Ohio | Public Utilities Commission

Application to Commit Energy Efficiency/Peak Demand Reduction Programs (Mercantile Customers Only)

Case No.: **17-525-EL-EEC**

Mercantile Customer: **Hawkline Nevada LLC**

Electric Utility: **Duke Energy**

Program Title or Description: **High Bay 6L T-5 High Output**

Rule 4901:1-39-05(F), Ohio Administrative Code (O.A.C.), permits a mercantile customer to file, either individually or jointly with an electric utility, an application to commit the customer's existing demand reduction, demand response, and energy efficiency programs for integration with the electric utility's programs. The following application form is to be used by mercantile customers, either individually or jointly with their electric utility, to apply for commitment of such programs in accordance with the Commission's pilot program established in Case No. 10-834-EL-POR

Completed applications requesting the cash rebate reasonable arrangement option (Option 1) in lieu of an exemption from the electric utility's energy efficiency and demand reduction (EEDR) rider will be automatically approved on the sixty-first calendar day after filing, unless the Commission, or an attorney examiner, suspends or denies the application prior to that time. Completed applications requesting the exemption from the EEDR rider (Option 2) will also qualify for the 60-day automatic approval so long as the exemption period does not exceed 24 months. Rider exemptions for periods of more than 24 months will be reviewed by the Commission Staff and are only approved up the issuance of a Commission order.

Complete a separate application for each customer program. Projects undertaken by a customer as a single program at a single location or at various locations within the same service territory should be submitted together as a single program filing, when possible. Check all boxes that are applicable to your program. For each box checked, be sure to complete all subparts of the question, and provide all requested additional information. Submittal of incomplete applications may result in a suspension of the automatic approval process or denial of the application.

Any confidential or trade secret information may be submitted to Staff on disc or via email at ee-pdr@puc.state.oh.us.

Section 1: Mercantile Customer Information

Name: **Hawkline Nevada LLC**

Principal address: **200 Front Street**
Mount Orab, OH 45154

Address of facility for which this energy efficiency program applies:

Same

Name and telephone number for responses to questions:

Robin Avant, (513)287-5948

Electricity use by the customer (check the box(es) that apply):

- ✓ The customer uses more than seven hundred thousand kilowatt hours per year at the above facility. (Please attach documentation.)
- ☐ The customer is part of a national account involving multiple facilities in one or more states. (Please attach documentation.)

Section 2: Application Information

A) The customer is filing this application (choose which applies):

- ☐ Individually, without electric utility participation.
- ✓ **Jointly with the electric utility.**

B) The electric utility is: **Duke Energy**

C) The customer is offering to commit (check any that apply):

- ☐ Energy savings from the customer's energy efficiency program. (Complete Sections 3, 5, 6, and 7.)
- ☐ Capacity savings from the customer's demand response/demand reduction program. (Complete Sections 4, 5, 6, and 7.)
- ✓ **Both the energy savings and the capacity savings from the customer's energy efficiency program. (Complete all sections of the Application.)**

Section 3: Energy Efficiency Programs

A) The customer's energy efficiency program involves (check those that apply):

- ☐ Early replacement of fully functioning equipment with new equipment. (Provide the date on which the customer replaced fully functioning equipment, and the date on which the customer would have replaced such equipment if it had not been replaced early. Please include a brief explanation for how the customer determined this future replacement date (or, if not known, please explain why this is not known)).

- ✓ Installation of new equipment to replace equipment that needed to be replaced The customer installed new equipment on the following date(s): **May 2012**

- ☐ Installation of new equipment for new construction or facility expansion. The customer installed new equipment on the following date(s): ________________.

- ☐ Behavioral or operational improvement.

B) Energy savings achieved/to be achieved by the energy efficiency program:

1) If you checked the box indicating that the project involves the early replacement of fully functioning equipment replaced with new equipment, then calculate the annual savings [(kWh used by the original equipment) – (kWh used by new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

   Annual savings: ______kWh

2) If you checked the box indicating that the customer installed new equipment to replace equipment that needed to be replaced, then calculate the annual savings [(kWh used by less efficient new equipment) – (kWh used by the higher efficiency new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

   Annual savings: **125,542 kWh (See Attachment 1 - Appendix 2)**

   Please describe any less efficient new equipment that was rejected in favor of the more efficient new equipment.

3) If you checked the box indicating that the project involves equipment for new construction or facility expansion, then calculate the annual savings [(kWh used by less efficient new equipment) – (kWh used by higher efficiency new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: **XXXXX kWh**

Please describe the less efficient new equipment that was rejected in favor of the more efficient new equipment.

4) If you checked the box indicating that the project involves behavioral or operational improvements, provide a description of how the annual savings were determined.

____

Annual savings: **XXXXX kWh (See Attachment 1 - Appendix 2)**

Section 4: Demand Reduction/Demand Response Programs

A) The customer's program involves (check the one that applies):

✓ **Coincident peak-demand savings from the customer's energy efficiency program.**

□ Actual peak-demand reduction. (Attach a description and documentation of the peak-demand reduction.)

□ Potential peak-demand reduction (check the one that applies):

- □ The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a tariff of a regional transmission organization (RTO) approved by the Federal Energy Regulatory Commission.

- □ The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a program that is equivalent to an RTO program, which has been approved by the Public Utilities Commission of Ohio.

B) On what date did the customer initiate its demand reduction program?

Month(s) and Year(s)

C) What is the peak demand reduction achieved or capable of being achieved (show calculations through which this was determined):

23.22KW (See Attachment 1 - Appendix 2)

Section 5: Request for Cash Rebate Reasonable Arrangement (Option 1) or Exemption from Rider (Option 2)

Under this section, check the box that applies and fill in all blanks relating to that choice.

Note: If Option 2 is selected, the application will not qualify for the 60-day automatic approval. All applications, however, will be considered on a timely basis by the Commission.

A) The customer is applying for:

✓ **Option 1: A cash rebate reasonable arrangement.**

OR

□ Option 2: An exemption from the energy efficiency cost recovery mechanism implemented by the electric utility.

OR

□ Commitment payment

B) The value of the option that the customer is seeking is:

Option 1: A cash rebate reasonable arrangement, which is the lesser of (show both amounts):

✓ A cash rebate of **$10,140 (See Attachment 1 - Appendix 3).**

Option 2: An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider.

□ An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for ____ months (not to exceed 24 months). (Attach calculations showing how this time period was determined.)

OR

□ A commitment payment valued at no more than $________________. (Attach documentation and calculations showing how this payment amount was determined.)

OR

□ Ongoing exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for an initial period of 24 months because this program is part of the customer's ongoing efficiency program. (Attach documentation that establishes the ongoing nature of the program.) In order to continue the exemption beyond the initial 24 month period, the customer will need to provide a future application establishing additional energy savings and the continuance of the organization's energy efficiency program.)

Section 6: Cost Effectiveness

The program is cost effective because it has a benefit/cost ratio greater than 1 using the (choose which applies):

□ Total Resource Cost (TRC) Test. The calculated TRC value is: ______ (Continue to Subsection 1, then skip Subsection 2)

✓ Utility Cost Test (UCT). The calculated UCT value is **6.86 (See Attachment 1 - Appendix 4)**

Subsection 1: TRC Test Used (please fill in all blanks).

The TRC value of the program is calculated by dividing the value of our avoided supply costs (generation capacity, energy, and any transmission or distribution) by the sum of our program overhead and installation costs and any incremental measure costs paid by either the customer or the electric utility.

The electric utility's avoided supply costs were _______.

Our program costs were _______.

The incremental measure costs were _______.

Subsection 2: UCT Used (please fill in all blanks).

We calculated the UCT value of our program by dividing the value of our avoided supply costs (capacity and energy) by the costs to our electric utility (including administrative costs and incentives paid or rider exemption costs) to obtain our commitment.

Our avoided supply costs were **$108,989 (See Attachment 1 - Appendix 5).**

The utility's program costs were **$5,756.23 (See Attachment 1 - Appendix 6).**

The utility's incentive costs/rebate costs were **$10,140 (See Attachment 1 - Appendix 3)**.

Section 7: Additional Information

Please attach the following supporting documentation to this application:

Narrative description of the program including, but not limited to, make, model, and year of any installed and replaced equipment.

A copy of the formal declaration or agreement that commits the program or measure to the electric utility, including:

1) any confidentiality requirements associated with the agreement;
2) a description of any consequences of noncompliance with the terms of the commitment;
3) a description of coordination requirements between the customer and the electric utility with regard to peak demand reduction;
4) permission by the customer to the electric utility and Commission staff and consultants to measure and verify energy savings and/or peak-demand reductions resulting from your program; and,
5) a commitment by the customer to provide an annual report on your energy savings and electric utility peak-demand reductions achieved.

Refer to Offer Letter following this application

A description of all methodologies, protocols, and practices used or proposed to be used in measuring and verifying program results. Additionally, identify and explain all deviations from any program measurement and verification guidelines that may be published by the Commission.

Appendix 1 – Electric History

20300754 03
electric meter # 108197426
HAWKLINE
1 FRONT
MOUNT ORAB, OH 45154

Date	Days	Read	Actual KWH	Bill KWH	Actual Demand	Net Charge	KWH/Day	KVAR	Power Factor	Load Factor	Cost Per Day
7/23/2015	30	0	123,754	123,754	578.4	6,418.73	4,125.10	264	91	29.7	213.96
6/23/2015	32	0	143,820	143,820	568.79	6,182.73	4,494.40	283.2	89.5	32.9	193.21
5/22/2015	29	0	137,197	137,197	578.4	6,822.14	4,730.90	223.2	93.3	34.1	235.25
4/23/2015	30	0	136,607	136,607	552	6,333.37	4,553.60	230.4	92.3	34.4	211.11
3/24/2015	29	0	141,037	141,037	633.6	7,608.27	4,863.30	240	93.5	32	262.35
2/23/2015	31	0	190,024	190,024	645.6	7,169.97	6,129.80	240	93.7	39.6	231.29
1/23/2015	32	0	141,124	141,124	638.4	8,957.79	4,410.10	232.8	93.9	28.8	279.93
12/22/2014	33	0	165,758	165,758	590.4	7,606.93	5,023.00	247.2	92.2	35.4	230.51
11/19/2014	29	0	151,726	151,726	554.4	7,189.62	5,231.90	247.2	91.3	39.3	247.92
10/21/2014	29	0	137,593	137,593	571.2	7,609.50	4,744.60	244.8	91.9	34.6	262.4
9/22/2014	32	0	136,201	136,201	520.8	6,681.27	4,256.30	252	90	34.1	208.79
8/21/2014	29	0	123,175	123,175	542.4	7,174.01	4,247.40	264	89.9	32.6	247.38
7/23/2014	30	0	142,135	142,135	525.6	6,687.61	4,737.80	256.8	89.8	37.6	222.92
6/23/2014	32	0	167,858	167,858	525.6	6,298.17	5,245.60	242.4	90.8	41.6	196.82
5/22/2014	29	0	155,401	155,401	525.6	6,525.15	5,358.70	216	92.5	42.5	225.01
4/23/2014	30	0	143,557	143,557	628.8	8,261.51	4,785.20	220.8	94.4	31.7	275.38
3/24/2014	31	0	168,655	168,655	631.2	7,968.12	5,440.50	228	94.1	35.9	257.04
2/21/2014	29	0	158,390	158,390	633.6	8,134.10	5,461.70	220.8	94.4	35.9	280.49
1/23/2014	34	0	122,498	122,498	631.2	8,543.23	3,602.90	220.8	94.4	23.8	251.27
12/20/2013	30	0	135,691	135,691	636	8,286.42	4,523.00	235.2	93.8	29.6	276.21
11/20/2013	30	0	131,856	131,856	614.4	7,996.44	4,395.20	232.8	93.5	29.8	266.55
10/21/2013	31	0	114,013	114,013	554.4	7,289.41	3,677.80	211.2	93.4	27.6	235.14
9/20/2013	30	0	112,991	112,991	554.4	7,209.68	3,766.40	240	91.8	28.3	240.32
8/21/2013	29	0	107,316	107,316	518.4	6,722.97	3,700.60	225.6	91.7	29.7	231.83
7/23/2013	32	0	108,971	108,971	520.8	6,738.17	3,405.30	362.4	82.1	27.2	210.57

Appendix 2 – Annual kWh and kW savings

Measure	Measure Quantity	Unit of Measure	Annual kWh Gross with losses (Per Unit)	TOTAL Annual kWh Gross with losses	Saved Summer coincident kW with losses (Per Unit)	Total KW Gross with losses
SelfDirect High Bay 6L T-5 High Output	312	per fixture (ballast + bulb)	125,542	39,169,091	0.07	23.22

Appendix 3 – Cash Rebate

Measure	Amount
SelfDirect High Bay 6L T-5 High Output	$ 10,140

Appendix 4 – Utility Cost Test

Measure	UCT
SelfDirect High Bay 6L T-5 High Output	6.86

Appendix 5 – Avoided Supply Costs

Measure	T&D	Production	Capacity	Quantity	Total Avoided Costs
SelfDirect High Bay 6L T-5 High Output	$ 9,265	$ 83,861	$ 15,863	312	$ 108,989
					$ 108,989

Appendix 6 – Utility Program Costs

Measure	Qty	Total Costs
SelfDirect High Bay 6L T-5 High Output	312	$ 5,756
		$ 5,756

Ohio Mercantile Self Direct Program

Application Guide & Cover Sheet

Questions? Call 1-866-380-9580 or visit www.duke-energy.com.

Email this form along with completed Mercantile Self Direct Prescriptive or Custom applications, proof of payment, energy savings calculations and spec sheets to SelfDirect@Duke-Energy.com. You may also fax to 1-513-629-5572.

Mercantile customers, defined as using at least 700,000 kWh annually or having an account in multiple locations are eligible for the Mercantile Self Direct program. Indicate which applies:

- ☒ a single Duke Energy Ohio account with 700,000 kWh annual usage
- ☐ an account with multiple locations

Please list Duke Energy account numbers below (attach listing of multiple accounts and/or billing history for other utilities as required):

Account Number	Annual Usage	Account Number	Annual Usage
2030075403	1,746,397		

Self Direct rebates are available for completed Custom projects that have not previously received a Duke Energy Smart $aver® Custom Incentive. Self Direct rebates are applicable to Prescriptive measures that were installed more than 90 days prior to submission to Duke Energy and have not previously received a Duke Energy Prescriptive rebate.

Self Direct Program rules allow for, though do not require, certain projects that are Prescriptive in nature under the Smart $aver program to be evaluated using the Custom process in the Self Direct program. Use the list on page two as a guide to determine which Self Direct program best fits your project(s). Apply for Self Direct projects using the appropriate application forms in conjunction with this cover sheet.

Self Direct Program rules also allow for behaviorally based and/or no cost and low cost projects to receive rebates.

Please check each box to indicate completion/inclusion of the following program requirements:

☒ All sections of appropriate application(s) are completed	☒ Proof of payment.*	☒ Manufacturer's Spec sheets	☒ Energy model/calculations and detailed inputs for Custom applications

*If a single payment record is intended to demonstrate the costs of both Prescriptive & Custom projects, please include an additional document with an estimated breakout of costs for each Prescriptive and Custom energy conservation measure.

**Behavioral energy efficiency and demand reduction projects must be both measurable and verifiable. Provide justification with your application. Rebates for such projects may be small in magnitude.

DUKE ENERGY.

Application Type	Prescriptive Measures with Optional Custom Processing	
Heating & Cooling and Window Films, Programmable Thermostats, & Guest Room Energy Management Systems	☐ Energy Star Window/Sleeve/Room AC ☐ Central Air Unit	☐ Air Source Heat Pump Water Heater
	☐ Setback/Programmable Thermostat ☐ Guestroom Energy Management Control	☐ Window Film
Chillers & Thermal Storage	☐ Air Cooled Chiller	☐ Water Cooled Chiller
Motors, Pumps and Variable Frequency Drives (VFDs)	☐ VFD – Applied to Process Pump ☐ VFD – Applied to HVAC Pump	☐ VFD – applied to HVAC Fan
Food Service	☐ ENERGY STAR Hot Food Holding Cabinet ☐ Night Covers for Display ☐ ECM Cooler, Freezer, and Display Case Motors ☐ ENERGY STAR Solid or Glass Door Reach-in Freezer or Refrigerator	☐ Anti-Sweat Heater Control ☐ Cooking Equipment ☐ ENERGY STAR ICE MACHINE
Process Equipment	☐ Engineered Nozzle – COMPRESSED AIR ☐ Air compressor equipped with VFD	☐ Pellet Dryer Duct Insulation
Chiller Tune-ups	☐ Air cooled chiller tune-up	☐ Water cooled chiller tune-up

Please indicate above any Prescriptive energy conservation measures to be evaluated through the Custom process. Only Prescriptive measures listed above are eligible for this option. To receive a Self Direct Custom rebate, a detailed analysis of pre-project and post-project energy usage and project costs must be included in the application.

Although some Self Direct Prescriptive measures are eligible for evaluation through Custom processes, such an approach may not be most effective for certain measures.

DUKE ENERGY.

MERCANTILE SELF DIRECT Ohio Lighting Rebate Application

Questions? Call 1-866-380-9580 or visit www.duke-energy.com
Email the complete, signed application with all required documents to SelfDirect@duke-energy.com or fax to 513-629-5572

Is this application: ☒ NEW (original) or ☐ REVISED (changes made to original application)

Building Type - Required (check one)		
☐ Data Centers	☐ Full Service Restaurant	☐ Office
☐ Education/K-12	☐ Healthcare	☐ Public Assembly
☐ Education Other	☒ Industrial	☐ Public Order/Safety
☐ Elder Care/Nursing Home	☐ Lodging	☐ Religious Worship/Church
☐ Food Sales/Grocery	☐ Retail (Small Box)	☐ Service
☐ Fast Food Restaurant	☐ Retail (Big Box)	☐ Warehouse
☐ Other:		

How did you hear about the program? (check one)		
☒ Duke Energy Representative	☐ Web Site	☐ Radio
☐ Contractor / Vendor	☐ Other ______	

Please check each box to indicate completion of the following program requirements:

☒ All sections of application	☒ Invoice with make, model number, quantity and equipment manufacturer	☒ Tax ID number for payee ☒ W-9 for payee	☒ Customer/vendor agree to Terms and Conditions

Customer Information			
Customer/Business	PJ Trailers	Contact	Rodney Gray
Phone 937-444-4295		Account Number	2030075403
Street Address (Where rebate should be mailed)		200 Front Street	
City	Mt. Orab	State Ohio	Zip Code 45154
Installation Street Address	200 Front Street		
City		State Ohio	Zip Code 45154
E-mail Address	RodneyG@PJTrailers.com		

Failure to provide the account number associated with the location where the installation took place will result in rejection of the application.

Vendor Information			
Vendor	Fastenal Company	Contact	Domanic
Phone	513-753-0333	Fax	513-753-7501
Street Address	885 Ohio Pike Suite A		
City	Cincinnati	State Ohio	Zip Code 45245
E-mail Address			

If Duke Energy has questions about this application, who should we contact? ☐ Customer ☐ Vendor

Payment Information		
Who should receive rebate payment?	☒ Customer	☐ Vendor (Customer must sign below)
I hereby authorize payment of rebate directly to the vendor:	Customer Signature (written signature)	Rodney Gray
	Date	7-23-2015
Provide Tax ID Number for Payee	Customer Tax ID #	275554206
	Vendor Tax ID #	

Terms and Conditions			
I have read and hereby agree to the Terms & Conditions and Program Requirements.			
Customer Signature (written signature)	Rodney Gray	Vendor Signature (written signature)	
Date	7-23-2015	Date	
Title	Maintenance Manager	Title	

Rebates are subject to change and may be discontinued at the sole discretion of Duke Energy. Equipment must be installed and operable to be eligible for rebates. As Federal Energy Policy Law changes, equipment efficiency requirements are subject to change

DUKE ENERGY.

Fluorescent High Bay Fixtures replacing HID

[illegible]	Incentive per fixture		Annual Operating Hours (minimum of [illegible])	Equipment Cost (w/o labor)	Date installed/ operable (mm/yy)	Total Incentive
T8 HB 4ft 3L replacing 150-249W HID(retrofit only) Fixture Model Number	$27.50		Hrs.			
T8 HB 4ft 4L a replacing 250-399W HID(retrofit only) Fixture Model Number	$32.50		Hrs.			
T8 HB 4ft 6L replacing 400-999W HID (retrofit only) Fixture Model Number	$37.50		Hrs.			
T8 HB 4ft 6L replacing a 400-999W HID(retrofit only) Fixture Model Number	$32.50		Hrs.			
2 fixtures – T8 HB 4ft 8 Lamp (32W) (or single fixture 16 lamps) replacing 1,000 W HID (2 for 1 replacement (retrofit only) Fixture Model Number	$87.50		Hrs.			
T5 HO HB 2L replacing 150-249W HID (retrofit only) Fixture Model Number	$27.50		Hrs.			
T5 HO HB 3L replacing 250-399W HID(retrofit only) Fixture Model Number	$32.50		Hrs.			
T5 HO HB 4L replacing 400-999W HID(retrofit only) Fixture Model Number	$37.50		Hrs.			
T5 HO HB 6L replacing 400-999W HID (retrofit only) Fixture Model Number	$32.50	312.	3744 Hrs.	$55,962.	5-7-12	$10,140.
T5 HO HB 6L replacing 750-999W HID (retrofit only) Fixture Model Number	$50.00		Hrs.			
2 fixtures – T5 HO HB 6 Lamp (or single fixture 12 lamps) replacing 1,000 W HID (2 for 1 replacement retrofit only) Fixture Model Number	$87.50		Hrs.			
T8 4ft 2 lamp highbay fixtures replacing 150-249W HIDs Make and Model Number	$25.00/ fixture		Hrs.			
LED Highbay replacing 251-400 W HID fixtures Fixture Model Number check one ** ☐R ☐FE	$85.00/ fixture		Hrs.			
LED Highbay replacing greater than 400 W HID fixtures Fixture Model Number check one ** ☐R ☐FE	$112.50/ fixture		Hrs.			
LED Lowbay replacing 176-250 W HID fixtures Fixture Model Number check one ** ☐R ☐FE	$45.00/ fixture		Hrs.			
LED Lowbay replacing up to 175 W HID fixtures Fixture Model Number check one ** ☐R ☐FE	$40.00 / fixture		Hrs.			

- Replacement must result in energy savings to qualify.
- All equipment must be new to be eligible for incentives. Used equipment is *not* eligible for incentives.
- All fixtures must operate a minimum of 1,800 hours to be eligible
- All fluorescent fixtures shall utilize electronic ballast and either T-5 or T-8 lamps.
- Ballasts shall have a power factor greater than 90%.
- Ballasts, harmonic distortion shall not exceed 20%.
- Lighting circuits should be installed with a neutral wire that has the same size conductor as the line load.
- All fixtures shall be installed indoors (heated and cooled enclosed space).
- All fixtures, lamps and ballasts must be approved by a recognized OSHA National Recognized Testing Laboratory (NRTL) and meet all applicable codes and regulations.
- High lumen lamp and low ballast factor ballast combinations are expected.
- Eligible T5 or T8 High Bays must have specular/mirror like or white reflectors.
- Manufacturers spec sheet is required and must indicate that it is a High Bay fixture.
- LEDs must be on the DLC qualified product list and in the appropriate category to be eligible for incentives.
- DLC-approved Retrofit Kits for LED Luminaires are eligible for incentives under this measure Incentive capped at 50% of the equipment cost.

Professional Motor Services

Professional Motor Services
350 A Dayton St
Hamilton, OH 45011

(513)863-4474
pms350a@fuse.net

Attn:
Rodney Gray

Invoice

Date	Invoice #
05/07/2012	10766A
Terms	**Due Date**
Net 10	05/17/2012

Bill To	Ship To
Hawkline PO Box 431 101 Joe Harvey St. Lavonia, GA 30553	Hawkline 200 Front Street Mount Orab, OH 45154

P.O. Number
Per Rodney Gray

Date	Service	Description	Quantity	Rate	Amount
05/07/2012	Services and Material	Inatall 312 flourescent light fixtures, customer provided light fixtures,	1	32,875.00	32,875.00
05/07/2012		INCLUDES LABOR AND THE FOLLOWING MATERIALS; 500ft fixture chain 100ft 1 5/8" unistrut 100 unistrut L brackets 300 3/8" hex nuts 300 1 1/4 x 3/8 course thread bolts 500 1 1/4 x 3/8 fender washers 2 tubs wire conectors 10 rolls electrical tape 1,500 ft #12 THHN wire sissors lift rental Miscellaneous: MC Cable, connectors,junction boxes,;lock nuts, couplings, connetors, conduit, fasteners			

GL 525000
Rodney Gray

Thank You for Your Business!

Total	$32,875.00

FASTENAL®

Fastenal Company
P.O Box 1286
WINONA, MN 55987-1286

Packing Slip

Date	Reference No.	Page
12/29/11	OHCI269715	1

DUE DATE: 01/28/2012

Cust. No. OHCI21298
Cust. P.O OH121911MS2
Job No.

The store serving you is
885 Ohio Pike Suite A

CINCINNATI, OH 45245
Phone #: (513)753-0333
Fax #: (513)753-7501

Sold To
PJ TRAILERS-OHIO
1807 FARM ROAD 2352
SUMNER, TX 75486-4808
706-356-5379; 937-444-0888(Fax)

Ship To
PJ TRAILERS-OHIO
200 Front St.
Powhattan Place

MOUNT ORAB, OH 45154
937-444-4295

This Order and Document are subject to the "Terms of Purchase" posted on www.fastenal.com.

Line No.	Quantity Ordered	Quantity Shipped	Quantity Backorder	Description	Control No.	Part No.	Price / Hundred	Amount
1	83	83	0	HBL654HTS-UPL-L5	mioh8166	0762762	17,039.2000	14,142.54 M

Received By

Comments
Contact: Matt Smith

Tax Exemption
Manufacturing

Subtotal	14,142.54
Shipping & Handling	0.00
State Tax	0.00
County Tax	0.00
City Tax	0.00
TOTAL USD	14,142.54

If you re-package or re-sell this product, you are required to maintain integrity of Country of Origin to the consumer of this product.

Reasonable collection and attorneys fees will be assessed to all accounts placed for collection
No materials accepted for return without our permission.

X indicates part is a hazardous material

** indicates part was sold at a promotional or special discount price*

An invoice will be mailed in approximately five days.

All discrepancies must be reported within 10 days. "0"

Thank You !

FORM - IN13

FASTENAL®

Fastenal Company
P.O Box 1286
WINONA, MN 55987-1286

Packing Slip

Date	Reference No.	Page
12/28/11	OHCI269688	1

DUE DATE: 01/27/2012

Cust. No. OHCI21298
Cust. P.O. OH121911MS2
Job No.

The store serving you is
885 Ohio Pike Suite A

CINCINNATI, OH 45245
Phone #: (513)753-0333
Fax #: (513)753-7501

Sold To
PJ TRAILERS-OHIO
1807 FARM ROAD 2352
SUMNER, TX 75486 4808
706-356-5379; 937-444-0888(Fax)

Ship To
PJ TRAILERS-OHIO
200 Front St.
Powhattan Place

MOUNT ORAB, OH 45154
937-444-4295

This Order and Document are subject to the "Terms of Purchase" posted on www.fastenal.com.

Line No.	Quantity Ordered	Quantity Shipped	Quantity Backorder	Description	Control No.	Part No.	Price / Hundred	Amount
1	150	67	83	HBL654HTS-UPL-L5	mioh8166	0762762	17,039.2000	11,416.26 M
2	12	0	12	RADIANT GAS HEATER N		10722-04526	68,500.0000	0.00 M

Received By

Tax Exemption
Manufacturing

Subtotal	11,416.26
Shipping & Handling	0.00
State Tax	0.00
County Tax	0.00
City Tax	0.00
TOTAL USD	11,416.26

Comments
Contact: Matt Smith

If you re-package or re-sell this product, you are required to maintain integrity of Country of Origin to the consumer of this product.

Reasonable collection and attorneys fees will be assessed to all accounts placed for collection
No materials accepted for return without our permission.

X indicates part is a hazardous material

** indicates part was sold at a promotional or special discount price*

An invoice will be mailed in approximately five days.
All discrepancies must be reported within 10 days. "0"

Thank You !

FORM - IN13

FASTENAL®

Fastenal Company
P.O Box 1286
WINONA, MN 55987-1286

Packing Slip

Date	Reference No.	Page
4/17/12	OHCI271864	1

DUE DATE: 05/17/2012

The store serving you is
885 Ohio Pike Suite A

CINCINNATI, OH 45245
Phone #: (513)753-0333
Fax #: (513)753-7501

Cust. No. OHCI21298
Cust. P.O. OH041212MS
Job No.

Sold To
PJ TRAILERS-OHIO
1807 FARM ROAD 2352
SUMNER, TX 75486-4808
706-356-5379; 937-444-0888(Fax)

Ship To
PJ TRAILERS-OHIO
200 Front St.
Powhattan Place

MOUNT ORAB, OH 45154
937-444-4295

This Order and Document are subject to the "Terms of Purchase" posted on www.fastenal.com.

Line No.	Quantity Ordered	Quantity Shipped	Quantity Backorder	Description	Control No.	Part No.	Price / Hundred	Amount
1	180	180	0	HBL6541ITS-UPL-LS	mioh8329	0762762	18,684.8000	33,632.64 M

Received By

Comments
Contact: Matt Smith

Tax Exemption
Manufacturing

Subtotal	33,632.64
Shipping & Handling	0.00
State Tax	0.00
County Tax	0.00
City Tax	0.00
TOTAL USD	33,632.64

If you re-package or re-sell this product, you are required to maintain integrity of Country of Origin to the consumer of this product.

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** indicates part was sold at a promotional or special discount price*

An invoice will be mailed in approximately five days.
All discrepancies must be reported within 10 days. "0"

Thank You !

FORM - IN13

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
ATW Ohio, LLC

Business name/disregarded entity name, if different from above
PJ Trailers - Ohio

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C
☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
1807 FM 2352

City, state, and ZIP code
Sumner, TX 75486

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
2 7 - 5 5 5 4 2 0 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶ 11-22-13

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

COOPER LIGHTING - METALUX®

DESCRIPTION

The HBL series is ideal for high mounting height industrial or retail applications. Advanced optical designs provide maximum performance from either T5 or T8 lamps. Optional uplight component produces excellent ceiling uniformity. HBL's high lumen package allows the benefits of fluorescent to be applied at high mounting heights that were traditionally exclusive to HID. Benefits include exceptional color rendering, high system efficacy, 95% lumen maintenance, long lamp life, instant on/instant re-strike, economical dimming, and uniform brightness control. Typical HBL applications include retail, shopping malls, light industrial and recreational environments.

Catalog #		Type
Project		
Comments		Date
Prepared by		

SPECIFICATION FEATURES

Construction

Channel and end plates are constructed of die-formed steel. The channel provides strength, numerous KOs for easy installation, and excellent thermal dissipation without any special or proprietary components. Stiffening brackets add additional strength and rigidity to channel and reflectors.

Electrical

The HBL comes with a standard Class "P" electronic ballast and twist-lock lampholders. UL/cUL listed for high ambient environments up to 55°C (131°F) for all lamp and ballast combinations listed. Suitable for damp locations.

Finish

Electrostatically applied baked white enamel finish is preceded by a multistage cleaning cycle, iron phosphate coating with rust inhibitor.

Optics

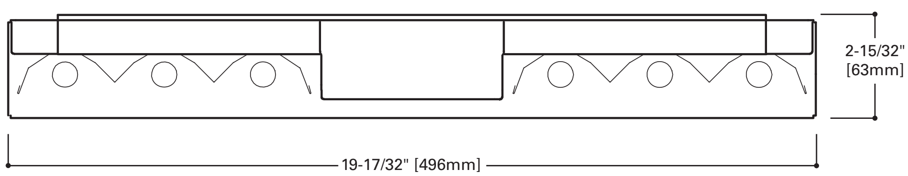
Die-formed, segmented optical design optimizes performance across three distributions. Optical choices include a narrow distribution for aisles, medium distribution for assembly and loading areas, or wide distribution for general, open area lighting. An uplight option is offered to permit ceiling uniformity and allow for ample lamp and luminaire heat dissipation.

Mounting

The HBL series is ideally suited for suspension mounting with optional wire hook and chain set, or cable mounting. Single monopoint mounting is also available with SPM tong hanger. Includes V Hangers for rapid installation.

Warranty

When operated in high ambient conditions, the HBL is supported by a 5 yr/55°C and 3 yr/65°C ballast warranty for T5 and T8 (277V) options when used w/high temperature ballast in open, uplight configurations. To maximize your warranty, the HBL should be ordered with a high-temperature ballast in ambient environments that typically exceed 40°C (102°F).



HBL
SERIES

4 OR 6 T5 LAMPS

High-Bay Industrial
Open Luminaire

F-BAY™ FLUORESCENT HIGH-BAY

HIGH AMBIENT APPLICATIONS WARRANTY 5/55°

ENERGY DATA

Input Watts:
ER Ballast
454 = 229
654 = 346

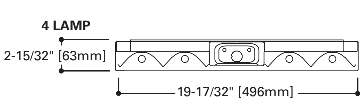
Luminaire Efficacy Rating
LER = 71 (White)
LER = 74 (Specular Inserts)
Catalog Number: HBL-654T5-UPL

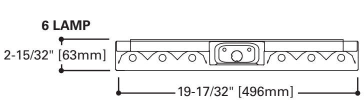
Yearly Cost of 1000 lumens, 3000 hrs at .08 KWH = $3.24

*Reference the lamp/ballast data in the Technical Section for specific lamp/ballast requirements.

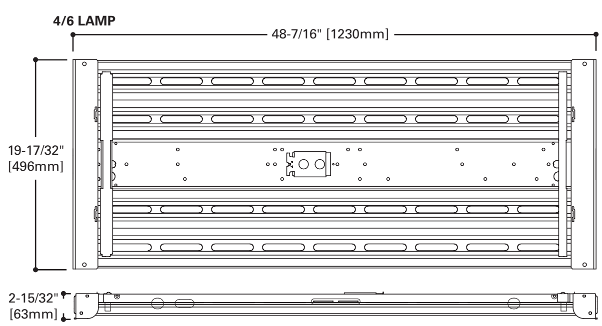
**Consult Pre Sales Technical Support.

LAMP CONFIGURATIONS





DIMENSION TOP VIEW

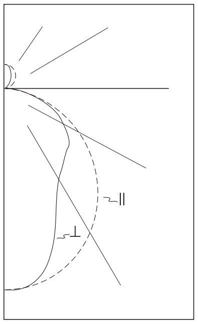


LAMPS CONTAIN MERCURY. DISPOSE ACCORDING TO LOCAL, STATE OR FEDERAL LAWS

LINEAR DISCONNECT
Safe and convenient means of disconnecting power.

ISO SYSTEMS CERTIFIED

PHOTOMETRICS



HBL-654-N-UPL
Narrow Distribution
(2) Electronic Ballasts

(6) F54T5/841HO 54W T5 lamps 4400 lumens

Spacing criterion: (II) 1.2 x mounting height, (⊥) 0.9 x mounting height

Efficiency 97%

Test Report: HBL654NUPL.IES

LER =74

Yearly Cost of 1000 lumens, 3000 hrs at .08 KWH = $3.24

Candela

Angle	Along II	45°	Across ⊥
0	10583	10583	10583
5	10534	10535	10550
10	10391	10306	10134
15	10154	9792	9169
20	9809	8931	7763
25	9377	7773	6433
30	8862	6554	5637
35	8262	5518	5199
40	7587	4829	4855
45	6853	4346	4597
50	6074	3919	4425
55	5252	3566	3973
60	4399	3265	3473
65	3522	2754	2994
70	2632	2260	2270
75	1755	1626	1571
80	934	974	1066
85	265	466	420
90	4	11	14

Coefficients of Utilization

Effective floor cavity reflectance 20%

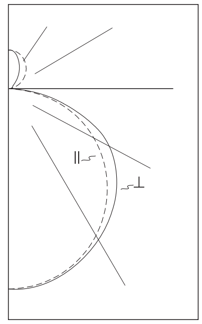
rc	80%				70%				50%			30%			10%			0%
rw	70	50	30	10	70	50	30	10	50	30	10	50	30	10	50	30	10	0
RCR																		
0	114	114	114	114	110	110	110	110	103	103	103	97	97	97	92	92	92	89
1	104	99	95	92	100	96	93	89	91	88	85	86	83	81	81	79	77	75
2	95	87	80	75	91	84	78	73	80	75	71	75	71	68	71	68	65	63
3	86	77	69	63	83	74	67	62	70	64	60	67	62	58	63	59	56	53
4	79	68	60	54	77	66	59	53	63	56	51	60	54	50	57	52	48	46
5	73	61	53	46	71	60	52	46	57	50	45	54	48	43	51	46	42	40
6	68	55	47	41	65	54	46	40	51	44	39	49	43	38	47	42	37	35
7	63	50	42	36	61	49	41	36	47	40	35	45	39	34	43	38	34	32
8	59	46	38	33	57	45	37	32	43	36	32	41	35	31	40	34	30	28
9	55	42	35	29	53	42	34	29	40	33	29	38	32	28	37	31	28	26
10	52	39	32	27	50	38	31	27	37	31	26	36	30	26	34	29	25	24

Zonal Lumen Summary

Zone	Lumens	%Lamp	%Fixture
0-30	7354	27.9	28.7
0-40	11251	42.6	43.9
0-60	18573	70.4	72.5
0-90	23479	88.9	91.6
0-180	25621	97.0	100.0

Luminance Data

Angle in Deg	Average 0-Deg cd/sm	Average 45-Deg cd/sm	Average 90-Deg cd/sm
45	16466	10442	11045
55	15557	10563	11768
65	14159	11071	12036
75	11520	10673	10312
85	5166	9084	8187



HBL-654-W-UPL
Wide Distribution
(2) Electronic Ballasts

(6) F54T5/841HO 54W T5 lamps 4400 lumens

Spacing criterion: (II) 1.3 x mounting height, (⊥) 1.3 x mounting height

Efficiency 93.3%

Test Report: HBL654WUPL.IES

LER =71

Yearly Cost of 1000 lumens, 3000 hrs at .08 KWH = $3.38

Candela

Angle	Along II	45°	Across ⊥
0	6850	6850	6850
5	6814	6836	6863
10	6739	6770	6796
15	6607	6648	6668
20	6418	6461	6487
25	6179	6222	6278
30	5891	5945	6049
35	5558	5637	5792
40	5183	5301	5498
45	4773	4929	5187
50	4335	4526	4827
55	3866	4100	4434
60	3370	3638	3997
65	2843	3159	3437
70	2283	2630	2685
75	1672	1932	1941
80	1012	1216	1267
85	348	548	548
90	4	37	50

Coefficients of Utilization

Effective floor cavity reflectance 20%

rc	80%				70%				50%			30%			10%			0%
rw	70	50	30	10	70	50	30	10	50	30	10	50	30	10	50	30	10	0
RCR																		
0	109	109	109	109	105	105	105	105	98	98	98	92	92	92	86	86	86	84
1	99	94	90	86	95	91	87	84	85	82	79	80	77	75	75	73	71	68
2	89	81	74	69	86	78	72	67	74	69	64	69	65	61	65	62	59	56
3	81	71	63	57	78	68	61	55	64	58	53	60	55	51	57	53	49	46
4	74	62	54	47	71	60	53	47	57	50	45	53	48	43	50	46	42	39
5	68	55	47	40	65	54	46	40	51	44	38	48	42	37	45	40	36	34
6	62	50	41	35	60	48	40	34	46	39	33	43	37	32	41	35	31	29
7	58	45	37	31	55	44	36	30	41	34	29	39	33	29	37	32	28	26
8	54	41	33	27	52	40	32	27	38	31	26	36	30	25	34	29	25	23
9	50	37	30	24	48	36	29	24	35	28	23	33	27	23	31	26	22	20
10	47	34	27	22	45	34	26	22	32	26	21	30	25	21	29	24	20	18

Zonal Lumen Summary

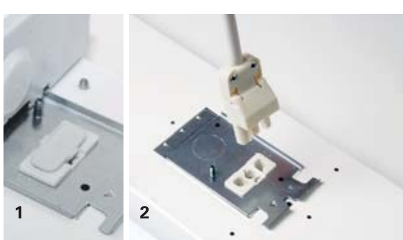
Zone	Lumens	%Lamp	%Fixture
0-30	5401	20.5	21.9
0-40	8947	33.9	36.3
0-60	16453	62.3	66.8
0-90	22065	83.6	89.6
0-180	24626	93.3	100.0

Luminance Data

Angle in Deg	Average 0-Deg cd/sm	Average 45-Deg cd/sm	Average 90-Deg cd/sm
45	11468	11843	12463
55	11451	12144	13134
65	11429	12699	13817
75	10975	12682	12741
85	6784	10682	10682

Modular F-Bay Power Supply Option

Cooper Lighting's F-Bay Modular Power Supply option is available for use with all F-Bay products. The modular power supply allows external fixture access for safe and easy servicing. There is no need to remove lamps or reflectors to disconnect fixture power with F-Bay Modular Power Supply. Access to the individual fixture's power supply allows servicing without turning off all the fixtures, disrupting occupants. F-Bay Modular Power Supply is a time-saver in installation – ***simply plug & power.***



1. Modular Power Supply Receptacle supplied mounted into fixture Access Plate
2. Modular Power Cord & Plugs in 120, 277, 347, & 480V configurations for easy plug & power into existing supply

No internal fixture access required for installation or disconnecting power

Modular Motion Sensor Option supplied with Mounting Box and Modular Power Supply Receptacle

Code Compliance

- UL/cUL Certified for Make/Break under load (UL2549)
- Meets NEC requirements for ballast disconnect (NEC 410.73G)
- Allows for addition of Occupancy Sensor without hard connections
- Receptacles complete with insulating/dust cap

ORDERING INFORMATION

SAMPLE NUMBER: HBL-654T5-N-UNV-EBT2-UPL-U **Includes V Hangers for rapid installation**[7]

Width
Blank=20" wide
4 & 6 Lamp
(nominal)

Series
HBL=Linear High Bay

No. of Lamps
4=4 Lamps
6=6 Lamps

Lamp Type
49T5=49W T5HO (4') Lamps
51T5=51W T5HO (4') Lamps
54T5=54W T5HO Lamp (48" Long)

Distribution
N=Narrow Beam (Standard)
M=Medium Beam
W=Wide Beam

Voltage[1]
UNV=Universal 120/277 Voltage
UNC=Universal
347/480 Voltage
120V=120 Volt
277V=277 Volt
347V=347 Volt

Options
Lamps Installed
L5835=T5HO Lamp, 85CRI 3500K
L5841=T5HO Lamp, 85CRI 4100K
L5850=T5HO Lamp, 85CRI 5000K
GL=Single Element Fuse
GM=Double Element Fuse
EL=Emergency Installed

Ballast Type[3], [6]
T5 Systems
EBT__=T5 Linear Electronic Program Rapid Start.[2]
Total Harmonic Distortion < 10%
No. of Ballast
1, 2 or 3
EHT__=T5 Linear Electronic Program Start High Ambient.[2], [3]
Total Harmonic Distortion < 10%
No. of Ballast
1, 2 or 3

Options
UPL=Uplight Apertures on Reflector
MP=Modular Power Receptacle (Used for all Cord or Cord and Plug options)[4], [8]
MWS=Modular Wiring System[5]
MS=360° or 180° Motion Sensor installed (120V through 347V or 480V)[1]

Packaging
U=Unit Pack
PALC=Palletized In Carton

Accessories (order separately)
HBL-SPM=Single Monopoint Hanger w/Hub
RH-1=Retrofit Hanger
FH-1=Fixture Hook
FL-1=Fixture Loop
Y-TOGGLE=Y Mounting Toggle, #2 Cable (Specify 10' or 30')
HBAYC-CHAIN/SET/U=(2) V-Hook Hanger, 36" Chain Sets w/S-Hooks
MC3=3' Modular Power Cord
MPC3=3' Modular Power Cord & Plug (Specify Voltage)
MC6=6' Modular Power Cord
MPC6=6' Modular Power Cord & Plug (Specify Voltage)
MMS=360° or 180° Aisle Motion Sensor with Modular Power Receptacle (120-277V)[4]
MDS6=6' Modular Power Cord with MWS 27DS18/2G06MP Connector[8]
WG/HBL6-4FT-B=4/6 Lamp Wireguard w/Clips

NOTES: [1]Voltage must be specified when ordered with plugs or emergency ballasts. For MS option, indicate UNV (for 120V or 277V), 347V or 480V. [2]EBT ballast systems suitable for operation in ambient environments up to 104°F (40°C) in uplight configuration. [3]EHT/HT5/HCT5 ballast systems are suitable for ambient environments not to exceed 149°F (65°C) in uplight configurations. [4]Requires use of MC_ or MPC_ cord accessories, specify voltage for plugs. [5]Cannot be combined with Modular Power Receptacle (MP). [6]Recommended when using motion sensor options or accessories. [7]Can be used in high abuse applications such as gymnasiums. [8]For MWS with MP, choose MP in fixture logic and then choose MWS accessory such as MDS6.

SHIPPING DATA

Catalog No.	Wt.
HBL-454T5-UNV-UPL	13.5 lbs.
HBL-654T5-UNV-UPL	15 lbs.

Quick Ship
Made To Order

Quick Ship Ordering Information

Sample Number: HBL454T5-MP-UPL-L5 **Includes V Hangers for rapid installation**[7]

Quick Ship orders ship in 5 days in order quantities not to exceed 200 pieces.
NOTE: Orders received after noon are entered on the following day.

Family
HBL

No. of Lamps
4=4 Lamps
6=6 Lamps

Lamp Type
51=51W T5HO Lamps (48")
54=54W T5HO Lamps (48")

Distribution
Blank=Narrow Beam
W=Wide Beam

Ballast Type
T5HO Systems
T5=(2) 120/277V 4/2 Lamp T5 Electronic Program Rapid Start[8]
HT5=(2) 120/277V 4/2 Lamp T5 High Ambient Electronic Program Rapid Start[9]

Power Receptacle
MP=Modular Power Receptacle[10]

Uplight
Blank=No Uplight
UPL=Uplight

Lamping
Blank=No Lamps
L4=Lamps Installed 85+CRI 4100K[11]
L5=Lamps Installed 85+CRI 5000K[11]
L5ES=Energy Savings Lamps Installed 85+CRI 5000K

NOTES: [8]T5 ballast systems suitable for operation in ambient environments up to 104°F (40°C) in uplight configuration. [9]EHT/HT5/HCT5 ballast systems are suitable for ambient environments not to exceed 149°F (65°C) in uplight configurations. [10]Requires use of MC__ or MPC__ cord accessories, specify voltage for plugs. [11]For Quick Ship, lamping option only available w/54W lamp type.

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
ATW Ohio, LLC

2 Business name/disregarded entity name, if different from above
PJ Trailers - Ohio

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1807 FM 2352

Requester's name and address (optional)

6 City, state, and ZIP code
Sumner, TX 75486

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
27 – 5554206

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 7/18/16

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

DUKE ENERGY
Mercantile Self Direct Program
139 East Fourth Street
Cincinnati, OH 45202

December 4, 2014

Rodney Gray
Hawkline Nevada LLC/PJ Trailers
200 Front Street
Mt Orab, OH 45254-8964

Subject: Your Application for a Duke Energy Mercantile Self-Direct Rebate

Dear Rodney:

Thank you for your Duke Energy Mercantile Self Direct rebate application. As noted in the Energy Conservation Measure (ECM) chart on page two, a total rebate of $10,140.00 has been proposed for your High Bay Lighting project completed in the 2012 calendar years. **All Self Direct Rebates are contingent upon approval by the Public Utilities Commission of Ohio (PUCO).**

At your earliest convenience, please indicate if you accept this rebate by

- providing your signature on page two
- completing the PUCO-required affidavit on page three.

Please return the documents to my attention via fax at 513-629-5572 or e-mail to SelfDirect@Duke-Energy.com. Upon receipt, Duke Energy will submit the necessary documentation to PUCO. Following PUCO's approval, Duke Energy will remit payment.

At Duke Energy, we value your business and look forward to working with you on this and future energy efficiency projects. We hope you will consider our Smart $aver® incentives, when applicable. Please contact me if you have any questions.

Sincerely,

Robin Avant
Senior Program Manager
Mercantile Self Direct Rebates

cc: Roger Jones

Please indicate your response to this rebate offer within 30 days of receipt.

☒ Rebate is accepted. ☐ Rebate is declined.

By accepting this rebate, Hawkline Nevada LLC affirms its intention to commit and integrate the energy efficiency projects listed on the following pages into Duke Energy's peak demand reduction, demand response and/or energy efficiency programs.

Additionally, Hawkline Nevada LLC also agrees to serve as joint applicant in any future filings necessary to secure approval of this arrangement as required by PUCO and to comply with any information and reporting requirements imposed by rule or as part of that approval.

Finally, Hawkline Nevada LLC affirms that all application information submitted to Duke Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project completion dates, and the quantity of energy conservation measures installed.

If rebate is accepted, will you use the monies to fund future energy efficiency and/or demand reduction projects?

☐ YES ☒ NO

If rebate is declined, please indicate reason (optional):

Rodney Gray — Rodney Gray — 12-14-15

Customer Signature — Printed Name — Date

Proposed Rebate Amounts

Measure ID	Energy Conservation Measure (ECM)	Proposed Rebate Amount
ECM-1	T5 HO HB 6L replacing 400-999W HID (retrofit only)	$10,140.00
Total		$10,140.00

Ohio | Public Utilities Commission

Application to Commit Energy Efficiency/Peak Demand Reduction Programs (Mercantile Customers Only)

Case No.: ____-____-EL-EEC 17-525-EL-EEC

State of Ohio :

Rodney Gray, Affiant, being duly sworn according to law, deposes and says that:

1. I am the duly authorized representative of:

   P.J Trailers
   [insert customer or EDU company name and any applicable name(s) doing business as]

2. I have personally examined all the information contained in the foregoing application, including any exhibits and attachments. Based upon my examination and inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete.

3. I am aware of fines and penalties which may be imposed under Ohio Revised Code Sections 2921.11, 2921.31, 4903.02, 4903.03, and 4903.99 for submitting false information.

Rodney Gray Maintenance Manager
Signature of Affiant & Title

Sworn and subscribed before me this 21 day of December, 2015 Month/Year

Rose Barber
Signature of official administering oath

Rose Barber
Print Name and Title

My commission expires on April 14, 2019