ANNUAL CRES PROVIDER REGISTRATION RENEWAL APPLICATION for Power Marketer Services in Ohio Power Company d/b/a AEP Ohio

Renewal Application for Competitive Retail Electric Service (CRES) Provider registration ONLY as a certified Power Marketer in AEP Ohio (the "Company") rate jurisdictions: Columbus Southern Power and Ohio Power. The Applicant shall scan and send via email this completed and signed application and accompanying financial information to:

cresregistration@aep.com

The Applicant's renewal will not be completed in AEP Ohio's service territory until (i) the Applicant's FULLY COMPLETED application is approved, and (ii) all other registration renewal requirements are completed. Applicant must reapply an annual basis and update the application information.

A non-refundable registration fee of \$100.00 will be assessed once this application is received.

This is NOT an application to be a Power Broker, Billing Agent, Meter Service Provider, Meter Data Management Agent or Governmental Aggregator.

olicant	
CRES Provider Name (Legal Name)	
State of Incorporation	Years in Business
Federal Tax ID	D&B Duns #
Trade Name(s) [if different from Legal I include Ohio trade name filing(s)]	Name,
Ohio Registered Agent for Service of Pr	
Entity Type	Corporation - Public
- 1	Corporation - Private
	Partnership (attach list of partners, general and limited)
	Limited Liability Company
	Other (Please indicate type below)
NERC ID	
CRES Internet Web Site Domain	
Parent Company Information:	
Parent Company Legal Name	State of Incorporation
Parent Internet Web Site Domain	
Applicant Primary Contact:	
First and Last Name	
Title	
Address	
City, State, Zip Code	
City, State, Zip Code E-mail Address	

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RES Provider Information			
PJM Account Information:			
PJM Long Name:			
Org ID:			
Org ID:			
Third Party Supply Partner Associated to			
PJM Subaccount (if applicable)**:			
* PJM account must be specific to only AEP			
** Declaration of Authority (DOA) may be re (Ohio Choice Operations must be notified of		Minformation)	
(Onlo Choice Operations must be notified of	any changes to the above Fi	vi illiorillation)	
Applicant's PUCO Certification Application Cas	se Number Pl	UCO Certificate Number	
ank Transfer Information			
ink transfer information			
Bank Name:		ABA No.:	
Contact		ABA No.: Account No.:	
Contact: Address:			<u> </u>
Contact: Address: City, State, Zip Code:		Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One)		Account No.:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account:	Direct Deposit Checking	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account:		Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account:	Direct Deposit Checking	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method:	Direct Deposit Checking	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit or Financial Contact Person:	Direct Deposit Checking	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit or Financial Contact Person: First and Last Name	Direct Deposit Checking	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit or Financial Contact Person: First and Last Name Title	Direct Deposit Checking	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit Information Credit or Financial Contact Person: First and Last Name Title Address	Direct Deposit Checking	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit or Financial Contact Person: First and Last Name Title	Direct Deposit Checking	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit or Financial Contact Person: First and Last Name Title Address City, State, Zip Code	Direct Deposit Checking	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit or Financial Contact Person: First and Last Name Title Address City, State, Zip Code E-mail Address Telephone	Direct Deposit Checking _ Automated Clearing House	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit or Financial Contact Person: First and Last Name Title Address City, State, Zip Code E-mail Address	Direct Deposit Checking _ Automated Clearing House	Account No.: Telephone:	
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Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit or Financial Contact Person: First and Last Name Title Address City, State, Zip Code E-mail Address Telephone DI Contact Information- Delivery Transport MEDI Vendor	Direct Deposit Checking _ Automated Clearing House	Account No.: Telephone:	
Contact: Address: City, State, Zip Code: Account Type: (Select One) Name on Account: Payment Method: Credit or Financial Contact Person: First and Last Name Title Address City, State, Zip Code E-mail Address Telephone DI Contact Information- Delivery Transport M EDI Vendor Vendor Contact Name & Title Address City, State, Zip Code	Direct Deposit Checking _ Automated Clearing House	Account No.: Telephone:	
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6. Financial And Credit Requirements

AEP Ohio will perform ongoing assessment of the credit risks associated with each applicant and at its sole discretion, determine the appropriate collateral that it will require of the applicant, if any. Collateral may be reassessed at any time based on a change in financial risks. Please refer to the Company's Retail Tariff for additional information.

Provide the following information for the applicant or its guarantor (if applicable):

- a) Most recent year of audited financial statements (balance sheet, income statement, and cash flow statement) or SEC Form 10-K. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns (with social security numbers and account numbers redacted). If this is applicant's first year in business then the applicant may provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement), along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecast should be in an annualized format for the two years succeeding the Application year.
- b) Most recent quarterly unaudited financial statements or monthly financial information (including a balance sheet, income statement, and cashflow statement) accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct and a fair representation of Applicant's financial condition or most recent SEC Form 10-Q.

	((Insert N/R if not rated)	
c) Senior Unsecured Debt Rating (or, if unavailable, Corporate Issuer Rating)	Moody's Fitch	S&P	
d) Parent's Senior Unsecured Debt Rating (or, if unavailable, Corporate	Moody's Fitch	S&P	

e) Provide a description of the applicant's corporate structure (not an internal organizational chart), including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

TOT POWET WINTRELET	Services in AEP Ohio Terr Page 4	tory		
epresentations	Applicant		Affilia	ites
Is the Applicant and/or its affiliates:	Yes	No	Yes	No
a) Operating under federal bankruptcy laws?				
b) Subject to pending litigation or regulatory				
proceedings in state or federal courts and/or agencies which could impact Applicant and/or Applicant's affiliates?				
c) Subject to lawsuits or outstanding judgments?				_
Attach information for any items above marked "Yes	".	_		_
Disclose all prior bankruptcies of Applicant and its aff	filiates			
When applicable, if the Applicant does not provide the creditworthiness, the Applicant must provide and materials to the Company. Additional detail on credit requirem	aintain financial security i	n a form and	l/or amoun	-
When applicable, if the Applicant does not provide the	aintain financial security in nents is mentioned in the formats are located on A cres/Register.aspx. Any chassuance. Please mark the	n a form and section title EP Ohio's we anges to the	l/or amount d "CRES Pro ebsite at e prescribed	vider I security
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ANNUAL CRES PROVIDER REGISTRATION RENEWAL APPLICATION for Power Marketer Services in AEP Ohio Territory Page 5 9. Customer Service Information **Customer Service Supervisor Name** E-Mail Address 24 Hour Customer Service Toll Free Number **Remittance Address** City, State, Zip Code CRES Address for AEP Ohio Website City, State, Zip Code **Customer Service Website** 10. Scheduling Contact Information (multiple contacts are permitted) First and Last Name Title Telephone E-mail Address 11. Certification, Authorization, and Signature: Applicant certifies that it will notify AEP Ohio's Customer Choice Operations, at the address shown on page 1, if any material, financial, or credit application information changes. Applicant certifies that the information herein is complete and accurate to the best of Applicant's knowledge, information and belief, and that the individual signing below is an authorized representative of the Applicant. Applicant further certifies that Letters of Authorization (LOA), as found on the AEP Ohio website, will be obtained from all customers; and Applicant will retain and submit LOA's to the Company upon request by the Company. Applicant further acknowledges and certifies that it, as well as it's contracted EDI Vendor or In-house EDI Service will maintain necessary and timely communcation and responses with AEP and also between the CRES Provider and the EDI Vendor, throughout EDI Certification Testing; and that if found to be unresponsive or uncooperative during Testing, the CRES Provider (and its contracted EDI Vendor or In-house EDI Service will be removed from the ongoing EDI Certification Flight Test and the pending CRES Provider registration will be suspended. Applicant further certifies that it will not act as an Energy Service Provider, Billing Agent, Meter Meter Service Provider, Meter Data Management Agent or Governmental Aggregator under or in connection with this Power Marketer only application. Applicant hereby authorizes the Company to obtain any information that may be required relative to this Application from any source, including Applicant's financial and trade references. Applicant also hereby authorizes each source to provide such information. Legal Name of Applicant Signature of Authorized Representative: Name: (Please Print) Title:

Date: