

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

JAMES-SAMUEL: DEFOGGI, Trustee

For the DEFOGGI FAMILY IRREVOCABLE LIVING TRUST,

Complainant,

v.

Docket No. C-2026-3061290

COLUMBIA GAS OF PENNSYLVANIA, INC. Respondent.

**NOTICE OF FILING SUPPLEMENTAL ADMINISTRATIVE AND
COMMERCIAL EXHIBITS**

TO THE PENNSYLVANIA PUBLIC UTILITY COMMISSION:

Complainant, James-Samuel: Defoggi, Trustee for the Defoggi Family Irrevocable Living Trust, hereby submits the following supplemental exhibits for entry into the administrative record of the above-captioned matter. These records provide the evidentiary basis for the Trust's commercial standing and the accounting requirements governing the account(s) in dispute:

1. **ADMINISTRATIVE RECORD:** The comprehensive record of account settlement, commercial facts, and forensic accounting relevant to this dispute.
2. **UCC-1 FINANCING STATEMENT:** (File No. 20260413077816, filed April 13, 2026). Evidence of the Trust's perfected security interest in all associated accounts and general intangibles.
3. **TRUSTEE'S RESOLUTION:** (No. JSD-2026-001-RES). Formal adoption of the Private Security Agreement and authorization of the Trustee to manage the assets of the Trust Estate.

These exhibits are submitted to ensure a complete and accurate record is maintained by the Commission and to provide the Respondent with full notice of the Trust's superior interests.

Respectfully submitted,

Date: April 21, 2026

A handwritten signature in blue ink that reads "James-Samuel Defoggi" followed by a horizontal line and the word "TRUSTEE" in all caps.

James-Samuel: Defoggi, Trustee

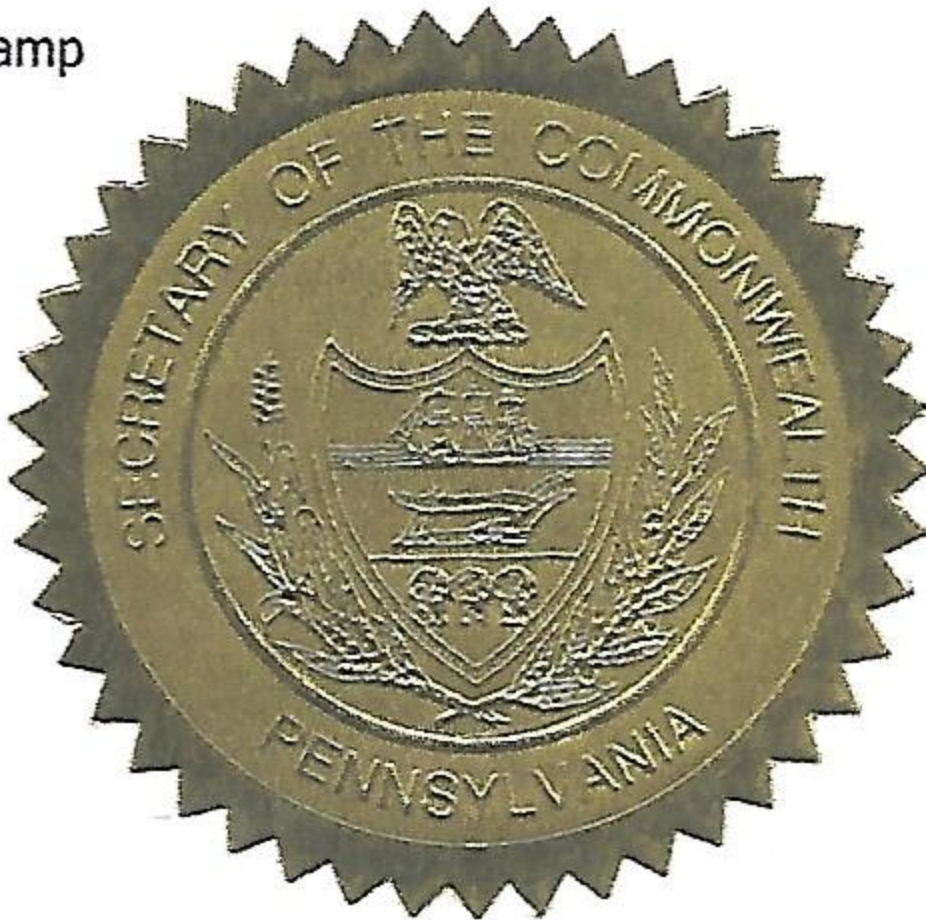
103 Shanor Dr., New Brighton, PA 15066

APOSTILLE
(Convention de La Haye du 5 octobre 1961)

1. Country : United States of America
2. This public document has been signed by **JAMES G HARDT**
3. acting in the capacity of **NOTARY PUBLIC**
4. bears the seal/stamp **JAMES G HARDT , NOTARY PUBLIC, BEAVER COUNTY, COMMONWEALTH OF PENNSYLVANIA**

Certified

5. at Harrisburg, Pennsylvania
6. The 17th day of December, 2024
7. by Albert Schmidt, Secretary of the Commonwealth of Pennsylvania
8. No: 202456811
9. Seal/Stamp
10. Signature



A handwritten signature in black ink, appearing to read "Albert Schmidt", written over a horizontal line.

Albert Schmidt

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Apostille does not certify the content of the document for which it was issued.

This Apostille is not valid for use anywhere within the United States of America, its territories or possessions.

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
National Records Center
P.O. Box 648010
Lee's Summit, MO 64064-8010



**U.S. Citizenship
and Immigration
Services**

Control Number: NRC2024156064

March 27, 2024

JAMES DEFOGGI
103 SHANOR DRIVE
NEW BRIGHTON, PA 15066

Dear JAMES DEFOGGI:

This letter is in response to your request for records under the Freedom of Information Act (FOIA) or Privacy Act (PA), which was received in this office on March 21, 2024.

We have completed a search of Person-Centric Identity Services (PCIS). No records responsive to your request were located. If you have reason to believe that responsive records do exist, and you can provide us with additional information, we will conduct another search. Please forward the additional information to the address listed above and reference the control number which appears on this correspondence. If, after the second search no responsive records are located, you will be notified. At that time, you may appeal the determination by following the directions set forth below.

You have the right to file an administrative appeal within 90 days of the date of this letter. By filing an appeal, you preserve your rights under FOIA and give the agency a chance to review and reconsider your request and the agency's decision. You may file an administrative FOIA appeal by mail to USCIS FOIA/PA Appeals Office, 150 Space Center Loop, Suite 500, Lee's Summit, MO 64064-2139. Both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

If you would like to discuss our response before filing an appeal to attempt to resolve your dispute without going through the appeals process, you may contact our USCIS FOIA Public Liaison at U.S. Citizenship and Immigration Services, National Records Center, FOIA/PA Office, P.O. Box 648010, Lee's Summit, MO 64064-8010, or by email at FOIAPAQuestions@uscis.dhs.gov.

A USCIS FOIA Public Liaison is an agency official to whom FOIA requesters can raise concerns about the service the requester has received from the agency's FOIA Office. USCIS FOIA Public Liaisons are responsible for assisting in reducing delays, increasing transparency, and understanding of the status of requests, and assisting in the resolution of disputes.

If you are unable to resolve your FOIA dispute through our USCIS FOIA Public Liaison, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001; email ogis@nara.gov; telephone 202-741-5770; toll free 877-684-6448; or facsimile 202-741-5769.

[How to Submit Questions or Changes](#)

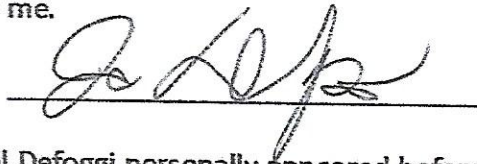
Questions concerning this FOIA/PA request may be mailed to U.S. Citizenship and Immigration Services, National Records Center, FOIA/PA Office, P.O. Box 648010, Lee's Summit, MO 64064-8010 or emailed to FOIAPAQuestions@uscis.dhs.gov. All FOIA/PA related requests, including address changes, must be submitted in writing, and signed by the requester. Please include the control number listed above on all correspondence with this office. For more information regarding the USCIS FOIA Program, please visit uscis.gov/foia.

Sincerely,

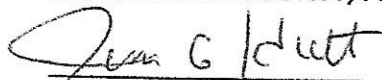


Jarrod T Panter
Acting Chief FOIA Officer
Freedom of Information Act & Privacy Act Unit

I declare under penalties of perjury in accordance with the laws of the United States of America (~~without~~ the "United States") Title 28 U.S.C. § 1746(1) the foregoing is true and correct and is admitted when not rebutted, so help me.



On the 06 day of December 2024 James Samuel Defoggi personally appeared before me in BEAVER COUNTY, PENNSYLVANIA and placed his signature above.


Notary Signature

Seal:

Commonwealth of Pennsylvania - Notary Seal
James G. Hardt, Notary Public
Beaver County
My commission expires October 1, 2026
Commission number 1066723
Member, Pennsylvania Association of Notaries

Date: 3-17-25

To: Department of the Treasury
Internal Revenue Service
Kansas City, Missouri 64999-0002

From: Defoggi, James Samuel
% 103 Shanor Drive
New Brighton, PA [15066]

Notice: Notice/Request to Change Status from Decedent to Non-Decedent

Dear Sir or Madam,

Here are the documents that you require as proof that I am a Non-Decedent.

Statutory Claim in accord with IRS Manual 21.7.13.3.2.2(2) / 1707 Cestui Que Vie Act. An infant is the decedent of an estate or grantor, owner or trustor of a trust, guardianship, receivership, or custodianship that has yet to receive a Social Security Number.

Please update my file to indicate NON-DECEDENT, that I am living and age of majority. Please record it in your database and acknowledge my request by returning to me a letter of acknowledgement from your office that this task has been completed. The address above may be used to reach me.

I am no longer liable and cannot be held liable for: 1) Maritime liens being enforced against me, and 2) Securities being taken out of the estate. Further:

All Maritime liens being enforced against me, the living soul, I hereby claim invalid, null & void, ab initio, nunc pro tunc. Note that I am the infant without a Social Security Number, which makes me the Agent and Beneficiary of this trust. Being that the IRS works in Admiralty, the IRS according to its own code, can no longer enforce Maritime liens against me, the living man/woman/soul, as I have now claimed. I am not lost at sea, nor am I a decedent/vessel in commerce (1707 Cestui Que Vie Act).

Pursuant to IRS Majority Status

Majority status is determined by the state of residence. You will need to verify with the state where the child resides for that determination.

Title 1, Part V, Chap. 19, Subchapter F, § 1991

Age of Majority

18 (23§5101) Pursuant to: 23 Pa. C. S. § 5101

Documents Enclosed: Driver License, Social Security Card, Certificate of Live Birth, & Non-Decedent Notice.

Thank You for your time and attention to this matter.
Sincerely,

By: Defoggi, James Samuel Authorized Representative



The Grantor/Executor/President/Director/Heir/
Sole Shareholder/Chief Executive Officer for
FIRST MIDDLE LAST ESTATE & TRUST

By: James Samuel Defoggi, a living
breathing man/women/soul

PENNSYLVANIA NOTARY ACKNOWLEDGMENT

Pennsylvania State

Beaver County

I certify that I know or have satisfactory evidence that Defoggi, James Samuel is the living, breathing man/soul who appeared before me, and said living, breathing man/soul acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 3-17-2025

WITNESS my hand and official seal in the State and County aforesaid, this 17 day of March, 2025.

(SEAL)

Commonwealth of Pennsylvania - Notary Seal
James G. Hardt, Notary Public
Beaver County
My commission expires October 1, 2026
Commission number 1066723
Member, Pennsylvania Association of Notaries

James G. Hardt
Notary Public
State of Pennsylvania
My Commission Expires:
10.01.2026

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEPT OF THE TREASURY
INTERNAL REVENUE SERVICE
KANSAS CITY, MISSOURI
64999-0002



9590 9402 8208 3030 0419 55

2. Article Number (Transfer from service label)

9589 0710 5270 1794 1953 75

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

RECEIVED

C. Date of Delivery

JUN 03 2025

INTERNAL REVENUE SERVICE
KANSAS CITY, MO

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 527-25
Domestic Mail Only

For delivery information, visit our website at www.usps.com
KANSAS CITY, MO 64999

Certified Mail Fee	\$4.85
Postage	\$1.77
Extra Services & Fees (check box, add fee)	\$4.10
<input type="checkbox"/> Return Receipt (hardcopy)	\$3.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Total Postage and Fees	\$10.72

Sent To: DEPT OF THE TREASURY
Street and Apt. No., or PO Box No. IRS
City, State, and ZIP+4® KANSAS CITY, MO 64999-0002

NEW BRIGHTON, PA 15066
MAY 15 2025
Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

USPS TRACKING#



9590 9402 8208 3030 0419 55

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

Defossi: James-Samuel
C/o 103 Shanon Drive
NEW BRIGHTON, PA [15066]



Date: 3-17-25

To: Department of the Treasury
Internal Revenue Service
Kansas City, Missouri 64999-0002

From: Defoggi, James Samuel
% 103 Shanor Drive
New Brighton, PA [15066]

Notice: Notice/Request to Change Status from Decedent to Non-Decedent

Dear Sir or Madam,

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Please update my file to indicate NON-DECEDENT, that I am living and age of majority. Please record it in your database and acknowledge my request by returning to me a letter of acknowledgement from your office that this task has been completed. The address above may be used to reach me.

I am no longer liable and cannot be held liable for: 1) Maritime liens being enforced against me, and 2) Securities being taken out of the estate. Further:

All Maritime liens being enforced against me, the living soul, I hereby claim invalid, null & void, ab initio, nunc pro tunc. Note that I am the infant without a Social Security Number, which makes me the Agent and Beneficiary of this trust. Being that the IRS works in Admiralty, the IRS according to its own code, can no longer enforce Maritime liens against me, the living man/woman/soul, as I have now claimed. I am not lost at sea, nor am I a decedent/vessel in commerce (1707 Cestui Que Vie Act).

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Age of Majority


18 (23§5101) Pursuant to: 23 Pa. C. S. § 5101

Documents Enclosed: Driver License, Social Security Card, Certificate of Live Birth, & Non-Decedent Notice.

Thank You for your time and attention to this matter.

Sincerely,

By: Defoggi, James Samuel Authorized Representative


The Grantor/Executor/President/Director/Heir/
Sole Shareholder/Chief Executive Officer for
FIRST MIDDLE LAST ESTATE & TRUST

By: James Samuel Defoggi, a living
breathing man/women/soul

James-Samuel:Defoggi; James:Defoggi TTEE
[c/o 103 Shanor Drive, New Brighton, PA state Republic usA]
[NON-DOMESTIC]

Date: MARCH 17, 2025

c/o David W. Sunday Jr. Attorney General, Assigns, or Successors
Pennsylvania State Attorney General Office
Strawberry Square
Harrisburg, Pennsylvania 17120

To the Attorney General David W. Sunday Jr. Attorney General, Assigns, or Successors,

Respectfully, update your records appropriately with the enclosed information. A new Trustee has been designated and all adhesion contracts associated with these social security numbers are hereby cancelled, void, and or terminated. This is a notice to please govern yourself and any others under your authority accordingly.

Sincerely,

Without prejudice, All rights reserved


James-Samuel:Defoggi; James:Defoggi TTEE

Enclosed: Drivers license/ID, Birth Certificate, Social Security Card, Revocable Living Trust Certificate, Notary Acknowledgement, Non-Decedent Letter

PENNSYLVANIA NOTARY ACKNOWLEDGMENT

Pennsylvania State

Beaver County

I certify that I know or have satisfactory evidence that Defoggi, James Samuel is the living, breathing man/soul who appeared before me, and said living, breathing man/soul acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 3-17-2025

WITNESS my hand and official seal in the State and County aforesaid, this 17 day of March, 2025.

James G. Hardt

Notary Public
State of Pennsylvania
My Commission Expires:

10-01-2026

(SEAL)

Commonwealth of Pennsylvania - Notary Seal
James G. Hardt, Notary Public
Beaver County
My commission expires October 1, 2026
Commission number 1066723
Member, Pennsylvania Association of Notaries

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 PA STATE ATTORNEY GENERAL OFFICE
 C/O DAVID W SUNDAY JR - PA ATTORNEY
 16TH FLOOR STRANDBERY SQUARE
 HARRISBURG, PA 17120



9590 9402 8208 3030 0420 68

2. Article Number (Transfer from service label)
 7020 1290 0000 6147 4995

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Signature on file Agent
 X With USPS 17107 Addressee

B. Received by (Printed Name) C. Date of Delivery
 APR 11 2025

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

Harrisburg, PA 17120

Certified Mail Fee	\$4.85	0290
Extra Services & Fees (check box, add fee)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.10	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$2.04	
Total Postage and Fees	\$10.99	

Sent: DAVID W SUNDAY JR ATTORNEY GENERAL PA
 Street and Apt. No., or PO Box No.: 16TH FLOOR STRANDBERY SQUARE
 City, State, ZIP+4: HARRISBURG, PA 17120

Postmark Here: 04/11/2025

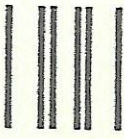
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1290 0000 6147 4995

USPS TRACKING#



9590 9402 8208 3030 0420 68

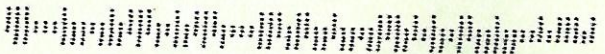


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box®

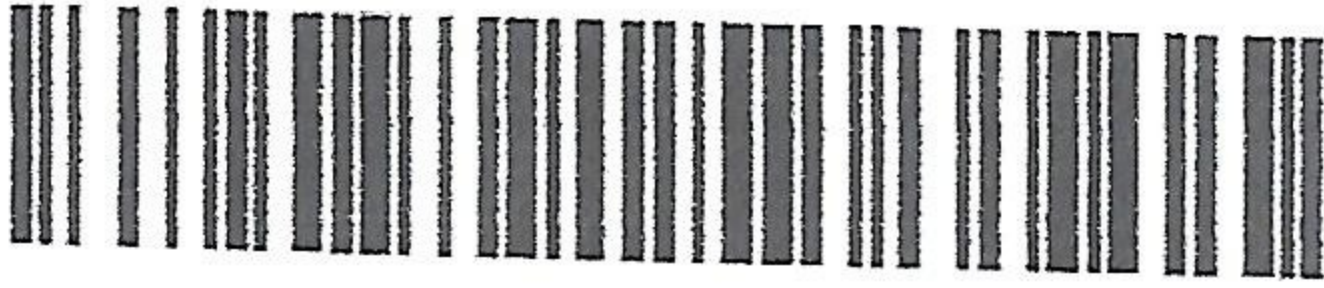
JAMES DEFOGGI
 C/O 103 STANOR DRIVE
 NEW BRIGHTON, PA 15066





RONALD H. ALBERTI
BEAVER COUNTY RECORDER OF DEEDS
 810 Third Street, Beaver, PA 15009
 Phone (724) 770-4560

RECORDING COVER/CERTIFICATION PAGE



Recording:

Cover Page	2.00
Recording Fee	13.00
Writ Tax	0.50
Record Improvement Fund	5.00
Reference Fee	2.00

INSTRUMENT #: 3704746

Receipt#: 20241092039
Clerk: PG
Rec Date: 11/13/2024 11:52:48 AM
Doc Grp: RP
Descrip: DECLARATION OF TRUST
Num Pgs: 4
Rec'd Frm: JAMES DEFOGGI

Total: 22.50
****** NOTICE: THIS IS NOT A BILL ******

Party1: DEFOGGI TRUST
Party2: DEFOGGI TRUST

Record and Return To:

JAMES DEFOGGI/PICK-UP

I hereby CERTIFY that this document is recorded in the Recorder of Deeds Office of Beaver County, Pennsylvania



Ronald H. Alberti

Ronald H. Alberti
 Recorder of Deeds

PLEASE DO NOT DETACH
THIS PAGE IS NOW PART OF THIS LEGAL DOCUMENT

NOTE: If document data differs from cover page sheet, document data always supersedes.
***COVER PAGE MAY NOT INCLUDE ALL DATA, PLEASE SEE INDEX AND DOCUMENT FOR ANY ADDITIONAL INFORMATION**



RONALD H. ALBERTI

810 Third Street
Beaver, PA 15009

Receipt

Receipt Date: 11/13/2024 11:52:48 AM
RECEIPT # 20241092039

Recording Clerk: PG
Cash Drawer: CASH1
Rec'd Frm: JAMES DEFOGGI

724-680-2994

Instr#: 3704746
DOC: DECLARATION OF TRUST
OR Party: DEFOGGI TRUST
EE Party: DEFOGGI TRUST

Recording Fees	
Cover Page	\$2.00
Recording Fee	\$13.00
Writ Tax	\$0.50
Record Improvement Fund	\$5.00
Reference Fee	\$2.00

DOCUMENT TOTAL: ----> \$22.50

Receipt Summary

Document Count: 1	
TOTAL RECEIPT: ---->	\$22.50
TOTAL RECEIVED: ---->	\$40.00

CASH BACK: ---->	\$17.50
------------------	---------

PAYMENTS

Cash ->	\$40.00
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A

TRUST CERTIFICATE OF DEFOGGI FAMILY TRUST

Sole Property of the DEFOGGI FAMILY TRUST Registered, No.996564391., dated November 08, 2024 ©.

In Pennsylvania, Section 7790.3 governs the contents and effect of the certificate.

THIS CERTIFICATE OF TRUST, being executed by the undersigned, declaring and publishing the following:

The Grantor, Trustor, Settlor, or Maker

JAMES S. DEFOGGI as (the "Grantor") and JAMES S. DEFOGGI as (the "Primary Trustee")

The Name & Existence of the Living Trust

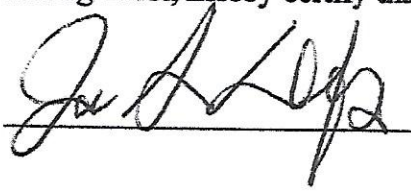
The Grantor created a private trust called *DEFOGGI FAMILY TRUST* (the "Living Trust"), executed and established November 08, 2024. The Living Trust has not been revoked, modified or amended in such a way that would contradict what is stated in this Certificate of Trust, and remains in full force and effect, nothing in this section limits the authority to modify a trust pursuant to Non-Judicial Modification. In Pennsylvania, the certification of trust is governed by Section 7790.3. A certificate of trust is used by an acting trustee or trustees of a trust to prove to financial institutions or other third parties that he/she/they has/have the authority to act on behalf of the trust. The certificate is used in lieu of the full trust document to keep nonessential information about the trust, such as the identities of trust beneficiaries, confidential.

Successor Trustees: *COLE DAVID DEFOGGI, AIDEN JAMES DEFOGGI*

The Office of DEFO Administration (the "Office") The Office is an unincorporated office, located at such a place or places where the Living Trust is to be administered.

pb

IN WITNESS WHEREOF, the undersigned, being duly appointed as the Primary Trustee of the Living Trust, hereby certify that the above information is true and correct.



JAMES S DEFOGGI (Primary Trustee)

PENNSYLVANIA NOTARY PUBLIC CERTIFICATE OF ACKNOWLEDGEMENT A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

UNITED STATES OF AMERICA


STATE OF PENNSYLVANIA

COUNTY OF BEAVER

On this 12 day of NOVEMBER 2024, before me, JAMES G. HARDT Notary Public, personally appeared: who proved to me on the oath of JAMES S DEFOGGI — on the basis of satisfactory evidence to be the Primary Trustee, whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the Primary Trustee acted, executed this instrument.

I certify under PENALTY OF PERJURY under the laws of the state of Pennsylvania that the foregoing paragraph is true and correct.

Given under my hand this date 12 DAY NOV. 2024

(Seal) 

Notary Public JAMES G. HARDT

Commonwealth of Pennsylvania - Notary Seal
James G. Hardt, Notary Public
Beaver County
My commission expires October 1, 2026
Commission number 1066723
Member, Pennsylvania Association of Notaries

My Commission Expires: 10 01 2026

IN WITNESS WHEREOF, the Grantor hereto have caused this living trust to be duly executed and signed his/her name as of the date first above written, declaring and publishing this governing instrument as the Grantors' Living Trust.

JAMES S DEFOGGI, (Grantor)

[Signature]
(Grantor Signature)

IN WITNESS WHEREOF, the Trustee hereby accepted appointment as trustee of this Living Trust and signed his/her name as of the date first above written, to this governing instrument.

JAMES S DEFOGGI, (Trustee)

[Signature]
(Trustee Signature)

NOTARIAL TESTAMENT

In our presence, the Grantor has declared and published that the living governing instrument is their Living Trust, and the Trustee have accepted appointment as trustee of the Living Trust, and both has signed their names in the presence of the undersigned Witnesses, and we have hereunto subscribed our names as of the date first above written.

Witness # 1 Name (Please Print) Randy L. Fisher Witness # 2 (Please Print) Michael K Wilson
Witness # 1 Signature [Signature] Witness # 2 Signature [Signature]

STATE OF PENNSYLVANIA

COUNTY OF BEAVER

On this 12 day of NOVEMBER, 2024 Before me, JAMES G. HARDT, a notary public in the state of PA, county BEAVER personally appeared RANDY L FISHER, MICHAEL WILSON personally known to me (or provided to me based upon satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged that he executed the same in his/her signature on the instrument the person(s) or entity on behalf of which they acted, executed the instrument.

Witness my hand and official seal. [Signature]

Notary Public of PA

My Commission Expires 10 01 2026

Commonwealth of Pennsylvania - Notary Seal
James G. Hardt, Notary Public
Beaver County
My commission expires October 1, 2026
Commission number 1066723
Member, Pennsylvania Association of Notaries

TRUSTEE'S RESOLUTION ADOPTING PRIVATE SECURITY AGREEMENT

NAME OF ESTATE: DEFOGGI FAMILY IRREVOCABLE LIVING TRUST

RECORDING DATE: NOVEMBER 8, 2024

ADMINISTRATIVE RECORD NO: JSD-2026-001-RES

EFFECTIVE DATE: APRIL 13, 2026

WHEREAS, the DEFOGGI FAMILY IRREVOCABLE LIVING TRUST (hereinafter "the Trust") was established and officially recorded on November 8, 2024, for the purpose of managing and protecting the assets and private interests of the Estate; and

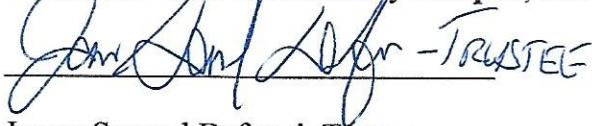
WHEREAS, the Trustee holds the express, non-delegable authority to enter into commercial contracts, security agreements, and indemnity bonds to safeguard Trust assets and ensure the preservation of the Trust Estate; and

WHEREAS, a Private Security Agreement (Control No. JSD-2026-001) was executed on March 23, 2026, between the Debtor and the Secured Party/Trustee to secure the Trust's superior interest in various accounts, instruments, and general intangibles;

NOW, THEREFORE, BE IT RESOLVED BY THE TRUSTEE THAT:

1. **ADOPTION:** The Trustee hereby formally adopts, ratifies, and incorporates Private Security Agreement JSD-2026-001 as a foundational governing instrument and a senior asset of the Trust Estate.
2. **ASSIGNMENT:** All claims, legal entitlements, fee schedules, penalties, and liquidated damages arising from said Agreement are hereby irrevocably assigned to the Trust.
3. **PUBLIC NOTICE:** The Trustee is authorized to execute and file all necessary UCC-1 Financing Statements using categorical descriptions to perfect these interests. **This authority specifically includes the perfection of Initial Financing Statement File No. 20260413077816, filed with the Pennsylvania Department of State on April 13, 2026.** This public notice serves to protect the private assets of the Trust without the necessity of disclosing the full private terms of the Agreement to the public record.

SO RESOLVED this 13th day of April, 2026.

 - TRUSTEE

James Samuel Defoggi, Trustee

DEFOGGI FAMILY IRREVOCABLE LIVING TRUST

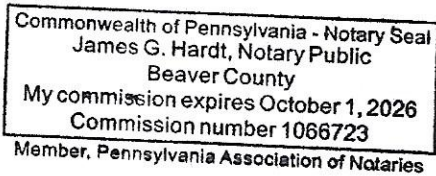
JURAT / AFFIDAVIT OF TRUTH

STATE OF PENNSYLVANIA)

COUNTY OF BEAVER)

Subscribed and sworn to (or affirmed) before me on this 13th day of April, 2026, by James Samuel Defoggi, who proved to me on the basis of satisfactory evidence to be the person who appeared before me, and who acknowledges that the statements above are true and correct to the best of his knowledge and belief.

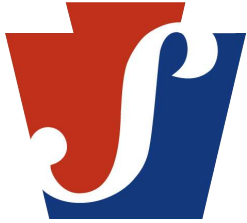
(Seal)



James G. Hardt

Notary Public Signature

My Commission Expires: 10 01 2026



Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations

PO Box 8721 | Harrisburg, PA 17105-8721

T: 717.787.1057

dos.pa.gov/BusinessCharities

DEFOGGI FAMILY IRREVOCABLE LIVING TRUST
JAMES SAMUEL DEFOGGI
JAMES SAMUEL DEFOGGI - TRUSTEE
P.O. BOX 101
ROCHESTER, PA 15074

April 13, 2026
File No.: 20260413077816

Lien Acknowledgment

FILING INFORMATION

Lien Type: UCC
Lien File No.: 20260413077816
File Date: 4/13/2026 10:52 AM
Lapse Date: 4/13/2031 11:59 PM

DEBTOR INFORMATION

Debtor Name: JAMES SAMUEL DEFOGGI
Debtor Address: 103 SHANOR DRIVE
NEW BRIGHTON, PA 15066

SECURED PARTY INFORMATION

Secured Party Name: DEFOGGI FAMILY IRREVOCABLE LIVING TRUST
Secured Party Address: P.O. BOX 101
JAMES SAMUEL DEFOGGI - TRUSTEE
ROCHESTER, PA 15074



20260413077816

B1037-4268 04/13/2026 10:53 AM Received by Pennsylvania Department of State



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8721
 Harrisburg, Pennsylvania 17105-8721
UCC1 FINANCING STATEMENT
 Fee: \$84

Pennsylvania Department of State

-FILED-

File #: 20260413077816
 Date Filed: 4/13/2026

Submitter contact information								
Contact Name	James Samuel Defoggi							
Phone Number	(724) 680-2994							
Email Address	jcadefoggi1@comcast.net							
Submitter information								
Name	DEFOGGI FAMILY IRREVOCABLE LIVING TRUST							
Address	JAMES SAMUEL DEFOGGI - TRUSTEE P.O. BOX 101 ROCHESTER, PA 15074							
Debtors								
<table border="1"> <thead> <tr> <th>DEBTOR'S NAME</th> <th colspan="2">MAILING ADDRESS</th> </tr> </thead> <tbody> <tr> <td>JAMES SAMUEL DEFOGGI</td> <td colspan="2">103 SHANOR DRIVE NEW BRIGHTON, PA 15066</td> </tr> </tbody> </table>			DEBTOR'S NAME	MAILING ADDRESS		JAMES SAMUEL DEFOGGI	103 SHANOR DRIVE NEW BRIGHTON, PA 15066	
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JAMES SAMUEL DEFOGGI	103 SHANOR DRIVE NEW BRIGHTON, PA 15066							
Secured Parties								
<table border="1"> <thead> <tr> <th>SECURED PARTY'S NAME</th> <th>MAILING ADDRESS</th> <th>Assignor</th> </tr> </thead> <tbody> <tr> <td>DEFOGGI FAMILY IRREVOCABLE LIVING TRUST</td> <td>JAMES SAMUEL DEFOGGI - TRUSTEE P.O. BOX 101 ROCHESTER, PA 15074</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			SECURED PARTY'S NAME	MAILING ADDRESS	Assignor	DEFOGGI FAMILY IRREVOCABLE LIVING TRUST	JAMES SAMUEL DEFOGGI - TRUSTEE P.O. BOX 101 ROCHESTER, PA 15074	<input type="checkbox"/>
SECURED PARTY'S NAME	MAILING ADDRESS	Assignor						
DEFOGGI FAMILY IRREVOCABLE LIVING TRUST	JAMES SAMUEL DEFOGGI - TRUSTEE P.O. BOX 101 ROCHESTER, PA 15074	<input type="checkbox"/>						
Collateral								
<p>"All right, title and interest in all accounts, General intangibles, investment property and security entitlements, as those terms are defined in the Uniform Commercial Code, and all products and proceeds thereof." The collateral is held in a Trust</p>								
Designations								
Select the designation which describes this financing statement	Not Applicable							
Select an additional designation which describes this financing statement	Not Applicable							
Alternative Designations								
Select the alternative designation which describes this financing statement	Not Applicable							
Optional Submitter Reference Data								
<input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)								
<p>This financing statement:</p> <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral								

<input type="checkbox"/> is filed as a fixture filing
Name and address of a RECORD OWNER of real estate described below (if Debtor does not have a record interest)
Description of real estate
Miscellaneous

VERIFICATION

I, James-Samuel: Defoggi, Trustee for the Defoggi Family Irrevocable Living Trust, hereby state that the facts set forth in the foregoing Notice and the accompanying supplemental exhibits are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: April 21, 2026

A handwritten signature in blue ink that reads "James-Samuel: Defoggi, Trustee". The signature is written in a cursive style and is positioned above a horizontal line.

James-Samuel: Defoggi, Trustee

CERTIFICATE OF SERVICE

I hereby certify that on this day, April 21, 2026, I have served a true and correct copy of this Notice and the accompanying supplemental exhibits upon the Respondent, **Columbia Gas of Pennsylvania, Inc.**, via First Class Mail in accordance with the requirements of 52 Pa. Code § 1.54.

Date: April 21, 2026

A handwritten signature in blue ink that reads "James-Samuel Defoggi" with a horizontal line underneath the name.

James-Samuel: Defoggi, Trustee