

**CONSERVATION SERVICE PROVIDER ("CSP") APPLICATION
FOR REGISTRATION IN THE COMMONWEALTH OF PENNSYLVANIA**

Conservation Service Providers ("CSPs") have a specific role under Act 129, which requires a covered Electric Distribution Company's Energy Efficiency and Conservation (EE&C) plan to include one or more CSPs to implement at least a portion of the EE&C Plan. 66 Pa.C.S. § 2806.1(b)(1)(i)(E). CSPs provide information and technical assistance to EDCs on *measures* that enable a person to increase energy efficiency or reduce energy consumption. CSPs must have no direct or indirect ownership, partnership or other affiliated interest with an EDC. 66 Pa.C.S. § 2806.1 (m). Only registered CSPs may advise an EDC and/or provide consultation, design, or administration or management services to an EDC related to the implementation of the EDC's EE&C Plan. As such, registration of business entities as approved CSPs is required before entering into a contractual agreement with an EDC exclusively for the provision of consultation, design, administration, management or advisory services regarding that EDC's EE&C plan. This registry is not intended as a resource for business, whose sole purpose is the installation of measures, supplying of equipment or other contracting work for use by the general public and EDC customers. If providing such services, registration as a CSP is not required for entering into an agreement with an EDC.

Any CSP subcontractor with an annual contract cost that equals or exceeds 10% of the CSP annual contract cost and is directly performing services pursuant to a contract with a CSP which has contracted with an EDC after Commission approval should also register as a CSP. This does not include third party contractors which participate in or support an EE&C Plan but are not directly contracted with a CSP which has a direct contractual relationship with the EDC subject to Act 129.

To qualify an applicant must have at least two years of experience in providing program consultation, design, administration, management or advisory services related to energy efficiency and conservation services. CSP registration is not required of entities that limit their services to the installation of energy efficiency measures or the provision of equipment or materials to EDC customers or the public in general.

1. IDENTITY OF THE APPLICANT

a. Legal Name of Applicant: *Key Recycling LLC*

Attach proof of compliance with appropriate Pennsylvania Department of State filing requirements.¹

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¹ A copy of any document from the Pennsylvania Department of State (Pa. Dept. of State) documenting the Applicant's Pa. Dept. of State entity number is adequate. However, the document must indicate that the Applicant's Pa. Dept. of State registration is "active." Certified copies of Pa. Dept. of State documents are not required.

b. Trade or Commercial or Fictitious Names Used by Applicant (d/b/a)—List all that apply.

- The Applicant will be using a fictitious name or doing business as (“d/b/a”). Identify names below. If more space is needed, list names on the back of this page or append list to completed application.
- The Applicant will not be using a fictitious name.

c. Applicant Address: 1220 Harmonyville Rd. Pottstown, PA 19465

d. Applicant Telephone No: 484-369-1217

e. Applicant Email Address: Key Recycling LLC @ Gmail . COM

f. Contact Information for Applicant. PLEASE NOTE: Upon approval of this application, this Contact Information will be listed on the Commission’s CSP Registry.

- Name Keith Manchek
- Mailing Address 1220 Harmonyville Rd Pottstown, PA 19465
- Telephone 484-369-1217
- Email Address Key Recycling LLC @ Gmail . COM

g. Predecessor(s) & Other Names used by Applicant for past five (5) years of date of this application. Provide Name(s), Address(es) and Telephone No.(s).

- Check Box if any Predecessor(s) is currently or was previously registered in Pennsylvania as a CSP. If affirmative, please provide Docket No(s). (A-[Year]-[Seven (7) Digits]) and names for all registered CSPs.

N/A

h. Parent & Subsidiary Companies & Affiliates:

- Parent Name and Contact Information. Provide name and contact information for parent company. Check Box if any parent company is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If "None," do not check the box and answer "None" below.

none

- Subsidiaries and Contact Information. Provide name and contact information for all subsidiary companies. Check Box if any subsidiary is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If "None," do not check the box and answer "None" below.

none

- Affiliate(s) and Contact Information. Provide name and contact information for all affiliate companies. Check Box if any affiliate is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If "None," do not check the box and answer "None" below.

none

i. Contracts & Business Partnerships:

- Check Box if Applicant intends to or has operated under contract with or has partnered with an EDC within the past five (5) years. If "None," do not check the box and answer "None" below.
- Check Box if Applicant intends to or has operated under contract (subcontractor) with or has partnered with a CSP within the past five (5) years. If "None," do not check the box and answer "None" below.

If any box above is checked, please provide name(s) of EDC(s) and CSP(s) and contact information for each and briefly describe the nature of business services associated with each contract and/or partnership.

none

j. Identify principal officers (owners, executives, partners and/or directors), as appropriate for Applicant's organizational structure. Provide an organizational chart and the names, titles, business addresses and telephone numbers for each office.

Keth YancheK - Owner, CEO

✓ k. Attach to this Application a brief biography or single page professional resume for all principal officers and management directly responsible for Applicant's operations.

l. Provide Applicant's Employer Identification No. (EIN): 462418188

2. REGISTERED AGENT

a. If the Applicant does not maintain a principal office in the Commonwealth, the Applicant is required by the Pennsylvania Department of State to designate an approved Registered Agent as its representative in the Commonwealth. Check one of the Boxes below, as applicable:

YES, the Applicant has registered its business with the Pennsylvania Department of State. Following is the Name and Contact information for the Applicant's Department-Approved Registered Agent.

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- Registered Agent's Name
- Registered Agent's Mailing Address
- Registered Agent's Telephone
- Registered Agent's Email Address

NO, the Applicant has not registered its business with the Pennsylvania Department of State. STOP—To avoid denial of your application and forfeiture of your application fee, you should contact the Pennsylvania Department of State Bureau of Corporations to register as a business entity within the Commonwealth PRIOR TO completion and filing of this application with the Pennsylvania Public Utility Commission.

b. Applicant has registered its business with the Pennsylvania Department of State. Please check appropriate registration type for Applicant as designated with the Department.

- Sole proprietor (15 Pa. C.S. §4124)
- Domestic corporation (none)
- Domestic general partnership (15 Pa. C.S. §4124)
- Domestic limited liability company (15 Pa. C.S. §8913)
- Domestic limited liability partnership (15 Pa. C.S. §8201)
- Foreign corporation (15 Pa. C.S. §4124)
- Foreign general or limited partnership (15 Pa. C.S. §4124)
- Foreign limited liability company (15 Pa. C.S. §8981)
- Foreign limited liability general partnership (15 Pa. C.S. §8211)
- Foreign limited liability limited partnership (15 Pa. C.S. §8211)

c. If Applicant is not domiciled in the Commonwealth of Pennsylvania and is registered as a "foreign" entity as identified in Question 2.b., please identify all other states where applicant is registered and name the appropriate state department(s):

3. **APPLICANT'S OPERATIONS**

Respond to each of the following four questions relating to Applicant's operations and its technical and financial fitness. Respond to each item and attach any additional information and/or statements to this Application as appropriate.

a. Describe nature of business:

Collection of end of life appliances for utilities
as part of an Energy Efficiency program

b. Current status of business (check one):

- Applicant is presently doing business in Pennsylvania
- Applicant is presently not doing business in Pennsylvania

c. The Applicant proposes to provide the following information and technical services to an EDC. Check all services that apply and identify all EDCs with whom Applicant intends to conduct business.

- | | |
|--|------------------|
| <input type="checkbox"/> Consultation | EDCs: |
| <input type="checkbox"/> Design | |
| <input checked="" type="checkbox"/> Administration | <u>PPL, UGI,</u> |
| <input type="checkbox"/> Management | |
| <input type="checkbox"/> Advisory | |

- ✓ d. Attach to this Application a copy of any certification(s) or similar documentation that would demonstrate the technical fitness of Applicant, such as membership in trade associations, professional licenses, technical certifications, and/or names of current or past clients with a description of dates and types of services provided by Applicant.
- ✓ e. Attach to this Application proof of current liability insurance coverage.

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4. **COMPLIANCE**

Respond to each of the following Questions. Provide a statement as to the resolution or present status of any such proceedings, if applicable.

- a. In the past three years has the Applicant, the parent company, an affiliate or predecessor or partner (contractor/subcontractor business relationship) of the Applicant, or any person identified by the Applicant in this Application, been investigated or convicted of a crime involving fraud, theft, larceny, deceit, violation of consumer protection law, violation of deceptive trade law or similar activity, whether before an administrative body or in a judicial forum, in which the Applicant, an affiliate, a predecessor of either, or a person identified herein has been a defendant or a respondent?

No

Yes. Provide explanation:

- b. Is the Applicant, the parent company, an affiliate, or a predecessor of either, currently delinquent with any state or federal taxing authority?

No

Yes. Provide explanation:

- c. Identify all bankruptcy or liquidation proceedings for the prior three years. If none, state "None" below.

None

- d. Identify all customer complaints filed with a regulatory or prosecutor agency for the prior three years of the date of this application. In none, state "None" below.

None

5. **FALSIFICATION**

The Applicant understands that the making of false statement(s) herein may be grounds for denying the Application, or if later discovered, for revoking any authority granted pursuant to the Application. This Application is subject to 18 Pa. C.S. §§4903 and 4904, relating to perjury and falsification in official matters.

Signature of Principal Official: Keith YancheK

Official's Name & Title : Keith YancheK, CEO
(Please Print)

Date : 04/06/2016

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APPENDIX A - AFFIDAVIT

[Commonwealth/State] of Pennsylvania :

: ss.

County of Montgomery County :

Keith Yurchak, Affiant, being duly [sworn/affirmed] according to law, deposes and says that:

[He/she is the CEO (Office of Affiant) of Key Recycling LLC (Name of Applicant);]

[That he/she is authorized to and does make this affidavit for said Applicant;]

That the Applicant herein Key Recycling LLC has the burden of producing information and supporting documentation demonstrating its technical and financial fitness to be registered as a conservation service provider pursuant to Act 129 of 2008.

That the Applicant herein Key Recycling LLC acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required.

That the Applicant herein Key Recycling LLC acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

That the Applicant herein Key Recycling LLC acknowledges that it is under a duty to supplement information provided in answer to questions on this application and contained in supporting documents as requested by the Commission.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief, and that he/she expects said Applicant to be able to prove the same at hearing.

Keith Yurchak
Signature of Affiant

Sworn and subscribed before me this 8th day of April, 2016.

[Signature]
Signature of official administering oath

My commission expires: 12-6-16

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
BRIAN M EWING
Notary Public
LIMERICK TWP., MONTGOMERY COUNTY
My Commission Expires Dec 6, 2016

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BUREAU OF CORPORATION TAXES
PO BOX 280705
HARRISBURG PA 17128-0705

NOTICE OF CORPORATE REGISTRATION

KEY RECYCLING, LLC
1220 HARMONYVILLE RD
POTTSTOWN PA 19465-7841

REVENUE ID:..... 1000703384
FEIN:..... 462418188
DOCUMENT ID:..... BU1000214159
MAIL DATE:..... 05/22/2013
FISCAL YR END:..... 12/31
INCORPORATION DATE:..... 04/11/2013

TAXES SUBJECT:
Corporate Net Income
Loans
Capital Stock

Welcome to Pennsylvania's business community. The Department of Revenue has been advised that you are authorized to conduct business in Pennsylvania. The above Revenue ID number has been assigned to your business for tax reporting purposes. Please reference this number on all correspondence with the department.

Carefully review your name, address and tax information above for accuracy. If no federal employer identification number (FEIN) is indicated, please provide this number to the department as soon as it is available from the federal government. Write the FEIN and other changes or additions in the top, right-hand corner above and return this letter to the PA DEPARTMENT OF REVENUE, PO BOX 280705, HARRISBURG PA 17128-0705.

FILING REQUIREMENTS

The taxes you are required to report annually are identified above. Tax reports must be filed timely, even if there is no business activity or if the first year in business is less than 12 months. You are obligated to pay timely and file tax returns until you formally dissolve your corporate charter, file an out of existence affidavit or cancel a license or authorization. Failure to file and pay timely may result in penalties and liens. For information on tax due dates, visit the department's website at www.revenue.state.pa.us.

Pay particular attention to the month your fiscal year ends, identified above, for the following reasons:

- For capital stock/foreign franchise, corporate net income and mutual thrift taxes, the first quarterly estimated payments are due within 75 days following the incorporation/authority date.
- A federal subchapter S corporation desiring not to be taxed as a PA S corporation is required to file Form REV-976 on or before the due date or extended due date of the first tax period for which it is to be in effect. REV-976 is available at www.revenue.state.pa.us.

SUBJECTIVITY TO CORPORATE TAXES FOR LIMITED LIABILITY COMPANIES AND BUSINESS TRUSTS

- According to Section 601 of the Tax Reform Code, limited liability companies and business trusts are considered corporations for purposes of capital stock/foreign franchise tax, regardless of how they file with the Internal Revenue Service (IRS).
- Under Section 401, any entity that files as a corporation with the IRS is subject to PA corporate net income tax. A limited liability company or business trust that does not file as a corporation with the IRS is not subject to the PA corporate net income tax.

ELECTRONIC FILING

Payments of \$10,000 or more must be remitted electronically. Register online through the department's e-Services Center at www.revenue.state.pa.us to send tax payments to the department online using e-TIDES.

The Department of Revenue appreciates your cooperation and wishes your business success in Pennsylvania. If you have any questions, visit the Online Customer Service Center at www.revenue.state.pa.us or call the Taxpayer Service & Information Center at 717-787-1064.

000BU1000214159 02 02 03532 1 00



BUREAU OF CORPORATION TAXES
PO BOX 280705
HARRISBURG PA 17128-0705



KEY RECYCLING, LLC
1220 HARMONYVILLE RD
POTTSTOWN PA 19465-7841



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Key Recycling, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

(ENTITY NUMBER: 4183682)

Winter, Michelle A, Esq
190 Bethlehem Pike
Colmar, PA 18915

Keith Yanchek

1220 Harmonyville Rd Pottstown, Pa 19465
Phone: 484-369-1217 E-Mail: Keyrecyclingllc@gmail.com

Experience

Key RecyclingLLc (Owner/Operator) 2013-Present

- Freon Remediation for the Metal Recyclers in Philadelphia and surrounding areas
- Broker of Recycled Plastic material from Appliances
- Compressor Recycling
- Trucking and Logistics

Jaco Environmental Inc (Facility Manager) 2010-2016

- Coordinated all inbound and outbound Appliance Recycling activities
- Implemented all safety and security
- Hired, supervised, scheduled, and trained personnel
- Managed all documentation and reporting of flow of recycled goods
- Handled all Logistics (Pickup Crews, Routing, Dot Regulations)
- Managed a staff of of 30+ employees

Union Local 154 (BoilerMaker) 2005-2010

- Welding
- Blueprint reading
- Fitting Up
- Steel Erection
- Scrubber systems (Coal Power Generation Facilities)
- Rigging

Education

Bachelor's Degree Business Administration

Waynesburg University

Waynesburg, Pa

Union Local 154 Journeyman Boiler Maker

Most Certified, Osha Certified

Aham Narda Refrigerant Recovery Certified ID 000072433

Dot Hazmat 49CFR Certified # 12859-8132196

Key Recycling LLC

Keith Yanchek
Owner, CEO

Business Address
1220 Harmonyville Road
Pottstown, Pa 19465

AHAM-NARDA

Refrigerant Recovery Certification Program

Restoring Nature's Balance

This certificate confirms successful passage of a test to demonstrate knowledge of refrigerant recovery, as required by the U.S. Environmental Protection Agency (EPA) under 40 CFR part 82, subpart F.

KEITH E. YANCHEK

The certification is classified as "Type I" and applies to small appliances, which are any of the following products that are fully manufactured, charged and hermetically sealed in a factory with five pounds or less of refrigerant: refrigerators and freezers designed for home use; room air conditioners (including window air conditioners and packaged terminal air conditioners); packaged terminal heat pumps; dehumidifiers; under-the-counter ice makers; vending machines, and drinking water coolers.

Certified as of: March 24, 2010

AHAM
association of home
appliance manufacturers

NARDA
North American Retail Dealers Association

222 South Riverside Plaza • Suite 2100 • Chicago, IL 60606
Phone: 800.621.0298 • www.narda.com

Section 3D



Certificate of Training

Hereby presented to:

Keith Yancheck

In recognition of the completion of:

DOT HAZMAT 49CFR TRAINING

Dated: 12/12/2010 Credit Hours: 0.0 Certificate #: 12859-8132196



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Spotts Insurance Group 74 Commerce Drive Wyomissing, PA 19610 William Woodworth Jr	CONTACT NAME: William Woodworth PHONE (A/C, No., Ext): 610-374-2911 E-MAIL ADDRESS: woodwow@nationwide.com	FAX (A/C, No.): 610-374-9069
	INSURER(S) AFFORDING COVERAGE	
INSURED KEY RECLYCLING, LLC Keith Yancheck 1220 HARMONYVILLE RD POTTSTOWN, PA 19465	INSURER A : NORTHFIELD INSURANCE CO	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			WS270838	03/30/2015	03/30/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> W/ STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Pennsylvania Public Utility Commission PO Box 3265 Harrisburg, PA 17105-3265	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE William Woodworth Jr
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FROM: Keith Yanchick
1220 Harmonyville Rd.
Pottstown, PA 19465
TO: Pennsylvania Public Utility
Commission Secretary
PO Box 3265
Harrisburg, PA 17105-3265

Label 228, July 2013

FOR DOMESTIC AND INTERNATIONAL USE