

Legal Department

Exelon Business Services Company
2301 Market Street/S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699

Telephone 215.841.4000
Fax 215.568.3389
www.exeloncorp.com

Business Services
Company

Direct Dial: 215.841.6841

February 18, 2011

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, Second Floor
Harrisburg, PA 17120

RECEIVED

FEB 18 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Re: Gregory R. Hall v. PECO Energy Company
PUC Docket No. C-2010-2192176

Dear Ms. Chiavetta:

Enclosed for filing with the Commission are the following documents and copies in the matter referenced above.

___	Answer (Original)
___	Answer & New Matter (original)
___	Motion to Consolidate (original)
<u>X</u>	Motion for Judgment on the Pleadings (original)
___	Preliminary Objection (original)
___	Exceptions (original)
___	Reply Exceptions (original)
___	Brief (original)
___	Reply Brief (original)

I have enclosed a Certificate of Service showing that a copy of the above document was served on the interested parties. Also enclosed is an extra copy of this letter, which I request that you date stamp and return to me in the envelope provided as proof of filing. Thank you for your time and attention on this matter.

Very truly yours,



Tishkia Williams
Counsel for PECO Energy Company
TW/adz
Enc.

Scheduling Recommendation: Call of the Docket Non Call of the Docket _

RECEIVED

FEB 18 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

GREGORY R. HALL
Complainant

v.

PECO ENERGY COMPANY
Respondent

:
:
:
:
:

DOCKET NO. C-2010-2192176

RESPONDENT, PECO ENERGY COMPANY'S
MOTION FOR PARTIAL JUDGMENT ON THE PLEADINGS

PECO Energy Company (hereafter "PECO" or the "Company"), pursuant to 52 Pa. Code § 5.102, respectfully requests that your Honorable Commission dismiss Complainant's request for a payment agreement because Complainant fails to state a claim upon which relief can be granted. It is undisputed that Complainant is enrolled in PECO's Customer Assistance Program ("CAP"). Pursuant to 66 Pa.C.S. § 1405(c), CAP rates shall be timely paid and are not subject to Commission negotiated or approved agreement. Therefore, Complainant fails to state a claim upon which relief can be granted.

1. On or about July 27, 2010, Complainant filed a Formal Complaint against Respondent, PECO Energy Company at the instant docket. In his complaint, the customer stated that he received notice of termination and would like a payment agreement, among other things.¹ Complainant states "All I want is an agreement on what I owe PECO." A copy of the complaint is attached as Exhibit 1.

2. Respondent was served with the complaint on August 6, 2010.

¹ The complaint contained a number of miscellaneous attachments and statements regarding his PECO service, including bills and other correspondence. Complainant's narrative statement, however, related in large part to his request for payment terms and desire to avoid termination for nonpayment.

3. On August 25, 2010, Respondent timely filed an Answer and New Matter in response to the complaint. In its New Matter, Respondent averred that with the exception of November and December of 2007, Complainant has been continuously billed at CAP rate since May 17, 2005 and presently receives a 50% discount on the first 650 kWh of electricity used. A copy of the Answer & New Matter is attached as Exhibit 2.²

4. One Hundred and Ninety (190) days have passed since PECO filed its New Matter.

5. PECO has not been served with a response to its New Matter and request that the facts stated therein be deemed admitted.

6. By hearing notice dated February 17, 2011, a hearing is scheduled for April 5, 2011.

7. The Commission's regulations at 52 Pa. Code §5.102(a) permits any party to move for summary judgment or judgment on the pleadings after the pleadings are closed, but within such time as to not delay a hearing. Under 52 Pa. Code §5.102(d)(1), the presiding officer will grant the motion if the pleadings, depositions, answers to interrogatories, admissions and affidavits show that there is no genuine issue as to a material fact and that the moving party is entitled to judgment as a matter of law.

8. The moving party bears the burden of showing that no genuine issue of material fact exists and that it is entitled to judgment as a matter of law. The Commission must view the record in the light most favorable to the non-moving party, giving that party the benefit of all reasonable inferences. *First Mortgage Co. of Pennsylvania v. McCall*, 459 A.2d 406 (Pa. Super. 1983).

² The Answer came under cover letter stating "If you do not respond to a New Matter, Motion, or Preliminary Objection an unfavorable decision may be rendered against you."

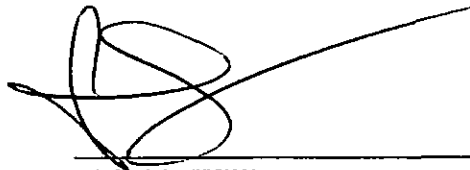
9. The provision at 52 Pa. Code §5.102(c) serves judicial economy by avoiding a hearing where no factual dispute exists. If no factual issue pertinent to the resolution of the case exists, a hearing is unnecessary. *Lehigh Valley Power Committee v. Pennsylvania Public Utility Commission*, 563 A.2d. 557 (Pa. Cmwlth. 1989).

10. Complainant does not dispute enrollment in CAP.

11. Under 66 Pa.C.S. §1405(c), the Commission is precluded from establishing a payment agreement for customers participating in CAP. Section 1405(c) states as follows: "Customer assistance program rates shall be timely paid and shall not be the subject of payment agreements negotiated or approved by the commission."

WHEREFORE, PECO Energy Company respectfully requests that your Honorable Commission dismiss the instant complaint as it relates to a payment agreement. Complainant fails to state a claim upon which relief can be granted.

Respectfully Submitted,



Tishekia Williams
Counsel for PECO Energy Company
2301 Market Street, S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699
(215) 841-6841
Fax: 215.568.3389.
tishekia.williams@exeloncorp.com

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FEB 18 2011
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

GREGORY R. HALL

:

v.

:

DOCKET NO. C-2010-2192176

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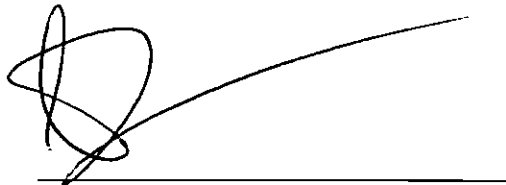
PECO ENERGY COMPANY

:

VERIFICATION

I, Tishekia Williams, hereby declare that I am counsel for PECO Energy Company; that as such I am authorized to make this verification on its behalf; that the facts set forth in the foregoing Pleading are true to the best of my knowledge, information and belief, and that I make this verification subject to the penalties of 18 Pa. C.S. § 4904 pertaining to false statements to authorities.

Date: February 18, 2011



Tishekia Williams

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FEB 18 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

GREGORY R. HALL

:

v.

:

DOCKET NO. C-2010-2192176

:

PECO ENERGY COMPANY

:

CERTIFICATE OF SERVICE

I, Tishekia Williams, hereby certify that I have this day served a copy of PECO Energy Company's Answer in the above matter upon all interested parties by mailing a copy, properly addressed and postage prepaid to:

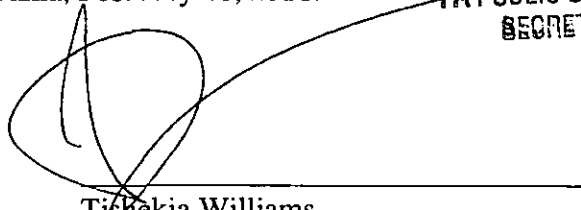
Gregory R. Hall
73 MacDade Boulevard, Apt. 2
Collingdale, PA 19123

RECEIVED

FEB 18 2011

Dated at Philadelphia, Pennsylvania, February 18, 2011.

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



Tishekia Williams
Counsel for PECO Energy Company
2301 Market Street, S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699
(215) 841-6841
Fax: 215.568.3389
tishekia.williams@exeloncorp.com



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265



DATE SERVED: August 6, 2010

C-2010-2192176

PECO ENERGY COMPANY
C/O WARD L SMITH
ASSOCIATE GENERAL COUNSEL
PO BOX 8699
PHILADELPHIA PA 19101-8699

RECEIVED

FEB 18 2011

TISHEKIA WILLIAMS

AUG 10 2010

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Dear Mr. Smith:

A complaint has been filed against you before the Pennsylvania Public Utility Commission by Gregory R. Hall. To defend yourself against the claims stated in the following pages, you must act within twenty (20) days by filing in writing with the Commission, either personally or through your attorney, your defenses or objections to the claims stated against you. Or, you may satisfy the complaint by settling the matter with the Complainant and submitting proof of settlement to the Commission within twenty (20) days.

IF YOU FAIL TO RESPOND WITHIN TWENTY (20) DAYS, THE CASE MAY GO FORWARD IN YOUR ABSENCE AND A JUDGEMENT MAY BE ENTERED AGAINST YOU BY THE COMMISSION WITHOUT FURTHER NOTICE.

CUSTOMER OF A UTILITY

A payment schedule may be prescribed or a termination of utility services may be authorized. You may lose money or property or other rights important to you.

COMPANY/UTILITY

An Administrative Law Judge may revoke or suspend any certificate or permit held by you, or impose a fine, or any other appropriate penalty or remedy authorized by the Public Utility Code. You may lose money or property or other rights important to you.

Detailed instructions on how to proceed are contained in the attached pages. You are advised to read them carefully.

August 6, 2010

Unless you are a corporation or other organization, you may proceed without a lawyer. However, if you want a lawyer and do not have one or cannot afford one, the office listed below can tell you where you can get legal help:

Pennsylvania Lawyer Referral Service
Pennsylvania Bar Association
P.O. Box 186
Harrisburg, PA 17108
(800) 692-7375

Very truly yours,

A handwritten signature in cursive script, reading "Rosemary Chiavetta". The signature is written in black ink and is positioned above the printed name and title.

Rosemary Chiavetta
Secretary

JHT

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

DATE SERVED: August 6, 2010

GREGORY R HALL
Complainant

v.

PECO ENERGY COMPANY
Respondent

RECEIVED

FEB 18 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Complaint Docket
No: C-2010-2192176

FORMAL COMPLAINT NOTICE TO RESPONDENT TO ANSWER OR SATISFY

TO: PECO ENERGY COMPANY

TAKE NOTICE:

That a complaint in the above entitled matter, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. Section 702 of the Public Utility Code, 66 Pa. C.S. Section 702, requires the Commission to serve on each party named in a complaint a copy of the complaint and notice calling upon each party to satisfy the complaint, or to answer the same in writing within a specified time; THEREFORE,

1. You have twenty (20) days from the date on which this complaint is served to either satisfy this complaint or to file with the **Secretary of the Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, PA 17105-3265**, an answer (original and three copies), in writing, under oath, which, as required by Section 5.61 of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 5.61, either affirms or specifically denies the allegations in this complaint. You must also serve a copy of the answer upon the complainant. The date of service is the mailing date as indicated by the date at the top of this Notice. Section 1.56(a) of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 1.56(a).

2. If you fail to either satisfy this complaint or to file answer or other responsive pleading within twenty (20) days, you will be deemed to have admitted all the allegations in this complaint in accordance with Section 5.61 of the Commission's Rules of Administrative Practice and Procedure, 52 Pa. Code Section 5.61. In that event, the Commission may, without hearing, enter an order which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C.S. Section 101, et seq.; and, if

you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

3. If you elect to satisfy this complaint you must file, within twenty (20) days from the date on which this complaint is served, affidavits executed by each complainant that this complaint has been satisfied. Such affidavits must describe the basis on which this complaint was satisfied; any settlement agreement between the parties must be reduced to writing and attached to the affidavit. Such affidavits are to be filed with the Secretary of the Commission at the address set forth in paragraph 1. Upon receipt of affidavits of satisfaction from all complainants, this complaint may be dismissed by the Commission in accordance with Section 703(a) of the Public Utility Code, 66 Pa. C.S. Section 703(a), unless the Commission determines that such dismissal would be contrary to the public interest, in which event the Commission may direct that hearings be held upon the complaint.

4. If you file an answer which admits the allegations in this complaint, or which fails to specifically deny the allegations in this complaint, the Commission may, without hearing, enter an order which either revokes or suspends any certificate held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

5. If you file a timely answer which specifically denies the allegations in this complaint, or which raises material questions of law or fact, this matter shall be referred to the Office of Administrative Law Judge for hearing and decision. If, after hearing on the issues raised by that answer, you are found to have committed any of the violations alleged in the complaint, the Administrative Law Judge may render a decision which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. In the imposition of a penalty after a hearing the Administrative Law Judge is not bound by the relief sought by the complainant in paragraph 4 of the attached complaint.



Rosemary Chiavetta
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

C2010-202176

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

RECEIVED

Please print in ink or type.

FEB 18 2011

1. CUSTOMER (COMPLAINANT) INFORMATION

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Your name, mailing address, county, telephone number, utility account number and service address:

Name GREGORY R. HALL
Street/P.O. Box 73 MRD DAVE Apt # 2
City Collingdale State PA Zip 19123
County Del

Daytime Telephone Number Where We Can Contact You: (610) 803-9695

E-mail Address (optional): _____

Utility Account Number 96993-00205
(from your bill)

If your complaint involves utility service provided to a different address than your mailing address, please list this information below.

Name _____
Street/P.O. Box _____
City _____ State _____ Zip _____

2. FULL NAME OF UTILITY COMPANY (RESPONDENT):

PCo

3. TYPE OF UTILITY (check one)

- ELECTRIC
- GAS
- WATER
- TELEPHONE
(local, long distance)
- STEAM HEAT
- WASTE WATER
- MOTOR CARRIER
(e.g., taxi, moving company, limousine)

SECRETARY'S BUREAU
2010 JUN 15 11:13

55119

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other (explain).

B. **State the facts of your complaint.**

Include any specific dates, times or places that may be important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

How do you want your complaint to be resolved? Use additional paper if you need more space.

Just Give me A

4. **COMPLAINT** (check one)

A. **In general, what is your complaint?**

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other (explain).

B. **State the facts of your complaint.**

Include any specific dates, times or places that may be important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

5. **RELIEF**

How do you want your complaint to be resolved? Use additional paper if you need more space.

Just Give me A

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution utility, an electric distribution utility or a water distribution utility AND your complaint is about a billing problem, a request to receive service, a security deposit request, termination of service or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety or welfare?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES (includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

They don't want to work with you, all they want is money no payment plan!

8. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address, telephone number, and e-mail address, if known.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

E-mail Address (if known) _____

9. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I GREGORY R. Hall, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Gregory R. Hall
(Signature)

9-27-02
(Date)

Title of authorized employee or officer

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105-3265	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

9. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I GREGORY R. HALL, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

GREGORY R. HALL
(Signature)

7-27-02
(Date)

Title of authorized employee or officer

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105-3265	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

To whom IT MAY CONCERN
My SITUATION IS AS FOLLOWS.

Am on Disability SEND SOCIAL IN-
FORMATION, ALL I WANT IS A PAYMENT
PLAN ON WHAT I OWE PECO, EVERYONE
NEEDS ELECTRIC, MY PROBLEMS HAS MADE
IT HARD TO PAY ON TIME BUT I AM
TRYING, ONE CHECK A MONTH RENT
MEDS AND FOOD, PLUS ELECTRIC, PAID
PHONE ARE PAID OUT OF THIS
MONTHLY CHECK, THERE ARE NO
AMENITIES, JUST (ALLOW) ME A PAYMENT
PLAN THAT HELPS ME KEEP MY
ELECTRIC ON, AM A DIABETIC, WITH
(SPINAL CANCER) AND ON INSULIN
I PAY LATE BECAUSE MY BILLS
MY RENT MY ELECTRIC, MY MEDS,
PHONE NO EXTRIS, SO WHAT AM
ASKING FOR IS A PLAN DONT SHOT
ME OFF IF AM TRYING TO PAY I KNOW
THIS A BUSINESS-BUSINESS AND YOU
WONT TO BE PAID, - AM TRYING AND
HAVE ASK FOR HELP THERE ARE NOW
GRANTS AVAILBLE NOWHERE! SO PLEASE
UNDERSTAND I AM TRYING AND ASKING
FOR YOUR HELP!!

C19

~~FCEFA~~

I DONT EVEN HAVE PAPER TO
WRITE ON SO I AM SENDING
THIS INFORMATION I M HOPE
THAT SOMEONE OUT THERE HAS
HAD A PROBLEM LIKE THIS AT
ONE TIME AND WHO HELPED
THEM.

MOST DUMBKE
Jyot Lal

P.S. YOU WILL ALL SO
SEE WERE I HAVE BEEN
PAYING ON THE BILL.

Date: 7/22/10
PECO: Former Address Investigations
Po Box 97
Carlisle, Pa 17013

GREGORY HALL
73 MACDADE BLVD, 2ND FL
COLLINGDALE PA 19023

RE: 6332 GRAYS AVE PHILADELPHIA PA 19142

Account # 13193-56021

Dear Customer,

You had a question about your account. We have been trying to contact you, but we have not been able to reach you. Please call us as soon as possible at (800) 606-0384.

Cordially,

Customer Consultant

Este es un mensaje muy importante. Si usted no lo entiende, favor de llamar al número de teléfono que aparece en esta documento.

380 DOLLARS
NEVER LIVED THERE
BEING BILLED



Laboratory Invoice

For services not included in your physician's bill.

GXAK18 6735 6836 I-1
 19023013 0000072 6492928624 R
 GREGORY HALL
 73 S MACDADE BLVD
 DARBY, PA 19023-1510

Invoice Number **6492928624** Lab Code **KOP**

Customer Service
LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone 1-800-766-2604 Fax 1-800-601-6608
 WEEKDAYS 08:00AM-06:00PM EST Se Habla Espanol 08:00AM-06:00PM
 Tiempo del Este
 Please have your invoice available for reference.

Laboratory Tests Were Requested By:

Most Recent Insurance Claim Filed To:

Referring Physician: C31018KHAN,AZAD
 Physician Address: 320 MACDADE BLVD STE 400
 COLLINGDALE, PA 19023

Insurance Name: MEDICARE
 Insurance ID: XXXXX7423A
 Group Number:

Lab Results and Diagnosis Questions Must Be Answered By Your Physician

Patient Name: GREGORY HALL
 Responsible Party: GREGORY HALL
 Date of Service: April 19, 2010

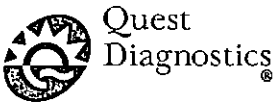
Invoice Date: May 13, 2010
 Amount Due: \$877.13
 Payment Due Date: 06/03/2010

THIS INVOICE IS FOR LABORATORY TESTS PERFORMED AT THE REQUEST OF THE REFERRING PHYSICIAN. THESE CHARGES ARE SEPARATE FROM THE PHYSICIAN'S FEES. PAYMENT WAS DENIED BY MEDICARE, INDICATING THE PATIENT WAS NOT COVERED ON THE DATE OF SERVICE. PLEASE MAKE PAYMENT OR CONTACT US TO PROVIDE YOUR INSURANCE POLICY INFORMATION IF YOU HAD COVERAGE FOR THE DATE OF SERVICE LISTED. THANK YOU FOR USING QUEST DIAGNOSTICS.

Date	CPT Code*	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
04/19/10	82465	CHOLESTEROL	\$28.90					
04/19/10	83036	HEMOGLOBIN, GLYCOSYLATED	\$57.00					
04/19/10	87340	EIA: HEP B SURFACE AG	\$65.00					
04/19/10	86709	HEP A AB IGM	\$100.00					
04/19/10	83718	LIPOPROTEIN, DIRECT; HDL	\$52.50					
04/19/10	86592	RPR (MONITOR) W/REFL	\$34.50					
04/19/10	84478	TRIGLYCERIDES	\$28.90					
04/19/10	84443	TSH	\$111.40					
04/19/10	86705	HEP B CORE AB IGM	\$110.00					
04/19/10	85025	CBC, PLT, DIFF	\$34.20					
04/19/10	86803	HEP C AB	\$112.00					
04/19/10	80053	COMPREHEN METABOLIC PANEL	\$49.53					
04/19/10	86703	VIRAL ANTIBODY 1&2 TITER	\$93.20					
Tax ID: 38-2084239 ICD-9 Codes: 250.00 042. 285.9 070.9 244.9			\$877.13	\$0.00	\$0.00	\$0.00	\$0.00	\$877.13

*The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

▲ Please fold and tear payment coupon along perforation and remit with payment in the envelope provided ▲ R11 N 316



Payment Coupon

LOG ON NOW. Pay your bill online securely anytime - day or night at WWW.QUESTDIAGNOSTICS.COM/BILL or call 1-800-766-2604

Quest Diagnostics also accepts credit cards and on-line check payments.



Please make your check payable to QUEST DIAGNOSTICS
 Be sure to include invoice number on your check.

Check here if address has changed.
 Please provide your new address information on the back.
 QUEST DIAGNOSTICS reserves the right to assign this receivable to any of its affiliates.



Lab Code: KOP
Amount Due \$877.13

Due Date: 06/03/2010 **Invoice Number: 6492928624**

Patient Name: GREGORY HALL

Amount Enclosed:

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 740775
CINCINNATI OH 45274-0775



01KOP4801649292862400087713505131190191013589000001

SOCIAL SECURITY ADMINISTRATION

Date: November 20, 2009
Claim Number: 175-44-7423A

GREGORY R HALL
73 MACDADE BLVD
APT 2
COLLINGDALE PA 19023-1510

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2008, the full monthly
Social Security benefit before any deductions is.....\$ 908.60

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 908.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Date of Birth Information

The date of birth shown on our records is November 5, 1954.

Medicare Information

You are entitled to hospital insurance under Medicare beginning March 1999.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

SPEAR, GREENFIELD & RICHMAN, P.C.

ATTORNEYS & COUNSELORS AT LAW

SUITE 1800

230 SOUTH BROAD STREET

PHILADELPHIA, PENNSYLVANIA 19102

(215) 985-2424

FAX (215) 545-6117

www.injuryline.com

NEW JERSEY OFFICE

SUITE 603

1307 WHITE HORSE ROAD

VOORHEES, NJ 08043

(856) 985-4663

RAND SPEAR*

MARC F. GREENFIELD*

STUART A. RICHMAN

SCOTT E. DIAMOND*†

DAVID S. BERGSTRALH*†

JASON I. MANUS

MILES P. DUMACK

JOSEPH ACQUAVIVA*

*MEMBER OF NJ AND PA BAR

†LL.M. IN TRIAL ADVOCACY

POWER OF ATTORNEY AND CONTINGENT FEE AGREEMENT

I hereby constitute and appoint the attorneys of SPEAR, GREENFIELD & RICHMAN, P.C. as my Attorney (hereinafter "Attorney") to prosecute a claim for personal injuries against the proper parties from an action which arose on or about _____.

I hereby agree as follows:

1. My Attorney shall render all legal services and expend all funds required for costs, investigations, witness fees and all other required disbursements (including a flat fee for reproduction, telephone and postage in the amount of \$50.00 before commencement of suit and \$100.00 after commencement of suit) in the handling of my case. All such costs shall be reimbursed to my Attorney from any and all sums secured from any defendant in this case. If no money is secured from any defendant in this case, I shall not be responsible for the legal services rendered or expenses incurred by my Attorney and my Attorney shall have no claim against me for such services and costs.

2. My attorney shall receive as his fee for legal services rendered in this matter, forty-five (45%) from the gross sums secured by way of settlement, suit and/or court verdict, as the case may be. My attorney shall then be reimbursed, from the remaining sums, the expenses described in Paragraph 1.

3. I understand and agree that ultimate payment of medical expenses are my own responsibility and I authorize Attorney to pay out of any recovery the unpaid balances for treatment of services made necessary by the injuries sustained in the above referenced accident. I further authorize attorney to pay any liens arising from the above referenced accident and to represent any company or institution which has or may have a subrogation interest in the case.

4. I agree that my attorney shall have the sole discretion to determine whether or not suit shall be instituted or any appeals at any stage of his representation be taken. Attorney is not obligated to file appeals on behalf of client and may withdraw representation upon breach of this Agreement, before filing appeals or at any other time with reasonable notice to me.

5. I hereby authorize Attorney to execute and deposit into Attorney's Escrow Account, any funds payable to me and/or Attorney resulting from the claim referred to by this Fee Agreement. Upon deposit, Attorney will provide me with an itemized Schedule of Distribution for my review and signature and will provide me with a copy of the check deposited under this Paragraph.

6. I have provided Attorney information about my claim and understand that Attorney will rely upon this information in pursuing my claim. All information provided to Attorney is true and correct to the best of my knowledge. I agree to fully cooperate with Attorney, including keeping attorney informed of my current address and telephone numbers. I recognize that if my Attorney cannot reach me, it may jeopardize my claim and I will recover no money. In the event my Attorney cannot reach me for any reason and an offer of settlement is made on my case, I authorize my attorney to accept said offer of settlement on my behalf.

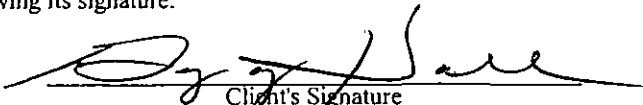
7. Should this Agreement be breached or in the event I discontinue this case or choose to be represented by a different attorney, it is agreed that I shall immediately pay all costs and expenses incurred by Attorney and in addition shall pay Attorney the reasonable value of their services to date, billable at an hourly rate of \$225 per hour or the percentage identified in paragraph 2 above of the last settlement offer, whichever is greater.

8. If Attorney seeks benefits for me which require an hourly fee billing (such as PIP claims, Bad Faith Insurance Claims or any other claim where Attorney may not statutorily receive a contingent fee), the hourly rate shall be \$400/hour. However, if said claim is lost, Attorney shall not recover said hourly fee from me.

9. I understand that Attorney may undertake this representation today to see if a viable claim will materialize in the future after the completion of Attorney's investigation, my medical treatment and any other factors. Accordingly, I understand that there may not be a viable claim as of today or even in the future but still agree to have Attorney represent me until such time as Attorney discontinues representation because of the lack of viability of my claim.

I hereby acknowledge that I have read this Power of Attorney and Contingent Fee Agreement and understand its meaning. I have had the opportunity to discuss this document with my Attorney and agree to its terms. I have been provided a copy of this document following its signature.

Dated: 12-18-09


Client's Signature

Accepted by the firm



Medicare Summary Notice

July 1, 2010

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-7423A

If you have questions, call:
1-800-MEDICARE
(1-800-633-4227) (#12502)

Ask for Doctor Services
TTY for hearing impaired: 1-877-486-2048

031415

GREGORY HALL
APT 2
73 S MACDADE BLVD
COLLINGDALE PA 19023-1510

BE INFORMED: Protect your Medicare number as you would a credit card number.

This is a summary of claims processed on 04/30/2010.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11-10119-493-610						
Quest Diagnostics Clinical, PO Box 13923, Philadelphia, PA 19101-3923						
Referred by: Khan, Azad Ali						
04/19/10	1.0 Glycosylated hemoglobin test (83036)	\$57.00	\$0.00	\$0.00	\$57.00	a
04/19/10	1.0 Blood serology, qualitative (86592)	34.50	0.00	0.00	34.50	a
04/19/10	1.0 Lipid panel (80061)	110.30	0.00	0.00	110.30	a,b,c
04/19/10	1.0 Assay thyroid stim hormone (84443)	111.40	0.00	0.00	111.40	a
04/19/10	1.0 Complete cbc w/auto diff wbc (85025)	34.20	0.00	0.00	34.20	a
04/19/10	1.0 Acute hepatitis panel (80074)	387.00	0.00	0.00	387.00	a
04/19/10	1.0 Comprehen metabolic panel (80053)	49.53	0.00	0.00	49.53	a,b,c
04/19/10	1.0 HIV-1/HIV-2, single assay (86703)	93.20	0.00	0.00	93.20	a
	Claim Total	\$877.13	\$0.00	\$0.00	\$877.13	

THIS IS NOT A BILL - Keep this notice for your records.

SOCIAL SECURITY ADMINISTRATION

Date: July 8, 2010
Claim Number: 175-44-7423A

ATT CAP
610-803-9695

GREGORY R HALL
73 MACDADE BLVD
APT 2
COLLINGDALE PA 19023-1510

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2008, the full monthly Social Security benefit before any deductions is.....\$ 908.60

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 908.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Other Important Information

COMPLETED BY DET TSC 719/288

There was no cost of living adjustment in Social Security benefits in December 2009. The benefit amount shown is current as of the date on this letter.



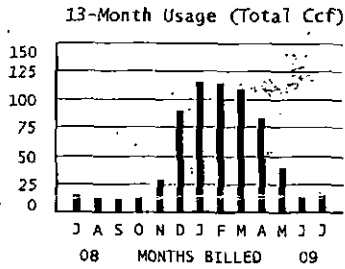
Emergency and Repairs: 1-800-841-4142 This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO equipment. For all other business, call 1-800-494-4000.

Page 3

Name: GREGORY HALL
 Service Address: 73 MACDADE BL, 2ND FL, COLLINGDALE
 Phone Number: 610-818-9695
 Account Number: 95993-00205
 Issue Date: 07/14/2009

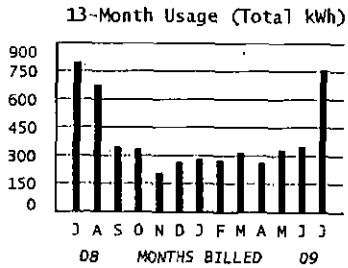
Your Usage Profile

Gas Residential Heating Service CAP Opt D



Month Billed	Avg Daily Usage	Avg Daily Temp
Current Month	0.5	73
Last Month	0.5	67
Last Year	0.4	77
Avg Ccf per Month		54
Total Annual Ccf Usage		654

Electric Residential Service CAP Opt D



Month Billed	Avg Daily Usage	Avg Daily Temp
Current Month	23.7	73
Last Month	11.8	67
Last Year	24.2	77
Avg kWh per Month		370
Total Annual kWh Usage		4446

1800 - 774 - 7040





0128

PECO
PO BOX 13778
Philadelphia, PA 19101

Account Number: 9599300205
November 23, 2009

4084 1 AT 0.357 4084/004084/005285 015 0:1 GXBPMH 4 11242009

GREGORY HALL
73 S MACDADE BLVD 2ND FL
COLLINGDALE PA 19023-1510

For Service to:
73 MACDADE BL
2ND FL
COLLINGDALE, PA 19023



Dear GREGORY HALL,

We have attempted to contact you, but have been unsuccessful. This is your **last notice** to stay on CAP Rate. We previously requested and have not received proof of your total household income before taxes.

To continue to receive the benefit of the discounted CAP Rate, you must send the following information:

1. A completed CAP Rate application form
2. Proof of income for everyone who lives in your household (for example: SSI, Employment Verification Letter, Pay Stubs (last 30 days), DPW, Social Security Disability, Workman's Compensation Award Letter, Child Support Court Order, etc.)
3. Social Security number(s) for everyone that lives in your household

You must send this information within 10 business days. If you do not, you will be taken off the CAP Rate.

We have enclosed a CAP Rate application for you. Please mail this information to:

PECO CAP Rate
P.O. Box 16468
Pittsburgh, PA 15242-9945

OR

fax to: 1-866-362-8906 (Toll Free)

In addition to being removed from the discounted CAP rate, if you do not respond and you are part of a budget payment plan you will be removed from that plan starting with your next bill. All new bills will be based on what you use each month.

You will also be required to pay any past due balance right away. If you do not pay off the balance, your service may be shut off and a 1.5% late fee will be added monthly to all unpaid balances.

To pay your bill by telephone, please call 1-877-432-9384.

If you have any questions, please call us at 1-800-774-7040.

Sincerely,

PECO Universal Services

Attachment: Cap Rate Application

TEN DAY SHUT OFF NOTICE
(AVISO DE SUSPENSION DE SERVICIO EN 10 DIAS)
FOR PECO ENERGY CHARGES ONLY.

Account Number: 9599300205
For Service To: 73 MACDADE BL
Date Prepared: April 6, 2010

Past Due Amt: \$4,126.54
New Billing: \$0.00
Total Amount: \$4,126.54

Your Gas/Electric Service May Be Shut Off!

Because your bill is past due, we will shut off the service to 73 MACDADE BL on or after 8:00 a.m. on April 20, 2010.

We will NOT shut off your gas/electric service if you do ONE of the following:

- Pay \$4,126.54 in full before April 20, 2010, this includes any amount you owe on your payment plan. This notice is effective for **60 days**.
- Show us a paid receipt for the past due amount.
- You may qualify for a payment agreement or special assistance programs. Call **1-888-480-1533** right away to provide us with household income and occupant information to determine your eligibility.
- If you dispute this balance or have other billing questions, please call our office at **1-800-494-4000**.

WE MUST RECEIVE YOUR PAYMENT BEFORE THE SHUT-OFF DATE. WE WILL NOT ACCEPT PAYMENTS AT YOUR PROPERTY.

If we shut off your gas/electric service, you may have to pay all of the following before we can turn service on:

• Past Due Amount of	<u>\$4,126.54</u>
• Deposit Past Due Amount of	<u>\$0.00</u>
• Agreement Unbilled Balance	<u>\$0.00</u>
• Total	<u>\$4,126.54*</u>

*If your service is shut off, you may be required to pay any additional bills that have become past due to restore your service.

**If your service is shut off, you may have to make substantial payments in order to have your service restored. In addition to any balance owed, you will have to pay a Reconnection charge of between \$70.00 and \$1,700.00. This fee amount is set by PECO's tariff and based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

MEDICAL EMERGENCY NOTICE

Let us know if you or anyone presently and normally living in your home is seriously ill. **WE WILL NOT SHUT OFF YOUR SERVICE** during such an illness provided you:

1. Have your licensed physician or nurse practitioner certify by phone and in writing that such an illness exists and that it may be aggravated if your service is shut off, phone certification must be followed by written certification within 7 days.

'AND'

2. Make arrangements to pay this bill. You must provide us with household income and occupant information to determine your payment terms while protected under the medical certification.

IMPORTANT TO KNOW

Before we shut off your utility service please read the back of this notice. You may be eligible for certain protections from shut off.

Atencion ! Este es en mensaje muy importante. Si usted no lo entiende, favor de llama a 1-888-480-1533.

Send payment in the enclosed envelope or pay your bill at an authorized payment location or PECO Energy's Main Office (23rd & Market Streets Philadelphia). To pay by credit card or check by phone, call 1-877-432-9384. The service provider will charge a convenience fee of \$3.50.

See other side for more information

When paying in person, please bring the entire bill





0112

TEN DAY SHUT OFF NOTICE
(AVISO DE SUSPENSION DE SERVICIO EN 10 DIAS)
FOR PECO ENERGY CHARGES ONLY.

Account Number: 9599300205
For Service To: 73 MACDADE BL
Date Prepared: July 6, 2010

Past Due Amt: \$4,421.65
New Billing: \$0.00
Total Amount: \$4,421.65

Your Gas/Electric Service May Be Shut Off!

Because your bill is past due, we will shut off the service to 73 MACDADE BL on or after 8:00 a.m. on July 20, 2010.

We will NOT shut off your gas/electric service if you do ONE of the following:

- Pay \$4,421.65 in full before July 20, 2010, this includes any amount you owe on your payment plan. This notice is effective for **60 days**.
- Show us a paid receipt for the past due amount.
- You may qualify for a payment agreement or special assistance programs. Call **1-888-480-1533** right away to provide us with household income and occupant information to determine your eligibility.
- If you dispute this balance or have other billing questions, please call our office at **1-800-494-4000**.

WE MUST RECEIVE YOUR PAYMENT BEFORE THE SHUT-OFF DATE. WE WILL NOT ACCEPT PAYMENTS AT YOUR PROPERTY.

If we shut off your gas/electric service, you may have to pay all of the following before we can turn service on:

- Past Due Amount of **\$4,421.65**
- Deposit Past Due Amount of **\$0.00**
- Agreement Unbilled Balance **\$0.00**
- Total **\$4,421.65***

*If your service is shut off, you may be required to pay any additional bills that have become past due to restore your service.

**If your service is shut off, you may have to make substantial payments in order to have your service restored. In addition to any balance owed, you will have to pay a Reconnection charge of between \$70.00 and \$1,700.00. This fee amount is set by PECO's tariff and based on how much work is needed to restore your service. You may also be required to pay a deposit equal to two times your average monthly usage.

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Send payment in the enclosed envelope or pay your bill at an authorized payment location or PECO Energy's Main Office (23rd & Market Streets Philadelphia). To pay by credit card or check by phone, call 1-877-432-9384. The service provider will charge a convenience fee of \$3.50.

See other side for more information

When paying in person, please bring the entire bill

PCO24P

11/11/10

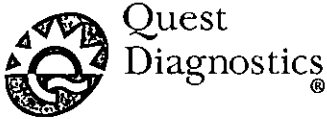
GREGORY HALL
73 MACDADE BLVD
APT 2

5000-RXA01002294291

COLLINGDALE, PA 190231510

We have reprocessed the following claims, and the schedule below shows the change in the amount of your share of the cost of the drugs.

Pharmacy	Date Filled	Rx #	Refill #	Label Name	Original Copay	New Copay	Copay Difference
WALGREEN	01/10/2007	0095547	0	OXYCOD/APAP	6.48	1.00	5.48
WALGREEN	02/21/2007	0098899	0	OXYCOD/APAP	6.48	1.00	5.48
WALGREEN	03/06/2007	0100004	0	OXYCOD/APAP	4.24	1.00	3.24
Total Claims: 3					Total Amount Overpaid		\$ 14.20
					Amount Applied to your Premium Statement Balance		0.00
					Refund Check Amount		\$ 14.20



Laboratory Invoice

For services not included in your physician's bill.

GXAWBS 14421 15392 I-1
19023013 0000072 6492928624 1
GREGORY HALL
73 S MACDADE BLVD
DARBY, PA 19023-1510

Invoice Number **6492928624** Lab Code **KOP**

Customer Service
LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone 1-800-766-2604 Fax 1-800-601-6608
WEEKDAYS 08:00AM-06:00PM EST Se Habla Espanol 08:00AM-06:00PM
Tiempo del Este
Please have your invoice available for reference.



Laboratory Tests Were Requested By:

Most Recent Insurance Claim Filed To:

Referring Physician: C31018KHAN,AZAD
Physician Address: 320 MACDADE BLVD STE 400
COLLINGDALE, PA 19023

Insurance Name: MEDICARE
Insurance ID: XXXXX7423A
Group Number:

Lab Results and Diagnosis Questions Must Be Answered By Your Physician

Patient Name: GREGORY HALL
Responsible Party: GREGORY HALL
Date of Service: April 19, 2010

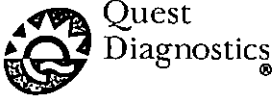
Invoice Date: July 7, 2010
Amount Due: \$877.13
Payment Due Date: 07/28/2010

THIS INVOICE IS FOR LABORATORY TESTS PERFORMED AT THE REQUEST OF THE REFERRING PHYSICIAN. THESE CHARGES ARE SEPARATE FROM THE PHYSICIAN'S FEES. PAYMENT WAS DENIED BY MEDICARE, INDICATING THE PATIENT WAS NOT COVERED ON THE DATE OF SERVICE. PLEASE MAKE PAYMENT OR CONTACT US TO PROVIDE YOUR INSURANCE POLICY INFORMATION IF YOU HAD COVERAGE FOR THE DATE OF SERVICE LISTED. THANK YOU FOR USING QUEST DIAGNOSTICS.

Date	CPT Code*	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
04/19/10	82465	CHOLESTEROL	\$28.90					
04/19/10	83036	HEMOGLOBIN, GLYCOSYLATED	\$57.00					
04/19/10	87340	EIA: HEP B SURFACE AG	\$65.00					
04/19/10	86709	HEP A AB IGM	\$100.00					
04/19/10	83718	LIPOPROTEIN, DIRECT; HDL	\$52.50					
04/19/10	86592	RPR (MONITOR) W/REFL	\$34.50					
04/19/10	84478	TRIGLYCERIDES	\$28.90					
04/19/10	84443	TSH	\$111.40					
04/19/10	86705	HEP B CORE AB IGM	\$110.00					
04/19/10	85025	CBC, PLT, DIFF	\$34.20					
04/19/10	88803	HEP C AB	\$112.00					
04/19/10	80053	COMPREHEN METABOLIC PANEL	\$49.53					
04/19/10	86703	VIRAL ANTIBODY 1&2 TITER	\$93.20					
Tax ID: 38-2084239 ICD-9 Codes: 250.00 042. 285.9 070.9 244.9 Services Performed by: QUEST DIAGNOSTICS HORSHAM HORSHAM, PA			\$877.13	\$0.00	\$0.00	\$0.00	\$0.00	\$877.13

*The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

▲ Please fold and tear payment coupon along perforation and remit with payment in the envelope provided ▲ R11 N 3 16



Payment Coupon

Lab Code: KOP

LOG ON NOW. Pay your bill online securely anytime - day or night at WWW.QUESTDIAGNOSTICS.COM/BILL or call 1-800-766-2604

Amount Due \$877.13

Due Date: 07/28/2010 **Invoice Number: 6492928624**

Quest Diagnostics also accepts credit cards and on-line check payments.

Patient Name: GREGORY HALL

Amount Enclosed:

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.



MAIL PAYMENTS ONLY TO:

Please make your check payable to QUEST DIAGNOSTICS
Be sure to include invoice number on your check.

**QUEST DIAGNOSTICS
PO BOX 740775
CINCINNATI OH 45274-0775**

Check here if address has changed.
Please provide your new address information on the back.
QUEST DIAGNOSTICS reserves the right to assign this receivable to any of its affiliates.



01K0P48016492928624000877135070721901910135890000005



An Exelon Company

0105

PECO
PO BOX 13778
Philadelphia, PA 19101

Account Number: 9599300205
June 03, 2010

2372 1 AT 0.357 2372/002372/003201 010 01 GXAG81 1 06042010

GREGORY HALL
73 S MACDADE BLVD 2ND FL
COLLINGDALE PA 19023-1510

For Service to:
73 MACDADE BL
2ND FL
COLLINGDALE, PA 19023



Case

*269
4289*

Problem:

As of June 03, 2010, PECO will not accept medical certificates or requests to restore service due to a medical condition for any occupants living at this service address.

Our Response:

We have reviewed your account and our records indicate that we have granted at least three (3) medical condition extensions and/or restorations and you have not made the required payments on your account.

Therefore, PECO will not accept medical certificates or requests to restore service due to a medical condition until you have paid the balance that accrued prior to the medical condition hold. The amount past due on your account is \$4,354.79. Please call us at 1-888-480-1533 to find out what portion of this balance you must pay to receive another medical condition extension.

You are responsible to pay your bill on time each month. If your account is past due, please make payment today to avoid further collection action. If you would like to pay your bill via MasterCard, VISA, Debit Card, or Check-by-Phone 24 hours a day, please call 1-877-432-9384.

If you have any questions, or to find out if you are eligible for payment arrangements, please call 1-888-480-1533 between 7 am and 6 pm, Monday through Friday, and between 9 am to 1pm on Saturdays. You may also visit our business office at 2301 Market Street in Philadelphia, PA 19101. Our business hours are Monday through Friday, from 8:30 a.m. to 5:00 p.m.

To File a Complaint:

You may file a complaint regarding this matter with the Public Utility Commission (PUC) by calling 1-800-692-7380, or by writing to the following address:

Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

To protect your rights, your complaint should be filed within 10 days of the date of this letter and should include the following:





Emergency and Repairs: 1-800-841-4141. This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO equipment. For all other business, call 1-800-494-4000.

Page 1

Name: GREGORY HALL
 Service Address: 73 MACDADE BL, 2ND FL, COLLINGDALE
 Phone Number: 610-803-9695
 Account Number: 95993-00205
 Issue Date: 07/13/2010

7382

1-800-692

General Information

Next scheduled meter reading: August 11, 2010
 Payment Information: PECO Energy, 2301 Market St, Philadelphia, PA, 19101, walk-in business hours Monday through Friday 8:30AM to 5:00PM. For additional payment options, go to www.peco.com/ehome. If you have any questions or concerns, please call 1-800-494-4000 before the due date.
 To pay by phone, call 1-877-432-9384. (A convenience fee will apply.)
 Si tiene alguna pregunta, favor de llamar al numero 1-800-494-4000 antes de la fecha de vencimiento.

Meter Information

Read Date	Meter Number	Load Type	Reading Type	Meter Reading		Diff	Mult X	Usage
				Previous	Present			
07/12	018781084	General Service	Total Ccf	2382 ACT	2402 ACT	20	1	20
07/12	028341177	General Service	Tot kWh	8617 ACT	9615 ACT	998	1	998
Total Ccf Used						20		
Total kWh Used						998		

Current Period

Gas Residential Heating Service CAP Opt D		Service 06/10/2010 to 07/12/2010 - 32 Days	
Customer Charge			\$10.75
Natural Gas Supply Charges	20 Ccf X	\$0.59258	11.85
Distribution Charges	20 Ccf X	0.34267	6.85
Balancing Service Charges	20 Ccf X	0.05077	1.02
Gas Cost Adjustment Charges	20 Ccf X	0.03850	0.77
State Tax Adjustment			0.05
CAP Adjustment			\$-6.29
Total current charges			\$25.00

continued ...

When paying in person, please bring the entire bill.

Return only this portion with your check made payable to PECO. Please write your account number on your check.



- Check here to enroll in Power Pay automatic account debit and complete form on reverse side.
- Check here to pledge a donation to MEAF and complete form on reverse side.

To pay by phone call 1-877-432-9384.
 A convenience fee will apply.

95993 0020 50000 0000

822 AV 0.460 0082/00082/000100 001 01 GXAGS 12345 07142010
 GREGORY HALL
 73 S MACDADE BLVD 2ND FL
 COLLINGDALE PA 19023-1510



215
 965
 3721

Account Number 95993-00205 Payment Receipt St

Payment Amount

Please pay this amount by 08/04/2010 **\$4,615.9**

PECO ENERGY - PAYMENT PROCESSING
 PO BOX 37629
 PHILADELPHIA, PA 19101



00000124720000282627

959930020500046159202164615923





An Exelon Company

Emergency and Repairs: 1-800-841-4141. This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO equipment. For all other business, call 1-800-494-4000.

Page 2

Name: GREGORY HALL
Service Address: 73 MACDADE BL, 2ND FL, COLLINGDALE
Phone Number: 610-803-9695
Account Number: 95993-00205
Issue Date: 07/13/2010

Current Period ... continued

Electric Residential Service CAP Opt D

Service 06/10/2010 to 07/12/2010 - 32 Days

Table with 4 columns: Description, Quantity, Unit, and Amount. Rows include Customer charge, Generation Charges (650 kWh), Transmission Charges (650 kWh), Distribution Charges (650 kWh), Transition Charges (650 kWh), and State Tax Adjustment.

Total current charges \$99.72

Your Electric CAP savings this month is \$68.34

Other Basic Charges

Table with 2 columns: Description and Amount. Rows include Thank you for your payment of \$100.00, Budget bill charges from previous bill (\$97.00), Reconnect charge (\$75.00), Charges from previous bill (\$2,826.27), Transfer service (\$208.85), Late payment charge (\$1,197.08), Total other charges (\$4,491.20), and Total amount due (\$4,615.92).

Message Center

You are on the Customer Assistance Program (CAP) Rate. You are saving money by paying a CAP rate.

New charges contain estimated total state taxes of \$7.56, including \$5.88 for State Gross Receipts Tax. PECO's new charges contain \$18.67 Intangible Transition Charges.



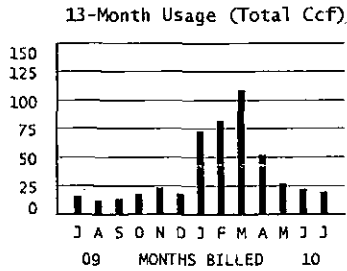
DO NOT MAIL THIS PORTION WITH YOUR PAYMENT

Page 3

Name: GREGORY HALL
 Service Address: 73 MACDADE BL, 2ND FL, COLLINGDALE
 Phone Number: 610-803-9695
 Account Number: 95993-00205
 Issue Date: 07/13/2010

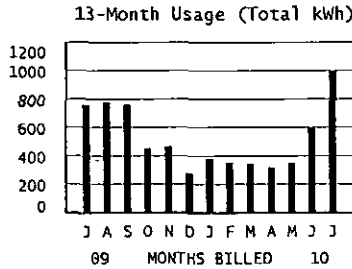
Your Usage Profile

Gas Residential Heating Service CAP Opt D



Month Billed	Avg Daily Usage	Avg Daily Temp
Current Month	0.6	80
Last Month	0.7	70
Last Year	0.5	73
Avg Ccf per Month		39
Total Annual Ccf Usage		474

Electric Residential Service CAP Opt D



Month Billed	Avg Daily Usage	Avg Daily Temp
Current Month	31.1	80
Last Month	20.0	70
Last Year	23.7	73
Avg kWh per Month		509
Total Annual kWh Usage		6117





Emergency and Repairs: 1-800-841-4141. This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO equipment. For all other business, call 1-800-494-4000.

215-568-3750

LYURP - 1-800-67510222

MEAS - 215-829-0545

215 568 1960

Page 1

Name: GREGORY HALL
Service Address: 73 MACDADE BL, 2ND FL, COLLINGDALE
Phone Number: 610-803-9695
Account Number: 95993-00205
Issue Date: 11/10/2009

General Information

Next scheduled meter reading: December 11, 2009
Payment Information: PECO Energy, 2301 Market St, Philadelphia, PA, 19101, walk-in business hours Monday through Friday 8:30AM to 5:00PM. For additional payment options, go to www.peco.com/ehome. If you have any questions or concerns, please call 1-800-494-4000 before the due date.
To pay by phone, call 1-877-432-9384. (A convenience fee will apply.)

Si tiene alguna pregunta, favor de llamar al numero 1-800-494-4000 antes de la fecha de vencimiento.

Meter Information

Table with columns: Read Date, Meter Number, Load Type, Reading Type, Meter Reading Previous, Meter Reading Present, Diff, Mult X, Usage. Rows include 11/09 018781084 General Service Total Ccf and 11/09 028341177 General Service Tot kWh.

Current Period

Table for Gas Residential Heating Service CAP Opt D, Service 10/11/2009 to 11/09/2009 - 29 Days. Lists charges like Customer Charge (\$10.75), Natural Gas Supply Charges, Distribution Charges, Balancing Service Charges, Gas Cost Adjustment Charges, State Tax Adjustment, and CAP Adjustment.

Total current charges \$25.00 continued ...

Handwritten circled amount: 192.00

When paying in person, please bring the entire bill.

Return only this portion with your check made payable to PECO. Please write your account number on your check.



- Check here to enroll in Power Pay automatic account debit and complete form on reverse side.
Check here to pledge a donation to MEAF and complete form on reverse side.

To pay by phone call 1-877-432-9384. A convenience fee will apply.

95993 0020 50000 0000

681AV03350668/00068/00018600101GX9MGT 1211112009
GREGORY HALL
73 S MACDADE BLVD 2ND FL
COLLINGDALE PA 19023-1510

Account Number 95993-00205 Payment Receipt Sta

Payment Amount box

Please pay this amount by 12/03/2009 \$3,713.88

PECO ENERGY - PAYMENT PROCESSING
PO BOX 37629
PHILADELPHIA, PA 19101

00000060190000252696

959930020500037138893373713882



Emergency and Repairs: 1-800-841-4141. This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO equipment. For all other business, call 1-800-494-4000.

Page 2

Name: GREGORY HALL
 Service Address: 73 MACDADE BL, 2ND FL, COLLINGDALE
 Phone Number: 610-803-9695
 Account Number: 95993-00205
 Issue Date: 11/10/2009

Current Period ... continued

<u>Electric Residential Service CAP Opt D</u>		Service 10/11/2009 to 11/09/2009 - 29 Days	
Customer charge			\$5.31
Generation Charges	468 kWh	X \$0.02720	12.73
Transmission Charges	468 kWh	X 0.00270	1.26
Distribution Charges	468 kWh	X 0.02250	10.53
Transition Charges	468 kWh	X 0.01170	5.48
State Tax Adjustment			-0.12
Total current charges			\$35.19
Your Electric CAP savings this month is \$39.64			

Other Basic Charges

Budget bill charges from previous bill	\$97.00
Budget bill charges from previous bill	\$87.00
Charges from previous bill	\$2,526.96
Transfer service	\$11.63
Late payment charge	\$931.10
Total other charges	\$3,653.69
Total amount due	\$3,713.88

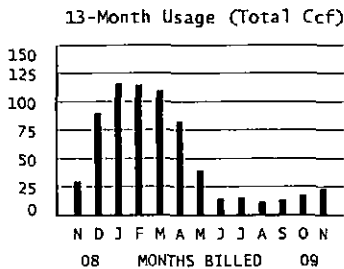
Message Center

You are on the Customer Assistance Program (CAP) Rate. You are saving money by paying a CAP rate.

New charges contain estimated total state taxes of \$2.81, including \$2.08 for State Gross Receipts Tax. PECO's new charges contain \$4.86 Intangible Transition Charges.

Your Usage Profile

Gas Residential Heating Service CAP Opt D



Month Billed	Avg Daily Usage	Avg Daily Temp
Current Month	0.8	53
Last Month	0.5	65
Last Year	0.9	56
Avg Ccf per Month		54
Total Annual Ccf Usage		653

continued ...





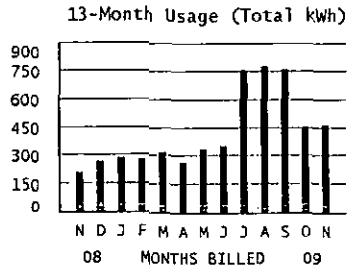
Emergency and Repairs: 1-800-841-4141 This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO equipment. For all other business, call 1-800-494-4000.

Page 3

Name: GREGORY HALL
 Service Address: 73 MACDADE BL, 2ND FL, COLLINGDALE
 Phone Number: 610-803-9695
 Account Number: 95993-00205
 Issue Date: 11/10/2009

Your Usage Profile ... continued

Electric Residential Service CAP Opt D



Month Billed	Avg Daily Usage	Avg Daily Temp
Current Month	16.1	53
Last Month	14.7	65
Last Year	6.8	56
Avg kWh per Month		444
Total Annual kWh Usage		5337



DO NOT MAIL THIS PORTION WITH YOUR PAYMENT

EXHIBIT

tabbies

2

Exelon®

Legal Department

Exelon Business Services Company
2301 Market Street/S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699

Telephone 215.841.4000
Fax 215.568.3389
www.exeloncorp.com

Business Services
Company

Direct Dial: 215.841.6841

August 25, 2010

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, Second Floor
Harrisburg, PA 17120

RECEIVED

AUG 25 2010

Re: **Gregory R. Hall v. PECO Energy Company**
PUC Docket No. C-2010-2192176

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Dear Ms. Chiavetta:

Enclosed for filing with the Commission are the following documents and copies in the matter referenced above.

- X Answer (original)
- Motion to Consolidate (original)
- Motion for Judgment on the Pleadings (original)
- Preliminary Objection (original)
- Exceptions (original)
- Reply Exceptions (original)
- Brief (original)
- Reply Brief (original)


RECEIVED

FEB 18 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

I have enclosed a Certificate of Service showing that a copy of the above document was served on the interested parties. Also enclosed is an extra copy of this letter, which I request that you date stamp and return to me in the envelope provided as proof of filing. Thank you for your time and attention on this matter.

Very truly yours,



Tisheka Williams
Counsel for PECO Energy Company
TW/adz
Enc.

Scheduling Recommendation: Call of the Docket X Non Call of the Docket

Legal Department

Exelon Business Services Company
2301 Market Street/S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699

Telephone 215.841.4000
Fax 215.568.3389
www.exeloncorp.com

Business Services
Company

Direct Dial: 215 841-6841

August 26, 2010

Gregory R. Hall
73 MacDade Blvd., Apt. 2
Collingdale, PA 19123

**Re: Gregory R. Hall v. PECO Energy Company
PUC Docket No. C-2010-2192176**

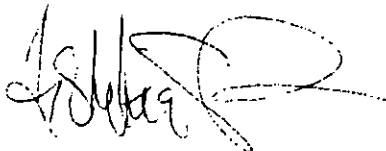
Dear Mr. Hall:

Enclosed is a copy of PECO Energy Company's response to the formal complaint filed in the above-referenced docket. The law requires PECO Energy to file an answer to your Public Utility Commission complaint. Keep these papers for your records. This is not a decision on your complaint. If there is a "Notice to Plead" attached to this Answer, you should review the Notice to Plead for information on how to respond to a New Matter, Motion or Preliminary Objection that may have been included with the Answer. Please note that if you do not respond to a New Matter, Motion, or Preliminary Objection an unfavorable decision may be rendered against you.

Soon, the Public Utility Commission will schedule either a settlement conference or a hearing on your complaint. The Commission will let you know by mail whether there will be a conference or a hearing and will include instructions on what to do next. If the matter is set for hearing, the notice will provide you with information about the date, time and place of the hearing. If we are unable to resolve your complaint and have to proceed with a hearing, a judge will be at the hearing and will decide your complaint. You must call the Public Utility Commission if you have any questions about the hearing or if you cannot attend the hearing.

If you have any questions or concerns at any time, please do not hesitate to contact me at the above listed number.

Very truly yours,



Tishekia Williams
Counsel for PECO Energy Company
TW/adz
Enc.

95993 00209

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

GREGORY R. HALL	:	
	:	
v.	:	DOCKET NO. C-2010-2192176
	:	
PECO ENERGY COMPANY	:	

**ANSWER & NEW MATTER
OF RESPONDENT, PECO ENERGY COMPANY**

PECO Energy Company ("PECO"), pursuant to 52 Pa. Code § 5.61, responds to the Complaint and states:

1. Admitted.
2. Admitted.
3. Admitted.
4. Denied. PECO denies that Complainant is unable to pay his electric service bill and proof thereof is demanded at time of hearing. Complainant has a poor payment history and has remitted only 4 payments within the last 24 months.¹ Complainant is responsible for the entirety of his bill, which is \$4,728.72. Complainant is enrolled in PECO Customer Assistance Program and is not entitled to a Commission-issued agreement. 66 Pa.C.S. §1405(c). A copy of Complainant's account activity statement is attached as Exhibit 1.
5. This paragraph is a request for relief and no answer is required.
6. PECO Energy is without sufficient information to confirm or deny this statement.
7. Admitted.

¹ Complainant also received the benefit of LIHEAP grant payments.

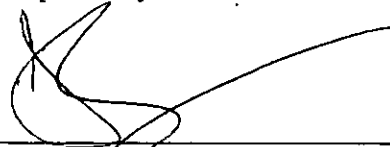
NEW MATTER OF RESPONDENT

PECO Energy, pursuant to 52 Pa. Code § 5.62(b), further responds to the Complaint and states:

1. Complainant was enrolled in PECO's Customer Assistant Program, tier D on May 17, 2005. With the exception of November 9, 2007 until December 7, 2007, Complainant has been continuously enrolled.
2. Complainant receives a 50% discount on the first 650 kWhs of electric used each month.
3. Pursuant to 66 Pa.C.S. §1405(c), CAP rates shall be timely paid and are not subject to Commission approved or negotiated agreements.

WHEREFORE, PECO Energy Company requests that the Honorable Commission dismiss this complaint.

Respectfully Submitted,



Tishekia Williams
Counsel for PECO Energy Company
2301 Market Street, S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699
(215) 841-6841
Fax: 215.568.3389
tishekia.williams@exeloncorp.com

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FEB 18 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

*** Account Information ***

Account Number: 95993-00205
Account Status: Active
Requested By: GREGORY HALL
(610)803-9695 Extension:
Mail To: GREGORY HALL
2ND FL
73 S MACDADE BLVD
COLLINGDALE PA 19023

*** Current Account Status ***

Current Bill: \$112.84
Billed Prior: \$4615.92
Balance Due: \$4728.76
Service Address: 73 MACDADE BL
2ND FL
COLLINGDALE PA 19023
Credit Amount: \$0.00
Deposit Requested: \$0.00
Deposit On-Hand: \$0.00
Meter Bill Grp: 09
Rate: CAP Option D Gas Residential Heating Svc
CAP Opt D Electric Residential Service

RECEIVED

FEB 18 2011

PP&A PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DATE	CHARGE TYPE	BILLING PERIOD	READ	METER #	CHARGE AMOUNT	CREDIT AMOUNT	NOGAP TOTAL BILL	BALANCE FORWARD	DUE DATE	KWH	CCF
09/04/08	Payment					\$147.00					
09/04/08	Regular Bill				\$70.00					285	
09/08/08	Payment Agreement					\$3349.27					
09/19/08	BUDGET BILLING	08/11/08 09/10/08			\$97.00						
	** Budget Bill Detail **	Actual Bill Amount: 50.83			BB Deferred Amount: -46.17						
09/19/08	DEFERRED PAYMENT AGREEMENT				\$139.55		\$250.95	\$14.40	10/14	362	
09/19/08	Regular Bill										
10/10/08	BUDGET BILLING	09/10/08 10/09/08			\$87.00						
	** Budget Bill Detail **	Actual Bill Amount: 51.95			BB Deferred Amount: -81.22						
10/10/08	DEFERRED PAYMENT AGREEMENT				\$139.55		\$477.50	\$14.40	11/04	352	
10/10/08	Regular Bill										
11/10/08	Budget Bill Settlement					\$16.31					
11/10/08	Reinstate AR from DPA- Cr					\$3332.96					
11/10/08	Reinstate AR from DPA- Db				\$3332.96						
11/10/08	Bill Out DPA due to Default				\$2930.62						
11/10/08	BUDGET BILLING	10/09/08 11/09/08									
	** Budget Bill Detail **	Actual Bill Amount: 64.91			BB Deferred Amount: 0.00						
11/10/08	DEFERRED PAYMENT AGREEMENT				\$139.55		\$600.74	\$461.19	12/03	242	
11/10/08	Regular Bill										
11/11/08	Late Payment Charge				\$35.77						
11/12/08	Late Payment Charge				\$35.77						
2/04/08	Payment					\$100.00					
2/09/08	Late Payment Charge				\$35.77						
2/10/08	PPA Forgiven					\$3081.18					
2/10/08	PPA: PRE-PROGRAM ARREARAGE				\$3081.18						
2/11/08	GAS SERVICE	11/09/08 12/10/08	1433	018781084	\$116.19						
2/11/08	ELECTRIC SERVICE	11/09/08 12/10/08	901	028341177	\$22.10						
2/11/08	Regular Bill						\$3676.96	\$3538.67	01/02	269	90
1/07/09	Late Payment Charge				\$37.84						
1/14/09	GAS SERVICE	12/10/08 01/01/09	1517	018781084	\$89.33						
1/14/09	GAS SERVICE	01/01/09 01/13/09	1549	018781084	\$22.05						
1/14/09	Regular Bill						\$3849.29	\$3714.80	02/05		116
1/14/09	ELECTRIC SERVICE	12/10/08 01/13/09	1186	028341177	\$23.11						
2/04/09	Payment					\$100.00					
2/10/09	Late Payment Charge				\$39.86						
2/13/09	GAS SERVICE	01/13/09 02/12/09	1664	018781084	\$77.92						
2/13/09	ELECTRIC SERVICE	01/13/09 02/12/09	1465	028341177	\$22.98						
2/13/09	Regular Bill						\$3890.05	\$3789.15	03/10	279	115
3/16/09	GAS SERVICE	02/12/09 03/15/09	1774	018781084	\$74.71						
3/16/09	ELECTRIC SERVICE	02/12/09 03/15/09	1782	028341177	\$25.41						
3/16/09	Regular Bill						\$3990.17	\$3890.05	04/07	317	110
3/17/09	Late Payment Charge				\$41.37						
1/02/09	LIHEAP Payment					\$300.00					
1/09/09	LIHEAP Payment					\$800.00					
1/14/09	GAS SERVICE	03/15/09 04/13/09	1857	018781084	\$57.37						
1/14/09	ELECTRIC SERVICE	03/15/09 04/13/09	2047	028341177	\$22.09						
1/14/09	Late Payment Charge				\$30.38						
1/14/09	Regular Bill						\$3041.38	\$2961.92	05/06	265	83
1/20/09	Payment Agreement					\$3017.38					
3/13/09	GAS SERVICE	04/13/09 05/12/09	1897	018781084	\$30.49						
3/13/09	ELECTRIC SERVICE	04/13/09 05/12/09	2382	028341177	\$26.56						
3/13/09	DEFERRED PAYMENT AGREEMENT				\$50.29						
3/13/09	Regular Bill						\$131.34	\$24.00	06/04	335	40

DATE	CHARGE TYPE	BILLING PERIOD	READ	METER #	CHARGE AMOUNT	CREDIT AMOUNT	TOTAL BILL	BALANCE FORWARD	DUE DATE	KWH	CCF	KW
06/09/09	Reinstate AR from DPA- Cr					\$3017.38						
06/09/09	Reinstate AR from DPA- Db				\$3005.75							
06/09/09	Reinstate AR from DPA- Db				\$11.63							
06/09/09	Bill Out DPA due to Default				\$2967.09							
06/09/09	Late Payment Charge				\$1.61							
06/12/09	GAS SERVICE	05/12/09 06/11/09	1912	018781084	\$25.00							
06/12/09	ELECTRIC SERVICE	05/12/09 06/11/09	2738	028341177	\$27.90							
06/12/09	Regular Bill						\$3152.94	\$3088.41	07/06	356	15	
07/13/09	Late Payment Charge				\$33.21							
07/14/09	GAS SERVICE	06/11/09 07/13/09	1928	018781084	\$25.00							
07/14/09	ELECTRIC SERVICE	06/11/09 07/13/09	3498	028341177	\$61.35							
07/14/09	Regular Bill						\$3272.50	\$3186.15	08/05	760	16	
08/11/09	Late Payment Charge				\$34.51							
08/12/09	GAS SERVICE	07/13/09 08/11/09	1940	018781084	\$25.00							
08/12/09	ELECTRIC SERVICE	07/13/09 08/11/09	4279	028341177	\$64.13							
08/12/09	Regular Bill						\$3396.14	\$3307.01	09/03	781	12	
09/09/09	Late Payment Charge				\$35.85							
09/11/09	GAS SERVICE	08/11/09 09/10/09	1954	018781084	\$25.00							
09/11/09	ELECTRIC SERVICE	08/11/09 09/10/09	5044	028341177	\$62.00							
09/11/09	Regular Bill						\$3518.99	\$3431.99	10/05	765	14	
10/12/09	GAS SERVICE	09/10/09 10/11/09	1972	018781084	\$25.00							
10/12/09	ELECTRIC SERVICE	09/10/09 10/11/09	5501	028341177	\$34.48							
10/12/09	Late Payment Charge				\$37.16							
10/12/09	Regular Bill						\$3615.63	\$3556.15	11/03	457	18	
11/10/09	GAS SERVICE	10/11/09 11/09/09	1996	018781084	\$25.00							
11/10/09	ELECTRIC SERVICE	10/11/09 11/09/09	5969	028341177	\$35.19							
11/10/09	Late Payment Charge				\$38.06							
11/10/09	Regular Bill						\$3713.88	\$3653.69	12/03	468	24	
12/08/09	Late Payment Charge				\$38.97							
12/11/09	GAS SERVICE	11/09/09 12/10/09	2014	018781084	\$25.00							
12/11/09	ELECTRIC SERVICE	11/09/09 12/10/09	6251	028341177	\$23.31							
12/11/09	Regular Bill						\$3801.16	\$3752.85	01/04	282	18	
12/21/09	Transfer Debit				\$135.43							
01/11/10	Late Payment Charge				\$39.70							
01/14/10	GAS SERVICE	12/10/09 01/13/10	2087	018781084	\$51.23							
01/14/10	ELECTRIC SERVICE	12/10/09 01/13/10	6636	028341177	\$29.87							
01/14/10	Regular Bill						\$3921.96	\$3840.86	02/05	385	73	
01/19/10	Transfer Debit				\$3.09							
01/22/10	Transfer Debit				\$130.99							
02/10/10	Late Payment Charge				\$40.92							
02/12/10	GAS SERVICE	01/13/10 02/11/10	2170	018781084	\$57.46							
02/12/10	ELECTRIC SERVICE	01/13/10 02/11/10	6994	028341177	\$28.81							
02/12/10	Regular Bill						\$4049.15	\$3962.88	03/09	358	83	
02/22/10	Transfer Debit				\$64.14							
02/23/10	Transfer Debit				\$4.79							
03/15/10	Transfer Debit				\$43.29							
03/15/10	GAS SERVICE	02/11/10 03/14/10	2279	018781084	\$73.23							
03/15/10	ELECTRIC SERVICE	02/11/10 03/14/10	7342	028341177	\$28.16							
03/15/10	Regular Bill						\$4150.54	\$4049.15	04/06	348	109	
03/16/10	Late Payment Charge				\$42.21							
04/13/10	GAS SERVICE	03/14/10 04/12/10	2331	018781084	\$37.60							
04/13/10	ELECTRIC SERVICE	03/14/10 04/12/10	7663	028341177	\$26.39							
04/13/10	Late Payment Charge				\$43.73							
04/13/10	Regular Bill						\$4682.20	\$4618.21	05/05	321	52	
05/03/10	LIHEAP Payment					\$162.00						
05/11/10	LIHEAP Payment					\$200.00						
05/11/10	Late Payment Charge				\$46.16							
05/12/10	GAS SERVICE	04/12/10 05/11/10	2359	018781084	\$25.00							
05/12/10	ELECTRIC SERVICE	04/12/10 05/11/10	8015	028341177	\$28.43							
05/12/10	Regular Bill						\$4419.79	\$4366.36	06/03	352	28	
05/25/10	Payment					\$65.00						
06/03/10	RECONNECT FEE - CUT-OUT NON-PAY				\$75.00							
06/10/10	Late Payment Charge				\$46.00							
06/11/10	GAS SERVICE	05/11/10 06/10/10	2382	018781084	\$25.00							
06/11/10	ELECTRIC SERVICE	05/11/10 06/10/10	8617	028341177	\$44.86							

DATE	CHARGE TYPE	BILLING PERIOD	READ	METER #	CHARGE AMOUNT	CREDIT AMOUNT	TOTAL BILL	BALANCE FORWARD	DUE DATE	KWH	CCF	KW
06/11/10	Regular Bill						\$4545.65	\$4400.79	07/06	602	23	
06/28/10	Payment					\$100.00						
07/13/10	GAS SERVICE	06/10/10 07/12/10	2402	018781084	\$25.00							
07/13/10	ELECTRIC SERVICE	06/10/10 07/12/10	9615	028341177	\$99.72							
07/13/10	Late Payment Charge				\$45.55							
07/13/10	Regular Bill						\$4615.92	\$4491.20	08/04	998	20	
08/11/10	GAS SERVICE	07/12/10 08/10/10	2420	018781084	\$25.00							
08/11/10	ELECTRIC SERVICE	07/12/10 08/10/10	10533	028341177	\$87.84							
08/11/10	Regular Bill						\$4728.76	\$4615.92	09/02	918	18	

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

GREGORY R. HALL

v.

PECO ENERGY COMPANY

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:
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:
:

DOCKET NO. C-2010-2192176

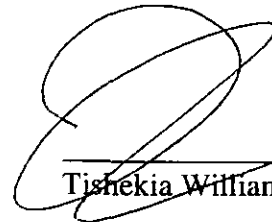
VERIFICATION

I, Tishekia Williams, hereby declare that I am counsel for PECO Energy Company; that as such I am authorized to make this verification on its behalf; that the facts set forth in the foregoing Pleading are true to the best of my knowledge, information and belief, and that I make this verification subject to the penalties of 18 Pa. C.S. § 4904 pertaining to false statements to authorities.

RECEIVED

FEB 18 2011

Date: August 25, 2010 PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU


Tishekia Williams

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

GREGORY R. HALL :
 :
v. : **DOCKET NO. C-2010-2192176**
 :
PECO ENERGY COMPANY :

CERTIFICATE OF SERVICE

I, Tishekia Williams, hereby certify that I have this day served a copy of PECO Energy Company's Answer in the above matter upon all interested parties by mailing a copy, properly addressed and postage prepaid to:

Gregory R. Hall
73 MacDade Boulevard, Apt 2
Collingdale, PA 19123

RECEIVED

Dated at Philadelphia, Pennsylvania, August 25, 2010.

FEB 18 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Tishekia Williams
Counsel for PECO Energy Company
2301 Market Street, S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699
(215) 841-6841
Fax: 215.568.3389
tishekia.williams@exeloncorp.com

From: (215) 841-5353
Anita Zaketa

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Rosemary Chiavetta, Secretary
Public Utilities Commission
400 NORTH ST FL 2
COMMONWEALTH KEYSTONE BUILDING
HARRISBURG, PA 17120

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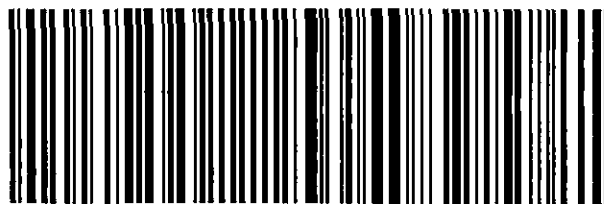
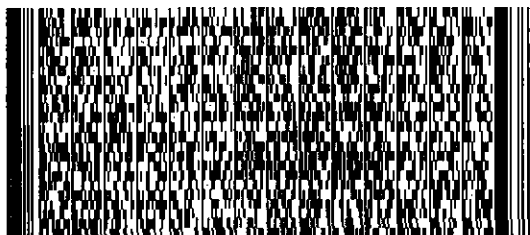
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