

FILE FAX

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8

COMBINED ELECTRIC AND NATURAL GAS  
COMPETITIVE RETAIL SERVICE PROVIDERS

RECEIVED-DOCKETING DIV  
MAY 3 AM 11:53

For the provision of (check all that apply):

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

PUCO

INTRASTATE ANNUAL REPORT

OF

Premier Power Solutions, LLC

(Exact legal name of respondent)

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

107 Breckenridge St. Grove City, OH 43004  
Address City County State Zip Code

724 458-5600

Phone: (Area Code) Number

107 Breckenridge St., Grove City, OH 43004

(Address of principal business office at end of year)

TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2010

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 \_\_\_\_\_ Date Processed MAY 13 2011

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**GENERAL INSTRUCTIONS**

Please read the general instructions carefully before filling out this form:

1. The word "respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
2. The schedules and questions contained in this report were developed to be generally applicable to all competitive retail natural gas (CRNGS) and electric (CRES) suppliers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.
3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.
6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
8. The annual report shall be signed by a duly authorized officer of the respondent.

**Special Instructions for Governmental Aggregators**

A governmental aggregator that does not directly supply natural gas and electricity to the members of its aggregation pool and receives no receipts or proceeds from the sale or provision of natural gas and electricity to the members of the aggregation pool, should timely complete the annual report and file it in accordance with the following instructions:

1. Complete all sections of the cover page;
2. On page 4, enter zero total earnings and type or print the name(s) of the governmental aggregator's supplier(s) in the space below the table;
3. Complete the oath on page 6.

### 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. LIMITED LIABILITY COMPANY - DELAWARE
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.  
NONE
3. Identify the names of affiliate and subsidiary companies of the respondent.  
NONE
4. Identify the PUCO Case Numbers (and dates issued) granting respondent authority to operate as a CRNGS and CRES, and respondent's certificate numbers.  
PUCO CASE 09-0329-EL-ALG Cert No. 09-150E(1)
5. Identify the dates when respondent began CRNGS and CRES operations in Ohio.  
6/1/09
6. Provide a list of Ohio service territories served by respondent.  
FIRST ENERGY OH UTILITIES - TE, OE, CEI
7. Identify respondent's website URL.  
PremierPowerSolutions.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.  
LEE MCCracken  
PRESIDENT  
107 Breckinridge ST.  
GROVE CITY PA 16127  
724-458-5600  
LMCCRACKEN@TRUSTPS.COM

### IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated, data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information, which answers an inquiry, is given elsewhere in the report, identification of the other answer will be sufficient.

1. Changes in ownership or control (shareholders holding 5% or more of outstanding stock).

*NONE*

2. Other important changes: Give brief particulars of each other important change, which is not disclosed elsewhere in this report.

*NONE*

## 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 SALES AND REVENUES *			
	Natural Gas Sales / Revenues	Sales (Mcf)	Revenues (\$)
1	Choice Program Retail Sales	<del>0</del>	<del>0</del>
2	Choice Program Aggregation Sales	<del>0</del>	<del>0</del>
3	Total Natural Gas Sales (1+2)	<del>0</del>	<del>0</del>
	Electric Sales / Intrastate Gross Receipts	Sales (kWh)	Gross Receipts (\$)
4	Total Sales and Intrastate Gross Receipts	306,939,291	186,844
5	All Other Sales and Intrastate Gross Receipts		
6	Total Electric (4+5)	306,939,291	186,844
7	Total Electric and Natural Gas (3+6)	306,939,291	186,844

\* 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.

Annual Report of Premier Power Solutions, LLC Year Ended December 31, 20 10

SCHEDULE: 2

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

LEE MCCracken PRESIDENT  
Name Title  
107 Breckenridge ST. GROVE CITY PA 16127  
Address  
724 458-5600  
Phone Number (Including Area Code)

Name, Title, Address, and Phone Number of Person to Whom Invoice  
Should be Directed

LEE MCCracken PRESIDENT  
Name Title  
107 Breckenridge ST. GROVE CITY PA 16127  
Address  
724 458-5600  
Phone Number (Including Area Code)

Name and Address of the President

LEE MCCracken PRESIDENT  
Name President  
107 Breckenridge ST. GROVE CITY PA 16127  
Address  
724 458-5600  
Phone Number (Including Area Code)

### VERIFICATION

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

### OATH

State of PENNSYLVANIA

County of MERCER

LEE MCCracken makes oath and says that  
(Insert here the name of the affiant.)

he/she is PRESIDENT  
(Insert here the official title of deponent)

of Premier Power Solutions, LLC  
(Insert here the exact legal title or name of the respondent.)

that he/she has examined the foregoing report; and that, to the best of his/her 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 1/1, 2010, to and including 12/31, 2010.

Lee McCracken  
(Signature of affiant.)

Commonwealth of Pennsylvania )  
County of MERCER ) SS:

• Subscribed and sworn to before me this 13 day of May, 2011.  
Patricia L. Rausch  
Notary Public

