

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: 680 South 4th Street Louisville, KY 40202

d. Applicant Telephone No: 502-589-1700

e. Applicant Email Address: bcampisano@doeanderson.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 Brittany Campisano
- Mailing Address 680 South 4th Street Louisville, KY 40202
- Telephone 502-589-1700
- Email Address bcampisano@doeanderson.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.

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.

Todd Spencer	Chairman	680 S. 4th Street Louisville, KY 40202	502-589-1700
John Birnsteel	CEO	680 S. 4th Street Louisville, KY 40202	502-589-1700
Leyla Touma Dailey	President and CCO	680 s. 4th Street Louisville, KY 40202	502-589-1700
Lee Dorsey	President and COO	Brittany Campisano	CFO 680 S. 4th Street

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): 61-0525990

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.

- Registered Agent’s Name Brittany Campisano
- Registered Agent’s Mailing Address 680 South 4th Street Louisville, KY 40202
- Registered Agent’s Telephone 502-589-1700
- Registered Agent’s Email Address bcampisano@doeanderson.com

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:

Full Service Marketing and Advertising Agency

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 checked="" type="checkbox"/> Consultation | EDCs: |
| <input checked="" type="checkbox"/> Design | PPL |
| <input type="checkbox"/> Administration | _____ |
| <input type="checkbox"/> Management | _____ |
| <input checked="" 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.

See attached

e. Attach to this Application proof of current liability insurance coverage.

See attached

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: Brittany Campisano

Official's Name & Title : Brittany Campisano CFO
(Please Print)

Date : 09/15/2025

APPENDIX A - AFFIDAVIT

[Commonwealth/State] of Kentucky :

: ss.

County of Jefferson :

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

[He/she is the CFO (Office of Affiant) of Doe-Anderson, P.B.C. (Name of Applicant);]

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

That the Applicant herein Doe-Anderson, P.B.C. 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 Doe-Anderson, P.B.C. acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required.

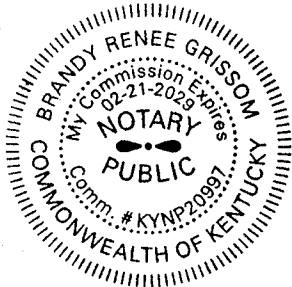
That the Applicant herein Doe-Anderson, P.B.C. acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

That the Applicant herein Doe-Anderson, P.B.C. 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.

Brittany Campisano
Signature of Affiant

Sworn and subscribed before me this 22nd day of September, 2025.



Brandy R Grissom
Signature of official administering oath

My commission expires: 02-21-2029.



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

Receipt Date: 09/15/2025

Receipt No.: 2113297

Receipt Detail

Receipt Item	Description	Check/Ref#	Amount
Articles of Incorporation (Profit/Nonprofit)	Doe-Anderson, P.B.C.	14809510	-\$125.00
Payment - Web Credit Card		c337cb99-d83a-4b1c-8	\$125.00

Balance: **\$0.00**

DIRECTORS

Todd A. Spencer
John B. Birnsteel
Brittany S. Campisano
Leyla Touma Dailey
Lee D. Dorsey

OFFICERS

Chairman
Chief Executive Officer
Chief Financial Officer
President & Chief Creative Officer
President & Chief Operating Officer

JOB DESCRIPTION

Responsible for the leading the Board of Directors
Responsible for setting the overall vision and strategy of the Company
Responsible for managing the financial actions of the Company.
Responsible for managing the creative direction of the Company as it relates to our clients branding, marketing and advertising
Responsible for managing the day to day operational functions of the Company

Doe-Anderson is highly experienced and accomplished in the provision of conservation services related to the marketing and advertising of utility companies. We have provided such services to LG&E KU for over a decade. We have also provided service to PPL Electric Utilities' parent company PPL.

In our work with LG&E KU we have advised, planned, produced and delivered campaigns for many initiatives including energy savings tips, gas safety and community welfare.

With regards to industry credentials, we have been a member of the American Association of Advertising Agencies for over half a century:

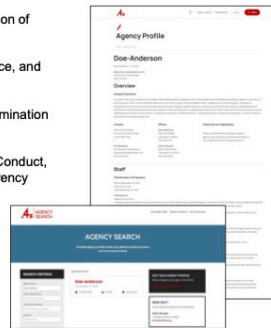


Doe-Anderson has been a proud member of the 4As (American Association of Advertising Agencies) since 1964.

A 4As membership signals the highest standards of stability, ethics, service, and respect.

Each member agency meets a number of qualifications, including an examination of their professionalism, finances, and business ethics.

Every 4As member has agreed to act in accordance to the 4As Code of Conduct, upholding industry standards and best practices inclusive of the Transparency Guiding Principles of Conduct.



Additionally, we are a registered Public Benefits Company and a certified B Corporation:

Declaration of Interdependence.

We envision a global economy that uses business as a force for good.

This economy is comprised of a new type of corporation—the Certified B Corporation—which is purpose-driven and creates benefit for all stakeholders, not just shareholders.

As B Corporations and leaders of this emerging economy, we believe:

- That we must be the change we seek in the world.
- That all business ought to be conducted as if people and place mattered.
- That, through their products, practices, and profits, businesses should aspire to do no harm and benefit all.

To do so requires that we act with the understanding that we are dependent upon another and thus responsible for each other and future generations.

Director/Officer

12/6/2024

Date

Doe-Anderson, PBC

Company

Clay Brown

Lead Executive, B Lab Global

7/22/2024

Date of Current Certification

7/22/2027

Certification Expires

7/22/2024

Date of Original Certification





680 S. 4th Street
Louisville, KY 40202

Should you require any further evidence of our CSP credentials, we would be happy to provide them.

Best regards,

A handwritten signature in black ink, appearing to read 'John Birnsteel', is written in a cursive style.

John Birnsteel
Chief Executive Officer

ACORD™

Client#: 1117945 DOEANPBC
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/06/2025

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Services LLC, 312 Elm Street, Suite 2400, Cincinnati, OH 45202, 855 874-1390
CONTACT NAME: Mark Weimer
PHONE (A/C, No, Ext): 317-559-9247
FAX (A/C, No): 5138526454
E-MAIL ADDRESS: mark.weimer@usi.com
INSURER(S) AFFORDING COVERAGE: INSURER A: Cincinnati Insurance Company (NAIC # 10677), INSURER B: At-Bay Specialty Insurance Company (NAIC # 19607), INSURER C: XL Specialty Insurance Company (NAIC # 37885)

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, and Cyber Liabil.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Row includes Cyber Liabil.