

OMB NO.1905-0129 Approval Expires: 05/31/2017 Burden Hours: 1.37

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SCHEDULE 1. IDENTIFICATION

| Who is the su -Contact EIA by | | correct or update this information | ١ | | | |
|----------------------------------|---|--|------------------------|--------------|---------------------|-------------------|
| First Name: | | | Last Name: | | | |
| Title: | | | | | | |
| Telephone: | | Fax: | | | | |
| Email: | | | | | | |
| | rvey contact's supervisor y email at EIA-826@eia.gov | r? v to correct or update this info | ormation Last Name: | | | |
| Title: | | | Last Name. | | | |
| Telephone: | | Fax: | | | | |
| Email: | | | | | | |
| What compan | y is the form being comp | eleted for? | | | | |
| Company Name Company ID | | | | | | |
| Enter the month | and year that data are being | reported for: | | 2013 | | |
| Respondent ⁻ | Туре | | | | | |
| | Federal | | | State | | |
| | Political Subdivision | | | Municipal | | |
| | Municipal Marketing Autho | rity | | Investor-Own | | |
| | Cooperative | | | Retail Power | Marketer (or Energy | Service Provider) |
| | Independent Power Produc | cer or Qualifying Facility | | | | |

For questions or additional information about the Form EIA-826, contact the Survey Manager:

Peter Wong
Telephone: (202) 586-7574
Fax: (202) 287-1938
Email: eia-826@eia.gov

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Company Name:
Company ID: Reporting Month: Reporting Year

| SCHEDULE 2. | PART A. SA | LES TO ULTIMAT | E CUSTOMERS – F | ULL SERVICE – ENE | RGY AND DELIVERY SER | VICE (BUNDLED) | |
|---|------------|-----------------|-----------------|-------------------|----------------------|----------------|-----|
| State | | | COMMERCIAL (b) | INDUSTRIAL (c) | TRANSPORTATION (d) | TOTAL (e) | |
| Revenue (thousand dollars) (To nearest 0.001) | | \$ | \$ | \$ | \$ | | \$0 |
| Megawatt hours Sold and Delive (To nearest 0.001) | ered (MWh) | | | | | | 0 |
| Number of Customers | | | | | | | 0 |
| State | | RESIDENTIAL (a) | COMMERCIAL (b) | INDUSTRIAL (c) | TRANSPORTATION (d) | TOTAL (e) | |
| Revenue (thousand dollars) (To nearest 0.001) | | \$ | \$ | \$ | \$ | | \$0 |
| Megawatt hours Sold and Delive (To nearest 0.001) | ered (MWh) | | | | | | 0 |
| Number of Customers | | | | | | | 0 |
| State | | RESIDENTIAL (a) | COMMERCIAL (b) | INDUSTRIAL (c) | TRANSPORTATION (d) | TOTAL (e) | |
| Revenue (thousand dollars) (To nearest 0.001) | | \$ | \$ | \$ | \$ | | \$0 |
| Megawatt hours Sold and Delive (To nearest 0.001) | ered (MWh) | | | | | | 0 |
| Number of Customers | | | | | | | 0 |
| State | | RESIDENTIAL (a) | COMMERCIAL (b) | INDUSTRIAL (c) | TRANSPORTATION (d) | TOTAL (e) | |
| Revenue (thousand dollars) (To nearest 0.001) | | \$ | \$ | \$ | \$ | | \$0 |
| Megawatt hours Sold and Delive (To nearest 0.001) | ered (MWh) | | | | | | 0 |
| Number of Customers | | | | | | | 0 |
| | | | | | | | |

Note:



OMB No. 1905-0129

Approval Expires: 05/31/2017

| Cia | Administra | Administration WITH STATE DISTRIBUTIONS REPORT Burder | | | | | | | | s: 1.37 |
|---|------------|--|-------------|---------------------|---------------|-------|-----------------|-------------------|----------|---------|
| Company Name | э: | | | | | | | | | |
| Company ID: | | | Reporting M | onth: | | | | Reporting Year | | 2013 |
| SCHE | DULE 2. PA | RT B. SALES | TO ULTIMATE | cus [.] | TOMERS - ENEI | RGY- | ONLY SERVICE (W | ITHOUT DELIVERY S | ERVICE) | |
| State | | | RESIDENTIAL | | COMMERCIAL | | INDUSTRIAL (c) | TRANSPORTATION (c | • | (e) |
| Revenue (thous | | | | | | | | | | \$0 |
| Megawatt hours (To nearest 0.0 | 01) | | | | | | | | | 0 |
| Number of Cust | | | | | | | | | | 0 |
| Names of Comp providing Delive | | each State | | | | | | | | |
| 6 | | | DECIDENTIAL | 1 - \ | CONTRACTORIAL | /I- \ | INDUCTORAL (a) | TRANSPORTATION / | I) TOTAL | (-) |
| State | | | RESIDENTIAL | (a) | COMMERCIAL | (a) | INDUSTRIAL (c) | TRANSPORTATION (c | i) TOTAL | (e) |
| Revenue (thous (To nearest 0.0) | | | | | | | | | | \$0 |
| Megawatt hours (To nearest 0.0 | | | | | | | | | | 0 |
| Number of Cust | tomers | | | | | | | | | 0 |
| Names of Comp providing Delive | | each State | | | | | | | | |
| _ | | | | , , | | | | | | |
| State | | | RESIDENTIAL | (a) | COMMERCIAL | (b) | INDUSTRIAL (c) | TRANSPORTATION (| i) TOTAL | (e) |
| Revenue (thous (To nearest 0.0) | 01) | | | | | | | | | \$0 |
| Megawatt hours (To nearest 0.0 | | | | | | | | | | 0 |
| Number of Cust | tomers | | | | | | | | | 0 |
| Names of Companies within each State providing Delivery Service | | | | | | | | | | |
| Note: | | | | | | | | | | |

| eia | Independent Statistics & Analysis U.S. Energy Information Administration |
|-----|--|
| ela | Administration |

FORM EIA-826

OMB No. 1905-0129

| eia ⁾ | U.S. Energy Inform Administration | nation | | LECTRIC SALES A TE DISTRIBUTION | | | | | ires: 05/31/2017 |
|------------------------------------|--|------------------|-----------------|------------------------------------|-----|------------|------|--------------------|------------------|
| Company Name: | | | | | | | | Bur | den Hours: 1.37 |
| Company ID: | | | Reporting Mor | nth: | | | | Reporting Year | 2013 |
| | SCHEDULE 2. PART C. | SALES TO LIL | TIMATE CUSTON | MEDS DELIVEDY | ONL | V | ND A | ALL OTHER CHARGES) | |
| State | SCHEDULE 2. PART C. | . SALES TO UL | RESIDENTIAL (a) | | | INDUSTRIAL | | TRANSPORTATION (d) | TOTAL (e) |
| Revenue (thousa | and dollars) | | RESIDEITIAE (a) | COMMERCIAL | (2) | INDOSTRIAL | (0) | manor on anon (u) | TOTAL (c) |
| (To nearest 0.00 | | | | | | | | | \$0 |
| Megawatt hours | | | | | | | | | |
| (To nearest 0.00 Number of Custo | • | | | | | | | | 0 |
| | | | | | | | | | U |
| | ompanies (primarily Power More) or which Electricity is Delive | | | | | | | | |
| use customer | or which Electricity is Delive | sied to air end- | | | | | | | |
| | | | | | | | | | |
| State | | | RESIDENTIAL (a) | COMMERCIAL | (b) | INDUSTRIAL | (c) | TRANSPORTATION (d) | TOTAL (e) |
| Revenue (thousa | | | | | | | | | |
| (To nearest 0.00 | 1) | | | | | | | | \$0 |
| Megawatt hours (To nearest 0.00 | | | | | | | | | 0 |
| Number of Custo | • | | | | | | | | 0 |
| | ompanies (primarily Power M | Marketers) | | | | | | | |
| within the State f | or which Electricity is Delive | | | | | | | | |
| use customer | | | | | | | | | |
| State | | | RESIDENTIAL (a) | COMMERCIAL | (b) | INDUSTRIAL | (c) | TRANSPORTATION (d) | TOTAL (e) |
| Revenue (thousa | and dollars) | | | | | | | | |
| (To nearest 0.00 | • | | | | | | | | \$0 |
| Megawatt hours (To nearest 0.00 | | | | | | | | | 0 |
| Number of Custo | omers | | | | | | | | 0 |
| | ompanies (primarily Power Mor which Electricity is Delive | | | | | | | | |
| Note: | | | | | | | | | |



Company Name:

FORM EIA-826 MONTHLY ELECTRIC SALES AND REVENUE WITH STATE DISTRIBUTIONS REPORT

OMB No. 1905-0129

Approval Expires: 05/31/2017

Burden Hours: 1.37

| Company ID: | : | | | Reporting Month: | | | | Reporting Year | | | | 2013 |
|---|---------|-------|-------------|------------------|----------------------------|-----|------------|----------------|----------------|------|----------|------|
| SCHEDULE 2. PART | | | | | RS - BUNDLE AT PROVIDES | | | | | DERS | S, OR AI | NY |
| | | FOWER | | | | | _ | | | | | |
| State | | | RESIDENTIAL | (a) | COMMERCIAL | (b) | INDUSTRIAL | (c) | TRANSPORTATION | (d) | TOTAL | (e) |
| Revenue (thousand dollar (To nearest 0.001) | rs) | | | | | | | | | | | \$0 |
| Megawatt hours Delivered (To nearest 0.001) | d (MWh) | | | | | | | | | | | 0 |
| Number of Customers | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | |
| State | | | RESIDENTIAL | (a) | COMMERCIAL | (b) | INDUSTRIAL | (c) | TRANSPORTATION | (d) | TOTAL | (e) |
| Revenue (thousand dollar (To nearest 0.001) | rs) | | | | | | | | | | | \$0 |
| Megawatt hours Delivered (To nearest 0.001) | d (MWh) | | | | | | | | | | | 0 |
| Number of Customers | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | |
| State | | | RESIDENTIAL | (a) | COMMERCIAL | (b) | INDUSTRIAL | (c) | TRANSPORTATION | (d) | TOTAL | (e) |
| Revenue (thousand dollar (To nearest 0.001) | rs) | | | | | | | | | | | \$0 |
| Megawatt hours Delivered (To nearest 0.001) | d (MWh) | | | | | | | | | | | 0 |
| Number of Customers | | | | | | | | | | | | 0 |
| Note: | | | | | | | | | | | | |

U.S. Energy Information Administration

FORM EIA-826 MONTHLY ELECTRIC SALES AND REVENUE WITH STATE DISTRIBUTIONS REPORT

OMB No. 1905-0129 Approval Expires: 05/31/2017

Burden Hours: 1.37

| Company | Name: |
|---------|-------|
| Company | ID: |

Reporting Month:

Reporting Year

2013

SCHEDULE 3. PART B. NET METERING

Net Metering programs allow customers to sell excess power they generate back to the electrical grid to offset consumption. Provide the information about programs by State, balancing authority, customer class, and technology for all net metering applications.

| STATE | | RESIDENTIAL (a) | COMMERCIAL (b) | INDUSTRIAL (c) | TRANSPORTATION (d) | TOTAL (e) |
|--------------|--|-----------------|----------------|----------------|--------------------|-----------|
| | Installed Net Metering Capacity (MW) | | | | | 0 |
| Photovoltaic | Number of Net Metering Customers | | | | | 0 |
| | If Available, Enter the Electric Energy Sold Back to the Utility (MWh) | | | | | 0 |
| | Installed Net Metering Capacity (MW) | | | | | 0 |
| Wind | Number of Net Metering Customers | | | | | 0 |
| | If Available, Enter the Electric Energy Sold Back to the Utility (MWh) | | | | | 0 |
| | Installed Net Metering Capacity (MW) | | | | | 0 |
| Other | Number of Net Metering Customers | | | | | 0 |
| | If Available, Enter the Electric Energy Sold Back to the Utility (MWh) | | | | | 0 |
| | Installed Net Metering Capacity (MW) | 0 | 0 | 0 | 0 | 0 |
| Total | Number of Net Metering Customers | 0 | 0 | 0 | 0 | 0 |
| · otai | If Available, Enter the Electric Energy Sold Back to the Utility (MWh) | 0 | 0 | 0 | 0 | 0 |



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| Com | pany | Name: |
|-----|------|-------|
|-----|------|-------|

Company ID: Reporting Month: Reporting Year 2013

SCHEDULE 3. PART C. ADVANCED METERING

Only customers from schedule 2A and 2C need to be reported on this schedule.

| Only customers from schedule 2A and 2C need to be reported on this schedule. Automated Meter Reading (AMR) - data transmitted one-way, from customer to utility. | | | | | | | | | | |
|---|--|-------------------|------|---------------------------|----------------------|--------------------------|-------|-----|--|--|
| | Advanced Metering Infrastructure (AMI) - data can be transmitted in both directions, between the delivery entity and the customer. | | | | | | | | | |
| Advanced Meteri | ng mirastractare (Ami) a | ata can be transi | mucc | a in both directions, bet | ween the delivery cr | inty and the editionier. | | | | |
| STATE | | RESIDENTIAL | (a) | COMMERCIAL (b) | INDUSTRIAL (c) | TRANSPORTATION (d) | TOTAL | (e) | | |
| Number of AMR M | 1eters | | | | | | | 0 | | |
| Number of AMI Me | eters | | | | | | | 0 | | |
| Energy Served Th (To nearest 0.001) | • , , | | | | | | | 0 | | |
| Number of non AM | /II/AMR Meters | | | | | | | 0 | | |
| Total Number of M | leters (All Types) | | 0 | 0 | 0 | |) | 0 | | |
| | | | | | | | | | | |
| STATE | | RESIDENTIAL | (a) | COMMERCIAL (b) | INDUSTRIAL (c) | TRANSPORTATION (d) | TOTAL | (e) | | |
| Number of AMR M | 1eters | | | | | | | 0 | | |
| Number of AMI Me | eters | | | | | | | 0 | | |
| Energy Served Th (To nearest 0.001) | • , , | | | | | | | 0 | | |
| Number of non AM | /II/AMR Meters | | | | | | | 0 | | |
| Total Number of M | leters (All Types) | | 0 | 0 | 0 | |) | 0 | | |
| | | | | | | | | | | |
| STATE | | RESIDENTIAL | (a) | COMMERCIAL (b) | INDUSTRIAL (c) | TRANSPORTATION (d) | TOTAL | (e) | | |
| Number of AMR M | 1eters | | | | | | | 0 | | |
| Number of AMI Me | eters | | | | | | | 0 | | |
| Energy Served Th (To nearest 0.001) | | | | | | | | 0 | | |

| Number of non AMI/AMR Meters | | | | | 0 |
|------------------------------------|---|---|---|---|---|
| Total Number of Meters (All Types) | 0 | 0 | 0 | 0 | 0 |
| Note: | | | | | |



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|---|-----------------------|--|------------------|--|--|--------------------------------|----------------|-----------------|--|--|--|--|
| Company Name: | | | | | | | | | | | | |
| Company ID: | | | Reporting Month: | | | | Reporting Year | 2013 | | | | |
| SCHEDULE 4 MERGERS and/or ACQUISITIONS | | | | | | | | | | | | |
| Ware there any margare | nd/or cognicitions du | | Yes | | | | | | | | | |
| Were there any mergers and/or acquisitions during the reporting period? | | | | | | No (if no, skip to Schedule 5) | | | | | | |
| If yes, provide: | | | | | | | | | | | | |
| Date of merger or acquisition | n | | | | | | | | | | | |
| Company merged with or ac | cquired | | | | | | | | | | | |
| Name of new parent compa | ny | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| City | | | State | | | Zip | | | | | | |
| First Name | | | Last Name | | | | | | | | | |
| Telephone | | | | | | | | | | | | |
| Email | | | | | | | | | | | | |



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| Company Name: Company ID: | | |
|------------------------------|---------------------|---------------------|
| Company ID: | Reporting Month: | Reporting Year 2013 |
| | SCHEDULE 5 COMMENTS | |
| | | |
| | | |
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