



Duke Energy Retail Sales, LLC
139 E. Fourth Street
Cincinnati, OH 45202

October 26, 2010

James J. McNulty, Secretary
State of Pennsylvania
Commonwealth Keystone Building
400 North Street
2nd Floor, Room N201
Harrisburg, PA 17120

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OCT 26 2010

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Re: Application as Electric Generation Supplier by Duke Energy Retail Sales, LLC
Docket No. A-2010-2199236

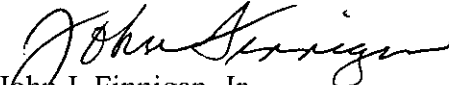
Dear Mr. McNulty:

I have enclosed the original and three copies of the Tax Certification Statement of Duke Energy Retail Sales, LLC for filing as part of its Pennsylvania Retail License Application.

Duke Energy Retail Sales, LLC previously filed a Pennsylvania Enterprise Registration Form with the Pennsylvania Department of Revenue. I have enclosed an original and three copies of this application, which is still pending before the Pennsylvania Department of Revenue.

Please contact me at (513) 419-5951 if you have any questions or concerns regarding this license application.

Very truly yours,


John J. Finnigan, Jr.
Account Executive

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COMMONWEALTH OF PENNSYLVANIA PUBLIC UTILITY COMMISSION

TAX CERTIFICATION STATEMENT

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

A completed Tax Certification Statement must accompany all applications for new licenses, renewals or transfers. Failure to provide requested information and/or any outstanding state income, corporation, and sales (including failure to file or register) will cause your application to be rejected. If additional space is needed, please use white 8 1/2" x 11" paper. Type or print all information requested.

1. CORPORATE OR APPLICANT NAME: Duke Energy Retail Sales, LLC
2. BUSINESS PHONE NO.: (980) 373-5223
CONTACT PERSON(S) FOR TAX ACCOUNTS: Cooper Monroe
3. TRADE/FICTITIOUS NAME (IF ANY): N/A
4. LICENSED ADDRESS: 139 East Fourth Street, Room EA 600, Cincinnati, Ohio 45202
5. TYPE OF ENTITY: x LLC

Table with 2 columns: NAME (PRINT) and SOCIAL SECURITY NUMBER (OPTIONAL). Lists names and SSNs for Barry W. Wood, Jr., Rick G. Beach, M. Allen Carrick, Steven K. Young, Donna T. Council, Stephen G. De May, Kodwo Ghartey-Tagoe, Sherwood Lee Love, L. Gwen Pate, David S. Maltz, Teresa M. O'Neill, Robert J. Ringel, Paul G. Smith, and Charles R. Whitlock.

7. LIST THE FOLLOWING STATE & FEDERAL TAX IDENTIFICATION NUMBERS. (ALL ITEMS A, B, & C MUST BE COMPLETED)
Applicant must provide explanation if submitting N/A for any items
Item A - Designated by the Pennsylvania Department of Revenue.
Item B - Designated by the Internal Revenue Service.
Item C - Designated by the Pennsylvania Department of Revenue. The Corporate Box number may also be referred to as the Corporate Account number.

A. SALES TAX LICENSE (8 DIGITS): Application pending (x), N/A ()
B. EMPLOYER ID (EIN) (9 DIGITS): 37-1484250, Application pending (), N/A ()
C. CORPORATE BOX NUMBER (7 DIGITS): Application pending (x), N/A ()

8. Do you have PA employees, resident or non-resident? YES (), NO (x)
9. Do you own any assets or have an office in PA? YES (), NO (x)

NAME AND PHONE NUMBER OF PERSON(S) RESPONSIBLE FOR FILING TAX RETURNS

Cooper Monroe PA SALES AND USE TAX
Cooper Monroe EMPLOYER TAXES
Cooper Monroe CORPORATE TAXES

PHONE (980) 373-5223 PHONE (980) 373-5223 PHONE (980) 373-5223

Telephone inquiries about this form may be directed to the Pennsylvania Department of Revenue at the following numbers: (717) 772-2673, TDD# (717) 772-2252 (Hearing Impaired Only)

PA-100 (03-09) - ATX
 MAIL COMPLETED APPLICATION TO:
 DEPARTMENT OF REVENUE
 BUREAU OF BUSINESS TRUST FUND TAXES
 PO BOX 280901
 HARRISBURG, PA 17128-0901

COMMONWEALTH OF PENNSYLVANIA
**PA ENTERPRISE
 REGISTRATION FORM**

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DEPARTMENT OF REVENUE &
 DEPARTMENT OF LABOR AND INDUSTRY

TYPE OR PRINT LEGIBLY, USE BLACK INK

SECTION 1 - REASON FOR THIS REGISTRATION

REFER TO THE INSTRUCTIONS (PAGE 18) AND CHECK THE APPLICABLE BOX(ES) TO INDICATE THE REASON(S) FOR THIS REGISTRATION.

1. NEW REGISTRATION
2. ADDING TAX(ES) & SERVICE(S)
3. REACTIVATING TAX(ES) & SERVICE(S)
4. ADDING ESTABLISHMENT(S)
5. INFORMATION UPDATE
6. DID THIS ENTERPRISE:
- YES NO ACQUIRE ALL OR PART OF ANOTHER BUSINESS?
- YES NO RESULT FROM A CHANGE IN LEGAL STRUCTURE (FOR EXAMPLE, FROM INDIVIDUAL PROPRIETOR TO CORPORATION, PARTNERSHIP TO CORPORATION, CORPORATION TO LIMITED LIABILITY COMPANY, ETC)?
- YES NO UNDERGO A MERGER, CONSOLIDATION, DISSOLUTION, OR OTHER RESTRUCTURING?

SECTION 2 - ENTERPRISE INFORMATION

1. DATE OF FIRST OPERATIONS 12/9/2003	2. DATE OF FIRST OPERATIONS IN PA TBD	3. ENTERPRISE FISCAL YEAR END 12/31/2010		
4. ENTERPRISE LEGAL NAME DUKE ENERGY RETAIL SALES, LLC		5. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) 37-1484250		
6. ENTERPRISE TRADE NAME (if different than legal name)		7. ENTERPRISE TELEPHONE NUMBER (704) 382-6035		
8. ENTERPRISE STREET ADDRESS (do not use PO Box) 550 S. TRYON ST., #DEC41A	CITY/TOWN CHARLOTTE	COUNTY MECKLENBURG	STATE NC	ZIP CODE + 4 28202
9. ENTERPRISE MAILING ADDRESS (if different than street address)	CITY/TOWN		STATE	ZIP CODE + 4
10. LOCATION OF ENTERPRISE RECORDS (street address) 550 S. TRYON ST., #DEC41A	CITY/TOWN CHARLOTTE		STATE NC	ZIP CODE + 4 28202
11. ESTABLISHMENT NAME (doing business as)	12. NUMBER OF ESTABLISHMENTS*	13. PA SCHOOL DISTRICT	14. PA MUNICIPALITY	

* ENTERPRISES WITH ONE OR MORE ESTABLISHMENTS WITHIN PA, WHOSE PA ADDRESS WAS NOT ENTERED ABOVE, MUST COMPLETE SECTION 17. (SEE GENERAL INSTRUCTIONS AND SECTION 17 FOR MORE INFORMATION.)

SECTION 3 - TAXES AND SERVICES

ALL REGISTRANTS MUST CHECK THE APPLICABLE BOX(ES) TO INDICATE THE TAX(ES) AND SERVICE(S) REQUESTED FOR THIS REGISTRATION AND COMPLETE THE CORRESPONDING SECTIONS INDICATED ON PAGES 2 AND 3. IF REACTIVATING ANY PREVIOUS ACCOUNT(S), LIST THE ACCOUNT NUMBER(S) IN THE SPACE PROVIDED.

	PREVIOUS ACCOUNT NUMBER		PREVIOUS ACCOUNT NUMBER
<input type="checkbox"/> CIGARETTE DEALER'S LICENSE	_____	<input checked="" type="checkbox"/> SALES, USE, HOTEL OCCUPANCY TAX LICENSE	_____
<input checked="" type="checkbox"/> CORPORATION TAXES	_____	<input type="checkbox"/> SMALL GAMES OF CHANCE LIC./CERT.	_____
<input type="checkbox"/> EMPLOYER WITHHOLDING TAX	_____	<input type="checkbox"/> TRANSIENT VENDOR CERTIFICATE	_____
<input type="checkbox"/> FUELS TAX PERMIT	_____	<input type="checkbox"/> UNEMPLOYMENT COMPENSATION	_____
<input type="checkbox"/> LIQUID FUELS TAX PERMIT	_____	<input checked="" type="checkbox"/> USE TAX	_____
<input type="checkbox"/> MOTOR CARRIERS ROAD TAX/IFTA	_____	<input type="checkbox"/> VEHICLE RENTAL TAX	_____
<input type="checkbox"/> PROMOTER LICENSE	_____	<input type="checkbox"/> WHOLESALER CERTIFICATE	_____
<input type="checkbox"/> PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE	_____	<input type="checkbox"/> WORKERS' COMPENSATION COVERAGE	_____
<input type="checkbox"/> SALES TAX EXEMPT STATUS	_____		

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SECTION 4 - AUTHORIZED SIGNATURE

I, (WE) THE UNDERSIGNED, DECLARE UNDER THE PENALTIES OF PERJURY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, CORRECT, AND COMPLETE.

AUTHORIZED SIGNATURE (ATTACH POWER OF ATTORNEY IF APPLICABLE) <i>T. Cooper Monroe, III</i>	DAYTIME TELEPHONE NUMBER (704) 382-6035	TITLE GM - STATE & LOCAL TAX
TYPE OR PRINT NAME T. COOPER MONROE, III	E-MAIL ADDRESS COOPER.MONROE@DUKE-ENERGY.COM	DATE 9/1/10
TYPE OR PRINT PREPARER'S NAME		TITLE
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	DATE

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ENTERPRISE NAME
DUKE ENERGY RETAIL SALES, LLC

SECTION 5 - BUSINESS STRUCTURE

CHECK THE APPROPRIATE BOX FOR QUESTIONS 1, 2 & 3. IN ADDITION TO SECTIONS 1 THROUGH 10, COMPLETE THE SECTION(S) INDICATED.

1. SOLE PROPRIETORSHIP (INDIVIDUAL) GENERAL PARTNERSHIP ASSOCIATION LIMITED LIABILITY COMPANY
 CORPORATION (Sec. 11) LIMITED PARTNERSHIP BUSINESS TRUST STATE WHERE CHARTERED DE
 GOVERNMENT (Sec. 13) LIMITED LIABILITY PARTNERSHIP ESTATE RESTRICTED PROFESSIONAL COMPANY
 JOINT VENTURE PARTNERSHIP STATE WHERE CHARTERED _____
2. PROFIT NON-PROFIT IS THE ENTERPRISE ORGANIZED FOR PROFIT OR NON-PROFIT?
3. YES NO IS THE ENTERPRISE EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(c)(3)? IF YES, PROVIDE A COPY OF THE ENTERPRISE'S EXEMPTION AUTHORIZATION LETTER FROM THE INTERNAL REVENUE SERVICE.

SECTION 6 - OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTY INFORMATION

PROVIDE THE FOLLOWING FOR ALL INDIVIDUAL AND/OR ENTERPRISE OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTIES. IF STOCK IS PUBLICLY TRADED, PROVIDE THE FOLLOWING FOR ANY SHAREHOLDER WITH AN EQUITY POSITION OF 5% OR MORE. ADDITIONAL SPACE IS AVAILABLE IN SECTION 6A, PAGE 11.

1. NAME SEE ATTACHED	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH *	4. FEDERAL EIN
5. <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> RESPONSIBLE PARTY	6. TITLE	7. EFFECTIVE DATE OF TITLE	8. PERCENTAGE OF OWNERSHIP %
9. EFFECTIVE DATE OF OWNERSHIP	10. HOME ADDRESS (street)	CITY/TOWN	COUNTY STATE ZIP CODE + 4
11. THIS PERSON IS RESPONSIBLE TO REMIT/MAINTAIN: <input type="checkbox"/> SALES TAX <input type="checkbox"/> EMPLOYER WITHHOLDING TAX <input type="checkbox"/> MOTOR FUEL TAXES <input type="checkbox"/> WORKERS' COMPENSATION COVERAGE			

* DATE OF BIRTH REQUIRED ONLY IF APPLYING FOR A CIGARETTE WHOLESALE DEALER'S LICENSE, A SMALL GAMES OF CHANCE DISTRIBUTOR LICENSE, OR A SMALL GAMES OF CHANCE MANUFACTURER CERTIFICATE.

SECTION 7 - ESTABLISHMENT BUSINESS ACTIVITY INFORMATION

REFER TO THE INSTRUCTIONS ON PAGES 20 & 21 TO COMPLETE THIS SECTION. COMPLETE SECTION 17 FOR MULTIPLE ESTABLISHMENTS.

1. ENTER THE PERCENTAGE THAT EACH PA BUSINESS ACTIVITY REPRESENTS OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT. LIST PRODUCTS OR SERVICES ASSOCIATED WITH EACH BUSINESS ACTIVITY AND THE PERCENTAGE REPRESENTING THE TOTAL RECEIPTS OR REVENUES.

PA BUSINESS ACTIVITY	%	PRODUCTS OR SERVICES	%	ADDITIONAL PRODUCTS OR SERVICES	%
Accommodation & Food Services					
Agriculture, Forestry, Fishing, & Hunting					
Art, Entertainment, & Recreation Services					
Communications/Information					
Construction (must complete question 3)					
Domestics (Private Households)					
Educational Services					
Finance					
Health Care Services					
Insurance					
Management, Support & Remediation Services					
Manufacturing					
Mining, Quarrying, & Oil/Gas Extraction					
Other Services					
Professional, Scientific, & Technical Services					
Public Administration					
Real Estate					
Retail Trade					
Sanitary Service					
Social Assistance Services					
Transportation					
Utilities	100%	MARKETER SUPPLYING POWER			
Warehousing					
Wholesale Trade					
TOTAL	100%				

2. ENTER THE PERCENTAGE THAT THIS ESTABLISHMENT'S RECEIPTS OR REVENUES REPRESENT OF THE TOTAL PA RECEIPTS OR REVENUES OF THE ENTERPRISE. _____%. SINGLE ESTABLISHMENT ENTERPRISES ENTER 100%. MULTIPLE ESTABLISHMENT ENTERPRISES ENTER PERCENTAGE OF ENTERPRISE (SEE SECTION 17).

3. ESTABLISHMENTS ENGAGED IN CONSTRUCTION **MUST** ENTER THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS NEW AND/OR RENOVATIVE AND THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS RESIDENTIAL AND/OR COMMERCIAL.

_____ % NEW + _____ % RENOVATIVE = 100%
 _____ % RESIDENTIAL + _____ % COMMERCIAL = 100%

4. YES NO DOES THIS ENTERPRISE WANT TO BECOME A PENNSYLVANIA LOTTERY RETAILER?

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ENTERPRISE NAME
DUKE ENERGY RETAIL SALES, LLC

SECTION 8 - ESTABLISHMENT SALES INFORMATION

- 1. YES NO IS THIS ESTABLISHMENT SELLING TAXABLE PRODUCTS OR OFFERING TAXABLE SERVICES TO CONSUMERS FROM A LOCATION IN PENNSYLVANIA? IF YES, COMPLETE SECTION 18.
- 2. YES NO IS THIS ESTABLISHMENT SELLING CIGARETTES IN PENNSYLVANIA? IF YES, COMPLETE SECTIONS 18 AND 19.
- 3. LIST EACH COUNTY IN PENNSYLVANIA WHERE THIS ESTABLISHMENT IS CONDUCTING TAXABLE SALES ACTIVITY(IES).
 COUNTY _____ COUNTY _____ COUNTY _____
 COUNTY _____ COUNTY _____ COUNTY _____

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

SECTION 9 - ESTABLISHMENT EMPLOYMENT INFORMATION

PART 1

- 1. YES NO DOES THIS ESTABLISHMENT EMPLOY INDIVIDUALS WHO WORK IN PENNSYLVANIA? IF YES, INDICATE:
 - a. DATE WAGES FIRST PAID (MM/DD/YYYY)
 - b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT
 - c. TOTAL NUMBER OF EMPLOYEES
 - d. NUMBER OF EMPLOYEES PRIMARILY WORKING IN NEW BUILDING OR INFRASTRUCTURE
 - e. NUMBER OF EMPLOYEES PRIMARILY WORKING IN REMODELING CONSTRUCTION
 - f. ESTIMATED GROSS WAGES PER QUARTER \$00
 - g. NAME OF WORKERS' COMPENSATION INSURANCE COMPANY _____
 - 1. POLICY NUMBER _____ EFFECTIVE START DATE _____ END DATE _____
 - 2. AGENCY NAME _____ DAYTIME TELEPHONE NUMBER _____
 MAILING ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP CODE + 4 _____
 - 3. IF THIS ENTERPRISE DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, CHECK ONE:
 - a. THIS ESTABLISHMENT EMPLOYS ONLY EXCLUDED WORKERS
 - b. THIS ESTABLISHMENT HAS ZERO EMPLOYEES
 - c. THIS ESTABLISHMENT RECEIVED APPROVAL TO SELF-INSURE BY THE PA BUREAU OF WORKERS' COMPENSATION
- 2. YES NO DOES THIS ESTABLISHMENT EMPLOY PA RESIDENTS WHO WORK OUTSIDE OF PENNSYLVANIA? IF YES, INDICATE:
 - a. DATE WAGES FIRST PAID (MM/DD/YYYY)
 - b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT
 - c. ESTIMATED GROSS WAGES PER QUARTER \$00
- 3. YES NO DOES THIS ESTABLISHMENT PAY REMUNERATION FOR SERVICES TO PERSONS YOU DO NOT CONSIDER EMPLOYEES? IF YES, EXPLAIN THE SERVICES PERFORMED _____

PART 2

- 1. YES NO IS THIS REGISTRATION A RESULT OF A TAXABLE DISTRIBUTION FROM A BENEFIT TRUST, DEFERRED PAYMENT, OR RETIREMENT PLAN FOR PA RESIDENTS?
 IF YES, INDICATE:
 - a. DATE BENEFITS FIRST PAID (MM/DD/YYYY)
 - b. ESTIMATED BENEFITS PAID PER QUARTER \$00

SECTION 10 - BULK SALE/TRANSFER INFORMATION

IF ASSETS WERE ACQUIRED IN BULK FROM MORE THAN ONE ENTERPRISE, PHOTOCOPY THIS SECTION AND PROVIDE THE FOLLOWING INFORMATION ABOUT EACH SELLER/TRANSFEROR.

- 1. YES NO DID THE ENTERPRISE ACQUIRE 51% OR MORE OF ANY CLASS OF THE PA ASSETS OF ANOTHER ENTERPRISE? SEE THE CLASS OF ASSETS LISTED BELOW.
 - 2. YES NO DID THE ENTERPRISE ACQUIRE 51% OR MORE OF THE TOTAL ASSETS OF ANOTHER ENTERPRISE?
- IF THE ANSWER TO EITHER QUESTION IS YES, PROVIDE THE FOLLOWING INFORMATION ABOUT THE SELLER/TRANSFEROR.

3. SELLER/TRANSFEROR NAME			4. FEDERAL EIN		
5. SELLER/TRANSFEROR STREET ADDRESS		CITY/TOWN	STATE	ZIP CODE + 4	
6. DATE ASSETS ACQUIRED	7. ASSETS ACQUIRED:				
	<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> INVENTORY	<input type="checkbox"/> NAME AND/OR GOODWILL	
	<input type="checkbox"/> CONTRACTS	<input type="checkbox"/> FIXTURES	<input type="checkbox"/> LEASES	<input type="checkbox"/> REAL ESTATE	
	<input type="checkbox"/> CUSTOMERS/CLIENTS	<input type="checkbox"/> FURNITURE	<input type="checkbox"/> MACHINERY	<input type="checkbox"/> OTHER _____	

IMPORTANT: IF, IN ADDITION TO ACQUIRING ASSETS IN BULK, THE ENTERPRISE ALSO ACQUIRED ALL OR PART OF A PREDECESSOR'S BUSINESS, SECTION 14 MUST BE COMPLETED. IF THE ENTERPRISE IS ACQUIRING 51% OR MORE OF ANY CLASS OF PA ASSETS AND/OR 51% OF THE TOTAL ASSETS OF ANOTHER ENTERPRISE THE SELLER MUST OBTAIN A BULK SALE CLEARANCE CERTIFICATE. REFER TO INSTRUCTIONS ON PAGE 22.

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ENTERPRISE NAME
DUKE ENERGY RETAIL SALES, LLC

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SECTION 11 - CORPORATION INFORMATION

1. DATE OF INCORPORATION 12/9/2003	2. STATE OF INCORPORATION DE	3. CERTIFICATE OF AUTHORITY DATE (NON-PA CORP.) PENDING	4. COUNTRY OF INCORPORATION USA
---------------------------------------	---------------------------------	--	------------------------------------

5. YES NO IS THIS CORPORATION'S STOCK PUBLICLY TRADED?

6. CHECK THE APPROPRIATE BOX(ES) TO DESCRIBE THIS CORPORATION:

CORPORATION: STOCK PROFESSIONAL BANK: STATE MUTUAL THRIFT: STATE INSURANCE: PA
 NON-STOCK COOPERATIVE FEDERAL FEDERAL COMPANY: NON-PA
 MANAGEMENT STATUTORY CLOSE

7. S CORPORATION: FEDERAL IN ACCORDANCE WITH ACT NO.67 OF 2006, A CORPORATION WITH FEDERAL SUB-CHAPTER S STATUS IS CONSIDERED A PA S CORPORATION. IN ORDER NOT TO BE TAXED AS A PA S CORPORATION, REV-976 MUST BE FILED. THE FORM CAN BE ACCESSED AT WWW.REVENUE.STATE.PA.US, FORMS AND PUBLICATIONS, CORPORATION TAX.

COMPLETING THIS FORM WILL NOT FULFILL THE REQUIREMENT TO REGISTER FOR CORPORATE TAXES. REGISTERING CORPORATIONS MUST CONTACT THE PA DEPARTMENT OF STATE TO SECURE CORPORATE NAME CLEARANCE AND REGISTER FOR CORPORATION TAX PURPOSES. CONTACT THE PA DEPARTMENT OF STATE AT (717) 787-1057, OR VISIT www.paopenforbusiness.state.pa.us.

SECTION 12 - REPORTING & PAYMENT METHODS

1. THE DEPARTMENT OF REVENUE REQUIRES THAT ANY ENTERPRISE MAKING PAYMENTS EQUAL TO OR GREATER THAN \$20,000 REMIT PAYMENTS VIA ONE OF THE FOLLOWING ELECTRONIC METHODS: ELECTRONIC FUNDS TRANSFER (EFT); ELECTRONIC TAX INFORMATION AND DATA EXCHANGE SYSTEM (e-TIDES); TELEFILE SYSTEM OR CREDIT CARD. AN ENTERPRISE, REGARDLESS OF AMOUNT, IS ENCOURAGED TO REMIT TAX PAYMENTS ELECTRONICALLY.

a. YES NO DOES THIS ENTERPRISE MEET THE DEPARTMENT OF REVENUE'S REQUIREMENTS FOR ELECTRONIC PAYMENTS?
 b. YES NO DOES THIS ENTERPRISE WANT TO PARTICIPATE IN THE DEPARTMENT OF REVENUE'S ELECTRONIC PROGRAMS?

2. YES NO IF THIS ENTERPRISE IS A NON-PROFIT ORGANIZATION THAT IS EXEMPT UNDER IRC 501(c)(3), OR POLITICAL SUB-DIVISIONS, IS IT INTERESTED IN RECEIVING INFORMATION ABOUT THE DEPARTMENT OF LABOR & INDUSTRY'S OPTION OF FINANCING UC COSTS UNDER THE REIMBURSEMENT METHOD IN LIEU OF THE CONTRIBUTORY METHOD? FOR MORE DETAILS, REFER TO SECTION 12 INSTRUCTIONS.

THE DEPARTMENT OF LABOR & INDUSTRY REQUIRES THAT ANY ENTERPRISE WITH 250 OR MORE WAGE ENTRIES PER QUARTERLY REPORT, FILE THE WAGE INFORMATION VIA MAGNETIC MEDIA. ANY MAGNETIC REPORTING FILE MUST BE SUBMITTED FOR COMPATIBILITY WITH THE DEPARTMENT OF LABOR & INDUSTRY'S FORMAT. CONTACT THE MAGNETIC MEDIA REPORTING UNIT AT (717) 783-5802 FOR MORE INFORMATION.

THE COMMONWEALTH STRONGLY RECOMMENDS THAT ENTERPRISES USE ELECTRONIC FILING AND PAYMENT OPTIONS FOR CERTAIN PENNSYLVANIA TAXES AND SERVICES. INFORMATION ABOUT INTERNET FILING OPTIONS CAN BE FOUND ON THE e-TIDES WEB SITE AT www.etides.state.pa.us.

SECTION 13 - GOVERNMENT STRUCTURE

1. IS THE ENTERPRISE A:
 GOVERNMENT BODY GOVERNMENT OWNED ENTERPRISE GOVERNMENT & PRIVATE SECTOR OWNED ENTERPRISE

2. IS THE GOVERNMENT:
 DOMESTIC/USA FOREIGN/NON-USA MULTI-NATIONAL

3. IF DOMESTIC, IS THE GOVERNMENT:
 FEDERAL LOCAL: COUNTY BOROUGH
 STATE GOVERNOR'S JURISDICTION CITY SCHOOL DISTRICT
 STATE NON-GOVERNOR'S JURISDICTION TOWN OTHER _____
 TOWNSHIP

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ENTERPRISE NAME

DUKE ENERGY RETAIL SALES, LLC

SECTION 14 - PREDECESSOR/SUCCESSOR INFORMATION

COMPLETE THIS SECTION IF THE REGISTERING ENTERPRISE IS WHOLLY OR PARTIALLY SUCCEEDING A PREDECESSOR. FOR ASSISTANCE, CONTACT THE NEAREST DEPARTMENT OF LABOR & INDUSTRY FIELD ACCOUNTING SERVICE OFFICE.

IF THE ENTERPRISE HAS MORE THAN ONE PREDECESSOR, PHOTOCOPY THIS PAGE TO PROVIDE THE FOLLOWING INFORMATION ABOUT EACH.

1. PREDECESSOR LEGAL NAME		2. PREDECESSOR PA UC ACCOUNT NUMBER	
3. PREDECESSOR TRADE NAME		4. PREDECESSOR FEDERAL EIN	
5. PREDECESSOR STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE + 4

6. SPECIFY HOW THE BUSINESS WAS ACQUIRED:

<input type="checkbox"/> PURCHASE	<input type="checkbox"/> CHANGE IN LEGAL STRUCTURE
<input type="checkbox"/> CONSOLIDATION	<input type="checkbox"/> IRC SEC. 338 ELECTION
<input type="checkbox"/> GIFT	<input type="checkbox"/> MERGER
<input type="checkbox"/> OTHER (SPECIFY) _____	

7. ACQUISITION DATE _____

8. PERCENTAGE OF THE PREDECESSOR'S TOTAL BUSINESS (PA AND NON-PA) ACQUIRED _____ %

9. PERCENTAGE OF THE PREDECESSOR'S PA BUSINESS ACQUIRED _____ %
 IF LESS THAN 100%, PROVIDE THE NAME(S) AND ADDRESS(ES) OF THE ESTABLISHMENT(S) THAT CONDUCTED OPERATIONS IN PA OR EMPLOYED PA RESIDENTS. ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

NAME OF ESTABLISHMENT(S)

ADDRESS(ES)

10. WHAT WAS THE PREDECESSOR'S BUSINESS ACTIVITY IN THE PA BUSINESS THAT WAS ACQUIRED?

11. ASSETS ACQUIRED:

<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> LEASES	<input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> CONTRACTS	<input type="checkbox"/> FIXTURES	<input type="checkbox"/> MACHINERY	
<input type="checkbox"/> CUSTOMERS/CLIENTS	<input type="checkbox"/> FURNITURE	<input type="checkbox"/> NAME AND/OR GOODWILL	
<input type="checkbox"/> EMPLOYEES	<input type="checkbox"/> INVENTORY	<input type="checkbox"/> REAL ESTATE	

12. YES NO HAS THE PREDECESSOR CEASED PAYING WAGES IN PA? IF YES, ENTER THE DATE PA WAGES CEASED, IF KNOWN. _____

13. YES NO HAS THE PREDECESSOR CEASED OPERATIONS IN PA? IF YES, ENTER THE DATE PA OPERATIONS CEASED, IF KNOWN. _____
 IF NO, DESCRIBE THE PREDECESSOR'S PRESENT PA BUSINESS ACTIVITY, IF KNOWN. _____

14. AT THE TIME OF TRANSFER FROM THE PREDECESSOR ENTERPRISE TO THE REGISTERING ENTERPRISE:

a. YES NO WERE ANY OF THE OWNERS, SHAREHOLDERS (5% OR GREATER), PARTNERS, OFFICERS, OR DIRECTORS OF THE PREDECESSOR OR OF ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE PREDECESSOR ALSO OWNERS, SHAREHOLDERS (5% OR GREATER), PARTNERS, OFFICERS, OR DIRECTORS OF THE REGISTERING ENTERPRISE OR OF ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE REGISTERING ENTERPRISE?

b. YES NO WAS THE PREDECESSOR, OR ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE PREDECESSOR, AN OWNER, SHAREHOLDER (5% OR GREATER), OR PARTNER IN THE REGISTERING ENTERPRISE?

c. YES NO WAS THE REGISTERING ENTERPRISE, OR ANY AFFILIATE, SUBSIDIARY OR PARENT CORPORATION OF THE REGISTERING ENTERPRISE, AN OWNER, SHAREHOLDER (5% OR GREATER), OR PARTNER IN THE PREDECESSOR?

IF THE ANSWER TO ANY OF THE QUESTIONS IN 14 IS YES, PROVIDE THE FOLLOWING INFORMATION. ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

- IDENTIFY THOSE PERSONS AND ENTITIES BY THEIR FULL NAME;
- DESCRIBE THEIR RELATIONSHIP TO THE PREDECESSOR AND ANY AFFILIATE, SUBSIDIARY AND PARENT CORPORATION OF THE PREDECESSOR; AND
- DESCRIBE THEIR RELATIONSHIP TO THE REGISTERING ENTERPRISE AND ANY AFFILIATE, SUBSIDIARY AND PARENT CORPORATION OF THE REGISTERING ENTERPRISE.

THE REGISTERING ENTERPRISE MAY APPLY FOR A TRANSFER IN WHOLE OR IN PART OF THE PREDECESSOR'S UNEMPLOYMENT COMPENSATION (UC) EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE, IF THE REGISTERING ENTERPRISE IS CONTINUING ESSENTIALLY THE SAME BUSINESS ACTIVITY AS THE PREDECESSOR AND BOTH PROVIDED PA COVERED EMPLOYMENT. COMPLETE SECTION 15 AND, IF APPLICABLE, SECTION 16.

NOTE: A REGISTERING ENTERPRISE MAY APPLY THE UC TAXABLE WAGES PAID BY A PREDECESSOR TOWARD THE REGISTERING ENTERPRISE'S UC TAXABLE WAGE BASE FOR THE CALENDAR YEAR OF ACQUISITION WITHOUT TRANSFERRING THE PREDECESSOR'S EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE.

PA-100 (03-09) - ATX

DEPARTMENT USE ONLY

ENTERPRISE NAME DUKE ENERGY RETAIL SALES, LLC	
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SECTION 15 - APPLICATION FOR PA UC EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE OF PREDECESSOR

A REGISTERING ENTERPRISE MAY APPLY THE UNEMPLOYMENT COMPENSATION (UC) TAXABLE WAGES PAID BY A PREDECESSOR TOWARD THE REGISTERING ENTERPRISE'S UC TAXABLE WAGE BASE FOR THE CALENDAR YEAR OF ACQUISITION WITHOUT TRANSFERRING THE PREDECESSOR'S EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE.

REFER TO THE INSTRUCTIONS TO DETERMINE IF IT IS ADVANTAGEOUS TO APPLY FOR A PREDECESSOR'S UC EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE.

IMPORTANT: THIS APPLICATION CANNOT BE CONSIDERED UNLESS IT IS SIGNED BY AN AUTHORIZED SIGNATORY OF BOTH THE PREDECESSOR AND THE REGISTERING ENTERPRISE. THE TRANSFER IN WHOLE OR IN PART OF THE EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE IS BINDING AND IRREVOCABLE ONCE IT HAS BEEN APPROVED BY THE DEPARTMENT OF LABOR AND INDUSTRY.

APPLICATION IS HEREBY MADE BY THE PREDECESSOR AND THE REGISTERING ENTERPRISE FOR A TRANSFER TO THE REGISTERING ENTERPRISE OF THE PENNSYLVANIA UNEMPLOYMENT COMPENSATION EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE OF THE PREDECESSOR WITH RESPECT TO THE TRANSFER.

WE HEREBY CERTIFY THAT THE TRANSFER REFERENCED IN SECTION 14 HAS OCCURRED AS DESCRIBED THEREIN AND THAT THE REGISTERING ENTERPRISE IS CONTINUING ESSENTIALLY THE SAME BUSINESS ACTIVITY AS THE PREDECESSOR. WE ALSO HEREBY CERTIFY THAT THE TRANSFER REFERENCED IN SECTION 14 WAS NOT UNDERTAKEN PRIMARILY TO OBTAIN A LOWER UC TAX RATE, BUT HAD A LEGITIMATE BUSINESS PURPOSE UNRELATED TO UNEMPLOYMENT COMPENSATION TAXES.

COMPLETE THIS SECTION ONLY IF YOU WANT TO APPLY FOR THE PREDECESSOR'S EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE.

1. PREDECESSOR NAME		DATE
AUTHORIZED SIGNATURE	TYPE OR PRINT NAME	TITLE
2. REGISTERING ENTERPRISE NAME		DATE
AUTHORIZED SIGNATURE	TYPE OR PRINT NAME	TITLE

SECTION 16 - UNEMPLOYMENT COMPENSATION PARTIAL TRANSFER INFORMATION

COMPLETE THIS SECTION IF THE REGISTERING ENTERPRISE ACQUIRED ONLY PART OF THE PREDECESSOR'S PENNSYLVANIA (PA) BUSINESS AND IS MAKING APPLICATION FOR THE TRANSFER OF A PORTION OF THE PREDECESSOR'S EXPERIENCE RECORD AND RESERVE ACCOUNT BALANCE.

COMPLETE REPLACEMENT UC-2A FOR PARTIAL TRANSFER (FORM UC-252). THE PREDECESSOR'S PA PAYROLL RECORDS FOR THE TWO YEARS PRIOR TO THE QUARTER OF THE TRANSFER AND/OR ACQUISITION MUST REMAIN AVAILABLE TO THE REGISTERING ENTERPRISE TO ENABLE THE REGISTERING ENTERPRISE TO PROVIDE REQUIRED INFORMATION REGARDING SEPARATED AND/OR TRANSFERRED EMPLOYEES.

UNEMPLOYMENT COMPENSATION (UC) TAXABLE WAGES ARE THOSE WAGES THAT DO NOT EXCEED THE UC TAXABLE WAGE BASE APPLICABLE TO A GIVEN CALENDAR YEAR.

1. DATE WAGES FIRST PAID BY PREDECESSOR OR PRE-PREDECESSOR(S) IN THE PART OF THE PA BUSINESS OR WORKFORCE TRANSFERRED (ACQUIRED) FOR WHICH CONTRIBUTIONS WERE PAID UNDER THE PROVISIONS OF THE PA UC LAW. DATE: _____
2. ENTER THE NUMBER OF EMPLOYEES WHO WORKED IN THE PART OF THE BUSINESS OR WORKFORCE THAT WAS TRANSFERRED FOR EACH QUARTER IN THE TABLE BELOW. IF NO EMPLOYMENT WAS GIVEN IN ANY QUARTER, ENTER "0".

YEAR _____				YEAR _____				YEAR _____				YEAR _____				YEAR _____				YEAR OF TRANSFER _____			
QUARTERS				QUARTERS				QUARTERS				QUARTERS				QUARTERS				QUARTERS			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

3. ENTER THE NUMBER OF EMPLOYEES WHO WORKED IN THE ENTIRE BUSINESS FOR EACH QUARTER IN THE TABLE BELOW. IF NO EMPLOYMENT WAS GIVEN IN ANY QUARTER, ENTER "0".

YEAR _____				YEAR _____				YEAR _____				YEAR _____				YEAR OF TRANSFER _____			
QUARTERS				QUARTERS				QUARTERS				QUARTERS				QUARTERS			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

4. IF THE PART OF THE BUSINESS OR WORKFORCE THAT WAS TRANSFERRED WAS IN EXISTENCE FOR LESS THAN THREE FULL CALENDAR YEARS PRIOR TO THE YEAR OF TRANSFER, ENTER THE FOLLOWING:

A. TOTAL NUMBER OF EMPLOYEES WHO EARNED TAXABLE WAGES IN THE PART OF THE BUSINESS OR WORKFORCE THAT WAS TRANSFERRED DURING THE PERIOD FROM THE FIRST DAY OF THE QUARTER OF TRANSFER TO THE DATE OF TRANSFER _____ 0.

B. TOTAL NUMBER OF EMPLOYEES WHO EARNED TAXABLE WAGES IN THE ENTIRE BUSINESS DURING THE PERIOD FROM THE FIRST DAY OF THE QUARTER OF TRANSFER TO THE DATE OF TRANSFER _____ 0.

5. PREDECESSOR'S ENTIRE PA UC TAXABLE PAYROLL, FOR THE PERIOD FROM THE FIRST DAY OF THE QUARTER OF TRANSFER TO THE DATE OF TRANSFER N/A

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DUKE ENERGY RETAIL SALES, LLC

SECTION 17 - MULTIPLE ESTABLISHMENT INFORMATION

COMPLETE THIS SECTION FOR EACH ADDITIONAL ESTABLISHMENT CONDUCTING BUSINESS IN PA OR EMPLOYING PA RESIDENTS. PHOTOCOPY THIS SECTION AS NECESSARY.

PART 1 ESTABLISHMENT INFORMATION

1. ESTABLISHMENT NAME (doing business as)		2. DATE OF FIRST OPERATIONS		3. TELEPHONE NUMBER	
4. STREET ADDRESS		CITY/TOWN	COUNTY	STATE	ZIP CODE + 4
5. PA SCHOOL DISTRICT			6. PA MUNICIPALITY		

PART 2 ESTABLISHMENT BUSINESS ACTIVITY INFORMATION

REFER TO THE INSTRUCTIONS ON PAGES 20 & 21 TO COMPLETE THIS SECTION.

1. ENTER THE PERCENTAGE EACH PA BUSINESS ACTIVITY REPRESENTS OF THE TOTAL RECEIPTS OR REVENUES AT THIS ESTABLISHMENT. LIST PRODUCTS OR SERVICES ASSOCIATED WITH EACH BUSINESS ACTIVITY AND THE PERCENTAGE REPRESENTING OF THE TOTAL RECEIPTS OR REVENUES.

PA BUSINESS ACTIVITY	%	PRODUCTS OR SERVICES	%	ADDITIONAL PRODUCTS OR SERVICES	%
Accommodation & Food Services					
Agriculture, Forestry, Fishing, & Hunting					
Art, Entertainment, & Recreation Services					
Communications/Information					
Construction (must complete question 3)					
Domestics (Private Households)					
Educational Services					
Finance					
Health Care Services					
Insurance					
Management, Support & Remediation Services					
Manufacturing					
Mining, Quarrying, & Oil/Gas Extraction					
Other Services					
Professional, Scientific, & Technical Services					
Public Administration					
Real Estate					
Retail Trade					
Sanitary Service					
Social Assistance Services					
Transportation					
Utilities					
Warehousing					
Wholesale Trade					
TOTAL	100%				

2. ENTER THE PERCENTAGE THAT THIS ESTABLISHMENT'S RECEIPTS OR REVENUES REPRESENT OF THE TOTAL PA RECEIPTS OR REVENUES OF THE ENTERPRISE. _____ %

3. ESTABLISHMENTS ENGAGED IN CONSTRUCTION *MUST* ENTER THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS NEW AND/OR RENOVATIVE AND THE PERCENTAGE OF CONSTRUCTION ACTIVITY THAT IS RESIDENTIAL AND/OR COMMERCIAL.

_____ % NEW + _____ % RENOVATIVE = 100%
 _____ % RESIDENTIAL + _____ % COMMERCIAL = 100%

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PART 3 ESTABLISHMENT SALES INFORMATION

1. YES NO IS THIS ESTABLISHMENT SELLING TAXABLE PRODUCTS OR OFFERING TAXABLE SERVICES TO CONSUMERS FROM A LOCATION IN PENNSYLVANIA? IF YES, COMPLETE SECTION 18.
2. YES NO IS THIS ESTABLISHMENT SELLING CIGARETTES IN PENNSYLVANIA? IF YES, COMPLETE SECTIONS 18 AND 19.
3. LIST EACH COUNTY IN PENNSYLVANIA WHERE THIS ESTABLISHMENT IS CONDUCTING TAXABLE SALES ACTIVITY(IES).
 COUNTY _____ COUNTY _____ COUNTY _____
 COUNTY _____ COUNTY _____ COUNTY _____

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

PART 4a ESTABLISHMENT EMPLOYMENT INFORMATION

1. YES NO DOES THIS ESTABLISHMENT EMPLOY INDIVIDUALS WHO WORK IN PENNSYLVANIA? IF YES, INDICATE:
 a. DATE WAGES FIRST PAID (MM/DD/YYYY)
 b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT
 c. TOTAL NUMBER OF EMPLOYEES
 d. NUMBER OF EMPLOYEES PRIMARILY WORKING IN NEW BUILDING OR INFRASTRUCTURE
 e. NUMBER OF EMPLOYEES PRIMARILY WORKING IN REMODELING CONSTRUCTION
 f. ESTIMATED GROSS WAGES PER QUARTER \$00
2. YES NO DOES THIS ESTABLISHMENT EMPLOY PA RESIDENTS WHO WORK OUTSIDE OF PENNSYLVANIA? IF YES, INDICATE:
 a. DATE WAGES FIRST PAID (MM/DD/YYYY)
 b. DATE WAGES RESUMED FOLLOWING A BREAK IN EMPLOYMENT
 c. ESTIMATED GROSS WAGES PER QUARTER \$00
3. YES NO DOES THIS ESTABLISHMENT PAY REMUNERATION FOR SERVICES TO PERSONS YOU DO NOT CONSIDER EMPLOYEES? IF YES, EXPLAIN THE SERVICES PERFORMED _____

PART 4b

1. YES NO IS THIS REGISTRATION A RESULT OF A TAXABLE DISTRIBUTION FROM A BENEFIT TRUST, DEFERRED PAYMENT OR RETIREMENT PLAN FOR PA RESIDENTS? IF YES, INDICATE:
 a. DATE BENEFITS FIRST PAID (MM/DD/YYYY)
 b. ESTIMATED BENEFITS PAID PER QUARTER \$00

SECTION 6A - ADDITIONAL OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTY INFORMATION

PROVIDE THE FOLLOWING FOR ALL INDIVIDUAL AND/OR ENTERPRISE OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, AND RESPONSIBLE PARTIES. IF STOCK IS PUBLICLY TRADED, PROVIDE THE FOLLOWING FOR ANY SHAREHOLDER WITH AN EQUITY POSITION OF 5% OR MORE. *PHOTOCOPY IF ADDITIONAL SPACE IS NEEDED.*

1. NAME SEE ATTACHMENT A		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH *		4. FEDERAL EIN	
5. <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> RESPONSIBLE PARTY		6. TITLE		7. EFFECTIVE DATE OF TITLE		8. PERCENTAGE OF OWNERSHIP %	
10. HOME ADDRESS (street)		CITY/TOWN		COUNTY		STATE ZIP CODE + 4	

11. THIS PERSON IS RESPONSIBLE TO REMIT/MAINTAIN: SALES TAX EMPLOYER WITHHOLDING TAX MOTOR FUEL TAXES
 WORKERS' COMPENSATION COVERAGE

1. NAME		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH *		4. FEDERAL EIN	
5. <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> RESPONSIBLE PARTY		6. TITLE		7. EFFECTIVE DATE OF TITLE		8. PERCENTAGE OF OWNERSHIP %	
10. HOME ADDRESS (street)		CITY/TOWN		COUNTY		STATE ZIP CODE + 4	

11. THIS PERSON IS RESPONSIBLE TO REMIT/MAINTAIN: SALES TAX EMPLOYER WITHHOLDING TAX MOTOR FUEL TAXES
 WORKERS' COMPENSATION COVERAGE

* DATE OF BIRTH REQUIRED ONLY IF APPLYING FOR A CIGARETTE WHOLESALE DEALER'S LICENSE, A SMALL GAMES OF CHANCE DISTRIBUTOR LICENSE, OR A SMALL GAMES OF CHANCE MANUFACTURER CERTIFICATE.

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SECTION 18 - SALES USE AND HOTEL OCCUPANCY TAX LICENSE, PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE, VEHICLE RENTAL TAX, TRANSIENT VENDOR CERTIFICATE, PROMOTER LICENSE, OR WHOLESALER CERTIFICATE

PART 1 SALES USE AND HOTEL OCCUPANCY TAX, PUBLIC TRANSPORTATION ASSISTANCE TAX, VEHICLE RENTAL TAX, OR WHOLESALER CERTIFICATE

ENTERPRISES APPLYING FOR A SALES, USE AND HOTEL OCCUPANCY TAX LICENSE, PUBLIC TRANSPORTATION ASSISTANCE TAX LICENSE, VEHICLE RENTAL TAX, AND/OR WHOLESALER CERTIFICATE. COMPLETE PART 1. SALES TAX COLLECTED MUST BE SEGREGATED FROM OTHER FUNDS AND MUST REMAIN IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL REMITTED TO THE DEPARTMENT OF REVENUE.

IF THE ENTERPRISE IS:

- SELLING TAXABLE PRODUCTS OR SERVICES TO CONSUMERS IN PENNSYLVANIA, ENTER DATE OF FIRST TAXABLE SALE TBD
- PURCHASING TAXABLE PRODUCTS OR SERVICES FOR ITS OWN USE IN PENNSYLVANIA AND INCURRING NO SALES TAX, ENTER DATE OF FIRST PURCHASE _____
- SELLING NEW TIRES TO CONSUMERS IN PENNSYLVANIA, ENTER DATE OF FIRST SALE _____
- LEASING OR RENTING MOTOR VEHICLES, ENTER DATE OF FIRST LEASE OR RENTAL _____
- RENTING FIVE OR MORE MOTOR VEHICLES, ENTER DATE OF FIRST RENTAL _____
- CONDUCTING RETAIL SALES IN PENNSYLVANIA AND NOT MAINTAINING A PERMANENT LOCATION IN PA, ENTER DATE OF FIRST TAXABLE SALE _____ (COMPLETE PART 2)
- ACTIVELY PROMOTING SHOWS IN PENNSYLVANIA WHERE TAXABLE PRODUCTS WILL BE OFFERED FOR RETAIL SALE, ENTER DATE OF FIRST SHOW _____ (COMPLETE PART 3)
- ENGAGED SOLELY IN THE SALE OF TANGIBLE PERSONAL PROPERTY AND/OR SERVICES FOR RESALE OR RENTAL, ENTER DATE OF FIRST PURCHASE _____

PART 2 TRANSIENT VENDOR CERTIFICATE

IF THE ENTERPRISE PARTICIPATES IN ANY SHOWS OTHER THAN THOSE LISTED, PROVIDE THE NAME(S) OF THE SHOW(S) AND INFORMATION ABOUT THE SHOW(S) TO THE DEPARTMENT OF REVENUE AT LEAST 10 DAYS PRIOR TO THE SHOW.

PROVIDE THE FOLLOWING INFORMATION FOR EACH SHOW:

1. PROMOTER NUMBER	2. SHOW NAME	3. COUNTY	
4. SHOW ADDRESS (STREET, CITY, STATE, ZIP)		5. START DATE	6. END DATE
1. PROMOTER NUMBER	2. SHOW NAME	3. COUNTY	
4. SHOW ADDRESS (STREET, CITY, STATE, ZIP)		5. START DATE	6. END DATE

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

PART 3 PROMOTER LICENSE

PROVIDE THE FOLLOWING INFORMATION FOR EACH SHOW:

1. SHOW NAME	2. TYPE OF SHOW	3. START DATE	4. END DATE
5. SHOW ADDRESS (STREET, CITY, STATE, ZIP)	6. COUNTY	7. NBR OF VENDORS	
1. SHOW NAME	2. TYPE OF SHOW	3. START DATE	4. END DATE
5. SHOW ADDRESS (STREET, CITY, STATE, ZIP)	6. COUNTY	7. NBR OF VENDORS	

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

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SECTION 19 - CIGARETTE DEALER'S LICENSE

PART 1 LICENSE TYPE

CHECK THE APPROPRIATE BOX(ES) TO INDICATE LICENSE TYPE REQUESTED. A SEPARATE LICENSE MUST BE OBTAINED FOR EACH ESTABLISHMENT THAT SELLS CIGARETTES (CSA, WHOLESALE, RETAIL, AND/OR VENDING). A SEPARATE DECAL MUST BE PURCHASED FOR EACH VENDING MACHINE LOCATION. A CHECK OR MONEY ORDER MUST BE SUBMITTED WITH THIS APPLICATION.

LICENSE TYPE	NUMBER	FEE	AMOUNT REMITTED
<input type="checkbox"/> RETAIL OVER-THE-COUNTER	_____	@ \$ 25 EACH LOCATION	\$ _____ 0
<input type="checkbox"/> RETAIL OVER-THE-COUNTER ITINERANT	_____	@ \$ 25 EACH LOCATION	\$ _____ 0
<input type="checkbox"/> VENDING MACHINE (ATTACH A LIST OF LOCATIONS)	_____	@ \$ 25 EACH DECAL	\$ _____ 0
<input type="checkbox"/> WHOLESALE	_____	@ \$ 500 EACH LICENSE	\$ _____ 0
<input type="checkbox"/> CIGARETTE STAMPING AGENT AND WHOLESALE	_____	@ \$ 1,500 EACH LICENSE	\$ _____ 0
TOTAL AMOUNT REMITTED			\$ _____ 0

MAKE CHECKS PAYABLE TO PA DEPARTMENT OF REVENUE

PART 2 CIGARETTE WHOLESALE

THE APPLICANT HAS COMPLIED WITH ARTICLE II-A OF THE CIGARETTE SALES AND LICENSING ACT. IN ACCORDANCE WITH THE ACT, UNDER PENALTY OF PERJURY, ADHERES TO THE STATE PRESUMPTIVE MINIMUM PRICES.

LIST CIGARETTE STORAGE LOCATION(S) (PO BOXES ARE NOT ACCEPTABLE).

1. STREET ADDRESS

CITY/TOWN	COUNTY	STATE	ZIP CODE + 4
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2. YES NO HAS ANY OWNER, PARTNER, OFFICER, DIRECTOR, OR MAJOR STOCKHOLDER BEEN CONVICTED OF ANY VIOLATION OF THE PENNSYLVANIA CIGARETTE TAX ACT OR ANY MISDEMEANOR OR FELONY?

IF YES, LIST ALL CONVICTIONS WITHIN THE PREVIOUS 10 YEAR PERIOD. ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY.

PART 3 CIGARETTE STAMPING AGENT

1. YES NO DOES THE ENTERPRISE PURCHASE OR SELL ANY CIGARETTES WHICH ARE NOT PA STAMPED?

IF YES, LIST STATES: _____

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SECTION 20 - SMALL GAMES OF CHANCE LICENSE/CERTIFICATE

PART 1 DISTRIBUTOR AND/OR MANUFACTURER

TO BE COMPLETED BY ALL APPLICANTS (DISTRIBUTOR AND/OR MANUFACTURER)

APPLICANTS MUST SUBMIT A COPY OF THE CERTIFICATE OF INCORPORATION, ARTICLES OF INCORPORATION, CERTIFICATE OF AUTHORITY (NON-PA CORPORATIONS), BY-LAWS, CONSTITUTION, OR FICTITIOUS NAME REGISTRATION.

APPLICANTS FOR A MANUFACTURER CERTIFICATE MUST SUBMIT A COPY OF THE COMPANY LOGO(S).

1. CHECK APPROPRIATE BOX(ES) TO INDICATE TYPE OF LICENSE/CERTIFICATE REQUESTED

LICENSE/CERTIFICATE TYPE	FEE	AMOUNT REMITTED
<input type="checkbox"/> DISTRIBUTOR LICENSE	\$ 1,000	\$ _____ 0
<input type="checkbox"/> MANUFACTURER REGISTRATION CERTIFICATE	\$ 2,000	\$ _____ 0
<input type="checkbox"/> REPLACEMENT LICENSE	\$ 100	\$ _____ 0
<input type="checkbox"/> REPLACEMENT CERTIFICATE	\$ 100	\$ _____ 0
NUMBER OF BACKGROUND INVESTIGATIONS FOR OWNERS/OFFICERS, ETC. _____ @	\$ 10	\$ _____ 0
TOTAL AMOUNT REMITTED		\$ _____ 0

MAKE CHECKS PAYABLE TO PA DEPARTMENT OF REVENUE

IF THE DEPARTMENT DENIES AN APPLICATION, A \$100 APPLICATION PROCESSING FEE SHALL BE RETAINED BY THE DEPARTMENT. NO PART OF THE REGISTRATION OR LICENSE FEE SHALL BE SUBJECT TO PRORATION. NO INVESTIGATION FEE SHALL BE REFUNDED.

2. DISTRIBUTORS AND MANUFACTURERS - PROVIDE THE FOLLOWING INFORMATION FOR THE COMMONWEALTH OF PA RESIDENT DESIGNEE. THE INDIVIDUAL MUST HAVE PHYSICAL LOCATION WITHIN PA.

NAME _____

HOME ADDRESS (STREET)	CITY/TOWN	STATE	ZIP CODE + 4	TELEPHONE NBR.
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3. DISTRIBUTORS AND MANUFACTURERS - PROVIDE THE FOLLOWING INFORMATION FOR ALL INDIVIDUALS RESPONSIBLE FOR TAKING ORDERS AND MAKING SALES OF SMALL GAMES OF CHANCE MERCHANDISE. IF AN INDIVIDUAL RESIDES IN PENNSYLVANIA, INDICATE IF COMMISSION OR NONCOMMISSION.

NAME	TITLE	<input type="checkbox"/> SELLS FOR DISTRIBUTOR	<input type="checkbox"/> COMMISSION
		<input type="checkbox"/> SELLS FOR MANUFACTURER	<input type="checkbox"/> NONCOMMISSION
HOME ADDRESS (STREET)	CITY/TOWN	STATE	ZIP CODE + 4
TELEPHONE NBR.			

NAME	TITLE	<input type="checkbox"/> SELLS FOR DISTRIBUTOR	<input type="checkbox"/> COMMISSION
		<input type="checkbox"/> SELLS FOR MANUFACTURER	<input type="checkbox"/> NONCOMMISSION
HOME ADDRESS (STREET)	CITY/TOWN	STATE	ZIP CODE + 4
TELEPHONE NBR.			

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY

MANUFACTURERS ONLY MUST SUBMIT A CATALOG OF THE SMALL GAMES CHECKED BELOW. IF CATALOG IS UNAVAILABLE, PROVIDE NAME OF GAME(S) AND FORM NUMBER(S), NUMBER OF TICKETS PER DEAL, HIGHEST INDIVIDUAL PRIZE VALUE, AND PERCENTAGE OF PAYOUT.

4. CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE TYPES OF SMALL GAMES DISTRIBUTED OR MANUFACTURED.

- DAILY DRAWINGS WEEKLY DRAWINGS PULL-TABS PUNCHBOARDS RAFFLES DISPENSING MACHINES

PART 2 DISTRIBUTOR

LIST ALL SMALL GAMES OF CHANCE MANUFACTURERS WITH WHOM THE DISTRIBUTOR DOES BUSINESS.

MANUFACTURER'S LEGAL NAME	MANUFACTURER'S CERTIFICATE NUMBER	TELEPHONE NUMBER
M-		
STREET ADDRESS	CITY/TOWN	STATE
		ZIP CODE +4

MANUFACTURER'S LEGAL NAME	MANUFACTURER'S CERTIFICATE NUMBER	TELEPHONE NUMBER
M-		
STREET ADDRESS	CITY/TOWN	STATE
		ZIP CODE +4

ATTACH ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY

PART 3 SMALL GAMES OF CHANCE CERTIFICATION

MUST BE COMPLETED BY ALL SMALL GAMES OF CHANCE APPLICANTS.

I CERTIFY THAT THE FOLLOWING TAX STATEMENTS ARE TRUE AND CORRECT:

- ALL PA STATE TAX REPORTS AND RETURNS HAVE BEEN FILED
- ALL PA STATE TAXES HAVE BEEN PAID
- ANY PA STATE TAXES OWED ARE SUBJECT TO TIMELY ADMINISTRATIVE OR JUDICIAL APPEAL; OR ANY DELINQUENT PA TAXES ARE SUBJECT TO DULY APPROVED DEFERRED PAYMENT PLAN (COPY ENCLOSED).

I CERTIFY THAT NO OWNER, PARTNER, OFFICER, DIRECTOR, OR OTHER PERSON IN A SUPERVISORY OR MANAGEMENT POSITION, OR EMPLOYEE ELIGIBLE TO MAKE SALES ON BEHALF OF THIS BUSINESS:

- HAS BEEN CONVICTED OF A FELONY IN A STATE OR FEDERAL COURT WITHIN THE PAST FIVE YEARS
- HAS BEEN CONVICTED WITHIN TEN YEARS OF THE DATE OF APPLICATION IN A STATE OR FEDERAL COURT OF A VIOLATION OF THE BINGO LAW OR OF THE LOCAL OPTION SMALL GAMES OF CHANCE ACT, OR A GAMBLING-RELATED OFFENSE UNDER TITLE 18 OF THE PENNSYLVANIA CONSOLIDATED STATUTES OR OTHER COMPARABLE STATE OR FEDERAL LAW
- HAS NOT BEEN REJECTED IN ANY STATE FOR A DISTRIBUTOR LICENSE OR MANUFACTURER REGISTRATION CERTIFICATE, OR EQUIVALENT THERETO.

I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, INCLUDING ALL ACCOMPANYING STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

NOTARY	AUTHORIZATION
SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20____	_____ SIGNATURE OF AN OWNER, PARTNER, OFFICER, OR DIRECTOR
NOTARY PUBLIC	_____ SOCIAL SECURITY NUMBER
MY COMMISSION EXPIRES _____	_____ PRINT NAME
_____ NOTARY SEAL	_____ DATE
_____	_____ TITLE
_____	_____ TELEPHONE NUMBER
_____	_____ CORPORATE SEAL

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DUKE ENERGY RETAIL SALES, LLC

SECTION 21 - MOTOR CARRIER REGISTRATION & DECAL/MOTOR FUELS LICENSE & PERMIT

PART 1 VEHICLE OPERATIONS

A DECAL IS REQUIRED IF AN ENTERPRISE IS OPERATING A QUALIFIED MOTOR VEHICLE, SEE PAGE 25, PART 1 - VEHICLE OPERATIONS.

CHECK THE APPROPRIATE BOX(ES) TO DESCRIBE THE ENTERPRISE OPERATIONS:

- COMMON CARRIER CONTRACT CARRIER FOR HIRE CARRIER PRIVATE CARRIER US DOT NUMBER

INDICATE THE FUEL TYPES FOR PENNSYLVANIA BASED QUALIFIED MOTOR VEHICLES:

- DIESEL GASOLINE ETHANOL/GASOHOL LP GAS CNG/LNG

YES NO HAVE YOU EVER BEEN ISSUED AN INTERNATIONAL FUEL TAX AGREEMENT (IFTA) CREDENTIAL FROM ANOTHER JURISDICTION(S)?

YES NO IF YES, IS THE LICENSE CURRENTLY SUSPENDED OR REVOKED?

MOTOR CARRIER ROAD TAX/IFTA VEHICLE DECAL REQUESTS

COMPLETE THE FOLLOWING FOR EACH QUALIFIED MOTOR VEHICLE YOU INTEND TO OPERATE IN PENNSYLVANIA DURING THE ENSUING CALENDAR YEAR:

NOTE: DECALS ARE \$5.00 PER SET OF TWO.

- 1. IFTA DECALS (NUMBER OF VEHICLES THAT TRAVEL IN PA AND OUT OF STATE) _____
- 2. NON-IFTA DECALS (NUMBER OF VEHICLES THAT TRAVEL IN PA EXCLUSIVELY) _____
- 3. TOTAL DECALS REQUESTED (ADD LINES 1 AND 2) _____ 0
- 4. TOTAL AMOUNT DUE (MULTIPLY LINE 3 BY \$5) \$ _____ 0

REMITTANCE SUBMITTED:

- 5. AUTHORIZED ADJUSTMENT (ATTACH ORIGINAL CREDIT NOTICE) \$ _____
- 6. CHECK OR MONEY ORDER AMOUNT \$ _____ 0

MAKE CHECKS PAYABLE TO PA DEPARTMENT OF REVENUE

CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE JURISDICTION(S) WHERE:

COLUMN A - QUALIFIED MOTOR VEHICLES ARE OPERATED

COLUMN B - BULK STORAGE OF DIESEL FUEL IS MAINTAINED

COLUMN C - BULK STORAGE FOR GASOLINE IS MAINTAINED

COLUMN D - BULK STORAGE OF ANY OTHER MOTOR FUEL IS MAINTAINED

A	B	C	D		A	B	C	D		A	B	C	D		A	B	C	D	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AK - ALASKA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ID - IDAHO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MT - MONTANA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RI - RHODE ISLAND
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AL - ALABAMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IL - ILLINOIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NC - NORTH CAROLINA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC - SOUTH CAROLINA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR - ARKANSAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN - INDIANA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND - NORTH DAKOTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SD - SOUTH DAKOTA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AZ - ARIZONA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KS - KANSAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NE - NEBRASKA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TN - TENNESSEE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CA - CALIFORNIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KY - KENTUCKY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NH - NEW HAMPSHIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TX - TEXAS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CO - COLORADO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA - LOUISIANA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NJ - NEW JERSEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UT - UTAH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT - CONNECTICUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MA - MASSACHUSETTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM - NEW MEXICO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VA - VIRGINIA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DC - DIST. OF COLUMBIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MD - MARYLAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NV - NEVADA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VT - VERMONT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DE - DELAWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ME - MAINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NY - NEW YORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WA - WASHINGTON
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GA - GEORGIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MN - MINNESOTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OK - OKLAHOMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WV - WEST VIRGINIA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HI - HAWAII	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MO - MISSOURI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR - OREGON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WY - WYOMING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IA - IOWA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MS - MISSISSIPPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PA - PENNSYLVANIA					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AB - ALBERTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NB - NEW BRUNSWICK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT - N W TERRITORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PQ - QUEBEC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BC - BRITISH COLUMBIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NF - NEWFOUNDLAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ON - ONTARIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SK - SASKATCHEWAN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MB - MANITOBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NS - NOVA SCOTIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PE - PRINCE EDWARD IS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YT - YUKON TERRITORY

PART 2 FUELS

TO REQUEST A LIQUID FUELS AND FUELS TAX PERMIT APPLICATION (REV-1338), CONTACT THE BUREAU OF MOTOR FUEL TAXES AT 1-800-482-4382 OR AT WWW.REVENUE.STATE.PA.US, FORMS AND PUBLICATIONS, MOTOR FUEL TAX.

PA-100 (03-09) - ATX

DEPARTMENT USE ONLY

ENTERPRISE NAME
DUKE ENERGY RETAIL SALES, LLC

SECTION 22 - SALES TAX EXEMPT STATUS FOR CHARITABLE AND RELIGIOUS ORGANIZATIONS

PART 1

ACT 55 OF 1997, KNOWN AS THE INSTITUTIONS OF PURELY PUBLIC CHARITY ACT, WAS SIGNED INTO LAW ON NOVEMBER 26, 1997. THIS LAW HAS CODIFIED THE REQUIREMENTS AN INSTITUTION MUST MEET IN ORDER TO QUALIFY FOR EXEMPTION, OUTLINING FIVE CRITERIA THAT MUST BE MET. EACH INSTITUTION MUST: (1) ADVANCE A CHARITABLE PURPOSE; (2) DONATE OR RENDER GRATUITOUSLY A SUBSTANTIAL PORTION OF ITS SERVICES; (3) BENEFIT A SUBSTANTIAL AND INDEFINITE CLASS OF PERSONS WHO ARE LEGITIMATE SUBJECTS OF CHARITY; (4) RELIEVE THE GOVERNMENT OF SOME BURDEN; (5) OPERATE ENTIRELY FREE FROM PRIVATE PROFIT MOTIVE.

ORGANIZATIONS OF THE FOLLOWING TYPE DO NOT QUALIFY FOR EXEMPTION STATUS:

- AN ASSOCIATION OF EMPLOYEES, THE MEMBERSHIP OF WHICH IS LIMITED TO THE EMPLOYEES OF A DESIGNATED ENTERPRISE
- A LABOR ORGANIZATION
- AN AGRICULTURAL OR HORTICULTURAL ORGANIZATION
- A BUSINESS LEAGUE, CHAMBER OF COMMERCE, REAL ESTATE BOARD, BOARD OF TRADE, OR PROFESSIONAL SPORT LEAGUE
- A CLUB ORGANIZED FOR PLEASURE OR RECREATION
- A FRATERNAL BENEFICIARY SOCIETY, ORDER, OR ASSOCIATION

TO APPLY OR RENEW SALES TAX EXEMPTION STATUS, A REV-72 APPLICATION MUST BE COMPLETED AND SUBMITTED ALONG WITH THE REQUIRED DOCUMENTATION. THE APPLICATION CAN BE OBTAINED BY COMPLETING THE FORM BELOW; TELEPHONE THE TOLL FREE FACT & INFORMATION LINE AT 1-888-PATAXES (1-888-728-2937) OR CONTACT TAXPAYER SERVICE & INFORMATION CENTER AT (717) 787-1064; TT# ONLY 1-800-447-3020 (SERVICE FOR TAXPAYERS WITH SPECIAL HEARING AND/OR SPEAKING NEEDS) OR WWW.REVENUE.STATE.PA.US, FORMS & PUBLICATIONS, BUSINESS TAXES. SPECIFIC QUESTIONS REGARDING THE FORM CONTACT (717) 783-5473.

IF THE CHARITABLE AND RELIGIOUS ORGANIZATION CONDUCTS SALES ACTIVITIES AND IS NOT REGISTERED FOR COLLECTION OF THE PA SALES TAX, REFER TO SECTION 18 OF THIS BOOKLET.

J CUT ALONG DOTTED LINE

PART 2 REQUEST FOR SALES TAX EXEMPT STATUS APPLICATION

NAME

MAILING ADDRESS

CITY/TOWN

STATE

ZIP CODE + 4

TO REQUEST SALES TAX EXEMPT STATUS APPLICATION

COMPLETE THIS FORM AND RETURN TO:

PA DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280909
HARRISBURG, PA 17128-0909

Attachment A
 Duke Energy Retail Sales, LLC
 List of Corporate Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Jason C. Barker	Authorized Agent	139 East Fourth Street, Cincinnati, Ohio 45202
Rick G. Beach	Assistant Secretary	139 East Fourth Street, Cincinnati, Ohio 45202
M. Allen Carrick	Assistant Treasurer	550 South Tryon, Charlotte, NC 28285
Donna T. Council	Assistant Treasurer	550 South Tryon, Charlotte, NC 28285
Stephen G. DeMay	Treasurer	550 South Tryon, Charlotte, NC 28285
Duke Energy Commercial Enterprises, Inc.	Member-Manager	139 East Fourth Street, Cincinnati, Ohio 45202
Kodwo Ghartey-Tagoe	Vice President & Assistant Secretary	550 South Tryon, Charlotte, NC 28285
Sherwood Lee Love	Assistant Treasurer	550 South Tryon, Charlotte, NC 28285
David S. Maltz	Secretary	550 South Tryon, Charlotte, NC 28285
Teresa M. O'Neill	Assistant Secretary	139 East Fourth Street, Cincinnati, Ohio 45202
L. Gwen Pate	Vice President & Assistant Comptroller	550 South Tryon, Charlotte, NC 28285
Robert J. Ringel	Assistant Secretary	139 East Fourth Street, Cincinnati, Ohio 45202
Paul G. Smith	Vice President	139 East Fourth Street, Cincinnati, Ohio 45202
Charles R. Whitlock	President	139 East Fourth Street, Cincinnati, Ohio 45202
Barry W. Wood, Jr.	Vice President	550 South Tryon, Charlotte, NC 28285
Steven K. Young	Chief Financial Officer, Vice President & Comptroller	550 South Tryon, Charlotte, NC 28285

LIMITED POWER OF ATTORNEY

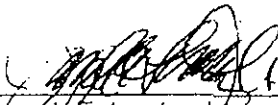
The undersigned, DUKE ENERGY RETAIL SALES, LLC, hereby makes and grants a limited and specific power of attorney to THOMAS C. MONROE, III, ROY BURROUGHS and MARCUS S. SHORE. Pursuant to this limited power of attorney, DUKE ENERGY RETAIL SALES, LLC hereby appoints THOMAS C. MONROE, III, ROY BURROUGHS and MARCUS S. SHORE as its attorneys-in-fact to sign all original and amended federal, state and local income and franchise tax returns, other documents, reports and filing obligations, in connection with all tax matters, for all reporting periods.

This limited power of attorney is valid from the date of execution below until revoked by written instrument.

EXECUTED this 1st day of July, 2007.

DUKE ENERGY RETAIL SALES, LLC

By:



Joseph E. Lentz, Jr.
Vice President

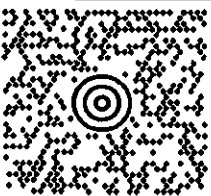

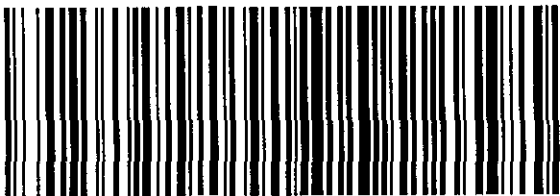

UPS CampusShip: View/Print Label

1. **Print the label(s):** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. **GETTING YOUR SHIPMENT TO UPS Customers without a Daily Pickup**
Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
Hand the package to any UPS driver in your area.
Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services™ (including via Ground) are also accepted at Drop Boxes.
To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

Customers with a Daily Pickup

Your driver will pickup your shipment(s) as usual.

FOLD HERE

JOHN FINNIGAN 513-419-5950 DUKE ENERGY / ATRIUM TWO 221 E. FOURTH STREET CINCINNATI OH 45202	0.0 LBS LTR	1 OF 1
SHIP TO: JAMES J. MCNULTY, SECRETARY STATE OF PENNSYLVANIA 2ND FLOOR, ROOM N201 400 NORTH STREET COMMONWEALTH KEYSTONE BUILDING HARRISBURG PA 17120-0200		
	PA 171 9-20 	
UPS NEXT DAY AIR	1	
TRACKING #: 1Z F56 2R1 01 9116 3049		
		
BILLING: P/P		
NT ALIAS: EORSUP99 C12		
CS 12.8.10. WXP1E70 06.0A 07/2010		