summit Ohio 44262

Address	City	County	State	Zip Code
(330) 688-7491	(330) 688-7491			
Phone: (Area Code) Number				

43 Munroe Falls Avenue Munroe Falls, OH 44262

(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2010

IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain). If incorporated, specify the date of filing articles of incorporation and the state in which incorporated.

N/A Governmental Aggregator

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

N/A Governmental Aggregator

3. Identify the names of affiliate and subsidiary companies of the respondent.

N/A Governmental Aggregator

4. Identify the PUCO Case Numbers (and dates issued) granting respondent authority to operate as a CRNGS and CRES, and respondent's certificate numbers.

CRNGS: Case # 02-1673-GA-GAG; Certification # 02-005G(5) renewed 8/3/2010;

CRES: Case # 00-2151-EL-GAG; Certification # 00-034E(6) renewed 12/03/2010.

5. Identify the dates when respondent began CRNGS and CRES operations in Ohio.

CRNGS operations: November 01, 2002

CRES operations: January 01, 2001

6. Provide a list of Ohio service territories served by respondent.

CRNGS - Dominion East Ohio

CRES - Ohio Edison

7. Identify respondent's website URL.

www.munroefalls.com

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

Mark R. Burns

President, Independent Energy Consultants, Inc.

215 W Garfield Road, Suite 210

Aurora, Ohio 44202

mburns@naturalgas-electric.com

(888) 862-6060

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Sections 4905.10 and 4911.18, Revised Code. 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 and electricity are deemed to occur at the meter of a retail customer.

Any competitive retail natural gas and electricity supplier that reports zero gross revenues will not be assessed.

SCHEDULE: 1

STATEMENT OF INTRASTATE GROSS SALES AND REVENUES *

<u>Natural Gas</u>	<u>Sales (Mcf)</u>	<u>Revenues (\$)</u>
Choice Program Retail Sales	0	\$0
Choice Program Aggregation Sales	0	0
Total Gas	0	\$0
 <u>Electric</u>	 <u>Sales (kWh)</u>	 <u>Gross Receipts (\$)</u>
Total Sales	0	\$0
All Other Sales	0	0
Total Electric	0	\$0
 Total Electric and Natural Gas		 \$0

* The information reported on this form should refer only to those sales / revenues / intrastate gross receipts for which certification pursuant to Sections 4929.20 or 4928.20, 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

Frank Larson
Name

Mayor
Title

mayor@munroefalls.com
E-mail

43 Munroe Falls Avenue Munroe Falls, Ohio 44262
Address

(330) 688-7491
Phone Number (Including Area Code)

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

NA
Name

NA
Title

NA
E-mail

NA
Address

NA
Phone Number (Including Area Code)

Name and Address of the President

NA
Name

NA
Address

VERIFICATION

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

OATH

State of Ohio

County of Summit

makes oath and says that Frank Larson

s/he is Mayor

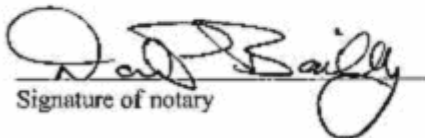
of City of Munroe Falls

that s/he has examined the foregoing report; that to the best of her/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, 2010 to and including December 31, 2010.



(Signature of affiant.)

Sworn and subscribed before me this 2nd day of May, 2011 Month/Year


Signature of notary

David P. Bailey
Resident Summit County
Notary Public, State of Ohio
My Commission Expires: 01/28/2014

My commission expires on 1-28-14

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

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in

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

Summary: Annual Report 2010 Annual Report for Combined Electric and Natural Gas
Competitive Retail Service Providers filed by Mark Burns of Independent Energy Consultants
on behalf of the City of Munroe Falls. electronically filed by MARK R BURNS on behalf of City
of Munroe Falls