

## REN Change of Ownership Form

This form can be used in the event of a change in ownership for a certified facility. This form should not be used to convey updates to the facility itself (i.e., system expansion, meter changes, etc). Once completed, this form should be filed in the case record (i.e., ##-####-EL-REN) of the original application. Staff will review the information and, if appropriate, (1) issue a revised certificate, and (2) notify the applicable attributes tracking system.

### I. Case Number

##-####	EL-REN
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### II. Facility Name

Is the facility name changing? Mark appropriate box.

Yes	
No	X

If "yes," provide new facility name:

### III. Provide updated Contact Information for Sections B-E

#### Section B. Legal Name of the Facility Owner

Legal Name of Facility Owner	SST II 700 Russell Rd, LLC
Legal Name of Facility Owner Representative	Ken Morrison
Title	SVP Ops
Organization	Smartstop Asset Mgmt
Street Address	10 Terrace Rd
City/State/Zip Code	Ladera Ranch CA 92694
Phone	949-276-2980
Fax	
Email address	lhanna@sam.com
Web Site (if applicable)	www.extraspace.com

Is the updated information above for Section B the same for Sections C, D, and E? Mark appropriate box.

Yes	
No	X

If "yes," Staff will insert the updated information from Section B into Sections C – E. However, if the information from Section B should not be applied to sections C – E, then please complete Sections C – E.

**Section C. List the name, address, telephone number and web site address under which the Applicant will do business in Ohio.**

Legal Name of Facility Owner Representative	Dylan Taylor
Title	Manager - Strategic Partnerships, Strategic Relations
Organization	Extra Space Storage
Street Address	2795 E Cottonwood Pkwy #400
City/State/Zip Code	SLC, UT 84121
Phone	801-365-4907
Fax	
Email address	dylan.taylor@extraspaces.com
Web Site (if applicable)	www.extraspace.com

**Section D. Name of Generation Facility Operating Company** Same as Section C

Legal Name of Contact Person	
Title	
Organization	
Street Address	
City/State/Zip Code	
Phone	
Fax	
Email address	
Web Site (if applicable)	

**Section E. Regulatory/Emergency Contact**

*Same as Section C*

Legal Name of Contact Person	
Title	
Organization	
Street Address	
City/State/Zip Code	
Phone	
Fax	
Email address	
Web Site (if applicable)	

**IV. Interconnection Agreement**

Does the owner have a new interconnection agreement with the utility listed in Section M of the application? Mark appropriate box.

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

**V. Provide any additional information about the ownership change of the facility here:**

**REMINDER:** Representatives of certified facilities must notify the commission within thirty (30) days of any material changes in information previously submitted to the commission during the certification process. Failure to do so may result in revocation of certifications status.

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**7/25/2017 12:35:46 PM**

**in**

**Case No(s). 12-2075-EL-REN**

Summary: Correspondence Addressing Change in Facility Ownership electronically filed by Mr. Stuart M Siegfried on behalf of Applicant