

11-03-CIE-RPT

COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

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	ELECTRIC	NATURAL G	AS
BROKER			
MARKETER		\boxtimes	
AGGREGATOR			
GOVERNMENTAL AGGREGATOR		\mathbf{X}	
RETAIL ELECTRIC GENERATION PROVIDER			
OTHER (Describe):			
INTRASTATE ANN	IUAL R	EPORT	
OF FILED	Seawers -	The	
Volum TEER EVER 97 (Exact legal name of res	spondent)		
If name was changed during ye previous name and date			
790 WW RMILION DA PICKONNY Address City	TOU FREATIE	al oho 40	3142
<i>(14-328-2</i> Phone: (Area Code) N	7 <i>947</i> Number		
SME			
(Address of principal business of	ffice at end of year)	
то тне			
PUBLIC UTILITIES COMM	ISSION OF	ОНІО	
LITTES COM		REC	EIVED
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	Q) JEI 3	1 2 2011
Office of the second of the se	3 /		NG DIVISION
FOR THE		Labile Alliwes C	ommission of Ohio
YEAR ENDED DECEMBE	ER 31. 20		

Revised 11-9-09

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Annual Report of Winter Even 97 Sentices like Year Ended December 31, 20/10

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:

- 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. COMPORTION -5
- 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.

- Identify the names of affiliate and subsidiary companies of the respondent. LJC REALES INE HoldINI, LZC
- Identify the PUCO Case Numbers (and dates issued) granting respondent authority to operate as a CRNGS and CRES, and respondent's certificate numbers. 02-1786-CR-CRS 09-20-10
- Identify the dates when respondent began CRNGS and CRES operations in Ohio.

Provide a list of Ohio service territories served by respondent.

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

> Marca Kusch SA - GFO RICKERIUSTON ONO 43142 280 WINDMINL Dr MRUNCKEUDINNETOLENERY. COM OFTO 614-325-2948 CEIL 614-348-5539 Fax 64-378.2980

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.

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 A	ND REVENUES *	
	Natural Gas Sales / Revenues	Sales (Mcf)	Revenues (\$)
1	Choice Program Retail Sales	117141315	82,890 726.55
2	Choice Program Aggregation Sales	192041.5	16,405181.42
3	Total Natural Gas Sales (1+2)	13 4348750	79 196 058,00
	Electric Sales / Intrastate Gross Receipts	Sales (kWh)	Gross Receipts (\$)
4	Total Sales and Intrastate Gross Receipts		
	All Other Sales and Intrastate Gross		
5	Receipts		
6	Total Electric (4+5)		
	Total Electric and Natural		
7	Gas (3+6)		

^{*} 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 VolvoTar Every Server Te 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

	Marc	6	Runck		CFO	
Name	220	Win	Inester P	- PICKENI	CFO Title UGION DRO	43148
Address			-2249			
Phone Nur						
	Naп	ie, Title, /		Number of Person be Directed	n to Whom Invoice	
		- 11				
	Mar	cc.	Revol		450	
Name	790	Wis.	lyder la	Partire	Title	13147
Address					<u> </u>	
Phone Nun	nber (Inclu	ding Area	325-2947 Code)			
			Name and Addr	ess of the Presider	nt	
	Rich	11-l	A CURNUL	E SA		
Name					President	43147
Address						<i>,</i>
Phone Num	iber (Inclu	614 - ding Area	215-12 Code)	34	·	**************************************

VERIFICATION

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

OATH	
State of Ohio County of Fairfield Marc C. Runck (Insert here the name of the affiant.)	makes oath and says that
he/she is	ponent)
of Volunteer Energy Services (Insert here the exact legal title or name of the	he respondent.)
that he/she has examined the foregoing report; and that, to the best and belief, all statements of fact contained in the said report are t statement of the business and affairs of the above-named respondent set forth therein during the period from and including January 2011.	rule and the said report is a correct in respect to each and every matter
The state of the s	NOTARY PUBLIC STATE OF OHIO Recorded in Fairfield County My Comm. Exp. 11/17/14
	Jan 491. Zoines) 2/14/11