



The Public Utilities Commission of Ohio

13-1708-EL-AGG 47

PUCO USE ONLY

Date Received	Case Number	Version
	-EL-AGG	August 2004

CERTIFICATION APPLICATION FOR AGGREGATORS/POWER BROKERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-5 Experience). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, Ohio 43215-3793.

This PDF form is designed so that you may input information directly onto the form. You may also download the form, by saving it to your local disk, for later use.

A. APPLICANT INFORMATION

A-1 Applicant's legal name, address, telephone number and web site address

Legal Name Insight Energy, LLC
 Address 11207 Rosewood, Leawood, KS 66211
 Telephone # (913) 948-1107 Web site address (if any) www.insightenergyservices.com

A-2 List name, address, telephone number and web site address under which Applicant will do business in Ohio

Legal Name Insight Energy, LLC
 Address 11207 Rosewood, Leawood, KS 66211
 Telephone # (913) 948-1107 Web site address (if any) www.insightenergyservices.com

A-3 List all names under which the applicant does business in North America

Insight Energy, LLC

A-4 Contact person for regulatory or emergency matters

Name Adam Herman
 Title Managing Partner

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 ML Date Processed JUL 30 2013

RECEIVED-DOCKETING DIV
 2013 JUL 30 AM 10:28

PUCO

Business address 11207 Rosewood, Leawood, KS 66211

Telephone # (913) 948-1107

Fax # (913) 273-0133

E-mail address (if any) adam.herrman@insightenergyservices.com

A-5 Contact person for Commission Staff use in investigating customer complaints

Name Adam Herrman

Title Managing Partner

Business address 11207 Rosewood, Leawood, KS 66211

Telephone # (913) 948-1107

Fax # (913) 273-0133

E-mail address (if any) adam.herrman@insightenergyservices.com

A-6 Applicant's address and toll-free number for customer service and complaints

Customer Service address 11207 Rosewood, Leawood, KS 66211

Toll-free Telephone # _____

Fax # _____

E-mail address (if any) _____

A-7 Applicant's federal employer identification number # 461776256

A-8 Applicant's form of ownership (check one)

☐ Sole Proprietorship

☐ Partnership

☐ Limited Liability Partnership (LLP)

☐ Limited Liability Company (LLC)

☐ Corporation

☐ Other _____

A-9 (Check all that apply) Identify each electric distribution utility certified territory in which the applicant intends to provide service, including identification of each customer class that the applicant intends to serve, for example, residential, small commercial, mercantile commercial, and industrial. (A mercantile customer, as defined in (A) (19) of Section 4928.01 of the Revised Code, is a commercial customer who consumes more than 700,000 kWh/year or is part of a national account in one or more states).

☐ First Energy

☐ Ohio Edison

☐ Toledo Edison

☐ Cleveland Electric Illuminating

☐ Cincinnati Gas & Electric

☐ Monongahela Power

☐ American Electric Power

☐ Ohio Power

☐ Columbus Southern Power

☐ Dayton Power and Light

☐ Residential

☐ Residential

☐ Residential

☐ Residential

☐ Residential

☐ Residential

☐ Residential

☐ Residential

☐ Commercial

☐ Commercial

☐ Commercial

☐ Commercial

☐ Commercial

☐ Commercial

☐ Commercial

☐ Commercial

☐ Mercantile

☐ Mercantile

☐ Mercantile

☐ Mercantile

☐ Mercantile

☐ Mercantile

☐ Mercantile

☐ Mercantile

☐ Industrial

☐ Industrial

☐ Industrial

☐ Industrial

☐ Industrial

☐ Industrial

☐ Industrial

☐ Industrial

- A-10** Provide the approximate start date that the applicant proposes to begin delivering services
September 1, 2013

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- A-11** **Exhibit A-11 "Principal Officers, Directors & Partners"** provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-12** **Exhibit A-12 "Corporate Structure,"** provide a description of the applicant's corporate structure, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers and companies that aggregate customers in North America.
- A-13** **Exhibit A-13 "Company History,"** provide a concise description of the applicant's company history and principal business interests.
- A-14** **Exhibit A-14 "Articles of Incorporation and Bylaws,"** if applicable, provide the articles of incorporation filed with the state or jurisdiction in which the Applicant is incorporated and any amendments thereto.
- A-15** **Exhibit A-15 "Secretary of State,"** provide evidence that the applicant has registered with the Ohio Secretary of the State.

B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- B-1** **Exhibit B-1 "Jurisdictions of Operation,"** provide a list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail or wholesale electric services including aggregation services.
- B-2** **Exhibit B-2 "Experience & Plans,"** provide a description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4928.10 of the Revised Code.

- B-3** **Exhibit B-3 "Summary of Experience,"** provide a concise summary of the applicant's experience in providing aggregation service(s) including contracting with customers to combine electric load and representing customers in the purchase of retail electric services. (e.g. number and types of customers served, utility service areas, amount of load, etc.).
- B-4** **Exhibit B-4 "Disclosure of Liabilities and Investigations,"** provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.
- B-5** Disclose whether the applicant, a predecessor of the applicant, or any principal officer of the applicant have ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.
☒ No ☐ Yes
- If yes, provide a separate attachment labeled as **Exhibit B-5 "Disclosure of Consumer Protection Violations"** detailing such violation(s) and providing all relevant documents.
- B-6** Disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail or wholesale electric service including aggregation service denied, curtailed, suspended, revoked, or cancelled within the past two years.
☒ No ☐ Yes
- If yes, provide a separate attachment labeled as **Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation"** detailing such action(s) and providing all relevant documents.

C. APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- C-1** **Exhibit C-1 "Annual Reports,"** provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why.
- C-2** **Exhibit C-2 "SEC Filings,"** provide the most recent 10-K/8-K Filings with the SEC. If applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 that the applicant is not required to file with the SEC and why.

- C-3 Exhibit C-3 “Financial Statements,”** provide copies of the applicant’s two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement). If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business.
- C-4 Exhibit C-4 “Financial Arrangements,”** provide copies of the applicant's financial arrangements to conduct CRES as a business activity (e.g., guarantees, bank commitments, contractual arrangements, credit agreements, etc.,).
- C-5 Exhibit C-5 “Forecasted Financial Statements,”** provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement) for the applicant’s CRES operation, along with a list of assumptions, and the name, address, e-mail address, and telephone number of the preparer.
- C-6 Exhibit C-6 “Credit Rating,”** provide a statement disclosing the applicant’s credit rating as reported by two of the following organizations: Duff & Phelps, Dun and Bradstreet Information Services, Fitch IBCA, Moody’s Investors Service, Standard & Poors, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant’s parent or affiliate organization that guarantees the obligations of the applicant.
- C-7 Exhibit C-7 “Credit Report,”** provide a copy of the applicant’s credit report from Experion, Dun and Bradstreet or a similar organization.
- C-8 Exhibit C-8 “Bankruptcy Information,”** provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.

C-9 **Exhibit C-9 "Merger Information,"** provide a statement describing any dissolution or merger or acquisition of the applicant within the five most recent years preceding the application.

[Signature] Managing Partner
Signature of Applicant & Title

Sworn and subscribed before me this 24 day of July, 2013
Month Year

[Signature]
Signature of official administering oath

SEAN HURD, Notary Public
Print Name and Title

My commission expires on 6/17/2017

SEAN HURD
Notary Public-State of Kansas
My Appt. Expires 6/17/2017

AFFIDAVIT

State of Kansas :

Leawood ss.
(Town)

County of Johnson :

Adam D. Herrman Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/She is the Managing Partner Office of Affiant) of Innright Energy, LLC (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant,

1. The Applicant herein, attests under penalty of false statement that all statements made in the application for certification are true and complete and that it will amend its application while the application is pending if any substantial changes occur regarding the information provided in the application.
2. The Applicant herein, attests it will timely file an annual report with the Public Utilities Commission of Ohio of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Division (A) of Section 4905.10, Division (A) of Section 4911.18, and Division (F) of Section 4928.06 of the Revised Code.
3. The Applicant herein, attests that it will timely pay any assessments made pursuant to Sections 4905.10, 4911.18, or Division F of Section 4928.06 of the Revised Code.
4. The Applicant herein, attests that it will comply with all Public Utilities Commission of Ohio rules or orders as adopted pursuant to Chapter 4928 of the Revised Code.
5. The Applicant herein, attests that it will cooperate fully with the Public Utilities Commission of Ohio, and its Staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the Applicant.
6. The Applicant herein, attests that it will fully comply with Section 4928.09 of the Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The Applicant herein, attests that it will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The Applicant herein, attests that it will use its best efforts to verify that any entity with whom it has a contractual relationship to purchase power is in compliance with all applicable licensing requirements of the Federal Energy Regulatory Commission and the Public Utilities Commission of Ohio.
9. The Applicant herein, attests that it will cooperate fully with the Public Utilities Commission of Ohio, the electric distribution companies, the regional transmission entities, and other electric suppliers in the event of an emergency condition that may jeopardize the safety and reliability of the electric service in accordance with the emergency plans and other procedures as may be determined appropriate by the Commission.
10. If applicable to the service(s) the Applicant will provide, the Applicant herein, attests that it will adhere to the reliability standards of (1) the North American Electric Reliability Council (NERC), (2) the appropriate regional reliability council(s), and (3) the Public Utilities Commission of Ohio. (Only applicable if pertains to the services the Applicant is offering)

11. The Applicant herein, attests that it will inform the Commission of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating customer complaints.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

Alan D. Ken *Managing Partner*
Signature of Affiant & Title

Sworn and subscribed before me this 24 day of July, 2013
Month Year

R. H.
Signature of official administering oath

SEAN HURD, Notary Public
Print Name and Title

My commission expires on 6/17/2017

SEAN HURD
Notary Public-State of Kansas
My Appt. Expires 6/17/2017



INSIGHT ENERGY LLC

Exhibit A-11: Principal Officers, Directors & Partners

The Officer of Insight Energy, LLC and contact information are as follows:

Lawrence Smith, Managing Partner
11207 Rosewood
Leawood, KS 66211
Telephone: 913-523-3731
Lawrence.Smith@InsightEnergyServices.com

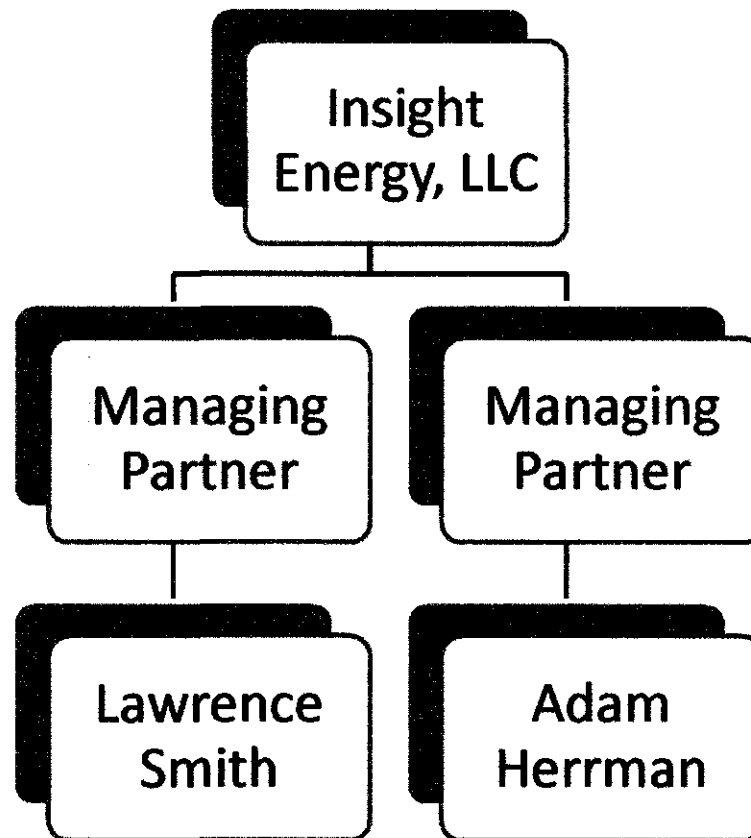
Adam Herrman, Managing Partner
11207 Rosewood
Leawood, KS 66211
Telephone: 913-948-1107
Adam.Herrman@InsightEnergyServices.com



INSIGHT ENERGY LLC

Exhibit A-12: Corporate Structure

Insight Energy, LLC is a limited liability company organized under the laws of Kansas





INSIGHT ENERGY LLC

Exhibit A-13: Company History

Insight Energy, LLC was formed at the end of 2012. The two managing partners have significant power marketing experience spanning over 15 years. Insight Energy, LLC was created as a Kansas limited liability company engaged in power brokering and consultancy.



INSIGHT ENERGY LLC

Exhibit A-14: Articles of Incorporation and Bylaws

Attached are the articles of incorporation and Bylaws for Insight Energy, LLC.

Exhibit A-14: Articles of Incorporation and Bylaws

Limited Liability Company Articles of Organization

The name of the Limited Liability Company:

Logo LLC

File date: 12/21/2012

File time: 11:35:29

Business Entity ID Number: 6773402

Registered Office in Kansas:

- 11207 Rosewood
- Leawood, Kansas
- 66206

Name of the resident agent at the registered office:

Lawrence Smith

Mailing address for official mail:

- Logo LLC
- 11207 Rosewood
- Leawood, KS
- 66206 USA

Name of the organizer(s):

Lawrence Smith

I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Execution date: 12/21/2012

The signature(s) of the organizer(s):

Lawrence Smith
Lawrence Smith



I, Kris W. Kobach, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 12/21/2012.

Kris W. Kobach

Kansas Secretary of State

Memorial Hall, 1st floor - 120 SW 10th Ave. - Topeka, Kansas 66612-1594
phone: (785) 296-4564 - email: kssos@kssos.org - url: www.kssos.org

Office of the Kansas Secretary of State

Name Change Amendment

Electronic File Stamp Information:

Filed

- Date: 03/19/2013
- Time: 07:39

1. Old Business Entity Name: LOGO LLC
2. Business Entity I.D. Number: 6773402

The name of the business entity has been amended:

New Business Entity Name: Insight Energy LLC

"I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct."

Executed on the 19 of March, 2013.

Lawrence Smith
Authorized Person



I, Kris W. Kobach, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 19 of March, 2013.

Kris W. Kobach

To validate the authenticity of this electronically certified document please

Exhibit A-14: Articles of Incorporation and Bylaws

visit, <https://www.kansas.gov/sos-namechange/validation.do>. Enter the following authentication code: 11624

KANSAS SECRETARY OF STATE
NON-CERTIFIED WEB COPY
4/19/2013 10:46:49 AM



INSIGHT ENERGY LLC

Exhibit A-15: Secretary of State

Attached is the evidence that Insight Energy, LLC has registered with the Ohio Secretary of State.



DATE
06/05/2013

DOCUMENT ID
201315501294

DESCRIPTION
REG. OF FOR. PROFIT LIM. LIAB. CO.
(LFP)

FILING
125.00

EXPED
.00

PENALTY
.00

CERT
.00

COPY
.00

Exhibit A-15: Secretary of State

Receipt

This is not a bill. Please do not remit payment.

INSIGHT ENERGY, LLC
LAWRENCE SMITH
11207 ROSEWOOD
LEAWOOD, KS 66211

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2204696

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

INSIGHT ENERGY, LLC

and, that said business records show the filing and recording of:

Document(s):

REG. OF FOR. PROFIT LIM. LIAB. CO.

Document No(s):

201315501294

Effective Date: 06/04/2013



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 5th day of June, A.D. 2013.

Jon Husted

Ohio Secretary of State



INSIGHT ENERGY LLC

Exhibit B-1: Jurisdictions of Operation

Illinois

Pennsylvania

Texas

Kansas



INSIGHT ENERGY LLC

Exhibit B-2: Experience and Plans

Insight Energy, LLC has over 25 years of combined industry experience. The team has professional experience in multiple disciplines including trading, marketing, transmission, power plant management, dispatch, tolling, energy management agreements, fuel services, asset optimization, risk management, etc. Insight will consult in pricing analytics, planning, power procurement and bill reconciliation. Marketing will consist of using already established relationships in the commercial and industrial sectors of Ohio.

Managing Partner

- Has experience managing 5,000 megawatts
- Wholesale Power and Gas Trading & Marketing, as well as Regulated Power System Generation Dispatch and Load Management
- 15 years energy industry experience

Managing Partner

- Wholesale Power Trading & Marketing, as well as Regulated Power System Generation Dispatch and Load Management
- has experience managing a 6,000 megawatt system
- 12 years energy industry experience

Insight Energy, LLC will comply with applicable requirements per Section 4928.10 of the Revised Code.



INSIGHT ENERGY LLC

Exhibit B-3: Summary of Experience

Insight Energy, LLC has over 25 years of combined industry experience. The team has professional experience in multiple disciplines including trading, marketing, transmission, power plant management, dispatch, tolling, energy management agreements, fuel services, asset optimization, risk management, etc. Insight will consult in pricing analytics, planning, power procurement and bill reconciliation. Marketing will consist of using already established relationships in the commercial and industrial sectors of Pennsylvania.

Managing Partner

- Has experience managing 5,000 megawatts
- Wholesale Power and Gas Trading & Marketing, as well as Regulated Power System Generation Dispatch and Load Management
- 15 years energy industry experience

Managing Partner

- Wholesale Power Trading & Marketing, as well as Regulated Power System Generation Dispatch and Load Management
- has experience managing a 6,000 megawatt system
- 12 years energy industry experience

Insight Energy, LLC will comply with applicable requirements per Section 4928.10 of the Revised Code.



INSIGHT ENERGY LLC

Exhibit B-4: Disclosure of Liabilities and Investigations

None



INSIGHT ENERGY LLC

Exhibit C-1: Annual Reports

Insight Energy, LLC is a private company and does not prepare a traditional Annual Report that is prepared for public companies. Please refer to C-3 for the Company's financial statements.



INSIGHT ENERGY LLC

Exhibit C-2: SEC Filings

Insight Energy, LLC is a private company and does not prepare a traditional Annual Report that is prepared for public companies. Please refer to C-3 for the Company's financial statements.



INSIGHT ENERGY LLC

Exhibit C-3: Financial Statements

Please see attached financial statements.

Exhibit C-3 : Financial statements

Total June 2013

Assets

Checking & Savings

Checking \$ 583

Savings \$ -

Total Cheching & Savings \$ 583

Accounts Receivable \$ 81,000

Other Assets

Liscenses \$ 2,485

Total Assets \$ 84,068

Liabilities & Equity

Current Liabilities

Advance from Owner \$ 3,372

Accounts Payable \$ -

Total Current Liabilities \$ 3,372

Total Liabilities \$ 3,372

Equity \$ 80,696

Total Liabilites & Equity \$ 84,068



INSIGHT ENERGY LLC

Exhibit C-4: Financial Arrangements

Please see attached forms.

Exhibit C-4: Financial Arrangements

Form 1040 Department of the Treasury - Internal Revenue Service 2010 (99) IRS Use Only - Do not write or staple in this space.		OMB No. 1545-0074																
For the year Jan. 1-Dec. 31, 2010, or other tax year beginning 2010, ending																		
Name, Address, and SSN See separate instructions. PRESIDENTIAL ELECTION CAMPAIGN	Your first name and initial Lawrence R		Last name Smith, II															
	If a joint return, spouse's first name and initial Angela H		Last name Smith															
	Home address (number and street). If you have a P.O. box, see instructions. 9742 Sagamore Road		Apt. no. 															
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Leawood KS 66206 USA		Your social security number [REDACTED] Spouse's social security number [REDACTED]															
Make sure the SSN(s) above and on line 6c are correct.																		
Checking a box below will not change your tax or refund.																		
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund <input type="checkbox"/> You <input type="checkbox"/> Spouse																		
Filing Status 1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																		
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a 2 b <input checked="" type="checkbox"/> Spouse 2 c Dependents:																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)</th> </tr> </thead> <tbody> <tr> <td>Claire K.</td> <td>Smith</td> <td>[REDACTED]</td> <td>Child</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Marin E.</td> <td>Smith</td> <td>[REDACTED]</td> <td>Child</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>				(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)	Claire K.	Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>	Marin E.	Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)														
Claire K.	Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>														
Marin E.	Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>														
Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 4																		
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 Stmt. 1 7 149,940. 8a Taxable interest. Attach Schedule B if required 8a 2,163. b Tax-exempt interest. Do not include on line 8a Stmt. 1 8b 858. 9a Ordinary dividends. Attach Schedule B if required 9a 6,163. b Qualified dividends Stmt. 2 9b 1,769. 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 13 66,190. 14 Other gains or (losses). Attach Form 4797 14 -2. 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 191. 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 224,645.																		
Adjusted Gross Income 23 Educator expenses. 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction. 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction 32 33 Student loan interest deduction. 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 224,645.																		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

0A1210 5.000

Form 1040 (2010)

JSA
RS

51P1M3 K501 04/12/2011 10:09:47

14

Exhibit C4: Financial Arrangements

Form 1040 (2010) Lawrence R Smith, II & Angela H Smith

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	224,645.
39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind.	Total boxes checked	39a	
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here		39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)		40	51,645.
41	Subtract line 40 from line 38		41	173,000.
42	Exemptions. Multiply \$3,650 by the number on line 6d.		42	14,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	158,400.
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		44	26,611.
45	Alternative minimum tax (see instructions). Attach Form 6251		45	2,171.
46	Add lines 44 and 45		46	28,782.
47	Foreign tax credit. Attach Form 1116 if required	47	75.	
48	Credit for child and dependent care expenses. Attach Form 2441	48		
49	Education credits from Form 8863, line 23	49		
50	Retirement savings contributions credit. Attach Form 8880	50		
51	Child tax credit (see instructions)	51		
52	Residential energy credits. Attach Form 5895	52	1,500.	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54	Add lines 47 through 53. These are your total credits	54	1,575.	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	27,207.	
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57		
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58		
59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59		
60	Add lines 55 through 59. This is your total tax	60	27,207.	
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	22,935.
62	2010 estimated tax payments and amount applied from 2009 return	62		
63	Making work pay credit. Attach Schedule M	63		
64a	Earned income credit (EIC)	64a		
64b	Nontaxable combat pay election	64b		
65	Additional child tax credit. Attach Form 8812	65		
66	American opportunity credit from Form 8863, line 14	66		
67	First-time homebuyer credit from Form 5405, line 10	67		
68	Amount paid with request for extension to file	68		
69	Excess social security and tier 1 RRTA tax withheld	69		
70	Credit for federal tax on fuels. Attach Form 4136	70		
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71		
72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	22,935.	
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a		
Direct deposit? See instructions.	b Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number				
75	Amount of line 73 you want applied to your 2011 estimated tax	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	4,309.
77	Estimated tax penalty (see instructions)	77	37.	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name	Steven V. Wiebler	Phone no.	816-931-3393	Personal identification number (PIN)
60547				
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See page 12. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
			Manager	913-648-5573
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
			Homemaker	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check self-employed <input type="checkbox"/> PTIN
	Steven V. Wiebler		4/12/11	P00268044
	Firm's name	Firm's EIN		
	House Park & Dobratz, P.C.	43-1562209		
	Firm's address	Phone no.		
	605 West 47th Street, Suite 301	816-931-3393		
	Kansas City	MO 64112		

Exhibit C4: Financial Arrangements

2010 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2010 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to the "United States Treasury." Do not send cash.
- Make sure your name and address appear on your check or money order.

- Enter your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2010 Form 1040," "2010 Form 1040A," or "2010 Form 1040EZ," whichever is appropriate.

- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

How To Send In Your 2010 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2010 tax return, payment, and Form 1040-V to address shown on the back that applies to you.

JSA
0A9087 2.000

Form 1040-V (2010)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2010

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

Dollars Cents

4,309.

1062

LAWRENCE R SMITH, II
ANGELA H SMITH
9742 SAGAMORE ROAD
LEAWOOD, KS USA 66206

INTERNAL REVENUE SERVICE CENTER
P.O. BOX 802501
CINCINNATI, OH 45280-2501

454672592 YY SMIT 30 D 201012 610

Exhibit C4: Financial Arrangements

Form 1040		Department of the Treasury - Internal Revenue Service (99)		2011		OMB No. 1545-0074		IRS Use Only - Do not write or staple in this space.	
For the year Jan. 1-Dec. 31, 2011, or other tax year beginning . . . , 2011, ending . . . , 20								See separate instructions.	
Your first name and initial Lawrence R				Last name Smith, II				Your social security number [REDACTED]	
If a joint return, spouse's first name and initial Angela H				Last name Smith				Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 9742 Sagamore Road								Apt. no. _____	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Leawood KS 66206								Make sure the SSN(s) above and on line 6c are correct.	
Foreign country name USA				Foreign province/county		Foreign postal code		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶		4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child					
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse						Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above	
		c Dependents:		(2) Dependent's social security number		(3) Dependent's relationship to you		(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	
		(1) First name Last name							
		Claire K. Smith		[REDACTED]		Daughter		<input checked="" type="checkbox"/>	
		Marin E. Smith		[REDACTED]		Daughter		<input checked="" type="checkbox"/>	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>									
		d Total number of exemptions claimed						Add numbers on lines above ▶ 4	
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 Stmt. 1 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a Stmt. 2. 8b 14. 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends Stmt. 2. 9b 3,084. 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a 67,439. b Taxable amount 16a Pensions and annuities 16a 67,439. b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a 20a b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶						7 134,507. 8a 1,041. 9a 10,261. 10 11 12 13 54,498. 14 2. 15b 16b 37,546. 17 -16. 18 19 20b 21 22 237,839.	
Adjusted Gross Income		23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income ▶						23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37 237,839.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2011)

26



INSIGHT ENERGY LLC

Exhibit C-5: Forecasted Financial Statements

Please see attached forecasted financial statement.

Exhibit C-5: Forecasted Financial Statements

	2013	2014
	<u>OH Brokerage Income</u>	<u>OH Brokerage Income</u>
Total Income	\$ 67,336	\$ 386,678
Total Expense	\$ <u>15,000</u>	\$ <u>25,000</u>
Net Income	\$ <u>52,336</u>	\$ <u>361,678</u>
Cash Flow	\$ 52,336	\$ 361,678

Preparer

Lawrence Smith
11207 Rosewood
Leawood, KS 66211
913-523-3731

Lawrence.Smith@Insightenergyservices.com



INSIGHT ENERGY LLC

Exhibit C-6: Credit Rating

Please see attached tax forms.

Exhibit C-c: Credit Rating

Form **1040** Department of the Treasury - Internal Revenue Service **2010** (99) IRS Use Only - Do not write or staple in this space.

Name,
Address,
and SSN

See separate
instructions.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning 2010, ending		OMB No. 1545-0074
Your first name and initial Lawrence R	Last name Smith, II	Your social security number [REDACTED]
If a joint return, spouse's first name and initial Angela H	Last name Smith	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 9742 Sagamore Road		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Leawood KS 66206 USA		Make sure the SSN(s) above ▲ and on line 6c are correct.
Checking a box below will not change your tax or refund.		

Presidential Election Campaign ☒ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ☐ You ☐ Spouse

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ☐ 2 ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) with dependent child 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ☐

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a 2
b ☒ Spouse 2

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)	
Claire K. Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>	
Marin E. Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>	

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed **4**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 Stmt. 1	7 149,940.
8a Taxable interest. Attach Schedule B if required	8a 2,163.
b Tax-exempt interest. Do not include on line 8a Stmt. 1 8b 858.	
9a Ordinary dividends. Attach Schedule B if required	9a 6,163.
b Qualified dividends Stmt. 2 9b 1,769.	
10 Taxable refunds, credits, or offsets of state and local income taxes	10
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13 66,190.
14 Other gains or (losses). Attach Form 4797	14 -2.
15a IRA distributions 15a b Taxable amount	15b
16a Pensions and annuities 16a b Taxable amount	16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17 191.
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20a Social security benefits 20a b Taxable amount	20b
21 Other income. List type and amount	21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22 224,645.

Adjusted
Gross
Income

23 Educator expenses.	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction.	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ▶	31a	
32 IRA deduction	32	
33 Student loan interest deduction.	33	
34 Tuition and fees. Attach Form 8917.	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	224,645.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

0A1210 5.000

Form 1040 (2010)

Exhibit C-6: Credit Rating

Form 1040 (2010) Lawrence R Smith, II & Angela H Smith		Page 2
Tax and Credits	38 Amount from line 37 (adjusted gross income)	38 224,645.
	39a Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/>	
	If: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b <input type="checkbox"/>	
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b <input type="checkbox"/>	
	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40 51,645.
	41 Subtract line 40 from line 38	41 173,000.
	42 Exemptions. Multiply \$3,650 by the number on line 6d.	42 14,600.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 158,400.
	44 Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44 26,611.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45 2,171.
	46 Add lines 44 and 45	46 28,782.
	47 Foreign tax credit. Attach Form 1116 if required	47 75.
	48 Credit for child and dependent care expenses. Attach Form 2441	48
	49 Education credits from Form 8863, line 23	49
	50 Retirement savings contributions credit. Attach Form 8880	50
	51 Child tax credit (see instructions)	51
	52 Residential energy credits. Attach Form 5695	52 1,500.
	53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53
	54 Add lines 47 through 53. These are your total credits	54 1,575.
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55 27,207.
Other Taxes	56 Self-employment tax. Attach Schedule SE	56
	57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58
	59 a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59
	60 Add lines 55 through 59. This is your total tax	60 27,207.
Payments	61 Federal income tax withheld from Forms W-2 and 1099	61 22,935.
	62 2010 estimated tax payments and amount applied from 2009 return	62
	63 Making work pay credit. Attach Schedule M	63
	64a Earned income credit (EIC)	64a
	b Nontaxable combat pay election	64b
	65 Additional child tax credit. Attach Form 8812	65
	66 American opportunity credit from Form 8863, line 14	66
	67 First-time homebuyer credit from Form 5405, line 10	67
	68 Amount paid with request for extension to file	68
	69 Excess social security and tier 1 RRTA tax withheld	69
	70 Credit for federal tax on fuels. Attach Form 4136	70
	71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71
	72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72 22,935.
Refund	73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a
Direct deposit? See instructions.	b Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d Account number <input type="checkbox"/>	
	75 Amount of line 73 you want applied to your 2011 estimated tax	75
Amount You Owe	76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76 4,309.
	77 Estimated tax penalty (see instructions)	77 37.
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
	Designee's name Steven V. Wiebler	Phone no. 816-931-3393
	Personal identification number (PIN) 60547	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Joint return? See page 12. Keep a copy for your records.	Your signature Steven V. Wiebler	Your occupation Manager
	Date 4/12/11	Daytime phone number 913-648-5573
	Spouse's signature. If a joint return, both must sign.	Spouse's occupation Homemaker
	Date	
Paid Preparer Use Only	Print/Type preparer's name Steven V. Wiebler	PTIN P00268044
	Firm's name House Park & Dobratz, P.C.	Firm's EIN 43-1562209
	Firm's address 605 West 47th Street, Suite 301	Phone no. 816-931-3393
	Kansas City	MO 64112

2010 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2010 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to the "United States Treasury." Do not send cash.
- Make sure your name and address appear on your check or money order.

- Enter your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2010 Form 1040," "2010 Form 1040A," or "2010 Form 1040EZ," whichever is appropriate.

- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

How To Send In Your 2010 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2010 tax return, payment, and Form 1040-V to address shown on the back that applies to you.

JSA
0A9087 2.000

Form 1040-V (2010)

▼ Detach Here and Mail With Your Payment and Return ▼

<p>Department of the Treasury Internal Revenue Service</p>	<p>2010</p>	<p>Form 1040-V Payment Voucher</p>					
<p>▶ Use this voucher when making a payment with Form 1040. ▶ Do not staple this voucher or your payment to Form 1040. ▶ Make your check or money order payable to the "United States Treasury." ▶ Write your social security number (SSN) on your check or money order.</p>		<p>Enter the amount of your payment ▶</p>	<table border="1"> <tr> <th>Dollars</th> <th>Cents</th> </tr> <tr> <td>4,309.</td> <td></td> </tr> </table>	Dollars	Cents	4,309.	
Dollars	Cents						
4,309.							

1062

LAWRENCE R SMITH, II
ANGELA H SMITH
9742 SAGAMORE ROAD
LEAWOOD, KS USA 66206

INTERNAL REVENUE SERVICE CENTER
P.O. BOX 802501
CINCINNATI, OH 45280-2501

454672592 YY SMIT 30 0 201012 610

Exhibit C-6: Credit Rating

Form 1040		Department of the Treasury - Internal Revenue Service (99)		2011		OMB No. 1545-0074		IRS Use Only - Do not write or staple in this space.																
For the year Jan. 1-Dec. 31, 2011, or other tax year beginning						, 2011, ending		, 20																
Your first name and initial Lawrence R				Last name Smith, II		Your social security number [REDACTED]																		
If a joint return, spouse's first name and initial Angela H				Last name Smith		Spouse's social security number [REDACTED]																		
Home address (number and street). If you have a P.O. box, see instructions. 9742 Sagamore Road						Apt. no.		Make sure the SSN(s) above and on line 6c are correct.																
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Leawood KS 66206						Presidential Election Campaign																		
Foreign country name USA				Foreign province/county		Foreign postal code		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																
Filing Status		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <input type="checkbox"/> 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/> 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																						
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>Claire K.</td> <td>Smith</td> <td>[REDACTED]</td> <td>Daughter</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Marin E.</td> <td>Smith</td> <td>[REDACTED]</td> <td>Daughter</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table> If more than four dependents, see instructions and check here <input type="checkbox"/> Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) 2 Dependents on 6c not entered above Add numbers on lines above 4								(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	Claire K.	Smith	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	Marin E.	Smith	[REDACTED]	Daughter	<input checked="" type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)																				
Claire K.	Smith	[REDACTED]	Daughter	<input checked="" type="checkbox"/>																				
Marin E.	Smith	[REDACTED]	Daughter	<input checked="" type="checkbox"/>																				
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 Stmnt. 1 8a Taxable interest. Attach Schedule B if required 134,507. b Tax-exempt interest. Do not include on line 8a 1,041. 9a Ordinary dividends. Attach Schedule B if required 10,261. b Qualified dividends 3,084. 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a 67,439. b Taxable amount 16b 37,546. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 237,839.																						
Adjusted Gross Income		23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8879 35 Domestic production activities deduction. Attach Form 8803 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income 237,839.																						

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

1A121D 2.000 JSA
RS

51P1M3 K501 03/30/2012 13:39:00

Form 1040 (2011)



INSIGHT ENERGY LLC

Exhibit C-7: Credit Report

Please see attached tax forms.

Exhibit C-7: Credit Report

Form 1040 Department of the Treasury - Internal Revenue Service 2010		(99) IRS Use Only - Do not write or staple in this space.																
For the year Jan. 1-Dec. 31, 2010, or other tax year beginning 2010, ending																		
Name, Address, and SSN See separate instructions.	PRINTE Your first name and initial Lawrence R	Last name Smith, II	Your social security number [REDACTED]															
	If a joint return, spouse's first name and initial Angela H	Last name Smith	Spouse's social security number [REDACTED]															
	Home address (number and street). If you have a P.O. box, see instructions. 9742 Sagamore Road		Apt. no. [REDACTED]															
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Leawood KS 66206 USA																	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund <input type="checkbox"/> You <input type="checkbox"/> Spouse																		
Filing Status																		
1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <input type="checkbox"/> Qualifying widow(er) with dependent child																		
4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.																		
Exemptions																		
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse																		
c Dependents:																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)</th> </tr> </thead> <tbody> <tr> <td>Claire K.</td> <td>Smith</td> <td>[REDACTED]</td> <td>Child</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Marin E.</td> <td>Smith</td> <td>[REDACTED]</td> <td>Child</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>				(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)	Claire K.	Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>	Marin E.	Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)														
Claire K.	Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>														
Marin E.	Smith	[REDACTED]	Child	<input checked="" type="checkbox"/>														
Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) 2 Dependents on 6c not entered above 4																		
d Total number of exemptions claimed 4																		
Income																		
7 Wages, salaries, tips, etc. Attach Form(s) W-2 Stmt. 1 149,940.																		
8a Taxable interest. Attach Schedule B if required 8a 2,163.																		
b Tax-exempt interest. Do not include on line 8a Stmt. 1 8b 858.																		
9a Ordinary dividends. Attach Schedule B if required 9a 6,163.																		
b Qualified dividends Stmt. 2 9b 1,769.																		
10 Taxable refunds, credits, or offsets of state and local income taxes 10																		
11 Alimony received 11																		
12 Business income or (loss). Attach Schedule C or C-EZ 12																		
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 13 66,190.																		
14 Other gains or (losses). Attach Form 4797 14 -2.																		
15a IRA distributions 15a 15b																		
b Taxable amount 15b																		
16a Pensions and annuities 16a 16b																		
b Taxable amount 16b																		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 191.																		
18 Farm income or (loss). Attach Schedule F 18																		
19 Unemployment compensation 19																		
20a Social security benefits 20a 20b																		
b Taxable amount 20b																		
21 Other income. List type and amount 21																		
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 224,645.																		
Adjusted Gross Income																		
23 Educator expenses 23																		
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24																		
25 Health savings account deduction. Attach Form 8889 25																		
26 Moving expenses. Attach Form 3903 26																		
27 One-half of self-employment tax. Attach Schedule SE 27																		
28 Self-employed SEP, SIMPLE, and qualified plans 28																		
29 Self-employed health insurance deduction 29																		
30 Penalty on early withdrawal of savings 30																		
31a Alimony paid b Recipient's SSN 31a																		
32 IRA deduction 32																		
33 Student loan interest deduction 33																		
34 Tuition and fees. Attach Form 8917 34																		
35 Domestic production activities deduction. Attach Form 8903 35																		
36 Add lines 23 through 31a and 32 through 35 36																		
37 Subtract line 36 from line 22. This is your adjusted gross income 37 224,645.																		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

0A1210 5.000

Form 1040 (2010)

JSA
RS

51P1M3 K501 04/12/2011 10:09:47

14

Page 2

Form 1040 (2010)

Exhibit C-7: Credit Report

2010 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2010 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to the "United States Treasury." Do not send cash.
- Make sure your name and address appear on your check or money order.

- Enter your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2010 Form 1040," "2010 Form 1040A," or "2010 Form 1040EZ," whichever is appropriate.

- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

How To Send In Your 2010 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2010 tax return, payment, and Form 1040-V to address shown on the back that applies to you.

JSA
0A9087 2.000

Form 1040-V (2010)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2010

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

Dollars Cents

4,309.

1062

LAWRENCE R SMITH, II
ANGELA H SMITH
9742 SAGAMORE ROAD
LEAWOOD, KS USA 66206

INTERNAL REVENUE SERVICE CENTER
P.O. BOX 802501
CINCINNATI, OH 45280-2501

454672592 YY SMIT 30 0 201012 610

Exhibit C-7: Credit Report

Form 1040		Department of the Treasury - Internal Revenue Service (99)		2011		OMB No. 1545-0074		IRS Use Only - Do not write or staple in this space.	
For the year Jan. 1-Dec. 31, 2011, or other tax year beginning , 2011, ending , 20						See separate instructions.			
Your first name and initial Lawrence R			Last name Smith, II			Your social security number [REDACTED]			
If a joint return, spouse's first name and initial Angela H			Last name Smith			Spouse's social security number [REDACTED]			
Home address (number and street). If you have a P.O. box, see instructions. 9742 Sagamore Road						Apt. no.		Make sure the SSN(s) above and on line 6c are correct.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Leawood KS 66206						Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse			
Foreign country name USA						Foreign province/county		Foreign postal code	
Filing Status		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child							
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents:						Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions)	
		(1) First name Claire K. Smith		(2) Dependent's social security number [REDACTED]		(3) Dependent's relationship to you Daughter		(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	
		(1) First name Marin E. Smith		(2) Dependent's social security number [REDACTED]		(3) Dependent's relationship to you Daughter		(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	
		d Total number of exemptions claimed						Add numbers on lines above 4	
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 Stmt. 1 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a Stmt. 2. 8b 14. 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends Stmt. 2. 9b 3,084. 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a 67,439. b Taxable amount 16a Pensions and annuities 16a 67,439. b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 237,839.						7 134,507. 8a 1,041. 9a 10,261. 10 11 12 13 54,498. 14 2. 15b 16b 37,546. 17 -16. 18 19 20b 21 22 237,839.	
Adjusted Gross Income		23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income 37 237,839.						23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37 237,839.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2011)

1A1210 2.000 JSA
RS 51P1M3 K501 03/30/2012 13:39:00



INSIGHT ENERGY LLC

Exhibit C-8: Bankruptcy Information

None



INSIGHT ENERGY LLC

Exhibit C-9: Merger Information

Insight Energy, LLC has had no dissolution, merger, or acquisition within the five most recent years.