

NOTICE OF ELECTION OF USE OF ELECTRONIC FILING PROCEDURES
(Complete All Shaded Areas and Check Applicable Boxes)

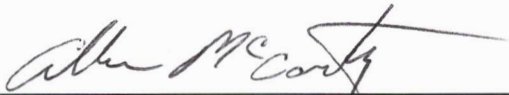
In accordance with 807 KAR 5:001, Section 8, Magoffin County Water District gives notice of its intent to file an application for Alternative Rate Filing Pursuant to 807 KAR 5:076 with the Public Service Commission no later than September 8, 2023 and to use the electronic filing procedures set forth in that regulation.

Magoffin County Water District further states that:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. It requests that the Public Service Commission assign a case number to the intended application and advise it of that number as soon as possible; | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. It or its authorized representatives have registered with the Public Service Commission and are authorized to make electronic filings with the Public Service Commission; | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Neither it nor its authorized representatives have registered with the Public Service Commission for authorization to make electronic filings but will do so no later than seven days before the date of its filing of its application for rate adjustment; | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. It or its authorized agents possess the facilities to receive electronic transmissions; | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. The following persons are authorized to make filings on its behalf and to receive electronic service of Public Service Commission orders and any pleadings filed by any party or the Public Service Commission Staff: | | |

Name	Electronic Mail Address
Allen McCarty	mcwd07@yahoo.com
Ariel Miller	ariel.miller@clearwaterky.com

6. It and its authorized representatives listed above have read and understand the procedures for electronic filing set forth in 807 KAR 5:001 and will fully comply with those procedures unless the Public Service Commission directs otherwise.

Signed 
 Name: Allen McCarty
 Title: **SUPERINTENDENT**
 Address: P.O. Box 490
SALYERSVILLE KY 41465
 Telephone Number: (606) 347-6812

RECEIVED

SEP 06 2023

 PUBLIC SERVICE
 COMMISSION