

**COMMONWEALTH OF KENTUCKY**

**BEFORE THE PUBLIC SERVICE COMMISSION**

**IN THE MATTER OF:**

<b>ELECTRONIC APPLICATION OF CITIPOWER, LLC</b>	)	
<b>FOR (1) AN ADJUSTMENT OF RATES PURSUANT TO</b>	)	<b>CASE NO.</b>
<b>807 KAR 5:076</b>	)	<b>2020-00342</b>

---

**CITIPOWER, LLC'S RESPONSE TO COMMISSION STAFF'S FIRST REQUEST  
FOR INFORMATION ISSUED DECEMBER 17, 2020**

---

**Filed: January 11, 2020**



COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

IN THE MATTER OF:

THE APPLICATION OF CITIPOWER, LLC )  
FOR A RATE ADJUSTMENT FOR SMALL ) CASE NO.  
UTILITIES PURSUANT TO 807 KAR 5:076 ) 2020-00342


**VERIFICATION OF REGINA ALLEN**

STATE OF KENTUCKY )  
 )  
COUNTY OF McCREARY )

Regina Allen, Office Manager for Citipower, LLC, being duly sworn, states that she has prepared certain of the following responses of Citipower, LLC, to the data requests issued by the Commission on December 17, 2020, in the above-referenced case and that the matters and things set forth in her responses are true and accurate to the best of her knowledge, information and belief, formed after reasonable inquiry.

  
Regina Allen

Subscribed and sworn to before me on this 5<sup>th</sup> day of ~~December 2020.~~ <sup>January 2021</sup>

  
NOTARY PUBLIC, Notary #585478  
Commission expiration: August 21, 2021

COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

IN THE MATTER OF:

THE APPLICATION OF CITIPOWER, LLC           )  
FOR A RATE ADJUSTMENT FOR SMALL        )  
UTILITIES PURSUANT TO 807 KAR 5:076    )  
CASE NO. 2020-00342

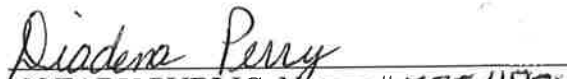
**VERIFICATION OF VERNON SMITH**

STATE OF KENTUCKY                                )  
   )  
COUNTY OF JESSAMINE                         )

Vernon Smith, Operations Manager for Citipower, LLC, being duly sworn, states that he has prepared certain of the following responses of Citipower, LLC, to the data requests issued by the Commission on December 17, 2020 in the above-referenced case and that the matters and things set forth in his responses are true and accurate to the best of his knowledge, information and belief, formed after reasonable inquiry.

  
Vernon Smith

Subscribed and sworn to before me on this 5<sup>th</sup> day of ~~December~~, <sup>January, 2021</sup> ~~2020~~.

  
NOTARY PUBLIC, Notary # 585478  
Commission expiration: August 31, 2021

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

1. Refer to the Application, Schedule of Adjusted Operations, Attachment SAO-G, Sheet 1. Describe the source of the \$8,530 Other Gas Revenues, i.e., whether it is revenue from approved Special Charges or something else.

**Response:**

Citipower has reviewed the Application, Schedule of Adjusted Operations, Attachment SAO-G, Sheet 1. The amount listed in Other Gas Revenues is not \$8,530 but is \$7,468. Citipower used the \$7,468 listed in the current Application instead of the \$8,530 that was listed in Commission Staff's First Request for Information. It appears the \$8,530 was from Citipower's prior ARF proceeding, Case No. 2019-00109. The source of the \$7,468 was from charges contained in Citipower's tariff on file with the Commission and were approved by the Commission. The breakdown of Other Gas Revenue is as follows:

2019 Other Gas Revenues

Misc	Services	
	Revenue	825.00
Late	Charges	
	Collected	4,642.72
Hook	Up Fees	
	Collected	2,000.00
<b>Other</b>	<b>Gas</b>	
	<b>Revenues</b>	<b>7,467.72</b>

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

2. Refer to the Application, Exhibit titled "Supplemental Information". Citipower states the proposed rates were developed by increasing the monthly and volumetric rates to all customers by approximately the same percentage of 29.6 percent.
  - a. Provide a list of the alternative methods Citipower considered to increase its rates.
  - b. Provide an explanation for why Citipower chose to increase its rates by a percentage amount.

**Response:**

- a. Citipower also considered a disproportionate rate increase to both monthly and volumetric rates based on customer class (institutional-highest increase; commercial and industrial – moderate increase; residential – lowest increase). This method is consistent with Citipower's last couple of rate increase requests.
- b. Citipower decided to increase the monthly and volumetric rates based on a roughly equal percentage basis across all customer classes as it spreads the increase out evenly among the different classes. Even though Citipower's labor costs are primarily a monthly constant (and should therefore be heavily allocated towards an increase the monthly charge), Citipower decided to do an equal percentage allocation between monthly and volumetric rates to help keep monthly bills comparatively lower during the warmer months..

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

3. Refer to the Application, Attachment SAO-G, Exhibit titled Schedule of Adjusted Operations – Revenue Requirement.
  - a. Explain how the interest expense amount of \$86,951 is calculated.
  - b. Provide any payments to the promissory note for the complete 2025 year.

**Response:**

- a. Citipower used the interest expense of \$86,951 approved by the Commission in its March 25, 2020 Order in Case No. 2019-00109.
- b. According to the current note, there is a balloon payment due in April 2025. While Citipower fully intends on refinancing the debt before that date, it does not have a proposal to present to the PSC at this time.

	<b>Principal</b>	<b>Interest</b>	<b>Balloon</b>	<b>Totals</b>
Jan-25	6,687.27	6,379.34	0.00	13,066.61
Feb-25	6,723.49	6,343.12	0.00	13,066.61
Mar-25	6,759.91	6,306.70	0.00	13,066.61
Apr-25	6,796.53	6,270.08	1,150,756.78	1,163,823.39
Totals	26,967.20	25,299.24	1,150,756.78	1,203,023.22

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

4. Refer to the Application, Billing Analysis. Provide all supporting workpapers in Excel spreadsheet format with all columns and rows unprotected and accessible and all formulas intact.

**Response:**

The Excel spreadsheet is being uploaded separately into the Commission's electronic filing system in this case. A copy is also being provided on CD attached to the hardcopy of this filing.



Witnesses: Vernon Smith and Regina Allen

**Citipower, LLC**  
**Case No. 2020-00342**

**Commission Staff's First Request for Information issued December 17, 2020**

5. Provide the number of occurrences for each of Citipower's nonrecurring charges during the test year.

**Response:**

Reconnect-41

Disconnect – 40

Returned checks 1

Citipower did not have any termination or field collection charges-0

Special Meter Reading charge -0

Meter Resetting Charge -0

Meter Test Charge-0

**Citipower, LLC**  
**Case No. 2020-00342**

**Commission Staff's First Request for Information issued December 17, 2020**

6. Provide the total amount collected for late fees and the number of instances for which late fees were charged during the test year.

**Response:**

CitiPower collected \$5,757.33 in late fees. CitiPower mailed 898 late fee notices to customers during 2019. Many of them to the same customer several months during the year.

Witnesses: Vernon Smith and Regina Allen

**Citipower, LLC**  
**Case No. 2020-00342**

**Commission Staff's First Request for Information issued December 17, 2020**

7. Provide the number of disconnections and reconnections for 2018, 2019, and 2020.

**Response:**

Please see attached.

KENTUCKY PUBLIC SERVICE COMMISSION Witnesses: Vernon Smith and Regina Allen

GAS UTILITY  
NON-PAYMENT DISCONNECTION/RECONNECTION REPORT

JULY 2017 THROUGH JUNE 2018

COMPANY: Citipower LLC

Month	July	August	September	October	November	December	January	February	March	April	May	June
Number Terminated	/	/	/	/	/	/	/	/	6	/	/	15
Highest \$ Amt. Terminated	/	/	/	/	/	/	/	/	464.27	/	/	997.10
Lowest \$ Amt. Terminated	/	/	/	/	/	/	/	/	253.50	/	/	77.23
Median \$ Amt. Terminated	/	/	/	/	/	/	/	/	303.37	/	/	284.46
Average \$ Amt. Terminated	/	/	/	/	/	/	/	/	328.15	/	/	300.91
Number Reinstated	/	/	/	/	5	/	/	/	/	/	/	/

For information regarding this report contact:

Name Regina Allen

Phone 606-376-8373

**KENTUCKY PUBLIC SERVICE COMMISSION**

**GAS UTILITY  
NON-PAYMENT DISCONNECTION/RECONNECTION REPORT**

JULY 2018 THROUGH JUNE 2019

COMPANY: Citipower LLC

Month	July	August	September	October	November	December	January	February	March	April	May	June
Number Terminated	0	0	0	5	0	0	0	0	0	2	0	0
Highest \$ Amt. Terminated	0	0	0	125.58	0	0	0	0	0	997.10	0	0
Lowest \$ Amt. Terminated	0	0	0	41.28	0	0	0	0	0	462.90	0	0
Median \$ Amt. Terminated	0	0	0	52.16	0	0	0	0	0	730.00	0	0
Average \$ Amt. Terminated	0	0	0	79.98	0	0	0	0	0	736.00	0	0
Number Reinstated	0	0	0	0	0	0	0	0	0	0	0	0

For information regarding this report contact:

Name Regina Allen

Phone 606-376-8323

807 KAR 5:006, Section 3 (3)

Form Revised 9/00

Witnesses: Vernon Smith and Regina Allen

### KENTUCKY PUBLIC SERVICE COMMISSION

Electric       Gas       Water

### NON-PAYMENT DISCONNECTION/RECONNECTION REPORT

THROUGH  
JULY 2019 JUNE 2020

Utility Name Citipower LLC

Utility ID \_\_\_\_\_

Month	July	August	September	October	November	December	January	February	March	April	May	June
Number Terminated	/	4	/	1	/	/	/	/	/	/	/	/
Highest \$ Amt. Terminated	/	102.41	/	596.74	/	/	/	/	/	/	/	/
Lowest \$ Amt. Terminated	/	41.30	/	596.74	/	/	/	/	/	/	/	/
Median \$ Amt. Terminated	/	58.34	/	596.74	/	/	/	/	/	/	/	/
Average \$ Amt. Terminated	/	64.70	/	596.74	/	/	/	/	/	/	/	/
Number Reinstated	/	4	/	/	/	/	/	/	/	/	/	/

For information regarding this report contact:

Name Regina Allen

Phone 606-376-8323

**Citipower, LLC**  
**Case No. 2020-00342**

**Commission Staff's First Request for Information issued December 17, 2020**

8. Provide cost support calculations for each nonrecurring charge listed in Citipower's tariff.

**Response:**

Please see attached. Citipower's nonrecurring charges listed in its tariff were calculated many years ago. The cost support calculations attached are based on information from the test year.

**COST SUPPORT FOR NONRECURRING CHARGES**

**TURN ON CHARGE**- \$25.00

Regina Allen issues a work order	.5 hrs. @ [REDACTED] per hr.	[REDACTED]
Field Tech then turns on the meter	1.5 hrs @ [REDACTED] per hr.	[REDACTED]
Field Truck.	1 hr @ \$15.00 per hr.	<u>\$15.00</u>
Cost of labor & Truck to turn a meter on.		\$41.75

**RECONNECT CHARGE**- \$25.00

Regina Allen issues a work order	.5 hrs. @ [REDACTED] per hr.	[REDACTED]
Field Tech does a field check of hookup.	1.5 hrs. @ [REDACTED] per hr.	[REDACTED]
And if in order turns the meter on.		
Field Truck	1 hr. @ \$15.00 per hr.	<u>\$15.00</u>
Cost of labor and truck to reconnect.		\$41.75

**TERMINATION OR FIELD COLLECTION CHARGE** – \$25.00

Regina Allen issues a work order	.5 hrs. @ [REDACTED] per hr.	[REDACTED]
Field tech to go to field to lock meter	1.5 hrs. @ [REDACTED] per hr.	[REDACTED]
Field truck	1 hr. @ \$15.00 per hr.	<u>\$15.00</u>
Cost of labor and truck		\$41.75

**SPECIAL METER READING CHARGE** - \$18.00

Regina Allen issues a work order	.5 hrs. @ [REDACTED] per hr.	[REDACTED]
Field tech does a new meter reading	1.00 hr. @ [REDACTED] per hr.	[REDACTED]
Field truck	1.00 hr. @ \$15.00 per hr.	<u>\$15.00</u>
Cost of labor and truck		\$35.50

**METER RESETTING CHARGE**- \$25.00

Regina Allen issues a work order	.5 hrs. @ [REDACTED] per hr.	[REDACTED]
Field tech go to site to reset meter	1.5 hrs. @ [REDACTED] per hr.	[REDACTED]
Field truck	1 hr. @ \$15.00 per hr.	<u>\$15.00</u>
Cost of labor and truck		\$41.75

**METER TEST CHARGE**- \$25.00

Regina Allen issues a work order	.5 hrs. @ [REDACTED] per hour	[REDACTED]
Field tech goes to site & tests meter	1.5 hrs. @ [REDACTED] per hour	[REDACTED]
Field truck	1 hr. @ \$15.00 per hour	<u>\$15.00</u>
Cost of labor and truck		\$41.75



**COST SUPPORT FOR NONRECURRING CHARGES**

**RETURN CHECK CHARGE – 18.00**

Bank fee.

**LATE PAYMENT – 10%**

CitiPower uses methodology consistent with other utilities in the area to determine late payment fees.

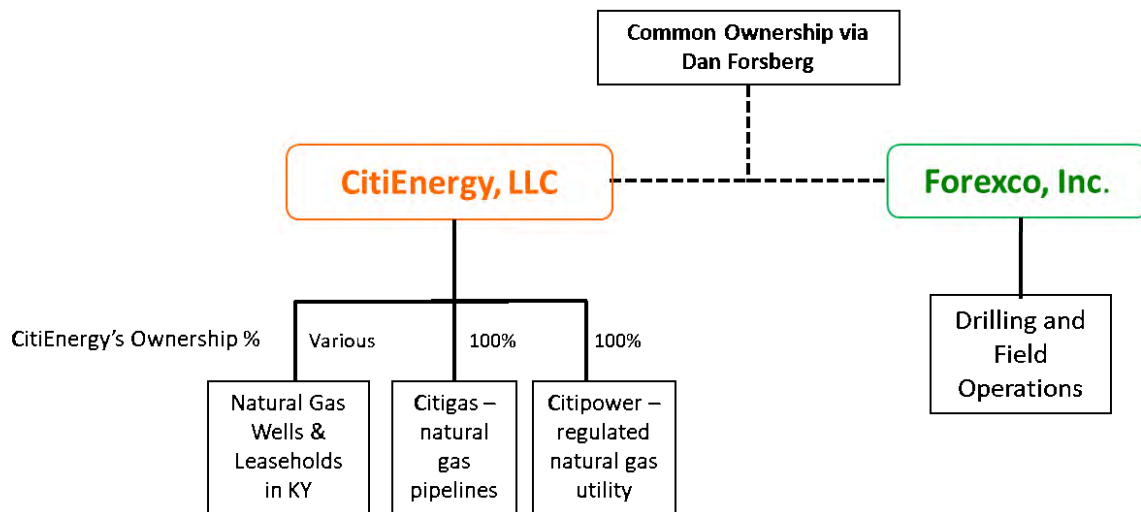
**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

9. Provide a copy of CitiEnergy, LLC's (CitiEnergy) current organizational chart, showing the relationship between Citipower and any affiliated companies. Include the relative positions of all entities and affiliates with which Citipower routinely has business transactions.

**Response:**

Please see attached.

## ORGANIZATIONAL STRUCTURE OF FOREXCO, INC. AND CITIENERGY, LLC



*Dan Forsberg owns 51.86% of CitiEnergy, LLC and 100.00% of Forexco, Inc.*

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

10. List all joint or shared costs that CitiEnergy incurred during the calendar years 2017, 2018, and 2019 that are allocated to Citipower and the other affiliates. For each allocated cost, list the vendor, the total expense amount, amounts allocated per affiliate, and the basis for the allocation(s).

**Response:**

Please see attached.

**Citipower, L. L. C.**  
**Vendor QuickReport**  
January 2017 through December 2019

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Memo</u>	<u>Account</u>	<u>Cir</u>	<u>Split</u>	<u>Amount</u>
CitiEnergy, LLC							
Bill	01/19/2017	20170119	REIMBURSE JOHN FORSBERG 1099 WORK	232 · Accounts Payable		923.2 · Accounting Fees	(400.00)
Bill	02/28/2017	20170228	REIMBURSE JOHN FORSBERG TAX WORK	232 · Accounts Payable		923.2 · Accounting Fees	(500.00)
Bill	04/21/2017	20170421	REIMBURSE JOHN FORSBERG PSC WORK	232 · Accounts Payable		923.2 · Accounting Fees	(3,549.00)
Bill	01/18/2018	20180118	REIMBURSE JOHN FORSBERG TAX WORK	232 · Accounts Payable		923.2 · Accounting Fees	(498.70)
Bill	08/23/2018		REIMB QUICKBOOKS SUBSCRIPTION FEES	232 · Accounts Payable		921.3 · Dues and Subscriptions	(373.61)

**John Forsberg**  
170 Soda Pop Lane  
Murphy, NC 28906

January 19, 2017

CitiEnergy/Forexco/Citipower/Partnerships  
2309 W Cone Blvd #200  
Greensboro, NC 27408

Professional Services

December 27, 2016 – January 19, 2017

41 Hrs

*ITC ce*

[Redacted]

Citipower 1099's 400

[Redacted]

Travel  
Mileage @ .35 245  
Lodging \$25/Meals \$25 – 5 days 250

**Total \$4,595**

**John Forsberg**  
170 Soda Pop Lane  
Murphy, NC 28906

February 28, 2017

CitiEnergy/Forexco/Citipower  
2309 W Cone Blvd #200  
Greensboro, NC 27408

**Professional Services**

February 20-28, 2017 56 Hrs

		
Citipower		500
		
		\$5,600
Tax Software – NM	\$ 16	
Mileage	250	
Lodging/Meals	450	<u>716</u>
<b>Total</b>		<b>\$6,316</b>

**John Forsberg**  
170 Soda Pop Lane  
Murphy, NC 28906

April 21, 2017

CitiEnergy/Forexco/Citipower  
2309 W Cone Blvd #200  
Greensboro, NC 27408

**Professional Services**

March 6 – April 20 32 Hrs

Citipower PSC

\$2,800 ←



3,549  
I/C  
CP

**Total**

**\$3,949**



**John Forsberg**  
170 Soda Pop Lane  
Murphy, NC 28906

January 18, 2018

CitiEnergy/Forexco/Citipower  
2309 W Cone Blvd #200  
Greensboro, NC 27408

**Professional Services**

Jan 9-19, 2018	45 Hrs	\$4,500
1099-Int Forms		17
Travel		
Mileage		245
Meals		<u>225</u>
<b>Total</b>		<b>\$4,987</b>



Citipower 10% 498.70



	-\$119.12
	\$0.00
<b>Total Payments and Credits</b>	<b>-\$119.12</b>

**Detail** \*Indicates posting date

Payments	Amount
07/31/18* PAYMENT RECEIVED - THANK YOU	[REDACTED]

**New Charges**

**Summary**

<b>Total New Charges</b>	[REDACTED]
--------------------------	------------

**Detail**

 DANIEL R FORSBERG Card Ending 7-26000	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

08/16/18	INTUIT *QUICKBOOKS T1-133A98-1EF 92129	800-446-8848	CA	[REDACTED]
----------	---	--------------	----	------------

**Fees**

	Amount
08/23/18 Late Payment Fee	\$38.00
<b>Total Fees for this Period</b>	<b>\$38.00</b>

2018 Fees and Interest Totals Year-to-Date	
	Amount
Total Fees in 2018	\$159.00
Total Interest in 2018	\$0.00

[REDACTED] [REDACTED]  
 Ilc CP 373.61-  
 [REDACTED]  
 1,120.82

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

11. List all joint or shared costs that are incurred by an affiliate of Citipower during the calendar years 2017, 2018, and 2019 that are allocated to Citipower. For each allocated cost, list the vendor, the total expense amount, amounts allocated per affiliate, and the basis for the allocation(s).

**Response:**

Please see attached.

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
 5012 W. Washington Street  
 Charleston, WV 25313  
 (304) 776-7740

Customer Number: [REDACTED]  
 Invoice Number: 1700430-IN  
 Invoice Date: 2/9/2017  
 Terms: Net 30 Days  
 Customer P.O.:

RECEIVED  
 FEB 14 2017

Forexco, Inc.  
 2309 W Cone Blvd  
 Suite 200  
 Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	JANUARY, 2017				
91-31	31-Day Meters		80.00	4.13	330.40
91-7	7-Day Meters		5.00	2.47	12.35
91-1	Internet Access		1.00	36.75	36.75
91-UPS	UPS CHARGE		1.00	10.14	10.14



$I/C CP = 12.35 + 19 - 35.80$

Net Invoice: 389.64  
 Freight: 0.00  
 Sales Tax: 0.00  
**Total Amount Due: 389.64**

# Invoice

Witness: Adam Forsberg

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1700831-IN

Invoice Date: 2/28/2017

Terms: Net 30 Days

Customer P.O.:

RECEIVED

MAR 13 2017

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION FEBRUARY, 2017				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		3.00	2.47	7.41
291-i	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.68	10.68



$7.41 + 23.72 = 31.13$

Net Invoice:	385.24
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>385.24</b>

# Invoice

Witness: Adam Forsberg

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1701294-IN

Invoice Date: 3/29/2017

Terms: Net 30 Days

Customer P.O.:

RECEIVED

APR 05 2017

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	JANUARY, FEBRUARY, MARCH 2017				
291-MON	[REDACTED] MONITORING		3.00	120.00	[REDACTED]
	FEDERAL PRISON				
291-MON	MONITORING		3.00	120.00	360.00

ILC CP

Net Invoice:	720.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>720.00</b>

**Invoice**

Witness: Adam Forsberg

31737

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1702209-IN

Invoice Date: 4/10/2017

Terms: Net 30 Days

Customer P.O.:

RECEIVED

APR 12 2017

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	MARCH, 2017				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.71	10.71



$I/C CP = 9.88 + 23.15 = 33.03$

Net Invoice:	387.74
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>387.74</b>

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
 5012 W. Washington Street  
 Charleston, WV 25313  
 (304) 776-7740

Customer Number [REDACTED]  
 Invoice Number: 1702579-IN  
 Invoice Date: 5/8/2017  
 Terms: Net 30 Days  
 Customer P.O.:

Forexco, Inc.  
 2309 W Cone Blvd  
 Suite 200  
 Greensboro, NC 27408-4047

RECEIVED  
 MAY 11 2017

Finance Charge is 1.5% per month / Annual rate of 18%.

Description	UM	Quantity	Price	Amount
CHART INTEGRATION APRIL, 2017				
31-Day Meters		80.00	4.13	330.40
7-Day Meters		4.00	2.47	9.88
Internet Access		1.00	36.75	36.75
UPS CHARGE		1.00	10.71	10.71



I/C (P) 9.88 + ~~330.40~~ = 336.1

Net Invoice:	387.74
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>387.74</b>



PREMIUM FINANCE AGREEMENT



Quote # E140588

PERSONAL  COMMERCIAL  NEW  AGENCY RENEWAL  ADD'L PREMIUM

THIS AGREEMENT, made effective the 15 day of May 2017, between FOREXCO INC

(Name of Borrower/Insured exactly as it appears in financed policies)

ADDRESS 2309 W CONE BLVD STE 200

CITY GREENSBORO STATE NC ZIP 27408 PHONE # (336) 379-0800

hereinafter called the Borrower, and Premium Assignment Corporation, a Florida Corporation hereinafter called Lender, for the purpose of financing the purchase of insurance policies described in the Scheduled Policies of Insurance listed in page 3 to this Agreement.

TOTAL PRICE OF PREMIUMS	- CASH DOWN PAYMENT	= PRINCIPAL BALANCE OWED ON PREMIUMS	+ DOC STAMPS & SERVICE FEE (if applicable)	= TOTAL AMOUNT FINANCED	+ FINANCE CHARGE (Amount credit costs over term of loan)	= TOTAL OF PAYMENTS (Amount paid if all payments made as scheduled)	ANNUAL INTEREST RATE
6,972.00	I/C CP 1,289.82	5,682.18	0.00	5,682.18	221.62	5,903.80	8.42

SELECT BILLING OPTION: <input type="checkbox"/> Payment Book <input checked="" type="checkbox"/> Monthly Invoice	Amount of Monthly Payment	Number of Payments	Date First Payment is Due
<input type="checkbox"/> Direct Debit	590.38	10	6/15/2017
YOUR PAYMENT SCHEDULE WILL BE: Each monthly payment due on same day of each succeeding month until paid in full.			

FOR VALUE RECEIVED, BORROWER PROMISES TO PAY to the order of Lender at the address given at the top of this page, the Total Amount Financed and all sums shown above, including interest at the Annual Interest Rate and other charges as described hereinafter, pursuant to the terms stated below and in page 2 of this Agreement.

- SECURITY FOR PAYMENT:** To secure payment of all sums due under this Agreement, Borrower grants Lender a security interest in any unearned premiums or other sums which may become payable under the Scheduled Policies of Insurance shown on page 3.
- LIMITED POWER OF ATTORNEY:** BORROWER IRREVOCABLY APPOINTS LENDER AS ATTORNEY-IN-FACT TO CANCEL THE SCHEDULED POLICIES OF INSURANCE AFTER BORROWER DEFAULTS IN MAKING PAYMENTS UNDER THIS AGREEMENT.
- NOTICE TO BORROWER:** (1) Do not sign this Agreement before you read it, or if it contains any blank space (other than as provided on the next page), (2) You are entitled to have and should retain a completely filled in copy of this Agreement to protect your legal rights, (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge, and (4) BY SIGNING BELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF THIS AGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES 1, 2 AND 3 OF THIS AGREEMENT.

SIGNATURE OF ALL INSURED[S] NAMED IN POLICIES OR AUTHORIZED AGENT OF INSURED[S], AS PERMITTED BY LAW:

5/26/17 X *Adam Forth* CFO Date Name and Title: Date Name and Title:

PRODUCER'S REPRESENTATIONS & WARRANTIES:

The undersigned Producer represents and warrants that: (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belief, Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrower's signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.

PRODUCER / AGENCY Name ALLIANT INS SERVICES INC Address 6100 WESTERN PLACE STE 100 FT WORTH, TX 76107

Date PRODUCER'S SIGNATURE

31966

RECEIVED

JUN 05 2017

**PREMIUM ASSIGNMENT CORPORATION**

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
1.850.907.5610, Ext. 11

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)

Our website is available 24 hours a day / 7 days a week!  
 Check your loan status or make your payment online today.

**Note: All payments submitted after 3:30pm Eastern Time will be credited on the next business day.**

Overnight payments can be mailed to:  
 Premium Assignment Corporation  
 Attn: Accounting Department  
 3522 Thomasville Rd, Suite 400  
 Tallahassee, Florida 32309

LOAN BALANCE: As of 5/31/2017 \$5,903.80  
 PAYMENT NUMBER: 1 of 10  
 LOAN NUMBER: [REDACTED]  
 AMOUNT PAID: \$ \_\_\_\_\_  
 CHECK NUMBER: \_\_\_\_\_  
 DATE MAILED: \_\_\_\_\_

JLC CP

Your PAC loan is for payment on insurance obtained through your agent.

**ALLIANT INS SERVICES**

If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

**Premium Assignment Corporation**  
**PO Box 8000**  
**Tallahassee, FL 32314-8000**

Late payment amount due if received after 6/20/2017

Keep This Portion For Your Records

Return the **BOTTOM** portion with your payment in the enclosed envelope.

**PREMIUM ASSIGNMENT CORPORATION**

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
5/31/2017	[REDACTED]	6/15/2017	\$590.38	\$619.90	

FOREXCO INC  
 2309 W CONE BLVD STE 200  
 GREENSBORO NC 27408

Premium Assignment Corporation  
 PO Box 8000  
 Tallahassee, FL 32314-8000

0000020001722988010000005903870000006199000

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Item # 42051  
Page of 72 1  
Witness: Adam Forsberg

Customer Number: [REDACTED]  
Invoice Number: 1702997-IN  
Invoice Date: 6/12/2017  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED  
JUN 14 2017

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION MAY, 2017				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.71	10.71



I/C CP 9.88 + 23.73 = 33.

Net Invoice:	387.74
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>387.74</b>

# PREMIUM ASSIGNMENT CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
1.850.907.5610, Ext. 11

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)  
 Our website is available 24 hours a day / 7 days a week!  
 Check your loan status or make your payment online today.  
**Note: All payments submitted after 3:30pm Eastern Time will be credited on the next business day.**  
 Overnight payments can be mailed to:  
 Premium Assignment Corporation  
 Attn: Accounting Department  
 3522 Thomasville Rd, Suite 400  
 Tallahassee, Florida 32309

LOAN BALANCE: As of 6/26/2017 \$5,313.42  
 PAYMENT NUMBER: 2 of 10  
 LOAN NUMBER: [REDACTED]  
 AMOUNT PAID: \$ \_\_\_\_\_  
 CHECK NUMBER: \_\_\_\_\_  
 DATE MAILED: \_\_\_\_\_

Your PAC loan is for payment on insurance obtained through your agent.

### ALLIANT INS SERVICES

If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

**Premium Assignment Corporation**  
**PO Box 8000**  
**Tallahassee, FL 32314-8000**

*IL/CP*

Late payment amount due if received after 7/20/2017

Keep This Portion For Your Records

Return the **BOTTOM** portion with your payment in the enclosed envelope.

# PREMIUM ASSIGNMENT CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
6/26/2017	[REDACTED]	7/15/2017	\$590.38	\$619.90	

FOREXCO INC  
 2309 W CONE BLVD STE 200  
 GREENSBORO NC 27408

Premium Assignment Corporation  
 PO Box 8000  
 Tallahassee, FL 32314-8000

0000020001722988010000005903870000006199000

**Invoice**

Witness: Adam Forsberg

32130

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1701766-IN  
Invoice Date: 6/30/2017  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED  
JUN 10 2017

To:  
Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	APRIL, MAY, JUNE 2017				
291-MON	CITI-ENERGY MONITORING		3.00	120.00	360.00
291-MON	FEDERAL PRISON MONITORING		3.00	120.00	360.00



IF CP = 360

Net Invoice:	720.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>720.00</b>

# Invoice

L. LAUGHLIN & COMPANY, INC.  
1012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1703280-IN  
Invoice Date: 6/30/2017  
Terms: Net 30 Days  
Customer P.O.:

32105

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	JUNE, 2017				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.71	10.71



$I/C CP = 12.35 + 23.73 = 36.08$

Net Invoice:	390.21
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>390.21</b>

32222

RECEIVED

JUL 31 2017

**PREMIUM ASSIGNMENT CORPORATION**

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
1.850.907.5610, Ext. 11

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)

Our website is available 24 hours a day / 7 days a week!  
 Check your loan status or make your payment online today.

**Note: All payments submitted after 3:30pm Eastern Time will be credited on the next business day.**

Overnight payments can be mailed to:  
 Premium Assignment Corporation  
 Attn: Accounting Department  
 3522 Thomasville Rd, Suite 400  
 Tallahassee, Florida 32309

LOAN BALANCE: As of 7/26/2017 \$4,723.04  
 PAYMENT NUMBER: 3 of 10  
 LOAN NUMBER: [REDACTED]  
 AMOUNT PAID: \$ \_\_\_\_\_  
 CHECK NUMBER: \_\_\_\_\_  
 DATE MAILED: \_\_\_\_\_

Your PAC loan is for payment on insurance obtained through your agent.

**ALLIANT INS SERVICES**

If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

**Premium Assignment Corporation**  
**PO Box 8000**  
**Tallahassee, FL 32314-8000**

I/C CP

Late payment amount due if received after 8/20/2017

Keep This Portion For Your Records

Return the **BOTTOM** portion with your payment in the enclosed envelope.

**PREMIUM ASSIGNMENT CORPORATION**

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
7/26/2017	[REDACTED]	8/15/2017	\$590.38	\$619.90	

FOREXCO INC  
 2309 W CONE BLVD STE 200  
 GREENSBORO NC 27408

Premium Assignment Corporation  
 PO Box 8000  
 Tallahassee, FL 32314-8000

0000020001722988010000005903870000006199000

**Invoice**

LAUGHLIN & COMPANY, INC.  
12 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1703794-IN  
Invoice Date: 8/9/2017  
Terms: Net 30 Days  
Customer P.O.:

to: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

RECEIVED  
AUG 11 2017

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION JULY, 2017				
291-31	31-Day Meters		79.00	4.13	326.27
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.71	10.71

3000



ICCP = 9.88 + 23.73 = 33.61

Net Invoice:	383.61
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>383.61</b>



**Forsberg**

**From:** Accounting <accounting@fedbizaccess.com>  
**Sent:** Thursday, August 24, 2017 1:22 PM  
**To:** [REDACTED]  
**Subject:** Your receipt from FedBizAccess

*Paid via  
PNC card*



# Invoice

FedBizAccess  
11300 Dr MLK Jr St N Ste 300  
Saint Petersburg, Florida 33716  
United States  
(877) 376-4249

Date	Invoice #	Due Date
August 24, 2017	33748	08/24/2017

**TO:**  
Adam Forsberg  
Citipower, LLC  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408  
United States

**SHIP TO:**  
  
Adam Forsberg  
Citipower, LLC

Qty	Description	Unit Price	Total
1	SAM Registration Renewal - \$600.00		\$600.00
			\$600.00
<b>Total Purchases</b>			<b>\$600.00</b>

<b>Payments Made</b>		
8/24/2017	Credit Card - PAID	\$600.00
<b>Total Payments &amp; Adjustments</b>		<b>\$600.00</b>

<b>Payments Due</b>		
8/24/2017	Current	\$0.00
<b>Outstanding Balance</b>		<b>\$0.00</b>
<b>Balance Due Now</b>		<b>\$0.00</b>

FedBizAccess  
11300 Dr MLK Jr St N Ste 300  
Saint Petersburg, Florida 33716  
United States

RECEIVED

SEP 05 2017

# PREMIUM ASSIGNMENT CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
1.850.907.5610, Ext. 11

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)

Our website is available 24 hours a day / 7 days a week!  
 Check your loan status or make your payment online today.

**Note: All payments submitted after 3:30pm Eastern Time will be credited on the next business day.**

Overnight payments can be mailed to:  
 Premium Assignment Corporation  
 Attn: Accounting Department  
 3522 Thomasville Rd, Suite 400  
 Tallahassee, Florida 32309

LOAN BALANCE: As of 8/28/2017 \$4,132.66  
 PAYMENT NUMBER: 4 of 10  
 LOAN NUMBER: [REDACTED]  
 AMOUNT PAID: \$ \_\_\_\_\_  
 CHECK NUMBER: \_\_\_\_\_  
 DATE MAILED: \_\_\_\_\_

Your PAC loan is for payment on insurance obtained through your agent.

### ALLIANT INS SERVICES

If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

**Premium Assignment Corporation**  
**PO Box 8000**  
**Tallahassee, FL 32314-8000**

*JLC CP*

Late payment amount due if received after 9/20/2017

Keep This Portion For Your Records

Return the **BOTTOM** portion with your payment in the enclosed envelope.

# PREMIUM ASSIGNMENT CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
8/28/2017	[REDACTED]	9/15/2017	\$590.38	\$619.90	

FOREXCO INC  
 2309 W CONE BLVD STE 200  
 GREENSBORO NC 27408

Premium Assignment Corporation  
 PO Box 8000  
 Tallahassee, FL 32314-8000

0000020001722988010000005903870000006199000

32400

Item 17

Page 17 of 72 1

# Invoice

Witness: Adam Forsberg

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: 0029100

Invoice Number: 1704327-IN

Invoice Date: 9/18/2017

Terms: Net 30 Days

Customer P.O.:

RECEIVED

SEP 20 2017

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION AUGUST, 2017				
291-31	31-Day Meters		79.00	4.13	326.27
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.68	10.68



HC CP = 12.35 + 23.72 = 36.07

Net Invoice:	386.05
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>386.05</b>

22411

**PREMIUM ASSIGNMENT**  
CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
1.850.907.5610, Ext. 11

RECEIVED

OCT 02 2017

LOAN BALANCE: As of 9/25/2017 \$3,542.28  
PAYMENT NUMBER: 5 of 10  
LOAN NUMBER: [REDACTED]  
AMOUNT PAID: \$ \_\_\_\_\_  
CHECK NUMBER: \_\_\_\_\_  
DATE MAILED: \_\_\_\_\_

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)  
Our website is available 24 hours a day / 7 days a week!  
Check your loan status or make your payment online today.  
**Note: All payments submitted after 3:30pm Eastern Time will be credited on the next business day.**  
  
Overnight payments can be mailed to:  
Premium Assignment Corporation  
**Attn: Accounting Department**  
3522 Thomasville Rd, Suite 400  
Tallahassee, Florida 32309

Your PAC loan is for payment on insurance obtained through your agent.

**ALLIANT INS SERVICES**

If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

**Premium Assignment Corporation**  
**PO Box 8000**  
**Tallahassee, FL 32314-8000**

*ILC CR*

Late payment amount due if received after 10/20/2017

Keep This Portion For Your Records

Return the **BOTTOM** portion with your payment in the enclosed envelope.

**PREMIUM ASSIGNMENT**  
CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
9/25/2017	[REDACTED]	10/15/2017	\$590.38	\$619.90	

FOREXCO INC  
2309 W CONE BLVD STE 200  
GREENSBORO NC 27408

Premium Assignment Corporation  
PO Box 8000  
Tallahassee, FL 32314-8000

0000020001722988010000005903870000006199000

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Item 11  
Page 19 of 72  
Witness: Adam Forsberg  
32483

Customer Number: [REDACTED]

Invoice Number: 1705234-IN

Invoice Date: 9/30/2017

Terms: Net 30 Days

Customer P.O.:

RECEIVED

OCT 10 2017

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	SEPTEMBER 30, 2017				
291-MON	FEDERAL PRISON MONITORING		3.00	120.00	360.00
291-MON	[REDACTED] MONITORING		3.00	[REDACTED]	[REDACTED] 360.00

HC CP

Net Invoice:	720.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>720.00</b>

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1704630-IN  
Invoice Date: 10/9/2017  
Terms: Net 30 Days  
Customer P.O.:

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION SEPTEMBER, 2017				
291-31	31-Day Meters		78.00	4.13	322.14
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.68	10.68



$$I/C CR = 9.88 + 23.71 = 33.59$$

Net Invoice: 379.45  
Freight: 0.00  
Sales Tax: 0.00  
**Total Amount Due: 379.45**

**PREMIUM ASSIGNMENT**  
CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
1.850.907.5610, Ext. 11

RECEIVED  
NOV 02 2017

Item 11  
Page 21 of 72  
Witness: Adam Forsberg  
32560

LOAN BALANCE: As of 10/26/2017 \$2,951.90  
PAYMENT NUMBER: 6 of 10  
LOAN NUMBER: [REDACTED]  
AMOUNT PAID: \$ \_\_\_\_\_  
CHECK NUMBER: \_\_\_\_\_  
DATE MAILED: \_\_\_\_\_

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)  
Our website is available 24 hours a day / 7 days a week!  
Check your loan status or make your payment online today.  
**Note: All payments submitted after 3:30pm Eastern Time will be credited on the next business day.**  
  
Overnight payments can be mailed to:  
Premium Assignment Corporation  
Attn: Accounting Department  
3522 Thomasville Rd, Suite 400  
Tallahassee, Florida 32309

Your PAC loan is for payment on insurance obtained through your agent.

**ALLIANT INS SERVICES**

If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

**Premium Assignment Corporation**  
**PO Box 8000**  
**Tallahassee, FL 32314-8000**

Late payment amount due if received after 11/20/2017

Keep This Portion For Your Records

Return the **BOTTOM** portion with your payment in the enclosed envelope.

**PREMIUM ASSIGNMENT**  
CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
10/26/2017	[REDACTED]	11/15/2017	\$590.38	\$619.90	

FOREXCO INC  
2309 W CONE BLVD STE 200  
GREENSBORO NC 27408

Premium Assignment Corporation  
PO Box 8000  
Tallahassee, FL 32314-8000

0000020001722988010000005903870000006199000

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Item 11  
Page 2 of 2 1  
Witness: Adam Forsberg

32631

Customer Number: [REDACTED]  
Invoice Number: 1706100-IN  
Invoice Date: 11/10/2017  
Terms: Net 30 Days  
Customer P.O.:

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

RECEIVED  
NOV 14 2017

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION OCTOBER, 2017				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.73	10.73

[REDACTED]

CP = 12.35 + 23.74 = 36.09

Net Invoice: 390.23  
Freight: 0.00  
Sales Tax: 0.00  
Total Amount Due: 390.23



32685

# PREMIUM ASSIGNMENT CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
1.850.907.5610, Ext. 11

RECEIVED

DEC 04 2017

LOAN BALANCE: As of 11/27/2017 \$2,361.52  
 PAYMENT NUMBER: 7 of 10  
 LOAN NUMBER: [REDACTED]  
 AMOUNT PAID: \$ \_\_\_\_\_  
 CHECK NUMBER: \_\_\_\_\_  
 DATE MAILED: \_\_\_\_\_

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)  
 Our website is available 24 hours a day / 7 days a week!  
 Check your loan status or make your payment online today.  
 Note: All payments submitted after 3:30pm Eastern Time  
 will be credited on the next business day.  
 Overnight payments can be mailed to:  
 Premium Assignment Corporation  
 Attn: Accounting Department  
 3522 Thomasville Rd, Suite 400  
 Tallahassee, Florida 32309

Your PAC loan is for payment on insurance obtained through your agent.

### ALLIANT INS SERVICES

If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

**Premium Assignment Corporation**  
**PO Box 8000**  
**Tallahassee, FL 32314-8000**

Late payment amount due if received after 12/20/2017

Keep This Portion For Your Records

Return the BOTTOM portion with your payment in the enclosed envelope.

# PREMIUM ASSIGNMENT CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
11/27/2017	[REDACTED]	12/15/2017	\$590.38	\$619.90	

FOREXCO INC  
 2309 W CONE BLVD STE 200  
 GREENSBORO NC 27408

Premium Assignment Corporation  
 PO Box 8000  
 Tallahassee, FL 32314-8000

0000020001722988010000005903870000006199000

32759

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1706497-IN  
Invoice Date: 12/12/2017  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED  
DEC 15 2017

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION NOVEMBER, 2017				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.75	10.75



Ilc CP = 9.88 + 23.75 = 33.63

Net Invoice:	387.78
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>387.78</b>

**PREMIUM ASSIGNMENT CORPORATION**

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
1.850.907.5610, Ext. 11

RECEIVED

Item 11  
Page 25 of 72  
Witness: Adam Forberg  
37285

JAN 04 2018

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)  
Our website is available 24 hours a day / 7 days a week!  
Check your loan status or make your payment online today.  
**Note: All payments submitted after 3:30pm Eastern Time will be credited on the next business day.**  
Overnight payments can be mailed to:  
Premium Assignment Corporation  
Attn: Accounting Department  
3522 Thomasville Rd, Suite 400  
Tallahassee, Florida 32309

LOAN BALANCE: As of 12/27/2017 \$1,771.14  
PAYMENT NUMBER: 8 of 10  
LOAN NUMBER: [REDACTED]  
AMOUNT PAID: \$ \_\_\_\_\_  
CHECK NUMBER: \_\_\_\_\_  
DATE MAILED: \_\_\_\_\_

Your PAC loan is for payment on insurance obtained through your agent.

**ALLIANT INS SERVICES**

If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

**Premium Assignment Corporation  
PO Box 8000  
Tallahassee, FL 32314-8000**

Late payment amount due if received after 1/20/2018  
Keep This Portion For Your Records

Return the **BOTTOM** portion with your payment in the enclosed envelope.

**PREMIUM ASSIGNMENT CORPORATION**

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
12/27/2017	[REDACTED]	1/15/2018	\$590.38	\$619.90	

FOREXCO INC  
2309 W CONE BLVD STE 200  
GREENSBORO NC 27408

Premium Assignment Corporation  
PO Box 8000  
Tallahassee, FL 32314-8000

0000020001722988010000005903870000006199000

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1705685-IN

Invoice Date: 12/29/2017

Terms: Net 30 Days

Customer P.O.:

RECEIVED

JAN 23 2018

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	DECEMBER 31, 2017				
291-MON	FEDERAL PRISON MONITORING		3.00	120.00	360.00
291-MON	[REDACTED] MONITORING		[REDACTED]	[REDACTED]	[REDACTED]

ILC  
GR

Net Invoice:	720.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>720.00</b>

**Citipower, L. L. C.**  
**Vendor QuickReport**  
January 2017 through December 2019

Type	Date	Num	Memo	Account	Clr	Split	Amount
Forexco, Inc							
Bill	02/09/2017	1700430-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(35.80)
Bill	02/28/2017	1700831-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(31.13)
Bill	03/29/2017	1701294-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(360.00)
Bill	04/10/2017	1702209-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.61)
Bill	05/08/2017	1702579-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.61)
Bill	05/26/2017	20170526	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(1,289.82)
Bill	05/30/2017	20170530	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	06/12/2017	1702997-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.61)
Bill	06/26/2017	20170626	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	06/30/2017	1701766-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(360.00)
Bill	06/30/2017	1703280-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(36.08)
Bill	07/26/2017	20170726	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	08/09/2017	1703794-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.61)
Bill	08/24/2017	20170824	REIMBURSE SAM REGISTRATION FEE	232 · Accounts Payable		408.18 · Other Taxes & Fees	(600.00)
Bill	08/28/2017	20170828	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	09/18/2017	1704327-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(36.07)
Bill	09/25/2017	20170925	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	09/30/2017	1705234-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(360.00)
Bill	10/09/2017	1704630-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.59)
Bill	10/25/2017	20171025	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	11/10/2017	1706100-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(36.09)
Bill	11/27/2017	20171127	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	12/12/2017	1706497-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.63)
Bill	12/27/2017	20171227	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	12/29/2017	1705685-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(360.00)
Bill	01/12/2018	1800061IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.63)
Bill	01/26/2018	20180126	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	02/12/2018	1800437IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(36.12)
Bill	02/23/2018	20180223	REIMBURSE INSURANCE PREMIUMS	232 · Accounts Payable		924 · Property Insurance	(590.38)
Bill	03/13/2018	1800889IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.95)
Bill	03/16/2018	20180316	REIMBURSE ACCOUNTING SVCS	232 · Accounts Payable		923.2 · Accounting Fees	(2,488.50)
Bill	03/29/2018	1803150-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(360.00)
Bill	03/29/2018	1803173-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		893 · Maintenance of Meters & Reg.	(1,995.00)
Bill	04/10/2018	1801224IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(34.09)
Bill	05/23/2018	1801710-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(36.36)
Bill	06/12/2018	1801989-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.90)
Bill	06/30/2018	1805540-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(360.00)
Bill	07/11/2018	1802398-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.92)
Bill	08/08/2018	1802777-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(34.61)
Bill	09/30/2018	1805968-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(360.00)
Bill	10/09/2018	1804582-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.95)
Bill	11/08/2018	1804970-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(36.42)
Bill	12/18/2018	1807149-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.95)
Bill	12/31/2018	1806484-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(360.00)
Bill	01/17/2019	20190116	REIMBURSE TAX WORK FEE	232 · Accounts Payable		923.2 · Accounting Fees	(311.25)
Bill	01/21/2019	1900059-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(33.99)
Bill	02/12/2019	1900419-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(43.04)
Bill	03/11/2019	20190311	REIMBURSE PSC WORK FEE	232 · Accounts Payable		923.2 · Accounting Fees	(1,600.00)
Bill	03/19/2019	1900893-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(34.25)
Bill	03/31/2019	1905383-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(182.00)

**Citipower, L. L. C.**  
**Vendor QuickReport**  
January 2017 through December 2019

Type	Date	Num	Memo	Account	Clr	Split	Amount
Bill	04/17/2019	1901328-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(34.18)
Bill	04/30/2019	1905489-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(91.00)
Bill	05/22/2019	1901759-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(36.42)
Bill	05/31/2019	1905617-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(91.00)
Bill	06/25/2019	1902199-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(34.20)
Bill	06/25/2019	1905686-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(91.00)
Bill	07/23/2019	1902522-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(34.21)
Bill	07/30/2019	1905836-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(91.00)
Bill	08/30/2019	1903105-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(34.21)
Bill	08/30/2019	1906098-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(91.00)
Bill	09/18/2019	1906137-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		-SPLIT-	(5,324.50)
Bill	09/30/2019	1906191-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(182.00)
Bill	09/30/2019	1903431-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(36.65)
Bill	10/14/2019	1903691-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(46.63)
Bill	10/25/2019	1906357-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(182.00)
Bill	11/29/2019	1906556-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(182.00)
Bill	12/20/2019	1904506-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(44.08)
Bill	12/31/2019	1906715-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(182.00)
Bill	12/31/2019	1904642-IN	REIMBURSE LAUGHLIN FEE	232 · Accounts Payable		902 · Meter Reading Labor & Exp.	(46.53)

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1800061-IN

Invoice Date: 1/12/2018

Terms: Net 30 Days

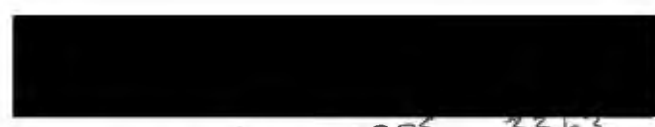
Customer P.O.:

RECEIVED  
JAN 22 2018

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	DECEMBER, 2017				
1	31-Day Meters		80.00	4.13	330.40
	7-Day Meters		4.00	2.47	9.88
	Internet Access		1.00	36.75	36.75
PS	UPS CHARGE		1.00	10.75	10.75



$IC \text{ @ } CP = 9.88 + 23.75 = 33.63$

Net Invoice:	387.78
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>387.78</b>

32904

**PREMIUM ASSIGNMENT**  
CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
850.558.5000, Ext. 11

RECEIVED  
FEB 05 2018

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)  
Our website is available 24 hours a day / 7 days a week!  
Check your loan status or make your payment online today.  
**Note: All payments submitted after 3:30pm Eastern Time will be credited on the next business day.**  
  
Overnight payments can be mailed to:  
Premium Assignment Corporation  
Attn: Accounting Department  
3522 Thomasville Rd, Suite 400  
Tallahassee, Florida 32309

LOAN BALANCE: As of 1/26/2018 \$1,210.28  
PAYMENT NUMBER: 9 of 10  
LOAN NUMBER: [REDACTED]  
AMOUNT PAID: \$ \_\_\_\_\_  
CHECK NUMBER: \_\_\_\_\_  
DATE MAILED: \_\_\_\_\_

Your PAC loan is for payment on insurance obtained through your agent.

**ALLIANT INS SERVICES**  
If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

*Itc CP*

**Premium Assignment Corporation**  
**PO Box 8000**  
**Tallahassee, FL 32314-8000**

Late payment amount due if received after 2/20/2018  
Keep This Portion For Your Records

Return the **BOTTOM** portion with your payment in the enclosed envelope.

**PREMIUM ASSIGNMENT**  
CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
1/26/2018	[REDACTED]	2/15/2018	\$590.38	\$649.42	

FOREXCO INC  
2309 W CONE BLVD STE 200  
GREENSBORO NC 27408

Premium Assignment Corporation  
PO Box 8000  
Tallahassee, FL 32314-8000

0000020001722988010000005903870000006494200



# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1800437-IN

Invoice Date: 2/12/2018

Terms: Net 30 Days

Customer P.O.:

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

RECEIVED  
FEB 15 2018

Finance Charge Is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION JANUARY, 2018				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	10.79	10.79



ILC CP = 12.35 + 23.77 = 36.12

Net Invoice:	390.29
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>390.29</b>

33013

**PREMIUM ASSIGNMENT**  
 CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000  
 850.558.5000, Ext. 11

RECEIVED

MAR 02 2018

LOAN BALANCE: As of 2/23/2018 \$619.90  
 PAYMENT NUMBER: 10 of 10  
 LOAN NUMBER:   
 AMOUNT PAID: \$   
 CHECK NUMBER:   
 DATE MAILED:

Visit us online at  
[Insured.PremiumAssignment.com](http://Insured.PremiumAssignment.com)  
 Our website is available 24 hours a day / 7 days a week!  
 Check your loan status or make your payment online today.  
 Note: All payments submitted after 3:30pm Eastern Time  
 will be credited on the next business day.  
 Overnight payments can be mailed to:  
 Premium Assignment Corporation  
 Attn: Accounting Department  
 3522 Thomasville Rd, Suite 400  
 Tallahassee, Florida 32309

Your PAC loan is for payment on insurance obtained through your agent.

**ALLIANT INS SERVICES**

If your loan is delinquent, payment of this invoice may not prevent cancellation of your insurance policy for a previous month's payment default.

Make your check or money order payable to PAC and mail your payment to:

**Premium Assignment Corporation**  
**PO Box 8000**  
**Tallahassee, FL 32314-8000**

ILC CP

Late payment amount due if received after 3/20/2018

Keep This Portion For Your Records

Return the **BOTTOM** portion with your payment in the enclosed envelope.

**PREMIUM ASSIGNMENT**  
 CORPORATION

Post Office Box 8000 | Tallahassee | Florida | 32314-8000

AGENCY NAME: ALLIANT INS SERVICES

Invoice Date	Loan No.	Date Due	Scheduled Payment	Late Payment	Amount Enclosed
2/23/2018		3/15/2018	\$590.38	\$649.42	

FOREXCO INC  
 2309 W CONE BLVD STE 200  
 GREENSBORO NC 27408

Premium Assignment Corporation  
 PO Box 8000  
 Tallahassee, FL 32314-8000

0000020001722988010000005903870000006494200

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1800889-IN  
Invoice Date: 3/13/2018  
Terms: Net 30 Days  
Customer P.O.:

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

RECEIVED  
MAR 15 2018

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	FEBRUARY, 2018				
291-31	31-Day Meters		76.00	4.13	313.88
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-S	SPLITS		1.00	0.10	0.10
291-UPS	UPS CHARGE		1.00	11.28	11.28



$I/C\ CT = 9.88 + 24.07 = 33.95$

Net Invoice: 371.89  
Freight: 0.00  
Sales Tax: 0.00  
**Total Amount Due: 371.89**

**John Forsberg**  
170 Soda Pop Lane  
Murphy, NC 28906

March 16, 2018

CitiEnergy/Forexco/Citipower  
2309 W Cone Blvd #200  
Greensboro, NC 27408

**Professional Services**

March 11-16, 2018	31 Hrs	\$3,100
	Mileage	245
	Meals	<u>210</u>
	<b>Total</b>	<b>\$3,555</b>

Citipower - PSC Annual Report  
PSC Property Tax 61A200

70% *I/c CP* → 2488.50



# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number [REDACTED]  
Invoice Number: 1803150-IN  
Invoice Date: 3/29/2018  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED  
APR 06 2018

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
291-MON	MARCH 31, 2018 FEDERAL PRISON MONITORING		3.00	120.00 <i>Ilc CP</i>	360.00
291-MON	[REDACTED] MONITORING		[REDACTED]	[REDACTED]	[REDACTED]

Net Invoice:	720.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>720.00</b>

Witness: Adam Forsberg

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number [REDACTED]

Invoice Number: 1803173-IN

Invoice Date: 3/29/2018

Terms: Net 30 Days

Customer P.O.:

RECEIVED

APR 06 2018

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	MARCH 6, 2018 CITI ENERGY 1				
291-EFM	ELECTRONIC TEST FEDERAL PRISON 3000		1.00	75.00	75.00
291-EFM	ELECTRONIC TEST		1.00	75.00	75.00
291-MIL	MILEAGE		820.00	2.25	1845.00

Net Invoice:	1995.00
Freight:	0.00
Sales Tax:	0.00

Total Amount Due: 1,995.00

JLC CP

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
 5012 W. Washington Street  
 Charleston, WV 25313  
 (304) 776-7740

Customer Number: [REDACTED]  
 Invoice Number: 1801224-IN  
 Invoice Date: 4/10/2018  
 Terms: Net 30 Days  
 Customer P.O.:

Forexco, Inc.  
 2309 W Cone Blvd  
 Suite 200  
 Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	MARCH, 2018				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-S	SPLITS		4.00	0.10	0.40
291-UPS	UPS CHARGE		1.00	11.28	11.28



$I/C CP = 9.88 + 24.21 = 34.09$

Net Invoice:	392.84
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>392.84</b>

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1801710-IN  
Invoice Date: 5/23/2018  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED

MAY 29 2018

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	APRIL, 2018				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.28	11.28

[REDACTED]  
HC CP = 12.35 + 24.01 = 36.36

Net Invoice:	390.78
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>390.78</b>



Witness: Adam Forsberg

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1801989-IN

Invoice Date: 6/12/2018

Terms: Net 30 Days

Customer P.O.:

RECEIVED

JUN 18 2018

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION MAY, 2018				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.28	11.28



$$H/LCP = 4.88 + 24.02 = 33.90$$

Net Invoice:	388.31
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>388.31</b>

33493

Witness: Adam Forsberg

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

RECEIVED

JUL 18 2018

Customer Number: [REDACTED]

Invoice Number: 1805540-IN

Invoice Date: 6/30/2018

Terms: Net 30 Days

Customer P.O.:

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	JUNE 30, 2018				
	APRIL, MAY, JUNE 2018				
291-MON	CITI ENERGY MONITORING		3.00	120.00	360.00
291-MON	FEDERAL PRISON MONITORING		3.00	120.00	360.00



JIC CP = 360.00

Net Invoice:	720.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>720.00</b>

Item 11 33492  
Page 1 of 2 1

# Invoice

Witness: Adam Forsberg

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1802398-IN

Invoice Date: 7/11/2018

Terms: Net 30 Days

Customer P.O.:

RECEIVED  
JUL 13 2018

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	JUNE, 2018				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.33	11.33



$$I/c CP = 9.08 + 24.04 = 33.92$$

Net Invoice:	388.36
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>388.36</b>

556.00  
1

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1802777-IN  
Invoice Date: 8/8/2018  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED

AUG 13 2018

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	JULY, 2018				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.36	11.36



$IIC CP = 12.35 + 24.06 = 36.41$

Net Invoice:	390.86
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>390.86</b>

Item 11 33769

Witness: Adam Forsberg

# Invoice

K. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1805968-IN  
Invoice Date: 9/25/2018  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED

OCT 01 2018

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	<del>JULY, AUGUST, SEPTEMBER 2018</del>				
291-MON	[REDACTED] MONITORING		[REDACTED]	[REDACTED]	[REDACTED]
	CITI FEDERAL PRISON				
291-MON	MONITORING		3.00	120.00	360.00

*ICLP = 360.00*

Net Invoice:	<u>720.00</u>
Freight:	0.00
Sales Tax:	<u>0.00</u>
Total Amount Due:	720.00

Witness: Adam Forsberg

# Invoice

L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1804582-IN

Invoice Date: 10/9/2018

Terms: Net 30 Days

Customer P.O.:

RECEIVED

OCT 16 2018

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION SEPTEMBER, 2018				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.39	11.39



$FIL CP = 9.88 + 24.07 = 33.95$

Net Invoice:	388.42
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>388.42</b>

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

RECEIVED  
NOV 14 2018

Customer Number: [REDACTED]

Invoice Number: 1804970-IN

Invoice Date: 11/8/2018

Terms: Net 30 Days

Customer P.O.:

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	OCTOBER, 2018				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.39	11.39



$$I/C CP = 12.35 + 24.07 = 36.42$$

Net Invoice:	390.89
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>390.89</b>

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number [REDACTED]

Invoice Number: 1807149-IN

Invoice Date: 12/18/2018

Terms: Net 30 Days

Customer P.O.:

RECEIVED

DEC 21 2018

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Description	UM	Quantity	Price	Amount
- CHART INTEGRATION				
NOVEMBER, 2018				
31-Day Meters		80.00	4.13	330.40
7-Day Meters		4.00	2.47	9.88
Internet Access		1.00	36.75	36.75
UPS CHARGE		1.00	11.39	11.39



*I/c CP = 9.88 + 24.07 = 33.95*

Net Invoice:	<u>388.42</u>
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>388.42</b>



Item 11 34382

# Invoice

Witness: Adam Forsberg

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1806484-IN

Invoice Date: 12/31/2018

Terms: Net 30 Days

Customer P.O.:

RECEIVED

JAN 11 2019

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	OCT; NOV; DEC 2018				
291-MON	CITI ENERGY MONITORING		3.00	120.00	360.00
291-MON	CITI FEDERAL PRISON MONITORING		3.00	120.00	360.00



ILCP = 360

Net Invoice:	720.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>720.00</b>

**John Forsberg**  
170 Soda Pop Lane  
Murphy, NC 28906

January 16, 2019

CitiEnergy/Forexco/Citipower/Partnerships  
2309 W Cone Blvd #200  
Greensboro, NC 27408

**Professional Services**

January 14-17

**Hours**

**Total**

Preparation of 1099/1096

[Redacted]

3

Citipower

2

[Redacted]

10

[Redacted]

200 + 11.25 = 211.25

[Redacted]

[Large Redacted Area]

**Total**

**\$2,972**

344 18

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1900059-IN  
Invoice Date: 1/21/2019  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED  
JAN 25 2019

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Description	UM	Quantity	Price	Amount
CHART INTEGRATION DECEMBER, 2018				
31-Day Meters		80.00	4.13	330.40
7-Day Meters		4.00	2.47	9.88
Internet Access		1.00	36.75	36.75
UPS CHARGE		1.00	11.47	11.47



$$IICCP = 9.88 + 24.11 = 33.99$$

Net Invoice:	388.50
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>388.50</b>

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Item # 11603  
Page 50 of 72  
Page 1  
Witness: Adam Forsberg

Customer Number: [REDACTED]  
Invoice Number: 1900419-IN  
Invoice Date: 2/12/2019  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED  
FEB 18 2019

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION JANUARY, 2019				
291-31	31-Day Meters		80.00	4.13	330.40
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	24.63	24.63



$IC\ CP = 12.35 + 20.69 = 33.04$   
43.04

Net Invoice:	404.13
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>404.13</b>

**John Forsberg**  
170 Soda Pop Lane  
Murphy, NC 28906

March 11, 2019

CitiEnergy/Forexco/Citipower/Partnerships  
2309 W Cone Blvd.#200  
Greensboro, NC 27408

**Professional Services**

March 4-11

**Hours**

**Total**

Tax and Accounting

[REDACTED]

[REDACTED]

Citipower PSC Reports

16 = 1.6

[REDACTED]

41

\$4,100

[REDACTED]

**Total**

**\$4,543**

[REDACTED]

CP = 1,000

[REDACTED]

34011

Witness: Adam Forsberg

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

RECEIVED  
MAR 25 2013

Customer Number: [REDACTED]

Invoice Number: 1900893-IN

Invoice Date: 3/19/2019

Terms: Net 30 Days

Customer P.O.:

To:  
Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION FEBRUARY, 2019				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		4.00	2.47	9.88
291-S	SPLITS		1.00	0.10	0.10
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.88	11.88



$I/C \text{ CR} = 9.88 + 24.37 = 34.25$

Net Invoice:	393.14
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>393.14</b>

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Item 11 34891  
Page 59 of 72 1  
Witness: Adam Forsberg

Customer Number: [REDACTED]  
Invoice Number: 1905383-IN  
Invoice Date: 3/31/2019  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED

APR 12 2019

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CITI ENERGY COMPRESSOR				
	CITI FEDERAL PRISON				
	FEBRUARY 2019				
291-SMON	SCADACORE MONITORING		2.00	91.00	182.00
	MARCH 2019				
291-SMON	SCADACORE MONITORING		2.00	91.00	182.00



IK CP = 182.00

Net Invoice:	364.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>364.00</b>

Witness: Adam Forsberg

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1901328-IN

Invoice Date: 4/17/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED

APR 22 2019

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	MARCH, 2018				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.85	11.85



$IIC CP = 9.88 + 24.3 = 34.18$

Net Invoice:	393.01
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>393.01</b>



# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1905489-IN  
Invoice Date: 4/30/2019  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED

MAY 23 2019

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	APRIL 2019				
291-SMON	[REDACTED] SCADACORE MONITORING				
291-SMON	CITI FEDERAL PRISON SCADACORE MONITORING		1.00	91.00	91.00

I/C  
CR  
91.00

Net Invoice: 182.00  
Freight: 0.00  
Sales Tax: 0.00  
Total Amount Due: 182.00

**Invoice**

Witness: Adam Forsberg

35123

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1901759-IN

Invoice Date: 5/22/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED  
MAY 28 2019

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION APRIL, 2019				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.39	11.39



$I/C LP = 12.35 + 24.07 = .92$

Net Invoice:	395.02
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>395.02</b>

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]  
Invoice Number: 1905617-IN  
Invoice Date: 5/31/2019  
Terms: Net 30 Days  
Customer P.O.:

35226

RECEIVED

JUN 14 2019

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	MAY 31, 2019				
291-SMON	CITI ENERGY-COMPRESSOR SCADACORE MONITORING		1.00	91.00	91.00
291-SMON	CITI FEDERAL PRISON SCADACORE MONITORING		1.00	91.00	91.00



ILC CP = 91

Net Invoice:	182.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>182.00</b>

35272

Item 11

Page: of 72

1

Witness: Adam Forsberg

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1902199-IN

Invoice Date: 6/25/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED

JUL 01 2019

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	<del>CHART-INTEGRATING</del>				
	MAY, 2019				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.88	11.88



$I/C CP = 9.88 + 24.32 = 34.20$

Net Invoice:	393.04
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>393.04</b>

Witness: Adam Forsberg

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1905686-IN

Invoice Date: 6/25/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED  
JUL 02 2019

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	JUNE 2019				
291-SMON	[REDACTED] SCADACORE MONITORING				
	CITI FEDERAL PRISON				
291-SMON	SCADACORE MONITORING		1.00	91.00	91.00

J/C CP = 91

Net Invoice:	182.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>182.00</b>

1  
35416

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

RECEIVED

JUL 29 2019

Customer Number: [REDACTED]

Invoice Number: 1902522-IN

Invoice Date: 7/23/2019

Terms: Net 30 Days

Customer P.O.:

To:  
Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	JUNE, 2019				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.91	11.91



ILC CP = 9 + 24.33 =

Net Invoice:	393.07
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>393.07</b>

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Item 35415  
Page 1 of 72  
Witness: Adam Forsberg

Customer Number [REDACTED]  
Invoice Number: 1905836-IN  
Invoice Date: 7/30/2019  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED  
AUG 06 2019

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	JULY 2019				
291-SMON	[REDACTED] SCADACORE MONITORING CITI FEDERAL PRISON				
291-SMON	SCADACORE MONITORING		1.00	91.00	91.00

ICCP  
~~ICCP~~

Net Invoice:	182.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>182.00</b>

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Item 11 <sup>35575</sup>  
Page 62 of 72  
Page 1  
Witness: Adam Forsberg

Customer Number: [REDACTED]

Invoice Number: 1903105-IN

Invoice Date: 8/30/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED  
SEP 09 2019

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge Is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	JULY, 2019				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		4.00	2.47	9.88
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.91	11.91



ILC CP = 9.88 + 24.33 = 34.21


Net Invoice:	393.07
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>393.07</b>



35574  
1

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number:   
Invoice Number: 1906098-IN  
Invoice Date: 8/30/2019  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED

SEP 09 2019

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	AUGUST 29, 2019				
291-SMON	CITI ENERGY COMPRESSOR SCADACORE MONITORING		1.00	91.00	91.00
291-SMON	CITI FEDERAL PRISON SCADACORE MONITORING		1.00	91.00	91.00



Ilc CP = 91.00

Net Invoice:	182.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>182.00</b>

# Invoice

Witness: Adam Forsberg

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1906137-IN

Invoice Date: 9/18/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED

SEP 24 2019

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	SEPTEMBER 11, 2019				
	FEDERAL PRISON				
	3000				
291-LAB	LABOR		0.50	75.00	37.50
	INSTALL MODEM				
PART	Part		1.00	360.00	360.00
	MICROHARD MODEM				
	FIBROTEX				
	3010				
291-LAB	LABOR		3.00	75.00	225.00
	INSTALL NEW UFLO G5 AND FREE MODEM				
PART	Part		1.00	3,757.00	3757.00
	UFLO G5 METER				
PART	Part		1.00	40.00	40.00
	SUNSAVOR (USED)				
291-EFM	ELECTRONIC TEST		1.00	85.00	85.00
TRA	TRAVEL TIME		7.00	65.00	455.00
MIL	MILEAGE		400.00	0.60	240.00
PD	PER DIEM		1.00	125.00	125.00

I/c CP ↑



Fed Prison 893 = 397.50  
Fibrotex 378 = 4,927.00  
I/c CP = 5,324.50

Net Invoice:	6584.50
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>6,584.50</b>

# Invoice

LAUGHLIN & COMPANY, INC.  
12 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Page 65 of 72  
Item 11  
Customer Number: [Redacted]  
Witness: [Redacted] Forsberg  
Invoice Number: 1906191-IN  
Invoice Date: 9/30/2019  
Terms: Net 30 Days  
Customer P.O.:

RECEIVED

OCT 07 2019

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	SEPTEMBER 2019				
291-SMON	CITI ENERGY COMPRESSOR				
	SCADACORE MONITORING		1.00	91.00	91.00
291-SMON	CITI FEDERAL PRISON				
	SCADACORE MONITORING		1.00	91.00	91.00
	FIBROTEX				
291-SMON	SCADACORE MONITORING		1.00	91.00	91.00



J/C CP = 182

Net Invoice:	273.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>273.00</b>

Item 11  
Page 6 of 72  
35682

# Invoice

Witness: Adam Forsberg

**L. LAUGHLIN & COMPANY, INC.**  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1903431-IN

Invoice Date: 9/30/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED

OCT 07 2019

To: **Forexco, Inc.**  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	AUGUST, 2019				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		5.00	2.47	12.35
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.85	11.85



CP 2.35 = 36.65

Net Invoice:	395.48
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>395.48</b>

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1903691-IN

Invoice Date: 10/16/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED

OCT 21 2019

To:

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION SEPTEMBER, 2019				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		9.00	2.47	22.23
291-I	Internet Access		1.00	36.75	36.75
291-S	SPLITS		2.00	0.10	0.20
291-UPS	UPS CHARGE		1.00	11.85	11.85



*ILC CP = 22.23 + 24.40 = 46.63*

Net Invoice:	405.50
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>405.50</b>

**Invoice**

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Item 11  
Page 68 of 72 1  
Witness: Adam Forsberg

Customer Number: [REDACTED]

Invoice Number: 1906357-IN

Invoice Date: 10/25/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED

NOV 04 2019

Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	OCTOBER 2019				
291-SMON	CITI ENERGY COMPRESSOR SCADACORE MONITORING		1.00	91.00	91.00
291-SMON	CITI FEDERAL PRISON SCADACORE MONITORING		1.00	91.00	91.00
291-SMON	FIBROTEX SCADACORE MONITORING		1.00	91.00	91.00



ILC = 102.00

Net Invoice:	273.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>273.00</b>

# Invoice

R. L. LAUGHLIN & COMPANY, INC.  
 5012 W. Washington Street  
 Charleston, WV 25313  
 (304) 776-7740

Customer Number: [REDACTED]  
 Invoice Number: 1906556-IN  
 Invoice Date: 11/29/2019  
 Terms: Net 30 Days  
 Customer P.O.:

RECEIVED

DEC 10 2019

To: Forexco, Inc.  
 2309 W Cone Blvd  
 Suite 200  
 Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	NOVEMBER 2019				
291-SMON	[REDACTED] SCADACORE MONITORING CITI FEDERAL PRISON				
291-SMON	SCADACORE MONITORING FIBROTEX		1.00	91.00	91.00
291-SMON	SCADACORE MONITORING		1.00	91.00	91.00

*Ilc*  
*CP = 182.00*

Net Invoice:	273.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>273.00</b>

36101

Witness: Adam Forsberg

# Invoice

**R. L. LAUGHLIN & COMPANY, INC.**  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: XXXXXXXXXX

Invoice Number: 1904506-IN

Invoice Date: 12/20/2019

Terms: Net 30 Days

Customer P.O.:

To:

**Forexco, Inc.**  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION				
	NOVEMBER, 2019				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		8.00	2.47	19.76
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.88	11.88



*IK CP = 19.76*

Net Invoice:	402.92
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>402.92</b>



Witness: Adam Forsberg

# Invoice

**R. L. LAUGHLIN & COMPANY, INC.**  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: 

Invoice Number: 1906715-IN

Invoice Date: 12/31/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED

JAN 13 2020

To: **Forexco, Inc.**  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	DECEMBER 2019				
291-SMON	CITI ENERGY COMPRESSOR SCADACORE MONITORING		1.00	91.00	91.00
291-SMON	CITI FEDERAL PRISON SCADACORE MONITORING		1.00	91.00	91.00
291-SMON	FIBROTEX SCADACORE MONITORING		1.00	91.00	91.00



I/C CP = 182.00

Net Invoice:	273.00
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>273.00</b>

# Invoice

Witness: Adam Forsberg

R. L. LAUGHLIN & COMPANY, INC.  
5012 W. Washington Street  
Charleston, WV 25313  
(304) 776-7740

Customer Number: [REDACTED]

Invoice Number: 1904642-IN

Invoice Date: 12/31/2019

Terms: Net 30 Days

Customer P.O.:

RECEIVED

JAN 13 2020

To: Forexco, Inc.  
2309 W Cone Blvd  
Suite 200  
Greensboro, NC 27408-4047

Finance Charge is 1.5% per month / Annual rate of 18%.

Item Code	Description	UM	Quantity	Price	Amount
	CHART INTEGRATION OCTOBER, 2019				
291-31	31-Day Meters		81.00	4.13	334.53
291-7	7-Day Meters		9.00	2.47	22.23
291-I	Internet Access		1.00	36.75	36.75
291-UPS	UPS CHARGE		1.00	11.85	11.85



*HC CP = 22.23 + 24.30 = 46.53*

Net Invoice:	405.36
Freight:	0.00
Sales Tax:	0.00
<b>Total Amount Due:</b>	<b>405.36</b>

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

12. Describe the procedures CitiEnergy used to allocate joint and shared costs among its affiliates for the calendar years 2017, 2018, and 2019.

**Response:**

Joint and shared costs are allocated based on the degree to which each entity was responsible for the cost. CitiEnergy determined the amounts to be allocated.

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

13. Provide all internal memorandums, policy statements, correspondence, and documents related to the allocation of joint and shared costs.

**Response:**

Please see the response to Items 10 and 11 above.

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

14. Provide Citipower's general ledger and trial balance for the calendar years 2018 and 2019 in paper medium and electronic Excel spreadsheet format with all columns and rows unprotected and accessible.

**Response:**

Excel spreadsheets of these documents are being uploaded into the electronic tariff filing system. A copy on CD will be provided with the hard copy when filed with the PSC.

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

15. Provide copies of Citipower's cash receipts and cash disbursement journals for the calendar years 2018 and 2019.

**Response:**

Excel spreadsheets of these documents are being uploaded into the electronic tariff filing system. A copy on CD will be provided with the hard copy when filed with the PSC.

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

16. Provide Citipower's aged schedule of accounts receivable at December 31, 2017, December 31, 2018, and December 31, 2019.

**Response:**

Please see attached.

**Citipower, L. L. C.**  
**A/R Aging Summary**  
As of December 31, 2017

	<u>Current</u>	<u>1 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>&gt; 90</u>	<u>TOTAL</u>
AJE	25,426.81	0.00	41,665.08	8,079.18	18,017.40	93,188.47
Forexco	0.00	0.00	0.00	0.00	(49.01)	(49.01)
<b>TOTAL</b>	<u><b>25,426.81</b></u>	<u><b>0.00</b></u>	<u><b>41,665.08</b></u>	<u><b>8,079.18</b></u>	<u><b>17,968.39</b></u>	<u><b>93,139.46</b></u>



**Citipower, L. L. C.**  
**A/R Aging Summary**  
As of December 31, 2018

	<u>Current</u>	<u>1 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>&gt; 90</u>	<u>TOTAL</u>
AJE	33,428.61	0.00	54,457.95	8,835.53	18,962.92	115,685.01
Forexco	0.00	0.00	0.00	0.00	(49.01)	(49.01)
<b>TOTAL</b>	<b><u>33,428.61</u></b>	<b><u>0.00</u></b>	<b><u>54,457.95</u></b>	<b><u>8,835.53</u></b>	<b><u>18,913.91</u></b>	<b><u>115,636.00</u></b>

**Citipower, L. L. C.**  
**A/R Aging Summary**  
As of December 31, 2019

	<u>Current</u>	<u>1 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>&gt; 90</u>	<u>TOTAL</u>
AJE	35,832.17	0.00	71,922.07	19,512.74	11,970.92	139,237.90
Forexco	0.00	0.00	0.00	0.00	(49.01)	(49.01)
<b>TOTAL</b>	<b><u>35,832.17</u></b>	<b><u>0.00</u></b>	<b><u>71,922.07</u></b>	<b><u>19,512.74</u></b>	<b><u>11,921.91</u></b>	<b><u>139,188.89</u></b>

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

17. Provide Citipower's schedule of accounts payable by vendor at December 31, 2017, December 31, 2018, and December 31, 2019.

**Response:**

Please see attached.

**Citipower, L. L. C.**  
**A/P Aging Summary**  
As of December 31, 2017

	<u>Current</u>	<u>1 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>&gt; 90</u>	<u>TOTAL</u>
ADVANCE AUTO PARTS	0.00	0.00	0.00	0.00	(6.20)	(6.20)
ARAMARK Uniform Services	62.59	125.18	0.00	0.00	0.00	187.77
BIG M DISCOUNT	15.89	0.00	0.00	0.00	0.00	15.89
Capital Services, LLC	0.00	0.00	0.00	0.00	7,000.00	7,000.00
CitiEnergy, LLC	20,000.00	0.00	0.00	0.00	0.00	20,000.00
Citigas, LLC	44,308.05	24,813.34	10,524.46	7,757.91	0.00	87,403.76
Citizens Gas Utility District	4,622.17	0.00	0.00	0.00	0.00	4,622.17
CT Corporation System	0.00	(368.00)	0.00	0.00	0.00	(368.00)
Ditch Witch Mid-States	411.06	0.00	0.00	0.00	0.00	411.06
ENDERLE & ROMANS	0.00	0.00	0.00	0.00	1,700.00	1,700.00
Forexco, Inc	0.00	984.01	0.00	0.00	0.00	984.01
GOSS SAMFORD	875.28	289.00	0.00	529.00	6,899.30	8,592.58
Kentucky State Treasurer - sales tax	0.00	0.00	0.00	0.00	1,741.04	1,741.04
Lumber King	50.86	0.00	0.00	0.00	0.00	50.86
McCreary County Sheriff	0.00	0.00	0.00	14,776.29	0.00	14,776.29
NAPA Auto Parts	64.75	0.00	0.00	0.00	(102.50)	(37.75)
Paddock Oil & Gas, Inc.	0.00	11,025.00	0.00	8,425.00	12,925.00	32,375.00
Robert L. Brown, III	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<u><b>70,410.65</b></u>	<u><b>36,868.53</b></u>	<u><b>10,524.46</b></u>	<u><b>31,488.20</b></u>	<u><b>30,156.64</b></u>	<u><b>179,448.48</b></u>

**Citipower, L. L. C.**  
**A/P Aging Summary**  
As of December 31, 2018

	<u>Current</u>	<u>1 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>&gt; 90</u>	<u>TOTAL</u>
ADVANCE AUTO PARTS	0.00	0.00	0.00	0.00	(6.20)	(6.20)
ARAMARK Uniform Services	107.55	295.73	0.00	0.00	0.00	403.28
ARCRANDOLPH & ASSOCIATES, LLC	0.00	0.00	0.00	(37.20)	0.00	(37.20)
BIG M DISCOUNT	85.53	18.00	0.00	0.00	0.00	103.53
Capital Services, LLC	0.00	0.00	0.00	0.00	7,000.00	7,000.00
Citigas, LLC	34,160.82	27,167.21	0.00	0.00	0.00	61,328.03
Forexco, Inc	360.00	33.95	36.42	0.00	0.00	430.37
GOSS SAMFORD	542.50	0.00	0.00	0.00	0.00	542.50
Kentucky Dept. of Revenue	0.00	1,534.33	0.00	0.00	0.00	1,534.33
Kentucky Employers Mutual Ins	1,946.77	0.00	0.00	0.00	0.00	1,946.77
Kentucky Farm Bureau	0.00	695.25	0.00	0.00	0.00	695.25
Kentucky State Treasurer - sales tax	0.00	0.00	0.00	0.00	1,741.04	1,741.04
KENTUCKY UNDERGROUND PROTECTION, INC.	10.50	0.00	0.00	0.00	0.00	10.50
Leslie's Tire's LLC	0.00	921.14	0.00	0.00	0.00	921.14
Lumber King	19.00	121.01	0.00	0.00	0.00	140.01
McCreary County Attorney's Office	0.00	0.00	0.00	0.00	6,281.44	6,281.44
NAPA Auto Parts	105.46	53.24	0.00	0.00	(164.23)	(5.53)
PARTS CITY	0.00	154.50	120.46	0.00	7.40	282.36
R.L. Laughlin & Company	82.42	0.00	0.00	0.00	0.00	82.42
Robert L. Brown, III	0.00	0.00	0.00	0.00	0.00	0.00
Whitley County Farm Bureau	51.00	0.00	0.00	0.00	0.00	51.00
<b>TOTAL</b>	<u><u>37,471.55</u></u>	<u><u>30,994.36</u></u>	<u><u>156.88</u></u>	<u><u>(37.20)</u></u>	<u><u>14,859.45</u></u>	<u><u>83,445.04</u></u>

**Citipower, L. L. C.**  
**A/P Aging Summary**  
As of December 31, 2019

	<u>Current</u>	<u>1 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>&gt; 90</u>	<u>TOTAL</u>
ADVANCE AUTO PARTS	0.00	0.00	0.00	0.00	(6.20)	(6.20)
AMPSTUN CORPORATION	0.00	1,875.00	0.00	0.00	0.00	1,875.00
ARAMARK Uniform Services	100.91	177.44	0.00	40.05	0.00	318.40
ARCRANDOLPH & ASSOCIATES, LLC	0.00	0.00	0.00	0.00	(37.20)	(37.20)
BIG M DISCOUNT	0.00	93.65	0.00	0.00	0.00	93.65
Capital Services, LLC	0.00	0.00	0.00	0.00	7,000.00	7,000.00
CT Corporation System	0.00	0.00	0.00	0.00	378.00	378.00
Forexco, Inc	228.53	44.08	182.00	0.00	0.00	454.61
GOSS SAMFORD	19.50	480.94	548.80	4,559.06	0.00	5,608.30
Kentucky Farm Bureau	388.58	301.48	0.00	0.00	0.00	690.06
Kentucky State Treasurer - sales tax	0.00	0.00	0.00	0.00	1,741.04	1,741.04
Kentucky State Treasurer property tx	0.00	0.00	0.00	4,122.55	0.00	4,122.55
KENTUCKY UNDERGROUND PROTECTION, INC.	6.00	0.00	0.00	0.00	0.00	6.00
McCreary County Sheriff	0.00	0.00	0.00	0.00	17,404.76	17,404.76
NAPA Auto Parts	362.06	57.52	0.00	0.00	(222.69)	196.89
Paddock Oil & Gas, Inc.	0.00	6,049.30	6,461.90	0.00	0.00	12,511.20
PARTS CITY	0.00	298.68	0.00	0.00	0.00	298.68
R.L. Laughlin & Company	0.00	2,362.30	0.00	0.00	0.00	2,362.30
Robert L. Brown, III	0.00	0.00	0.00	0.00	0.00	0.00
Whitley County Farm Bureau	0.00	51.00	0.00	0.00	0.00	51.00
<b>TOTAL</b>	<u><b>1,105.58</b></u>	<u><b>11,791.39</b></u>	<u><b>7,192.70</b></u>	<u><b>8,721.66</b></u>	<u><b>26,257.71</b></u>	<u><b>55,069.04</b></u>

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

18. Provide copies of Citipower's audited financial statements for calendar years 2017, 2018 and 2019. Include a copy of the auditor's workpapers and all audit adjustments made to the 2019 financial statements.

**Response:**

Citipower does not have any audited financial statements for the years 2017, 2018 or 2019.

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

19. Provide a schedule listing Citipower's 2017, 2018, and 2019 insurance coverages, including type of coverage (i.e. vehicle insurance, general liability insurance, and workers' compensation), annual premiums, and effective dates. Also include copies of the invoices Citipower received to support the annual premiums for each year.

**Response:**

Please see attached.





POLICY NUMBER

[Redacted]

POLICY PERIOD

11/5/16 to 5/5/17

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*☛ Pay your bill online Go to [kyfb.com](http://kyfb.com) for more information.*

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

### 2001 TOYOTA TACOMA BASE/TACOMA SR5

DUE DATE	AMOUNT DUE (Service Charge Included)
1/19/17	\$204.29 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$197.00.

### Premium Payment Information

- Please make your installment payment of \$204.29 (which includes a \$6.30 service charge) in time to arrive before 1/19/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

OK  
rus  
667-5

RECEIVED  
JAN 24 2017





POLICY NUMBER

POLICY PERIOD 2/4/17 to 8/4/17

MEMBERSHIP NUMBER

YOUR AGENT Donevon Storm PO Box 209 Williamsburg KY 40769 606-549-1530 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

Did you know your Kentucky Farm Bureau membership entitles you to ...

\$500 Bonus Cash on Chevrolet, Buick or GMC Eligible members receive a \$500 discount on the purchase or lease of a new GM vehicle. Visit kyfb.com for details.

Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC PO Box 1309 Whitley City, KY 42653-1309

Handwritten signature and date 6/6/17

RECEIVED JAN 24 2017

2010 DODGE RAM PICKUP 1500 QUAD CAB

Table with 3 columns: DUE DATE, TO PAY IN INSTALLMENTS, TO PAY IN FULL. Row 1: 2/4/17, \$232.00 (Service charge will apply), \$463.50

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$239.75.

Premium Payment Options

Option 1 - Installment Payment

- Please make your installment payment of \$232.00 in time to arrive before 2/4/17. In about 90 days, you'll receive your next installment notice. Changes that increase or decrease premiums may change billing dates and amounts.

Option 2 - Full Payment

- Please make your payment of \$463.50 in time to arrive before 2/4/17. There will be no service charge. You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.





POLICY NUMBER

[Redacted]

POLICY PERIOD

12/4/16 to 8/4/17

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

# Premium Installment Notice

OK  
RUS  
~~667.5~~  
667.5

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

**2013 RAM PICKUP 1500 CREW CAB**

DUE DATE	AMOUNT DUE (Service Charge Included)
2/17/17	\$457.41 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$439.69.

### Premium Payment Information

- Please make your installment payment of \$457.41 (which includes a \$15.30 service charge) in time to arrive before 2/17/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



Kentucky Farm Bureau  
Mutual Insurance Company

OK  
205  
067.5

# Automobile Insurance

Item 19  
Page 5 of 92  
Witness: Adam Forsberg  
FAV 2-21-17

Citipower LLC

Page 1 of 2

10573200038601

**POLICY NUMBER**

**POLICY PERIOD**

3/12/17 to 9/12/17

**MEMBERSHIP NUMBER**

**YOUR AGENT**

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

**How long since your last Account Review?** Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

Did you know your Kentucky Farm Bureau membership entitles you to . . .

**\$500 Bonus Cash on Chevrolet, Buick or GMC** Eligible members receive a \$500 discount on the purchase or lease of a new GM vehicle. Visit [kyfb.com](http://kyfb.com) for details.

## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
MAR 07 2017

RECEIVED  
MAR 07 2017

**2013 HOME BOX TRAIL**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
3/12/17	\$169.00 (Service charge will apply)	\$338.69

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$176.10.

### Premium Payment Options

**Option 1 - Installment Payment**

- Please make your installment payment of \$169.00 in time to arrive before 3/12/17.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

**Option 2 - Full Payment**

- Please make your payment of \$338.69 in time to arrive before 3/12/17.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



Kentucky Farm Bureau Mutual Insurance Company

Automobile Insurance

Page 8 of 12  
Witness: Adam H. Grebe

Citipower LLC

RU  
Faxed 3-6-17 Page 1 of 2

10622650000000401

POLICY NUMBER  
[REDACTED]

POLICY PERIOD  
12/28/16 to 6/28/17

MEMBERSHIP NUMBER  
[REDACTED]

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

### Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED

MAR 06 2017

#### 1996 FORD F350

DUE DATE	AMOUNT DUE (Service Charge Included)
3/14/17	\$270.28 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$260.00.

#### Premium Payment Information

- Please make your installment payment of \$270.28 (which includes a \$9.90 service charge) in time to arrive before 3/14/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

#### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.





Kentucky Farm Bureau Mutual Insurance Company

Automobile Insurance

Page 7 of 92  
Witness: Adam Forstg

Citipower LLC

Page 1 of 2

14063768830-002

OK  
RWS

667.5

RECEIVED

MAR 23 2017

### Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

#### 2011 CHEV SILVERADO

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
4/12/17	\$340.00 (Service charge will apply)	\$679.01

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$350.92.

#### Premium Payment Options

##### Option 1 - Installment Payment

- Please make your installment payment of \$340.00 in time to arrive before 4/12/17.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

##### Option 2 - Full Payment

- Please make your payment of \$679.01 in time to arrive before 4/12/17.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

#### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



POLICY PERIOD  
4/12/17 to 10/12/17

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

How long since your last Account Review? Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

Did you know your Kentucky Farm Bureau membership entitles you to . . .

\$500 Bonus Cash on Chevrolet, Buick or GMC Eligible members receive a \$500 discount on the purchase or lease of a new GM vehicle. Visit kyfb.com for details.



Kentucky Farm Bureau Mutual Insurance Company

Automobile Insurance

Citipower LLC

Page 1 of 2

1087-000021 19301

██████████ R

POLICY PERIOD  
4/5/17 to 10/5/17

██████████ MEMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

Did you know your Kentucky Farm Bureau membership entitles you to ...

\$500 Bonus Cash on Chevrolet, Buick or GMC Eligible members receive a \$500 discount on the purchase or lease of a new GM vehicle. Visit kyfb.com for details.

### Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
MAR 31 2017

OK  
RES  
667.5

#### 2011 TOYOTA TACOMA BASE/TACOMA SR5

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
4/5/17	\$311.00 (Service charge will apply)	\$621.59

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$322.91.

#### Premium Payment Options

##### Option 1 - Installment Payment

- Please make your installment payment of \$311.00 in time to arrive before 4/5/17.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

##### Option 2 - Full Payment

- Please make your payment of \$621.59 in time to arrive before 4/5/17.
- There will be no service charge
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

#### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



POLICY NUMBER

[Redacted]

POLICY PERIOD

5/5/17 to 11/5/17

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm
PO Box 209
Williamsburg KY 40769
606-549-1530
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

Did you know your Kentucky Farm Bureau membership entitles you to...

\$500 Bonus Cash on Chevrolet, Buick or GMC Eligible members receive a \$500 discount on the purchase or lease of a new GM vehicle. Visit kyfb.com for details.

Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC
PO Box 1309
Whitley City, KY 42653-1309

RECEIVED
APR 25 2017

Handwritten notes: OK, 2005, 6675

2012 CHEVROLET SILVERADO 1500 CREW CAB LS

Table with 3 columns: DUE DATE, TO PAY IN INSTALLMENTS, TO PAY IN FULL. Row 1: 5/5/17, \$387.73 (Service charge will apply), \$694.18

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$204.29.

Premium Payment Options

Option 1 - Installment Payment

- Please make your installment payment of \$387.73 in time to arrive before 5/5/17.
The amount due includes a previous debit of \$80.73.
In about 90 days, you'll receive your next installment notice for \$318.36 (which includes a service charge).
Changes that increase or decrease premiums may change billing dates and amounts.

Option 2 - Full Payment

- Please make your payment of \$694.18 in time to arrive before 5/5/17.
The amount due includes a previous debit of \$80.73.
There will be no service charge.
You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated








POLICY NUMBER

POLICY PERIOD  
2/4/17 to 8/4/17

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

**Questions?** Please contact your agent for courteous and professional assistance.

 **Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

*pay by 5-6-17*

RECEIVED  
APR 25 2017

*OK  
RUS  
667.5*

### 2010 DODGE RAM PICKUP 1500 QUAD CAB

DUE DATE	AMOUNT DUE (Service Charge Included)
4/19/17	\$239.75 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$232.00.

### Premium Payment Information

- Please make your installment payment of \$239.75 (which includes a \$8.10 service charge) in time to arrive before 4/19/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



Handwritten notes: 667.5

POLICY NUMBER

POLICY PERIOD

6/4/17 to 12/4/17

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm
PO Box 209
Williamsburg KY 40769
606-549-1530
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

How long since your last Account Review? Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

Did you know your Kentucky Farm Bureau membership entitles you to...

\$500 Bonus Cash on Chevrolet, Buick or GMC Eligible members receive a \$500 discount on the purchase or lease of a new GM vehicle. Visit kyfb.com for details.

Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC
PO Box 1309
Whitley City, KY 42653-1309

RECEIVED MAY 23 2017

2013 RAM PICKUP 1500 CREW CAB

Table with 3 columns: DUE DATE, TO PAY IN INSTALLMENTS, TO PAY IN FULL. Row 1: 6/4/17, \$442.00 (Service charge will apply), \$883.83

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$457.41.

Premium Payment Options

Option 1 - Installment Payment

- Please make your installment payment of \$442.00 in time to arrive before 6/4/17.
In about 90 days, you'll receive your next installment notice for \$457.41 (which includes a service charge).
Changes that increase or decrease premiums may change billing dates and amounts.

Option 2 - Full Payment

- Please make your payment of \$883.83 in time to arrive before 6/4/17.
There will be no service charge.
You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.








**Kentucky Farm Bureau  
Mutual Insurance Company**

**Automobile Insurance**

Item 19  
Page 13 of 82  
Witness: Adam Ferschberg 

Citipower LLC

Page 1 of 2

11044200000301

POLICY NUMBER

POLICY PERIOD  
4/5/17 to 10/5/17

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

## Cancellation Notice

**YOUR PAYMENT MUST  
BE RECEIVED BY:**

**7/6/17**

Your payment **must** be received in our office before 7/6/17. If not, coverage under this policy terminates on 7/6/17 at 12:01 a.m. standard time.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
JUL 05 2017

*Handwritten notes:*  
D/...  
pay  
667.5

### 2001 TOYOTA TACOMA BASE/TACOMA SR5

DUE DATE	AMOUNT DUE (Service Charge Included)
7/6/17	\$322.50 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$311.00.

### Premium Payment Information

- You **must** make your installment payment of \$322.50 (which includes a \$11.70 service charge) in time to arrive before 7/6/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



10356600010901

POLICY NUMBER  
[REDACTED]  
POLICY PERIOD  
3/12/17 to 9/12/17  
MEMBERSHIP NUMBER  
[REDACTED]

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

# Cancellation Notice

**YOUR PAYMENT MUST BE RECEIVED BY: 6/14/17**

Your payment **must** be received in our office before 6/14/17. If not, coverage under this policy terminates on 6/14/17 at 12:01 a.m. standard time.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
JUN 07 2017

### 2013 HOME BOX TRAIL

DUE DATE	AMOUNT DUE (Service Charge Included)
6/14/17	\$176.10 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$169.00.

### Premium Payment Information

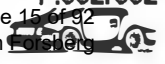
- You **must** make your installment payment of \$176.10 (which includes a \$6.30 service charge) in time to arrive before 6/14/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



1507190000470

POLICY NUMBER

POLICY PERIOD  
4/12/17 to 10/12/17

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

# Cancellation Notice

**YOUR PAYMENT MUST BE RECEIVED BY: 7/13/17**

Your payment **must** be received in our office before 7/13/17. If not, coverage under this policy terminates on 7/13/17 at 12:01 a.m. standard time.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

OK  
any  
Alma King.  
667.5

### 2011 CHEV SILVERADO

DUE DATE	AMOUNT DUE (Service Charge Included)
7/13/17	\$350.92 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$340.00.

RECEIVED  
JUL 05 2017

### Premium Payment Information

- You must make your installment payment of \$350.92 (which includes a \$11.70 service charge) in time to arrive before 7/13/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.





# Automobile Insurance

*OK*  
*MS*

Citipower LLC

Page 1 of 2

1106430002101

**POLICY NUMBER**

**POLICY PERIOD**  
5/5/17 to 11/5/17

**MEMBERSHIP NUMBER**

**YOUR AGENT**

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

## Premium Installment Notice

*667.5*

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

**2012 CHEVROLET SILVERADO 1500 CREW CAB LS**

DUE DATE	AMOUNT DUE (Service Charge Included)
7/21/17	\$318.36 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$367.73.

### Premium Payment Information

- Please make your installment payment of \$318.36 (which includes a \$11.70 service charge) in time to arrive before 7/21/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



OK  
2015  
667.5

11087900030701

POLICY NUMBER

[Redacted]

POLICY PERIOD

8/4/17 to 2/4/18

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

### Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
JUL 25 2017

**2010 DODGE RAM PICKUP 1500 QUAD CAB**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
8/4/17	\$232.00 (Service charge will apply)	\$463.50

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$239.75.

#### Premium Payment Options

**Option 1 - Installment Payment**

- Please make your installment payment of \$232.00 in time to arrive before 8/4/17.
- In about 90 days, you'll receive your next installment notice for \$239.75 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

**Option 2 - Full Payment**

- Please make your payment of \$463.50 in time to arrive before 8/4/17.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

#### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.







Kentucky Farm Bureau Mutual Insurance Company

Automobile Insurance

Citipower LLC

Please pay on time

OK RUS

RECEIVED

RECEIVED AUG 22 2017

667.5

Premium Installment Notice

Citipower LLC PO Box 1309 Whitley City, KY 42653-1309

2013 RAM PICKUP 1500 CREW CAB

DUE DATE	AMOUNT DUE (Service Charge Included)
8/22/17	\$457.41 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$442.00.

Premium Payment Information

- Please make your installment payment of \$457.41 (which includes a \$15.30 service charge) in time to arrive before 8/22/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated

ER

POLICY PERIOD 6/4/17 to 12/4/17

NUMBER

YOUR AGENT Donevon Storm PO Box 209 Williamsburg KY 40769 606-549-1530 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.





# Automobile Insurance

OK  
new  
667.5

Citipower LLC

Page 1 of 2

**POLICY NUMBER**  
[REDACTED]

**POLICY PERIOD**  
9/12/17 to 3/12/18

**MEMBERSHIP NUMBER**  
[REDACTED]

**YOUR AGENT**

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online. Go to [kyfb.com](http://kyfb.com) for more information.*

## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

### 2013 HOME BOX TRAIL

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
9/12/17	\$169.00 (Service charge will apply)	\$338.69

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$176.10.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$169.00 in time to arrive before 9/12/17.
- In about 90 days, you'll receive your next installment notice for \$176.10 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$338.69 in time to arrive before 9/12/17.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



Kentucky Farm Bureau  
Mutual Insurance Company

*OK  
please pay  
8/29/17*

**Automobile Insurance**

Item 19  
Page 20 of 92  
Witness: Adam Foreberg

Citipower LLC

Page 1 of 2

1124480004901

## Expiration Notice

**YOUR PAYMENT MUST  
BE RECEIVED BY:**

**8/29/17**

Your payment MUST be received in our office before 8/29/17. If not, coverage under this policy terminates. As a courtesy to you, we have extended the payment due date to 8/29/17. If your payment is not received by that date, coverage is terminated on 8/4/17 at 12:01 a.m. standard time.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED RECEIVED

SEP 06 2017

SEP 06 2017

### 2010 DODGE RAM PICKUP 1500 QUAD CAB

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
8/29/17	\$232.00 (Service charge will apply)	\$463.50

Your total premium includes a Kentucky Premium Surcharge.

### Premium Payment Options

#### Option 1 - Installment Payment

- You **must** make your installment payment of \$232.00 in time to arrive before 8/29/17.
- In about 90 days, you'll receive your next installment notice for \$239.75 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- You **must** make your payment of \$463.50 in time to arrive before 8/29/17.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*

██████████ R

POLICY PERIOD  
8/4/17 to 2/4/18

██████████ UMBER

**YOUR AGENT**  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online* Go to [kyfb.com](http://kyfb.com) for more information.



Kentucky Farm Bureau Mutual Insurance Company

OK  
2/25  
6/25

Automobile Insurance

Page 21 of 32  
Witness: Adam Rosenberg

Citipower LLC

Page 1 of 2

RECEIVED

SEP 22 2017

### Cancellation Notice

**YOUR PAYMENT MUST BE RECEIVED BY: 9/27/17**

Your payment **must** be received in our office before 9/27/17. If not, coverage under this policy terminates on 9/27/17 at 12:01 a.m. standard time.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

#### 1996 FORD F350

DUE DATE	AMOUNT DUE (Service Charge Included)
9/27/17	\$270.28 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$260.00.

#### Premium Payment Information

- You **must** make your installment payment of \$270.28 (which includes a \$9.90 service charge) in time to arrive before 9/27/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

#### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT. Updated

POLICY NUMBER

POLICY PERIOD  
6/28/17 to 12/28/17

NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to kyfb.com for more information.


1185368001001001



Kentucky Farm Bureau  
Mutual Insurance Company

OK  
RUS  
667-5

Automobile Insurance

Item 19  
Page 22 of 92  
Witness: Adam Forsberg 

Citipower LLC

Page 1 of 2

11327300008001

**POLICY NUMBER**

[REDACTED]

**POLICY PERIOD**

10/5/17 to 4/5/18

**MEMBERSHIP NUMBER**

[REDACTED]

**YOUR AGENT**

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

**Premium Notice**

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
SEP 27 2017

**2001 TOYOTA TACOMA BASE/TACOMA SR5**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
10/5/17	\$311.00 (Service charge will apply)	\$621.59

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$322.50.

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

**Premium Payment Options**

**Option 1 - Installment Payment**

- Please make your installment payment of \$311.00 in time to arrive before 10/5/17.
- In about 90 days, you'll receive your next installment notice for \$322.50 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

**Option 2 - Full Payment**

- Please make your payment of \$621.59 in time to arrive before 10/5/17.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



POLICY NUMBER

POLICY PERIOD  
10/12/17 to 4/12/18

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

## Premium Notice

OK  
2017-5

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
SEP 27 2017

### 2011 CHEV SILVERADO

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
10/12/17	\$340.00 (Service charge will apply)	\$679.01

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$350.92.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$340.00 in time to arrive before 10/12/17.
- In about 90 days, you'll receive your next installment notice for \$350.92 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$679.01 in time to arrive before 10/12/17.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



# Automobile Insurance

11495900049001

POLICY NUMBER  
0004694392  
POLICY PERIOD  
11/5/17 to 5/5/18  
MEMBERSHIP NUMBER  
0001219564

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to [kyfb.com](http://kyfb.com) for more information.

## Premium Notice

OK  
RV  
667.5

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED

OCT 24 2017

### 2012 CHEVROLET SILVERADO 1500 CREW CAB LS

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
11/5/17	\$307.00 (Service charge will apply)	\$613.45

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$318.36.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$307.00 in time to arrive before 11/5/17.
- In about 90 days, you'll receive your next installment notice for \$318.36 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$613.45 in time to arrive before 11/5/17.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



Kentucky Farm Bureau  
Mutual Insurance Company

OK  
9/25  
667.5

Automobile Insurance



Citipower LLC

Page 1 of 2

1165190000291

POLICY NUMBER

POLICY PERIOD

12/4/17 to 6/4/18

MEMBERSHIP NUMBER

YOUR AGENT

Doreen Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
doreen.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to [kyfb.com](http://kyfb.com) for more information.

### Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
NOV 08 2017

#### 2013 RAM PICKUP 1500 CREW CAB

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
12/4/17	\$442.00 (Service charge will apply)	\$883.83

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$457.41.

#### Premium Payment Options

##### Option 1 - Installment Payment

- Please make your installment payment of \$442.00 in time to arrive before 12/4/17.
- In about 90 days, you'll receive your next installment notice for \$457.41 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

##### Option 2 - Full Payment

- Please make your payment of \$883.83 in time to arrive before 12/4/17.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

#### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated







POLICY NUMBER

[Redacted]

POLICY PERIOD

9/12/17 to 3/12/18

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to [kyfb.com](http://kyfb.com) for more information.*

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309



### 2013 HOME BOX TRAIL

DUF DATE	AMOUNT DUE (Service Charge Included)
11/28/17	\$176.10 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$169.00.

### Premium Payment Information

- Please make your installment payment of \$176.10 (which includes a \$6.30 service charge) in time to arrive before 11/28/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



POLICY NUMBER

[Redacted]

POLICY PERIOD

6/28/17 to 12/28/17

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm
PO Box 209
Williamsburg KY 40769
606-549-1530
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

How long since your last Account Review? Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

Did you know your Kentucky Farm Bureau membership entitles you to . . .

\$500 Bonus Cash on Chevrolet, Buick or GMC Eligible members receive a \$500 discount on the purchase or lease of a new GM vehicle. Visit kyfb.com for details.

Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC
PO Box 1309
Whitley City, KY 42653-1309

RECEIVED

JUN 20 2017

Handwritten notes: OK, 205, 667.5

1996 FORD F350

Table with 3 columns: DUE DATE, TO PAY IN INSTALLMENTS, TO PAY IN FULL. Row 1: 6/28/17, \$260.00 (Service charge will apply), \$520.20

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$270.28.

Premium Payment Options

Option 1 - Installment Payment

- Please make your installment payment of \$260.00 in time to arrive before 6/28/17.
In about 90 days, you'll receive your next installment notice for \$270.28 (which includes a service charge).
Changes that increase or decrease premiums may change billing dates and amounts.

Option 2 - Full Payment

- Please make your payment of \$520.20 in time to arrive before 6/28/17.
There will be no service charge.
You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.





POLICY PERIOD  
10/5/17 to 4/5/18

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to [kyfb.com](http://kyfb.com) for more information.

## Cancellation Notice

**YOUR PAYMENT MUST  
BE RECEIVED BY:**

**1/4/18**

Your payment must be received in our office before 1/4/18. If not, coverage under this policy terminates on 1/4/18 at 12:01 a.m. standard time.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

### 2001 TOYOTA TACOMA BASE/TACOMA SRS

DUE DATE	AMOUNT DUE (Service Charge Included)
1/4/18	\$322.50 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$311.00.

RECEIVED  
DEC 27 2017

### Premium Payment Information

- You must make your installment payment of \$322.50 (which includes a \$11.70 service charge) in time to arrive before 1/4/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT. Updated



# Automobile Insurance

Citipower LLC

Page 1 of 2

1169400033501

## Premium Installment Notice

2675

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

### 2011 CHEV SILVERADO

DUE DATE	AMOUNT DUE (Service Charge Included)
12/27/17	\$350.92 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$340.00.

### Premium Payment Information

- Please make your installment payment of \$350.92 (which includes a \$11.70 service charge) in time to arrive before 12/27/17.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

due 1-11-18



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated

MEMBERSHIP NUMBER

#### YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to [kyfb.com](http://kyfb.com) for more information.



RECEIVED JAN 13 2018

OK  
205  
667.4

POLICY NUMBER

POLICY PERIOD  
2/4/18 to 8/4/18

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

How long since your last Account Review? Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

2010 DODGE RAM PICKUP 1500 QUAD CAB

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
2/4/18	\$240.50 (Service charge will apply)	\$480.61

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$232.00.

Premium Payment Options

Option 1 - Installment Payment

- Please make your installment payment of \$240.50 in time to arrive before 2/4/18.
- The amount due includes a previous credit of \$.50.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

Option 2 - Full Payment

- Please make your payment of \$480.61 in time to arrive before 2/4/18.
- The amount due includes a previous credit of \$.50.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated


1176440025801





**Kentucky Farm Bureau  
Mutual Insurance Company**

**Automobile Insurance**

Item 19  
Page 31 of 92  
Witness: Adam Forsberg 

Citipower LLC

Page 1 of 2

11775600003101

POLICY NUMBER

[REDACTED]

POLICY PERIOD

11/5/17 to 5/5/18

MEMBERSHIP NUMBER

[REDACTED]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED

JAN 23 2018

### 2012 CHEVROLET SILVERADO 1500 CREW CAB LS

DUE DATE	AMOUNT DUE (Service Charge Included)
1/20/18	\$318.36 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$307.00.

### Premium Payment Information

- Please make your installment payment of \$318.36 (which includes a \$11.70 service charge) in time to arrive before 1/20/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

OK  
new  
667.5



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



11909700018301

POLICY NUMBER

POLICY PERIOD  
3/12/18 to 9/12/18

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

# Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
MAR 06 2018

OK  
nos  
667.5

### 2013 HOME BOX TRAIL

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
3/12/18	\$186.00 (Service charge will apply)	\$372.49

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$176.10.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$186.00 in time to arrive before 3/12/18.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$372.49 in time to arrive before 3/12/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.





02/12/2018 11:55 Citipower  
 Kentucky Farm Bureau  
 Mutual Insurance Company

(FAX)16063768830

Item P-001/001

**Automobile Insurance**

Page 33  
 Witness: Adam Fairsberg



Citipower LLC

Page 1 of 2

16063768830

POLICY NUMBER

POLICY PERIOD  
 12/4/17 to 6/4/18

MEMBERSHIP NUMBER

YOUR AGENT  
 Donevon Storm  
 PO Box 209  
 Williamsburg KY 40769  
 606-549-1530  
 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

**Premium Installment Notice**

Citipower LLC  
 PO Box 1309  
 Whitley City, KY 42653-1309

RECEIVED

FEB 12 2018

**2013 RAM PICKUP 1500 CREW CAB**

DUE DATE	AMOUNT DUE (Service Charge Included)
2/17/18	\$457.41 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$442.00.

**Premium Payment Information**

- Please make your installment payment of \$457.41 (which includes a \$15.30 service charge) in time to arrive before 2/17/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



Kentucky Farm Bureau  
 Mutual Insurance Company  
 P.O. Box 856096, Louisville, KY 40285-6096

INSURED  
 Citipower LLC

Please make sure this address shows through the window.

Kentucky Farm Bureau Mutual Insurance Company  
 PO BOX 856096  
 LOUISVILLE KY 40285-6096

MAKE CHECK PAYABLE TO:

**Automobile Insurance  
 Payment Coupon**



**2013 RAM PICKUP 1500 CREW CAB**

POLICY NUMBER	DUE DATE	AMOUNT DUE
	2/17/18	\$457.41

Amount Paid: \_\_\_\_\_

10111800085781917000045741000000000000000000000457410180694

- Check here to pay by credit card and complete the information on the back.
- Address changed? Check here and complete the information on the back.





POLICY NUMBER

[Redacted]

POLICY PERIOD

12/28/17 to 6/28/18

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to [kyfb.com](http://kyfb.com) for more information.*

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

OK  
RECEIVED  
MAR 21 2018  
205  
667.5

**1996 FORD F350**

DUE DATE	AMOUNT DUE (Service Charge Included)
3/13/18	\$270.28 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$260.00.

### Premium Payment Information

- Please make your installment payment of \$270.28 (which includes a \$9.90 service charge) in time to arrive before 3/13/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.





POLICY NUMBER

POLICY PERIOD  
4/5/18 to 10/5/18

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

## Premium Notice

RECEIVED

MAR 21 2018

OK  
RVS  
4/5/18

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

### 2001 TOYOTA TACOMA BASE/TACOMA SR5

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
4/5/18	\$325.00 (Service charge will apply)	\$650.40

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$322.50.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$325.00 in time to arrive before 4/5/18.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$650.40 in time to arrive before 4/5/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated

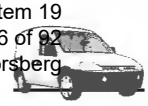


Kentucky Farm Bureau  
Mutual Insurance Company

OK  
205  
667.5

# Automobile Insurance

Item 19  
Page 36 of 92  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

1204440036-401

**POLICY NUMBER**

[Redacted]

**POLICY PERIOD**

4/12/18 to 10/12/18

**MEMBERSHIP NUMBER**

[Redacted]

**YOUR AGENT**

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED

APR 02 2018

**2011 CHEV SILVERADO**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
4/12/18	\$385.00 (Service charge will apply)	\$769.51

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$350.92.

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

**How long since your last Account Review?** Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

### Premium Payment Options

**Option 1 - Installment Payment**

- Please make your installment payment of \$385.00 in time to arrive before 4/12/18.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

**Option 2 - Full Payment**

- Please make your payment of \$769.51 in time to arrive before 4/12/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*




Kentucky Farm Bureau  
Mutual Insurance Company

5-5-18

**Automobile Insurance**

Item 19  
Page 37 of 82  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

12142700003601

POLICY NUMBER

POLICY PERIOD  
5/5/18 to 11/5/18

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

**Premium Notice**

OK  
RCS ✓  
667.5

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
APR 17 2018

**2012 CHEVROLET SILVERADO 1500 CREW CAB LS**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
5/5/18	\$317.00 (Service charge will apply)	\$633.91

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$318.36.

**Premium Payment Options**

**Option 1 - Installment Payment**

- Please make your installment payment of \$317.00 in time to arrive before 5/5/18.
- In about 90 days, you'll receive your next installment notice for \$328.82 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

**Option 2 - Full Payment**

- Please make your payment of \$633.91 in time to arrive before 5/5/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



Kentucky Farm Bureau Mutual Insurance Company

5-6-18

# Automobile Insurance

Item 19  
Page 38 of 92  
Witness: Adam Forsberg

Citipower LLC

Page 1 of 2

OK  
PUS  
✓667.5

12142700024901

POLICY NUMBER

POLICY PERIOD

2/4/18 to 8/4/18

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm

PO Box 209

Williamsburg KY 40769

606-549-1530

donevon.storm@kyfb.com

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
APR 17 2018

### 2010 DODGE RAM PICKUP 1500 QUAD CAB

DUE DATE	AMOUNT DUE (Service Charge Included)
4/19/18	\$248.36 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$240.50.

### Premium Payment Information

- Please make your installment payment of \$248.36 (which includes a \$8.10 service charge) in time to arrive before 4/19/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



Kentucky Farm Bureau Mutual Insurance Company

OK  
NWS  
667.5

Automobile Insurance

Fax to Adam us

Item 19 Page 39 of 92  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

12269200007901

POLICY NUMBER

POLICY PERIOD  
6/4/18 to 12/4/18

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

How long since your last Account Review? Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

### Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED

MAY 16 2018

Paid in Person

#### 2013 RAM PICKUP 1500 CREW CAB

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
6/4/18	\$455.00 (Service charge will apply)	\$910.60

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$457.41.

#### Premium Payment Options

##### Option 1 - Installment Payment

- Please make your installment payment of \$455.00 in time to arrive before 6/4/18.
- In about 90 days, you'll receive your next installment notice for \$471.18 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

##### Option 2 - Full Payment

- Please make your payment of \$910.60 in time to arrive before 6/4/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

#### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



Kentucky Farm Bureau Mutual Insurance Company  
P.O. Box 856096, Louisville, KY 40285-6096

### Automobile Insurance Payment Coupon



#### 2013 RAM PICKUP 1500 CREW CAB

POLICY NUMBER	DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
	6/4/18	\$455.00	\$910.60

INSURED  
Citipower LLC

Please make sure this address shows through the window.



Kentucky Farm Bureau Mutual Insurance Company  
PO BOX 856096  
LOUISVILLE KY 40285-6096

Amount Paid: \_\_\_\_\_

MAKE CHECK PAYABLE TO:


1011180008578191700004550000000000000000000000000910600181844

- Check here to pay by credit card and complete the information on the back.
- Address changed? Check here and complete the information on the back.



**Kentucky Farm Bureau  
Mutual Insurance Company**

**Automobile Insurance**

Item 19  
Page 40 of 92  
Witness: Adam Forsberg 

Citipower LLC

Page 1 of 2

12310200022-1071

POLICY NUMBER

POLICY PERIOD  
3/12/18 to 9/12/18

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

**Premium Installment Notice**

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED

MAY 30 2018

✓  
OK  
NOS  
6/6/18

**2013 HOME BOX TRAIL**

DUE DATE	AMOUNT DUE (Service Charge Included)
5/29/18	\$192.90 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$186.00.

**Premium Payment Information**

- Please make your installment payment of \$192.90 (which includes a \$6.30 service charge) in time to arrive before 5/29/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



POLICY NUMBER

[Redacted]

POLICY PERIOD

6/28/18 to 12/28/18

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

# Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

✓ OK  
NUS  
667-5

RECEIVED  
JUN 19 2018

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

**How long since your last Account Review?** Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

### 1996 FORD F350

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
6/28/18	\$297.00 (Service charge will apply)	\$594.82

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$270.28.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$297.00 in time to arrive before 6/28/18.
- In about 90 days, you'll receive your next installment notice for \$307.90 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$594.82 in time to arrive before 6/28/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.







POLICY NUMBER

POLICY PERIOD

4/5/18 to 10/5/18

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

# Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

## 2001 TOYOTA TACOMA BASE/TACOMA SR5

DUE DATE	AMOUNT DUE (Service Charge Included)
6/20/18	\$337.31 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$325.00.

RECEIVED  
JUN 19 2018

### Premium Payment Information

- Please make your installment payment of \$337.31 (which includes a \$11.70 service charge) in time to arrive before 6/20/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

BW  
667.5  
OK  
EUS





POLICY NUMBER

[Redacted]

POLICY PERIOD

4/12/18 to 10/12/18


MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

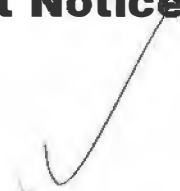
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

**Questions?** Please contact your agent for courteous and professional assistance.

 **Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309



RECEIVED  
JUN 19 2018

### 2011 CHEV SILVERADO

DUE DATE	AMOUNT DUE (Service Charge Included)
6/27/18	\$398.25 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$385.00.

### Premium Payment Information

- Please make your installment payment of \$398.25 (which includes a \$13.50 service charge) in time to arrive before 6/27/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

647.5 PA



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



07/13/2018 14:23 Citipower  
 Kentucky Farm Bureau  
 Mutual Insurance Company

(FAX)16063768830 Page 44 of 002/002  
 Witness: Adam F.

**Automobile Insurance**



Citipower LLC

Page 1 of 2

1235320004309

**Premium Installment Notice**

Citipower LLC  
 PO Box 1309  
 Whitley City, KY 42653-1309

RECEIVED  
 JUL 13 2018

**2012 CHEVROLET SILVERADO 1500 CREW CAB LS**

DUE DATE	AMOUNT DUE (Service Charge Included)
7/21/18	\$328.82 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$317.00.

**Premium Payment Information**

- Please make your installment payment of \$328.82 (which includes a \$11.70 service charge) in time to arrive before 7/21/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated

POLICY PERIOD:  
 5/5/18 to 11/5/18

MEMBERSHIP NUMBER

YOUR AGENT:  
 Donevon Storm  
 PO Box 209  
 Williamsburg KY 40769  
 606-549-1530  
 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to kyfb.com for more information.





Kentucky Farm Bureau Mutual Insurance Company

Automobile Insurance



Citipower LLC

Page 1 of 2

12521740023501

POLICY NUMBER

POLICY PERIOD 8/4/18 to 2/4/19

MEMBERSHIP NUMBER

YOUR AGE Donevon m PO Box 209 Williamsburg KY 40769 606-549-1530 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to kyfb.com for more information.

Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC PO Box 1309 Whitley City, KY 42653-1309

RECEIVED JUL 13 2018

2010 DODGE RAM PICKUP 1500 QUAD CAB

Table with 3 columns: DUE DATE, TO PAY IN INSTALLMENTS, TO PAY IN FULL. Row 1: 8/4/18, \$241.00 (Service charge will apply), \$481.11

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$248.36.

Premium Payment Options

Option 1 - Installment Payment

- Please make your installment payment of \$241.00 in time to arrive before 8/4/18. In about 90 days, you'll receive your next installment notice for \$248.36 (which includes a service charge). Changes that increase or decrease premiums may change billing dates and amounts.

Option 2 - Full Payment

- Please make your payment of \$481.11 in time to arrive before 8/4/18. There will be no service charge. You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



Kentucky Farm Bureau Mutual Insurance Company P.O. Box 856096, Louisville, KY 40285-6096

Automobile Insurance Payment Coupon



2010 DODGE RAM PICKUP 1500 QUAD CAB

Table with 4 columns: POLICY NUMBER, DUE DATE, TO PAY IN INSTALLMENTS, TO PAY IN FULL. Row 1: [redacted], 8/4/18, \$241.00, \$481.11

INSURED Citipower LLC

Please make sure this address shows through the window.



Kentucky Farm Bureau Mutual Insurance Company PO BOX 856096 LOUISVILLE KY 40285-6096

MAKE CHECK PAYABLE TO:

Amount Paid: \_\_\_\_\_

101118000859819400000241000000000000000000000000000000000481110182456

- Check here to pay by credit card and complete the information on the back. Address changed? Check here and complete the information on the back.



**Kentucky Farm Bureau  
Mutual Insurance Company**

**Automobile Insurance**



RECEIVED  
AUG 28 2018

Citipower LLC  
Page 1 of 2

Payed 8/16/18  
Witness: Adam Forsberg  
6675

12691300022601

**POLICY NUMBER**  
[Redacted]

**POLICY PERIOD**  
9/12/18 to 3/12/19

**MEMBERSHIP NUMBER**  
[Redacted]

**YOUR AGENT**  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*☛ Pay your bill online Go to kyfb.com for more information.*

**Premium Notice**

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

**2013 HOME BOX TRAIL**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
9/12/18	\$186.00 (Service charge will apply)	\$372.49

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$192.90.

**Premium Payment Options**

*Option 1 - Installment Payment*

- Please make your installment payment of \$186.00 in time to arrive before 9/12/18.
- In about 90 days, you'll receive your next installment notice for \$192.90 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

*Option 2 - Full Payment*

- Please make your payment of \$372.49 in time to arrive before 9/12/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



**Kentucky Farm Bureau  
Mutual Insurance Company**  
P.O. Box 856096, Louisville, KY 40285-6096

**Automobile Insurance  
Payment Coupon**



**INSURED**  
Citipower LLC

**2013 HOME BOX TRAIL**

POLICY NUMBER	DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
[Redacted]	9/12/18	\$186.00	\$372.49

Please make sure this address shows through the window.



**Kentucky Farm Bureau Mutual Insurance Company**  
PO BOX 856096  
LOUISVILLE KY 40285-6096

Amount Paid: \_\_\_\_\_

101118000860346920000186000000000000000000000000372490182845

- Check here to pay by credit card and complete the information on the back.
- Address changed? Check here and complete the information on the back.



Kentucky Farm Bureau Mutual Insurance Company

OK  
2015  
6675

Automobile Insurance

Item 19  
Page 47 of 92  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

1275660008601

POLICY NUMBER

[Redacted]

POLICY PERIOD

6/28/18 to 12/28/18

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
SEP 11 2018

**1996 FORD F350**

DUE DATE	AMOUNT DUE (Service Charge Included)
9/12/18	\$307.90 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$297.00.

### Premium Payment Information

- Please make your installment payment of \$307.90 (which includes a \$9.90 service charge) in time to arrive before 9/12/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



Kentucky Farm Bureau Mutual Insurance Company

Item 19  
Page 48 of 92  
Witness: Adam Forsberg  
Automobile Insurance



RECEIVED

Citipower LLC

AUG 28 2018

Page 1 of 2

12560906014801

POLICY NUMBER

[Redacted]

POLICY PERIOD

6/4/18 to 12/4/18

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

OK  
AUG  
667.5

### 2013 RAM PICKUP 1500 CREW CAB

DUE DATE	AMOUNT DUE (Service Charge Included)
8/21/18	\$471.18 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$455.00.

### Premium Payment Information

- Please make your installment payment of \$471.18 (which includes a \$15.30 service charge) in time to arrive before 8/21/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*



**Kentucky Farm Bureau  
Mutual Insurance Company**

**Automobile Insurance**

Item 19  
Page 49 of 92  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

12780700008401

POLICY NUMBER

POLICY PERIOD  
10/5/18 to 4/5/19

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

**Premium Notice**

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED 667.1  
OCT 02 2018  
BW OK

**2001 TOYOTA TACOMA BASE/TACOMA SR5**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
10/5/18	\$325.00 (Service charge will apply)	\$650.40

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$337.31.

**Premium Payment Options**

**Option 1 - Installment Payment**

- Please make your installment payment of \$325.00 in time to arrive before 10/5/18.
- In about 90 days, you'll receive your next installment notice for \$337.31 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

**Option 2 - Full Payment**

- Please make your payment of \$650.40 in time to arrive before 10/5/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT *Updated*





1281 060033601

POLICY NUMBER

[Redacted]

POLICY PERIOD

10/12/18 to 4/12/19

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

### Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED

OCT 02 2018

6667.1  
BW OK

2011 CHEV SILVERADO

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
10/12/18	\$385.00 (Service charge will apply)	\$769.51

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$398.25.

### Premium Payment Options

Option 1 - Installment Payment

- Please make your installment payment of \$385.00 in time to arrive before 10/12/18.
- In about 90 days, you'll receive your next installment notice for \$398.25 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

Option 2 - Full Payment

- Please make your payment of \$769.51 in time to arrive before 10/12/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT Updated



RECEIVED  
OCT 16 2018

POLICY NUMBER

[Redacted]

POLICY PERIOD

11/5/18 to 5/5/19

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

### Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

Call 7.1  
Bw  
ok

#### 2012 CHEVROLET SILVERADO 1500 CREW CAB LS

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
11/5/18	\$317.00 (Service charge will apply)	\$633.91

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$328.82.

#### Premium Payment Options

##### Option 1 - Installment Payment

- Please make your installment payment of \$317.00 in time to arrive before 11/5/18.
- In about 90 days, you'll receive your next installment notice for \$328.82 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

##### Option 2 - Full Payment

- Please make your payment of \$633.91 in time to arrive before 11/5/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

#### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



POLICY NUMBER

[Redacted]

POLICY PERIOD

8/4/18 to 2/4/19

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
OCT 30 2018  
✓

### 2010 DODGE RAM PICKUP 1500 QUAD CAB

DUE DATE	AMOUNT DUE (Service Charge Included)
10/20/18	\$248.36 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$241.00.

### Premium Payment Information

- Please make your installment payment of \$248.36 (which includes a \$8.10 service charge) in time to arrive before 10/20/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

6667.1  
BW  
OK



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



POLICY NUMBER

POLICY PERIOD

12/4/18 to 6/4/19

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

## Premium Notice

✓ OK ROS

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

667.5

### 2013 RAM PICKUP 1500 CREW CAB

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
12/4/18	\$455.00 (Service charge will apply)	\$910.60

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$471.18.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$455.00 in time to arrive before 12/4/18.
- In about 90 days, you'll receive your next installment notice for \$471.18 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$910.60 in time to arrive before 12/4/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



RECEIVED  
NOV-20 2018

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



POLICY NUMBER

[Redacted]

POLICY PERIOD

12/28/18 to 6/28/19

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

667.1  
BL  
OK

RECEIVED

JAN 02 2019

### 1996 FORD F350

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
12/28/18	\$297.00 (Service charge will apply)	\$594.82

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$307.90.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$297.00 in time to arrive before 12/28/18.
- In about 90 days, you'll receive your next installment notice for \$307.90 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$594.82 in time to arrive before 12/28/18.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Kentucky Farm Bureau  
Mutual Insurance Company

# Automobile Insurance



Citipower LLC

## Premium Installment Notice

RECEIVED

DEC 04 2018

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

POLICY PERIOD  
9/12/18 to 3/12/19

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to [kyfb.com](http://kyfb.com) for more information.

### 2013 HOME BOX TRAIL

DUE DATE	AMOUNT DUE (Service Charge Included)
11/27/18	\$192.90 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$186.00.

### Premium Payment Information

- Please make your installment payment of \$192.90 (which includes a \$6.30 service charge) in time to arrive before 11/27/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

lele 7.1  
BW  
OK


PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT





**Kentucky Farm Bureau  
Mutual Insurance Company**

**Automobile Insurance**

Item 19  
Page 56 of 92  
Witness: Adam Forsberg 

Citipower LLC

Page 1 of 2

131167400006601

POLICY NUMBER

POLICY PERIOD  
10/5/18 to 4/5/19

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

**Premium Installment Notice**

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

**2001 TOYOTA TACOMA BASE/TACOMA SR5**

DUE DATE	AMOUNT DUE (Service Charge Included)
12/20/18	\$337.31 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$325.00.

RECEIVED  
DEC 18 2018

**Premium Payment Information**

- Please make your installment payment of \$337.31 (which includes a \$11.70 service charge) in time to arrive before 12/20/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.

lele 7.5  
BL  
OK



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Kentucky Farm Bureau Mutual Insurance Company

# Automobile Insurance

Item 19  
Page 57 of 92  
Witness: Adam Forsberg

Citipower LLC

Page 1 of 2

13198700028201

POLICY NUMBER

POLICY PERIOD

10/12/18 to 4/12/19

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309



RECEIVED

JAN 02 2019

### 2011 CHEV SILVERADO

DUE DATE	AMOUNT DUE (Service Charge Included)
12/27/18	\$398.25 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$385.00.

### Premium Payment Information

- Please make your installment payment of \$398.25 (which includes a \$13.50 service charge) in time to arrive before 12/27/18.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

667.1  
BW  
OK



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT





Kentucky Farm Bureau  
Mutual Insurance Company

cc  
acc  
667.5  
FAL to Adam  
CS

**Automobile Insurance**

Item 19  
Page 58 of 92  
Witness: Adam Forsberg

Citipower LLC

Page 1 of 2

13278600015001

POLICY NUMBER



POLICY PERIOD

2/4/19 to 8/4/19

MEMBERSHIP NUMBER



YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

**How long since your last Account Review?** Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

**Premium Notice**

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
JAN 29 2019

**2010 DODGE RAM PICKUP 1500 QUAD CAB**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
2/4/19	\$241.00 (Service charge will apply)	\$481.11

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$248.36.

**Premium Payment Options**

**Option 1 - Installment Payment**

- Please make your installment payment of \$241.00 in time to arrive before 2/4/19.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

**Option 2 - Full Payment**

- Please make your payment of \$481.11 in time to arrive before 2/4/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Kentucky Farm Bureau Mutual Insurance Company

Automobile Insurance

Faxed 2/14/19  
Page 59 of 92  
Witness: Adam Forsberg

Citipower LLC

Page 1 of 2

RECEIVED

FEB 19 2013

Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

2013 RAM PICKUP 1500 CREW CAB

DUE DATE	AMOUNT DUE (Service Charge Included)
2/19/19	\$471.18 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$455.00.

Premium Payment Information

- Please make your installment payment of \$471.18 (which includes a \$15.30 service charge) in time to arrive before 2/19/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

POLICY NUMBER

POLICY PERIOD  
12/4/18 to 6/4/19

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

667.1  
BW  
OK

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



13417600012101



Kentucky Farm Bureau  
Mutual Insurance Company

Automobile Insurance

Item 19  
Page 60 of 92  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

13442800016401

RECEIVED

FEB 19 2019

## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

6667-1  
BC  
OK

### 2013 HOME BOX TRAIL

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
3/12/19	\$186.00 (Service charge will apply)	\$372.49

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$192.90.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$186.00 in time to arrive before 3/12/19.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$372.49 in time to arrive before 3/12/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT

POLICY NUMBER

POLICY PERIOD

3/12/19 to 9/12/19

NUMBER

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

**How long since your last Account Review?** Make sure your coverage keeps pace with your needs. Call your agent today to schedule.

03/12/2019

09:39 Citipower

(FAX)16063768830

Item 19

Page 61 of 82

Witness: Adam For

P.061/001



Kentucky Farm Bureau Mutual Insurance Company

# Automobile Insurance



Citipower LLC

Page 1 of 2

13521800007201

POLICY NUMBER

POLICY PERIOD

12/28/18 to 6/28/19

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm

PO Box 209

Williamsburg KY 40769

606-549-1530

donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to kyfb.com for more information.

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
MAR 12 2013

1996 FORD F350

DUE DATE	AMOUNT DUE (Service Charge Included)
3/13/19	\$307.90 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$297.00.

### Premium Payment Information

- Please make your installment payment of \$307.90 (which includes a \$9.90 service charge) in time to arrive before 3/13/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



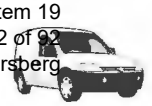
PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Kentucky Farm Bureau  
Mutual Insurance Company

# Automobile Insurance

Item 19  
Page 62 of 92  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

*OK  
RVS  
667.5*

13554400005601

**POLICY NUMBER**

[REDACTED]

**POLICY PERIOD**

4/5/19 to 10/5/19

**MEMBERSHIP NUMBER**

[REDACTED]

**YOUR AGENT**

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
MAR 19 2013

**2001 TOYOTA TACOMA BASE/TACOMA SR5**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
4/5/19	\$263.00 (Service charge will apply)	\$526.41

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$337.31.

### Premium Payment Options

**Option 1 - Installment Payment**

- Please make your installment payment of \$263.00 in time to arrive before 4/5/19.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

**Option 2 - Full Payment**

- Please make your payment of \$526.41 in time to arrive before 4/5/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



POLICY NUMBER

[Redacted]

POLICY PERIOD

4/12/19 to 10/12/19

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Go to kyfb.com for more information.*

## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
MAR 19 2019

*Wet. S*

### 2011 CHEV SILVERADO

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
4/12/19	\$385.00 (Service charge will apply)	\$769.51

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$398.25.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$385.00 in time to arrive before 4/12/19.
- In about 90 days, you'll receive your next installment notice
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$769.51 in time to arrive before 4/12/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



04/09/2019 09:42 Citipower  
 Kentucky Farm Bureau  
 Mutual Insurance Company

(FAX) 16063768830

Item 19 Page 64 of 88  
 P.061/001  
 Witness: Adam For...

**Automobile Insurance**



Citipower LLC

Page 1 of 2

RECEIVED

APR 09 2019

1355040001501

POLICY NUMBER

POLICY PERIOD  
 5/5/19 to 11/5/19

MEMBERSHIP NUMBER

YOUR AGENT  
 Donevon Storm  
 PO Box 209  
 Williamsburg KY 40769  
 606-549-1530  
 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
 PO Box 1309  
 Whitley City, KY 42653-1309

### 2012 CHEVROLET SILVERADO 1500 CREW CAB LS

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
5/5/19	\$317.00 (Service charge will apply)	\$633.91

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$328.82.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$317.00 in time to arrive before 5/5/19.
- In about 90 days, you'll receive your next installment notice for \$328.82 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$633.91 in time to arrive before 5/5/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.




PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



05/10/2019 15:01 Citipower  
 Kentucky Farm Bureau  
 Mutual Insurance Company

(FAX) 16063768830

Page 65 of 82  
 Witness: Adam For...

Item 19  
 P.061/003  


Citipower LLC

Page 1 of 2

13838500003401

## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
 PO Box 1309  
 Whitley City, KY 42653-1309

### 2013 RAM PICKUP 1500 CREW CAB

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
6/4/19	\$455.00 (Service charge will apply)	\$910.60

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$471.18.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$455.00 in time to arrive before 6/4/19.
- In about 90 days, you'll receive your next installment notice for \$471.18 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$910.60 in time to arrive before 6/4/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT

6/4/19 to 12/4/19

BER

YOUR AGENT:  
 Donevon Storm  
 PO Box 209  
 Williamsburg KY 40769  
 606-549-1530  
 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to kyfb.com for more information.

OK  
 ajs  
 667.5







05/23/2019 14:51 Citipower  
 Kentucky Farm Bureau  
 Mutual Insurance Company

(FAX) 16063768830 Page 66 of 92  
 Witness: Adam Forsyth P 001/001

**Automobile Insurance**



Citipower LLC  
 Page 1 of 2

16063768830

POLICY NUMBER  
 POLICY PERIOD  
 3/12/19 to 9/12/19  
 MEMBERSHIP NUMBER

**YOUR AGENT**  
 Donevon Storm  
 PO Box 209  
 Williamsburg KY 40769  
 606-549-1530  
 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance

Pay your bill online. Go to kyfb.com for more information.

**Premium Installment Notice**

Citipower LLC  
 PO Box 1309  
 Whitley City, KY 42653-1309

RECEIVED  
 MAY 24 2019

OK  
 AUS  
 667-5

**2013 HOME BOX TRAIL**

DUE DATE	AMOUNT DUE (Service Charge Included)
5/28/19	\$192.90 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$186.00.

**Premium Payment Information**

- Please make your installment payment of \$192.90 (which includes a \$6.30 service charge) in time to arrive before 5/28/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



01/17/2019 14:48 Citipower  
 Kentucky Farm Bureau  
 Mutual Insurance Company

WV  
 6/6/7.8

(FAX)16063768830 Page 67 of 903/003  
 Witness: Adam For

**Automobile Insurance**



Citipower LLC  
 Page 1 of 2

13291400002701

POLICY NUMBER  
 [REDACTED]

POLICY PERIOD  
 11/5/18 to 5/5/19

MEMBERSHIP NUMBER  
 [REDACTED]

YOUR AGENT  
 Donevon Storm  
 PO Box 209  
 Williamsburg, KY 40769  
 606-549-1530  
 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

## Premium Installment Notice

Citipower LLC  
 PO Box 1309  
 Whitley City, KY 42653-1309

### 2012 CHEVROLET SILVERADO 1500 CREW CAB LS

DUE DATE	AMOUNT DUE (Service Charge Included)
1/22/19	\$328.82 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.  
 Thank you for your payment of \$317.00.

### Premium Payment Information

- Please make your installment payment of \$328.82 (which includes a \$11.70 service charge) in time to arrive before 1/22/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Kentucky Farm Bureau Mutual Insurance Company

RECEIVED JUN 21 2019

Automobile Insurance



Citipower LLC

Page 1 of 2

14010800008401

POLICY NUMBER

POLICY PERIOD

4/12/19 to 10/12/19

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm

PO Box 209

Williamsburg KY 40769

606-549-1530

donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to kyfb.com for more information.

Premium Installment Notice

Citipower LLC
PO Box 1309
Whitley City, KY 42653-1309

2011 CHEV SILVERADO

Table with 2 columns: DUE DATE, AMOUNT DUE (Service Charge Included). Row 1: 6/27/19, \$398.25 (2nd installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$385.00.

Premium Payment Information

- Please make your installment payment of \$398.25 (which includes a \$13.50 service charge) in time to arrive before 6/27/19.
This is your 2nd of 2 installments.
You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

Handwritten note: 7-5-19 date due


PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT





**Kentucky Farm Bureau  
Mutual Insurance Company**

**Automobile Insurance**

Item 19  
Page 69 of 92  
Witness: Adam Forsberg 

RECEIVED

JUN 18 2019

Citipower LLC

Page 1 of 2

POLICY NUMBER

POLICY PERIOD  
6/28/19 to 12/28/19

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

**Pay your bill online** Go to [kyfb.com](http://kyfb.com) for more information.

**Premium Notice**

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

*BLW  
OK  
6/6/19*



**1996 FORD F350**

DUPLICATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
6/28/19	\$297.00 (Service charge will apply)	\$594.82

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$307.90.

**Premium Payment Options**

**Option 1 - Installment Payment**

- Please make your installment payment of \$297.00 in time to arrive before 6/28/19.
- In about 90 days, you'll receive your next installment notice for \$307.90 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

**Option 2 - Full Payment**

- Please make your payment of \$594.82 in time to arrive before 6/28/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT

13939600002601



Kentucky Farm Bureau Mutual Insurance Company

RECEIVED

JUN 18 2019

Automobile Insurance

Item 19  
Page 70 of 82  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

13878600001401

POLICY NUMBER



POLICY PERIOD

4/5/19 to 10/5/19

MEMBERSHIP NUMBER



YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309



### 2001 TOYOTA TACOMA BASE/TACOMA SR5

DUE DATE	AMOUNT DUE (Service Charge Included)
6/20/19	\$273.49 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$263.00.

BW  
OK  
6/16/19

### Premium Payment Information

- Please make your installment payment of \$273.49 (which includes a \$9.90 service charge) in time to arrive before 6/20/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



07/12/2019 13:25 Citipower  
 Kentucky Farm Bureau  
 Mutual Insurance Company

(FAX)16063768830

Item 19  
 Page 71 of 92  
 Witness: Adam Forsberg  
 P.001/001



**Automobile Insurance**

Citipower LLC

Page 1 of 2

*Faxed 7/12/19  
 RS*

RECEIVED  
 JUL 15 2019

**Premium Installment Notice**

Citipower LLC  
 PO Box 1309  
 Whitley City, KY 42653-1309

**2012 CHEVROLET SILVERADO 1500 CREW CAB LS**

DUE DATE	AMOUNT DUE (Service Charge Included)
7/23/19	\$328.82 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$317.00.

**Premium Payment Information**

- Please make your installment payment of \$328.82 (which includes a \$11.70 service charge) in time to arrive before 7/23/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT

**POLICY NUMBER**

**POLICY PERIOD**

5/5/19 to 11/5/19

**MEMBERSHIP NUMBER**

**YOUR AGENT**

Donevon Storm  
 PO Box 209  
 Williamsburg KY 40769  
 606-549-1530  
 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to kyfb.com for more information.

14120620000701



07/22/2019 10:52 Citipower  
 Kentucky Farm Bureau  
 Mutual Insurance Company

RECEIVED  
 JUL 22 2019

(FAX) 16063768830 Page 72 of 100  
 Witness: Adam Forster

**Automobile Insurance**

Item 19  
 P-001/001  
  
 Citipower LLC  
 Page 1 of 2

14108200006501

POLICY NUMBER  
 [REDACTED]

POLICY PERIOD  
 8/4/19 to 2/4/20

MEMBERSHIP NUMBER  
 [REDACTED]

YOUR AGENT  
 Donevon Storm  
 PO Box 209  
 Williamsburg KY 40769  
 606-549-1530  
 donavon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Go to kyfb.com for more information.

**Premium Notice**

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
 PO Box 1309  
 Whitley City, KY 42653-1309

**2010 DODGE RAM PICKUP 1500 QUAD CAB**

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
8/4/19	\$185.75 (Service charge will apply)	\$380.12

Your total premium includes a Kentucky Premium Surcharge.  
 Thank you for your payment of \$489.36.

**Premium Payment Options**

**Option 1 - Installment Payment**

- Please make your installment payment of \$185.75 in time to arrive before 8/4/19.
- The amount due includes a previous credit of \$8.25.
- In about 90 days, you'll receive your next installment notice for \$200.78 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

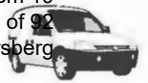
**Option 2 - Full Payment**

- Please make your payment of \$380.12 in time to arrive before 8/4/19.
- The amount due includes a previous credit of \$8.25.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT





POLICY NUMBER

POLICY PERIOD

9/12/19 to 3/12/20

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm PO Box 209 Williamsburg KY 40769 606-549-1530 donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Take advantage of new services and more online access through my.kyfb.com!

After-Hours Claim Reporting Hotline

1-866-KFB-CLAIM - 1-866-532-2524

Monday - Friday: 4:30 pm to 9:00 am Friday 4:30 pm to Monday 9:00 am Holidays: 24 hours

You can report damage or loss as soon as it happens with the After-Hours Claim Reporting Hotline!

When your local Kentucky Farm Bureau Insurance agency is closed (nights, weekends, or holidays) you simply call the toll-free number. A customer service professional will assist you in getting your claim started.

Premium Notice

RECEIVED

AUG 20 2019

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC PO Box 1309 Whitley City, KY 42653-1309

2013 HOME BOX TRAIL

Table with 3 columns: DUE DATE, TO PAY IN INSTALLMENTS, TO PAY IN FULL. Row 1: 9/12/19, \$186.00 (Service charge will apply), \$372.49

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$192.90.

Premium Payment Options

Option 1 - Installment Payment

- Please make your installment payment of \$186.00 in time to arrive before 9/12/19. In about 90 days, you'll receive your next installment notice for \$192.90 (which includes a service charge). Changes that increase or decrease premiums may change billing dates and amounts.

Option 2 - Full Payment

- Please make your payment of \$372.49 in time to arrive before 9/12/19. There will be no service charge. You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

667.1 BC

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



08/16/2019

14:31 Citipower

(FAX)16063768830

Item 19

Page 74 of 82

Witness: Adam For...

P.001/001



Kentucky Farm Bureau Mutual Insurance Company

Automobile Insurance



Citipower LLC

RECEIVED

AUG 19 2019

Page 1 of 2

14219300006501

POLICY NUMBER

POLICY PERIOD  
5/4/19 to 12/4/19

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online. Go to kyfb.com for more information.

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

### 2013 RAM PICKUP 1500 CREW CAB

DUE DATE	AMOUNT DUE (Service Charge Included)
8/20/19	\$471.18 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$455.00.

### Premium Payment Information

- Please make your installment payment of \$471.18 (which includes a \$15.30 service charge) in time to arrive before 8/20/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Kentucky Farm Bureau  
Mutual Insurance Company

**Automobile Insurance**

Item 19  
Page 75 of 92  
Witness: Adam Forsberg

Citipower LLC  
Page 1 of 2

RECEIVED  
SEP 10 2019

1435000002001

**POLICY NUMBER**

**POLICY PERIOD**

6/28/19 to 12/28/19

**MEMBERSHIP NUMBER**

**YOUR AGENT**

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

*Questions? Please contact your agent for courteous and professional assistance.*

*Pay your bill online Take advantage of new services and more online access through my.kyfb.com!*

**◆ After-Hours Claim Reporting Hotline**  
1-866-KFB-CLAIM – 1-866-532-2524  
Monday – Friday: 4:30 pm to 9:00 am  
Friday 4:30 pm to Monday 9:00 am  
Holidays: 24 hours

*You can report damage or loss as soon as it happens with the After-Hours Claim Reporting Hotline!*

*When your local Kentucky Farm Bureau Insurance agency is closed (nights, weekends, or holidays) you simply call the toll-free number. A customer service professional will assist you in getting your claim started.*

**Premium Installment Notice**

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

**1996 FORD F350**

DUE DATE	AMOUNT DUE (Service Charge Included)
9/12/19	\$307.90 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$297.00.

**Premium Payment Information**

- Please make your installment payment of \$307.90 (which includes a \$9.90 service charge) in time to arrive before 9/12/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

**Discount Information**

Your total premium has been reduced for discounts shown on your Declaration.

*67.1  
BL  
OK*



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



RECEIVED

OCT 02 2019

### Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

#### 2001 TOYOTA TACOMA BASE/TACOMA SR5

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
10/5/19	\$263.00 (Service charge will apply)	\$526.41

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$273.49.

#### Premium Payment Options

##### Option 1 - Installment Payment

- Please make your installment payment of \$263.00 in time to arrive before 10/5/19.
- In about 90 days, you'll receive your next installment notice for \$273.49 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

##### Option 2 - Full Payment

- Please make your payment of \$526.41 in time to arrive before 10/5/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

#### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

*Code 21 BLBA*

POLICY NUMBER

POLICY PERIOD  
10/5/19 to 4/5/20

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

Pay your bill online Take advantage of new services and more online access through my.kyfb.com!

After-Hours Claim Reporting Hotline  
1-866-KFB-CLAIM - 1-866-532-2524  
Monday - Friday: 4:30 pm to 9:00 am  
Friday 4:30 pm to Monday 9:00 am  
Holidays: 24 hours

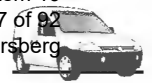
You can report damage or loss as soon as it happens with the After-Hours Claim Reporting Hotline!

When your local Kentucky Farm Bureau Insurance agency is closed (nights, weekends, or holidays) you simply call the toll-free number. A customer service professional will assist you in getting your claim started.

PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT

14581700001101





RECEIVED

OCT 02 2019



## Premium Notice

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

### 2011 CHEV SILVERADO

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
10/12/19	\$385.00 (Service charge will apply)	\$769.51

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$398.25.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$385.00 in time to arrive before 10/12/19.
- In about 90 days, you'll receive your next installment notice for \$398.25 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$769.51 in time to arrive before 10/12/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

667.1  
BC  
OK

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT

POLICY NUMBER

POLICY PERIOD

10/12/19 to 4/12/20

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Take advantage of new services and more online access through my.kyfb.com!

**After-Hours Claim Reporting Hotline**  
1-866-KFB-CLAIM - 1-866-532-2524  
Monday - Friday: 4:30 pm to 9:00 am  
Friday 4:30 pm to Monday 9:00 am  
Holidays: 24 hours

You can report damage or loss as soon as it happens with the After-Hours Claim Reporting Hotline!


When your local Kentucky Farm Bureau Insurance agency is closed (nights, weekends, or holidays) you simply call the toll-free number. A customer service professional will assist you in getting your claim started.



Kentucky Farm Bureau  
Mutual Insurance Company

# Automobile Insurance

Item 19  
Page 78 of 92  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

1451760000601

## Premium Notice

RECEIVED

OCT 29 2019

POLICY NUMBER

POLICY PERIOD  
11/5/19 to 5/5/20

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Take advantage of new services and more online access through [my.kyfb.com](http://my.kyfb.com)!

**After-Hours Claim Reporting Hotline**  
1-866-KFB-CLAIM – 1-866-532-2524  
Monday – Friday: 4:30 pm to 9:00 am  
Friday 4:30 pm to Monday 9:00 am  
Holidays: 24 hours

You can report damage or loss as soon as it happens with the After-Hours Claim Reporting Hotline!

When your local Kentucky Farm Bureau Insurance agency is closed (nights, weekends, or holidays) you simply call the toll-free number. A customer service professional will assist you in getting your claim started.

### 2012 CHEVROLET SILVERADO 1500 CREW CAB LS

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
11/5/19	\$254.00 (Service charge will apply)	\$508.39

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$328.82.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$254.00 in time to arrive before 11/5/19.
- In about 90 days, you'll receive your next installment notice for \$262.64 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$508.39 in time to arrive before 11/5/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

667.1  
BW  
OK

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Kentucky Farm Bureau Mutual Insurance Company

RECEIVED

NOV 26 2019

Automobile Insurance

Item 19  
Page 79 of 92  
Witness: Adam Forsberg

Citipower LLC

Page 1 of 2

1464910028901

POLICY NUMBER

POLICY PERIOD  
12/4/19 to 6/4/20

MEMBERSHIP NUMBER

YOUR AGENT  
Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please call your agent for courteous and professional assistance.

Pay your bill online Take advantage of new services and more online access through my.kyfb.com!

After-Hours Claim Reporting Hotline  
1-866-KFB-CLAIM - 1-866-532-2524

Monday - Friday: 4:30 pm to 9:00 am  
Friday 4:30 pm to Monday 9:00 am  
Holidays: 24 hours

You can report damage or loss as soon as it happens with the After-Hours Claim Reporting Hotline!

When your local Kentucky Farm Bureau Insurance agency is closed (nights, weekends, or holidays) you simply call the toll-free number. A customer service professional will assist you in getting your claim started.

## Renewal Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309



Your Automobile Insurance Policy is being renewed for another six-month term subject to receipt of your payment.

### 2013 RAM PICKUP PKP4X44D

DUE DATE	TO PAY IN INSTALLMENTS	TO PAY IN FULL
12/4/19	\$368.46	\$728.79

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$910.60.

### Premium Payment Options

#### Option 1 - Installment Payment

- Please make your installment payment of \$368.46 (which includes a \$4.07 service charge) in time to arrive before 12/4/19.
- In about 93 days, you'll receive your next installment notice for \$364.40 (which includes a service charge).
- Changes that increase or decrease premiums may change billing dates and amounts.

#### Option 2 - Full Payment

- Please make your payment of \$728.79 in time to arrive before 12/4/19.
- There will be no service charge.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Let 7-1  
BW  
OK

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Kentucky Farm Bureau  
Mutual Insurance Company

RECEIVED Automobile Insurance

NOV 26 2019

Item 19  
Page 80 of 92  
Witness: Adam Forsberg



Citipower LLC

Page 1 of 2

14688880000501

POLICY NUMBER

[Redacted]

POLICY PERIOD

9/12/19 to 3/12/20

MEMBERSHIP NUMBER

[Redacted]

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg KY 40769  
606-549-1530  
donevon.storm@kyfb.com

**Questions?** Please contact your agent for courteous and professional assistance.

**Pay your bill online** Take advantage of new services and more online access through my.kyfb.com!

**After-Hours Claim Reporting Hotline**  
1-866-KFB-CLAIM – 1-866-532-2524  
Monday – Friday: 4:30 pm to 9:00 am  
Friday 4:30 pm to Monday 9:00 am  
Holidays: 24 hours

You can report damage or loss as soon as it happens with the After-Hours Claim Reporting Hotline!

When your local Kentucky Farm Bureau Insurance agency is closed (nights, weekends, or holidays) you simply call the toll-free number. A customer service professional will assist you in getting your claim started.

## Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309



### 2013 HOME BOX TRAIL

DUE DATE	AMOUNT DUE (Service Charge Included)
11/27/19	\$192.90 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$186.00.

### Premium Payment Information

- Please make your installment payment of \$192.90 (which includes a \$6.30 service charge) in time to arrive before 11/27/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

### Discount Information

Your total premium has been reduced for discounts shown on your Declaration.

6667.1  
Bw  
OK



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Kentucky Farm Bureau Mutual Insurance Company

Automobile Insurance

Page 81  
Witness: Adam Farsberg



Citipower LLC

POLICY NUMBER

POLICY PERIOD  
10/5/19 to 4/5/20

MEMBERSHIP NUMBER

YOUR AGENT

Donevon Storm  
PO Box 209  
Williamsburg, KY 40769  
606-549-1530  
donevon.storm@kyfb.com

Questions? Please contact your agent for courteous and professional assistance.

to Pay your bill online. Take advantage of new services and more online access through my.kyfb.com!

◆ After-Hours Claim Reporting Hotline  
1-866-KFB-CLAIM = 1-866-532-2524  
Monday - Friday: 4:30 pm to 9:00 am  
Friday 4:30 pm to Monday 9:00 am  
Holidays: 24 hours

You can report damage or loss as soon as it happens with the After-Hours Claim Reporting Hotline!

When your local Kentucky Farm Bureau Insurance agency is closed (nights, weekends, or holidays) you simply call the toll-free number. A customer service professional will assist you in getting your claim started.

Premium Installment Notice

Citipower LLC  
PO Box 1309  
Whitley City, KY 42653-1309

RECEIVED  
DEC 13 2016

2001 TOYOTA TACOMA BASE/TACOMA SR5

DUE DATE	AMOUNT DUE (Service Charge Included)
12/20/19	\$273.49 (2nd Installment)

Your total premium includes a Kentucky Premium Surcharge.

Thank you for your payment of \$263.00.

Premium Payment Information

- Please make your installment payment of \$273.49 (which includes a \$9.90 service charge) in time to arrive before 12/20/19.
- This is your 2nd of 2 installments.
- You'll get your next bill when your policy is scheduled for renewal or a policy change increases your premium.

Discount Information

Your total premium has been reduced for discounts shown on your Declaration.



PLEASE RETURN ENTIRE LOWER PORTION TO ENSURE PROPER CREDIT



Witness: Adam Forsberg

North Carolina

P.O. Box 8800 - 3522 Thomasville Rd.

Tallahassee, FL 32314

Phone 850-907-5610

# PREMIUM ASSIGNMENT CORPORATION

## PREMIUM FINANCE AGREEMENT

Quote # E140588

<input type="checkbox"/> PERSONAL	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> AGENCY RENEWAL	<input type="checkbox"/> ADD'L PREMIUM
-----------------------------------	--	------------------------------	--	--

THIS AGREEMENT, made effective the 15 day of May 2017, between FOREXCO INC  
(Name of Borrower/Insured exactly as it appears in financed policies)

ADDRESS 2309 W CONE BLVD STE 200  
 CITY GREENSBORO STATE NC ZIP 27408 PHONE # (336) 379-0800

hereinafter called the Borrower, and Premium Assignment Corporation, a Florida Corporation hereinafter called Lender, for the purpose of financing the purchase of insurance policies described in the Scheduled Policies of Insurance listed in page 3 to this Agreement.

TOTAL PRICE OF PREMIUMS	- CASH DOWN PAYMENT	= PRINCIPAL BALANCE OWED ON PREMIUMS	+ DOC STAMPS & SERVICE FEE (if applicable)	= TOTAL AMOUNT FINANCED	+ FINANCE CHARGE (Amount credit costs over term of loan)	= TOTAL OF PAYMENTS (Amount paid if all payments made as scheduled)	ANNUAL INTEREST RATE
6,972.00	<u>I/C CP</u> 1,289.82	5,682.18	0.00	5,682.18	221.62	5,903.80	8.42

SELECT BILLING OPTION:  Payment Book  Monthly Invoice  
 Direct Debit

Amount of Monthly Payment: 590.38      Number of Payments: 10      Date First Payment is Due: 6/15/2017

**YOUR PAYMENT SCHEDULE WILL BE:**  
 Each monthly payment due on same day of each succeeding month until paid in full.

FOR VALUE RECEIVED, BORROWER PROMISES TO PAY to the order of Lender at the address given at the top of this page, the Total Amount Financed and all sums shown above, including interest at the Annual Interest Rate and other charges as described hereinafter, pursuant to the terms stated below and in page 2 of this Agreement.

- SECURITY FOR PAYMENT:** To secure payment of all sums due under this Agreement, Borrower grants Lender a security interest in any unearned premiums or other sums which may become payable under the Scheduled Policies of Insurance shown on page 3.
- LIMITED POWER OF ATTORNEY:** BORROWER IRREVOCABLY APPOINTS LENDER AS ATTORNEY-IN-FACT TO CANCEL THE SCHEDULED POLICIES OF INSURANCE AFTER BORROWER DEFAULTS IN MAKING PAYMENTS UNDER THIS AGREEMENT.
- NOTICE TO BORROWER:** (1) Do not sign this Agreement before you read it, or if it contains any blank space (other than as provided on the next page), (2) You are entitled to have and should retain a completely filled in copy of this Agreement to protect your legal rights, (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge, and (4) BY SIGNING BELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF THIS AGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES 1, 2 AND 3 OF THIS AGREEMENT.

SIGNATURE OF ALL INSURED[S] NAMED IN POLICIES OR AUTHORIZED AGENT OF INSURED[S], AS PERMITTED BY LAW:

5/26/17 x Adam Forsberg CFO  
 Date Name and Title: \_\_\_\_\_ Date Name and Title: \_\_\_\_\_

**PRODUCER'S REPRESENTATIONS & WARRANTIES:**

The undersigned Producer represents and warrants that: (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belief, Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrower's signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. **Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.**

**PRODUCER / AGENCY**

Name ALLIANT INS SERVICES INC  
 Address 6100 WESTERN PLACE STE 100  
FT WORTH, TX 76107

\_\_\_\_\_  
 Date PRODUCER'S SIGNATURE



**IN CONSIDERATION** of the payment by Lender of the Principal Balance Owed on Premiums shown on page 1 to the insurance companies named in the Scheduled Policies of Insurance shown on page 3 (or the agents of such companies), the Borrower agrees:

- 4. ACCEPTANCE DATE** This Agreement is binding upon its acceptance by Lender. Acceptance shall occur upon payment of the Principal Balance Owed on Premiums to the insurance companies named in the Scheduled Policies of Insurance, or the agents of such companies.
- 5. PAYMENTS** Borrower shall make payments directly to Lender in the amounts and at the same time specified on page 1 of this Agreement. Payments shall be made at Lender's address given at the top of page 1 or such other address as Lender may direct in writing. Payments made to any other address, person, firm, corporation or insurance agency (including but not limited to the Producer) shall not constitute payment to Lender. Payments received after cancellation of the Scheduled Policies of Insurance shall be credited to the unpaid balance due under this Agreement and shall not constitute reinstatement of the cancelled policies, nor shall it constitute a waiver by Lender of any rights.
- 6. LATE CHARGES** If a payment is more than 5 days late, Borrower agrees to pay a late charge of 5% of each delinquent or unpaid installment, unless prohibited by applicable law.
- 7. DEFAULT/CANCELLATION** A default shall occur if Borrower fails to pay any sums required by this Agreement in a timely manner, including interest and Late Charges, or if Borrower fails to carry out any other obligations under this Agreement. After default, any unpaid balance of the Total Amount Financed may become immediately due and payable in full at the option of Lender, and Lender may enforce its security interest and its rights under the Limited Power of Attorney. Interest will continue to accrue on the unpaid balance at the Annual Percentage Rate or maximum rate allowed by applicable law, at the option of Lender, until all balances owed under this Agreement are paid. Lender may request cancellation of all or any of the Scheduled Policies of Insurance at the earliest time after default permitted by applicable law.
- 8. EXCESS INTEREST OR FEES** It is the intent of the Lender that no interest, fee or charge in excess of that permitted by applicable law will be charged, taken or become payable under this Agreement. In the event it is determined that Lender has taken, charged or accrued interest, fees or charges in excess of that permitted under law, such excess shall be returned to Borrower or credited against the sum due Lender hereunder.
- 9. REFUNDS** The Borrower will receive a refund of the finance charge if the account is prepaid in full prior to the last installment due date. The refund shall be computed according to applicable law subject to a nonrefundable service charge of \$15.
- 10. SHORTAGE OR OVERAGE OF RETURNED PREMIUM** If Lender does not receive unearned premiums or other funds after cancellation or expiration of the Scheduled Policies of Insurance in an amount sufficient to pay the unpaid balance due under this Agreement, Borrower agrees to pay the deficiency to Lender on demand. Interest shall accrue on the deficiency at the Annual Percentage Rate, or the maximum rate allowed by applicable law, at the option of Lender. If the unearned premiums received by Lender are more than the amount due under this Agreement, the excess shall be returned to Borrower within the time allowed by applicable law. Borrower has no right to any excess of less than the minimum amount required to be paid by applicable law.
- 11. ATTORNEYS FEES/COURT COSTS** Borrower agrees to pay all attorneys fees, expenses and court costs incurred by Lender in collecting amounts due from Borrower under this Agreement, including attorneys fees incurred on appeal and in bankruptcy, unless prohibited or limited by applicable law.
- 12. LENDER RELATIONSHIP** Borrower acknowledges that: (a) Lender is not an insurance agent nor an insurance company, (b) This Agreement is a financing agreement and not an insurance policy or guarantee of insurance coverage, (c) Lender has played no part in the selection or structuring of the financed insurance policies, (d) Lender has no obligation to request reinstatement of any insurance policies properly cancelled after a default under this Agreement, and (e) The decision of whether to reinstate insurance coverage is made solely by the insurance companies providing coverage, not Lender.
- 13. ADDITIONAL PREMIUMS** Lender may advance to Producer, as Borrower's agent, or to an insurance company any additional premiums that may become due, less normal down payment, adding the advanced amount, plus any finance charge, to Borrower's balance under this Agreement. However, any additional premium which is owed to the insurance company(ies) named in the Scheduled Policies of Insurance as a result of any misclassification of risk which is not paid in full or financed in this Agreement may result in cancellation of the coverage by the insurance company for nonpayment of premium. Lender's payment shall not be applied by the insurer to pay for any additional premium owed by Borrower as a result of any misclassification of risk.
- 14. LENDER LIABILITY** Lender is not responsible for any damages resulting from cancellation of the Scheduled Policies of Insurance by Lender, as long as the cancellation was done in accordance with applicable law. Borrower shall be responsible for Lender's reasonable attorneys fees and expenses for any unsuccessful action filed by Borrower seeking damages for improper cancellation. Lender's liability for breach of this Agreement shall be limited to the Principal Balance Financed under this Agreement, if permitted by applicable law.
- 15. RETURNED CHECKS** Borrower agrees to pay a returned check fee, as allowed by applicable law, for each of Borrower's checks returned to Lender for insufficient funds or because the insured has no account in the payor bank.
- 16. WARRANTIES OF BORROWER** Borrower warrants that: (a) Each of the Scheduled Policies of Insurance have been issued or a binder has been issued; (b) Borrower has not and will not assign or encumber any unearned premium of the Scheduled Policies of Insurance or grant a power of attorney to cancel the Scheduled Policies of Insurance to anyone other than Lender until all sums due under this Agreement are paid in full; (c) Lender may assign all its rights under this Agreement as allowed by applicable law; (d) No proceeding in bankruptcy or insolvency has been instituted by or against Borrower or is contemplated by Borrower, and (e) No insurance financed by this Agreement was purchased for personal, family or household purposes, unless so indicated on page 1.
- 17. INTEREST CALCULATION** Interest is computed on an annual basis of 12 months of 30 days on the balance of the Total Amount Financed, from the effective date of the earliest insurance policy for which premiums are being advanced to the date when all sums due under this Agreement are paid.
- 18. BLANK SPACES** Borrower agrees that if any policy financed by this Agreement has not been issued at the time the Agreement is signed, the names of the insurance companies issuing the financed policies, the policy numbers and the due date of the first installment may be inserted in the Agreement after it is signed.
- 19. GOVERNING LAW** The Parties agree that the law of the state in which this Agreement is executed shall control the interpretation of the Agreement and the rights of the parties, unless the Agreement is executed in a state without premium finance laws, in which case the law of the State of Florida shall govern.
- 20. SAVINGS AND MERGER CLAUSE** The Parties agree that if one or more portions of this Agreement are found to be invalid or unenforceable for any reason, the remaining portions shall remain fully enforceable. The parties also agree that this Agreement contains the entire agreement between the parties regarding the subject matter herein and supersedes any prior discussions.
- 21. FINANCING OPTION** Entry into this financing arrangement is not a condition of obtaining insurance. You may opt to pay the premium for such insurance without financing such premium, or to obtain financing from some other source if you choose.

**Insured:**  
FOREXCO INC

**Street Address:**  
2309 W CONE BLVD STE 200  
GREENSBORO, NC 27408

---

CUSTOMER IDENTIFICATION PROGRAM  
CUSTOMER NOTICE

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR NEW LOANS -**

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law (Patriot Act) requires financial institutions to obtain, verify, and record information that identifies each person (individuals or business) that is granted a loan. What this means for you: As part of this premium finance agreement, your insurance agent must provide your name, address, federal employer identification number and other information that allows us to identify you. You may also be asked to provide other identifying documents.

---

**USA PATRIOT Act/Customer Identification Program Disclosure Acknowledgement**

By signing this premium finance agreement I hereby acknowledge receipt of this Customer Identification Program (CIP) Customer Notice, agree that my insurance agent shall provide my name, address, federal employer identification and other information that allows you to identify me and further acknowledge that I understand the notice provisions. Words used in the Customer Identification Program (CIP) Customer Notice mean and include the plural and vice versa.



Quote # E140588

State: NC

**SCHEDULED POLICIES OF INSURANCE**

V8(0)G33GI2.54

FOREXCO INC  
2309 W CONE BLVD STE 200  
GREENSBORO, NC 27408  
(336) 379-0800

ALLIANT INS SERVICES INC 22398  
6100 WESTERN PLACE STE 100  
FT WORTH, TX 76107  
(817) 877-1884

Premium	Down Payment	Unpaid Balance	Doc Stamps/Fees	Amt. Financed	Finance Charges	Total / Payments
6,972.00	1,289.82 (18.50 %)	5,682.18	0.00	5,682.18	221.62	5,903.80

Payment	Payments	Rate	First Due	Type	Status	Contract Type
590.38	10	8.42 %	6/15/2017	INVOICE	RENEW	COMMERCIAL

EFF DATE	COMPANY / BROKER	CITY	ST	CO. #	TYPE MEP	POLICY NO.	TOTAL PREMIUM
5/15/2017	CO: AGCS MARINE INS CO	DALLAS	TX	87889	EQPT		6,972.00
5/15/2018	MGA: ALLIANZ GLOBAL (AGCS)	DALLAS	TX	68205	0.00 %		

Created By: UFDH185

Auth Code:

**ADDITIONAL REPRESENTATIONS & WARRANTIES OF PRODUCER**

(F) All information provided above is complete and correct in all respects and the policies listed above are or will be in force on the stated Effective Date and delivered by Producer to the Borrower, except for assigned risk or residual market policies.

(G) If any information listed above is or becomes incomplete or inaccurate, Producer shall promptly provide correct information to Lender.

(H) The Producer is an authorized policy issuing agent of the companies issuing the policies listed above or is the authorized agent of the MGA or broker placing the coverage directly with the insuring company, **except those policies indicated with an "X"**.

(I) None of the policies listed above are subject to reporting or retrospective rating provisions. All policies subject to audit, minimum or fully earned premium provisions are indicated below:

Policy No and Prefix No: \_\_\_\_\_

(J) Except as indicated above, all Scheduled Policies of Insurance can be cancelled by Borrower or Lender on 10 days notice and the unearned premiums will be computed pro rata or on the standard short rate table.

(K) If any Scheduled Policies of Insurance are subject to audit, Producer and Borrower have made good faith determination that the deposit, provisional or initial premiums are not less than the anticipated premiums to be earned for the full term of the policy(ies).

(L) Upon cancellation of any of the Scheduled Policies of Insurance, Producer shall remit to Lender the full amount of the unearned premium, including unearned commission, as well as any other payments or credits received by Producer, up to the unpaid balance due under this Agreement, within 15 days of receipt from the insuring company.

**DOCUMENTARY STAMPS REQUIRED BY LAW IF ANY ARE AFFIXED TO MONTHLY JOURNAL AND CANCELLED.**

RECEIVED



250 West Main Street, Suite 200 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

# INVOICE

00034



**Citipower LLC**  
2309 W Cone Blvd Ste 200  
Greensboro, NC 27408

<b>Invoice Date</b>	February 9, 2017
<b>Invoice Number</b>	2197368
<b>Policy Number</b>	[REDACTED]
<b>Current Balance</b>	<b>Due Date</b>
\$1,298.63	03/06/2017

AGENT: KEMI DIRECT (859)425-7800

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#2	01/08/2017	01/08/2018	\$1,221.78
Special Fund Assessment Installment	#2	01/08/2017	01/08/2018	\$76.85
			<b>Current Charges</b>	<b>\$1,298.63</b>

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$0.00		\$0.00		\$1,298.63		\$1,298.63

250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

# INVOICE



**Citipower LLC**  
 2309 W Cone Blvd Ste 200  
 Greensboro, NC 27408

RECEIVED  
 MAY 15 2017

<b>Invoice Date</b>	May 9, 2017
<b>Invoice Number</b>	2226478
<b>Policy Number</b>	[REDACTED]
<b>Current Balance</b>	\$1,125.19
<b>Due Date</b>	06/03/2017

AGENT: KEMI DIRECT (859)425-7800

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#5	01/08/2017	01/08/2018	\$1,221.77
Special Fund Assessment Installment	#5	01/08/2017	01/08/2018	\$76.85
			Current Charges	\$1,298.62

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
-\$173.43		\$0.00		\$1,298.62		\$1,125.19

250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

# INVOICE

00132



**Citipower LLC**  
 2309 W Cone Blvd Ste 200  
 Greensboro, NC 27408

RECEIVED

DEC 08 2017

<b>Invoice Date</b>	
December 4, 2017	
<b>Invoice Number</b>	
2290428	
<b>Policy Number</b>	
[REDACTED]	
<b>Current Balance</b>	<b>Due Date</b>
\$2,593.36	01/03/2018

AGENT: KEMI DIRECT (859)425-7800

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	01/08/2018	01/08/2019	\$2,439.89
Special Fund Assessment Installment	#1	01/08/2018	01/08/2019	\$153.47
			<b>Current Charges</b>	<b>\$2,593.36</b>

<b>Previous Balance</b>	—	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$0.00		\$0.00		\$2,593.36		\$2,593.36



250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

RECEIVED

APR 16 2018

**INVOICE**

00117



**Citipower LLC**  
 2309 W Cone Blvd Ste 200  
 Greensboro, NC 27408

<b>Invoice Date</b>
April 9, 2018
<b>Invoice Number</b>
2329607
<b>Policy Number</b>
[REDACTED]
<b>Current Balance</b>
\$555.19
<b>Due Date</b>
05/04/2018

AGENT: KEMI DIRECT (859)425-7800

**Current Transactions**

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#4	01/08/2018	01/08/2019	\$1,221.78
Special Fund Assessment Installment	#4	01/08/2018	01/08/2019	\$76.85
			Current Charges	\$1,298.63

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
-\$743.44		\$0.00		\$1,298.63		\$555.19



250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

# INVOICE



00034  
**Citipower LLC**  
 2309 W Cone Blvd Ste 200  
 Greensboro, NC 27408

**RECEIVED**  
 MAY 15 2018

<b>Invoice Date</b>	
May 9, 2018	
<b>Invoice Number</b>	
2340233	
<b>Policy Number</b>	
[REDACTED]	
<b>Current Balance</b>	<b>Due Date</b>
\$1,298.62	06/03/2018

**AGENT: KEMI DIRECT (859)425-7800**

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#5	01/08/2018	01/08/2019	\$1,221.77
Special Fund Assessment Installment	#5	01/08/2018	01/08/2019	\$76.85
			<b>Current Charges</b>	<b>\$1,298.62</b>

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$555.19		\$555.19		\$1,298.62		\$1,298.62



250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

# INVOICE



00026  
**Citipower LLC**  
 2309 W Cone Blvd Ste 200  
 Greensboro, NC 27408

**RECEIVED**  
 DEC 14 2018

<b>Invoice Date</b>
December 4, 2018
<b>Invoice Number</b>
2402740
<b>Policy Number</b>
[REDACTED]
<b>Current Balance</b>
\$1,946.77
<b>Due Date</b>
01/03/2019

**AGENT: KEMI DIRECT (859)425-7800**

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	01/08/2019	01/08/2020	\$1,829.50
Special Fund Assessment Installment	#1	01/08/2019	01/08/2020	\$117.27
<b>Current Charges</b>				<b>\$1,946.77</b>

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$0.00		\$0.00		\$1,946.77		\$1,946.77



250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

# INVOICE



00034  
**Citipower LLC**  
 2309 W Cone Blvd Ste 200  
 Greensboro, NC 27408

RECEIVED  
 DEC 10 2019

<b>Invoice Date</b>	December 4, 2019
<b>Invoice Number</b>	2511489
<b>Policy Number</b>	██████████
<b>Current Balance</b>	<b>Due Date</b>
\$2,369.04	01/03/2020

AGENT: KEMI DIRECT (859)425-7800

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	01/08/2020	01/08/2021	\$2,465.50
Special Fund Assessment Installment	#1	01/08/2020	01/08/2021	\$158.04
<b>Current Charges</b>				<b>\$2,623.54</b>

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
-\$254.50		\$0.00		\$2,623.54		\$2,369.04

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

20. Provide Citipower's payroll and related tax information for the calendar year 2019, and supporting time records.

**Response:**

Please see attached. Pages 274 through 373 are being filed under seal pursuant to a Motion for Confidential Treatment. Portions of the remaining pages have been redacted as well.

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 12/28/2018

INVOICE NUMBER: 187845

INVOICE AMOUNT: \$49.40

CHECK DATE: 1/2/2019

TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20 Page 3 of 273 Witness: Adam Forsberg	
Check Date :	01/02/2019-1
Period Range :	12/16/2018 TO 12/29/2018
Week Number :	Week #1

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		5,826.53	452.42	4	Semi-Weekly
EE OASDI	0.062000		5,826.53	361.25	4	Semi-Weekly
EE Medicare	0.014500		5,826.53	84.49	4	Semi-Weekly
ER OASDI	0.062000		5,826.53	361.25	4	Semi-Weekly
ER Medicare	0.014500		5,826.53	84.49	4	Semi-Weekly
COBRA Credit	-----		-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,343.90</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,343.90</b>		
ER FUI	0.006000		5,826.53	34.95	4	Quarterly
<b>Total Federal Taxes</b>				<b>1,378.85</b>		
<b>State Withholding</b>						
KY State Withholding			5,826.53	271.40	4	Semi-Monthly
<b>Total State Withholding</b>				<b>271.40</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		5,826.53	29.13	4	Quarterly
<b>Total Employer SUI</b>				<b>29.13</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		5,826.53	12.81	4	Quarterly
<b>Total Employer SUI Other</b>				<b>12.81</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		5,826.53	87.39	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>87.39</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	01/02/2019-1
Period Range :	12/16/2018 TO 12/29/2018
Week Number :	Week #1

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,256.95		
Total Employer Taxes without COBRA				522.63		
<b>Total Tax Liability without COBRA</b>						<b>1,779.58</b>
<b>Total Tax Liability with COBRA</b>						<b>1,779.58</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,569.58		
<b>Total Net Payroll</b>						<b>4,569.58</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>6,398.56</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				4,618.98		
Total Direct Deposits				4,569.58		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>6,398.56</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>6,398.56</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 1/14/2019  
INVOICE NUMBER: 188520  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 1/16/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40



Item 20 Page 6 of 273 Witness: Adam Forsberg	
Check Date :	01/16/2019-1
Period Range :	12/30/2018 TO 01/12/2019
Week Number :	Week #3

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		5,895.53	460.55	4	Semi-Weekly
EE OASDI	0.062000		5,895.53	365.53	4	Semi-Weekly
EE Medicare	0.014500		5,895.53	85.48	4	Semi-Weekly
ER OASDI	0.062000		5,895.53	365.53	4	Semi-Weekly
ER Medicare	0.014500		5,895.53	85.48	4	Semi-Weekly
COBRA Credit	-----		-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,362.57</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,362.57</b>		
ER FUI	0.006000		5,895.53	35.37	4	Quarterly
<b>Total Federal Taxes</b>				<b>1,397.94</b>		
<b>State Withholding</b>						
KY State Withholding			5,895.53	274.85	4	Semi-Monthly
<b>Total State Withholding</b>				<b>274.85</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		5,916.53	29.58	4	Quarterly
<b>Total Employer SUI</b>				<b>29.58</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		5,916.53	13.02	4	Quarterly
<b>Total Employer SUI Other</b>				<b>13.02</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		5,916.53	88.74	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>88.74</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	01/16/2019-1
Period Range :	12/30/2018 TO 01/12/2019
Week Number :	Week #3

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,275.15		
Total Employer Taxes without COBRA				528.98		
<b>Total Tax Liability without COBRA</b>						<b>1,804.13</b>
<b>Total Tax Liability with COBRA</b>						<b>1,804.13</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,620.38		
<b>Total Net Payroll</b>						<b>4,620.38</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>6,473.91</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				4,669.78		
Total Direct Deposits				4,620.38		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>6,473.91</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>6,473.91</b>

**Payroll Solutions Inc**

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

**INVOICE**

INVOICE DATE: 1/28/2019  
INVOICE NUMBER: 189127  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 1/30/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20 Page 9 of 273 Witness: Adam Forsberg	
Check Date :	01/30/2019-1
Period Range :	01/13/2019 TO 01/26/2019
Week Number :	Week #5

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		4,657.11	339.08		4 Semi-Weekly
EE OASDI	0.062000		4,657.11	288.74		4 Semi-Weekly
EE Medicare	0.014500		4,657.11	67.52		4 Semi-Weekly
ER OASDI	0.062000		4,657.11	288.74		4 Semi-Weekly
ER Medicare	0.014500		4,657.11	67.52		4 Semi-Weekly
COBRA Credit	-----		-----			4 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<u>1,051.60</u>		
<b>Total 941 Liabilities with COBRA</b>				<u>1,051.60</u>		
ER FUI	0.006000		4,657.11	27.94		4 Quarterly
<b>Total Federal Taxes</b>				<u>1,079.54</u>		
<b>State Withholding</b>						
KY State Withholding			4,657.11	212.93		4 Semi-Monthly
<b>Total State Withholding</b>				<u>212.93</u>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		4,657.11	23.28		4 Quarterly
<b>Total Employer SUI</b>				<u>23.28</u>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		4,657.11	10.24		4 Quarterly
<b>Total Employer SUI Other</b>				<u>10.24</u>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		4,657.11	69.85		4 Quarterly
<b>Total Employee Local Withholding</b>				<u>69.85</u>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	01/30/2019-1
Period Range :	01/13/2019 TO 01/26/2019
Week Number :	Week #5

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				978.12		
Total Employer Taxes without COBRA				417.72		
<b>Total Tax Liability without COBRA</b>						<b>1,395.84</b>
<b>Total Tax Liability with COBRA</b>						<b>1,395.84</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				3,678.99		
<b>Total Net Payroll</b>						<b>3,678.99</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>5,124.23</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				3,728.39		
Total Direct Deposits				3,678.99		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>5,124.23</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>5,124.23</b>

## Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 2/11/2019  
INVOICE NUMBER: 189795  
INVOICE AMOUNT: \$47.05  
CHECK DATE: 2/13/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (3)	47.05	0.00	47.05
Total	\$47.05	\$0.00	\$47.05

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	02/13/2019-1
Period Range :	01/27/2019 TO 02/09/2019
Week Number :	Week #7

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		4,380.33	348.11		3 Semi-Weekly
EE OASDI	0.062000		4,380.33	271.58		3 Semi-Weekly
EE Medicare	0.014500		4,380.33	63.51		3 Semi-Weekly
ER OASDI	0.062000		4,380.33	271.58		3 Semi-Weekly
ER Medicare	0.014500		4,380.33	63.51		3 Semi-Weekly
COBRA Credit	-----		-----			3 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,018.29</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,018.29</b>		
ER FUI	0.006000		4,380.33	26.27		3 Quarterly
<b>Total Federal Taxes</b>				<b>1,044.56</b>		
<b>State Withholding</b>						
KY State Withholding			4,380.33	204.07		3 Semi-Monthly
<b>Total State Withholding</b>				<b>204.07</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		4,401.33	22.00		3 Quarterly
<b>Total Employer SUI</b>				<b>22.00</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		4,401.33	9.68		3 Quarterly
<b>Total Employer SUI Other</b>				<b>9.68</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		4,401.33	66.02		3 Quarterly
<b>Total Employee Local Withholding</b>				<b>66.02</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	02/13/2019-1
Period Range :	01/27/2019 TO 02/09/2019
Week Number :	Week #7

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				953.29		
Total Employer Taxes without COBRA				393.04		
<b>Total Tax Liability without COBRA</b>						<b>1,346.33</b>
<b>Total Tax Liability with COBRA</b>						<b>1,346.33</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				3,427.04		
<b>Total Net Payroll</b>						<b>3,427.04</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				47.05		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>4,820.42</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				3,474.09		
Total Direct Deposits				3,427.04		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>4,820.42</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>4,820.42</b>



# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 2/25/2019  
INVOICE NUMBER: 190456  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 2/27/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	02/27/2019-1
Period Range :	02/10/2019 TO 02/23/2019
Week Number :	Week #9

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		4,327.85	333.14		4 Semi-Weekly
EE OASDI	0.062000		4,327.85	268.34		4 Semi-Weekly
EE Medicare	0.014500		4,327.85	62.76		4 Semi-Weekly
ER OASDI	0.062000		4,327.85	268.34		4 Semi-Weekly
ER Medicare	0.014500		4,327.85	62.76		4 Semi-Weekly
COBRA Credit	-----		-----			4 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>995.34</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>995.34</b>		
ER FUI	0.006000		2,121.71	12.73		4 Quarterly
<b>Total Federal Taxes</b>				<b>1,008.07</b>		
<b>State Withholding</b>						
KY State Withholding			4,327.85	197.83		4 Semi-Monthly
<b>Total State Withholding</b>				<b>197.83</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		4,327.85	21.64		4 Quarterly
<b>Total Employer SUI</b>				<b>21.64</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		4,327.85	9.52		4 Quarterly
<b>Total Employer SUI Other</b>				<b>9.52</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		4,327.85	64.91		4 Quarterly
<b>Total Employee Local Withholding</b>				<b>64.91</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	02/27/2019-1
Period Range :	02/10/2019 TO 02/23/2019
Week Number :	Week #9

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				926.98		
Total Employer Taxes without COBRA				374.99		
<b>Total Tax Liability without COBRA</b>						<b>1,301.97</b>
<b>Total Tax Liability with COBRA</b>						<b>1,301.97</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				3,400.87		
<b>Total Net Payroll</b>						<b>3,400.87</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>4,752.24</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				3,450.27		
Total Direct Deposits				3,400.87		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>4,752.24</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>4,752.24</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 3/11/2019  
INVOICE NUMBER: 191143  
INVOICE AMOUNT: \$47.05  
CHECK DATE: 3/13/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (3)	47.05	0.00	47.05
Total	\$47.05	\$0.00	\$47.05

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	03/13/2019-1
Period Range :	02/24/2019 TO 03/09/2019
Week Number :	Week #11

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		4,375.61	347.54	3	Semi-Weekly
EE OASDI	0.062000		4,375.61	271.29	3	Semi-Weekly
EE Medicare	0.014500		4,375.61	63.44	3	Semi-Weekly
ER OASDI	0.062000		4,375.61	271.29	3	Semi-Weekly
ER Medicare	0.014500		4,375.61	63.44	3	Semi-Weekly
COBRA Credit	-----		-----		3	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,017.00</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,017.00</b>		
ER FUI	0.006000		1,050.98	6.31	3	Quarterly
<b>Total Federal Taxes</b>				<b>1,023.31</b>		
<b>State Withholding</b>						
KY State Withholding			4,375.61	203.84	3	Semi-Monthly
<b>Total State Withholding</b>				<b>203.84</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		4,227.84	21.14	3	Quarterly
<b>Total Employer SUI</b>				<b>21.14</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		4,227.84	9.31	3	Quarterly
<b>Total Employer SUI Other</b>				<b>9.31</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		4,396.61	65.95	3	Quarterly
<b>Total Employee Local Withholding</b>				<b>65.95</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	03/13/2019-1
Period Range :	02/24/2019 TO 03/09/2019
Week Number :	Week #11

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				952.06		
Total Employer Taxes without COBRA				371.49		
<b>Total Tax Liability without COBRA</b>						<b>1,323.55</b>
<b>Total Tax Liability with COBRA</b>						<b>1,323.55</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				3,423.55		
<b>Total Net Payroll</b>						<b>3,423.55</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				47.05		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>4,794.15</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				3,470.60		
Total Direct Deposits				3,423.55		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>4,794.15</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>4,794.15</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 3/25/2019  
INVOICE NUMBER: 191790  
INVOICE AMOUNT: \$47.05  
CHECK DATE: 3/27/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (3)	47.05	0.00	47.05
Total	\$47.05	\$0.00	\$47.05

Item 20 Page 21 of 273 Witness: Adam Forsberg	
Check Date :	03/27/2019-1
Period Range :	03/10/2019 TO 03/23/2019
Week Number :	Week #13

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		4,347.18	344.13		3 Semi-Weekly
EE OASDI	0.062000		4,347.18	269.53		3 Semi-Weekly
EE Medicare	0.014500		4,347.18	63.04		3 Semi-Weekly
ER OASDI	0.062000		4,347.18	269.53		3 Semi-Weekly
ER Medicare	0.014500		4,347.18	63.04		3 Semi-Weekly
COBRA Credit	-----		-----			3 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<u>1,009.27</u>		
<b>Total 941 Liabilities with COBRA</b>				<u>1,009.27</u>		
ER FUI	0.006000		989.80	5.94		3 Quarterly
<b>Total Federal Taxes</b>				<u>1,015.21</u>		
<b>State Withholding</b>						
KY State Withholding			4,347.18	202.42		3 Semi-Monthly
<b>Total State Withholding</b>				<u>202.42</u>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		2,437.80	12.19		3 Quarterly
<b>Total Employer SUI</b>				<u>12.19</u>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		2,437.80	5.37		3 Quarterly
<b>Total Employer SUI Other</b>				<u>5.37</u>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		4,347.18	65.21		3 Quarterly
<b>Total Employee Local Withholding</b>				<u>65.21</u>		



Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	03/27/2019-1
Period Range :	03/10/2019 TO 03/23/2019
Week Number :	Week #13

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				944.33		
Total Employer Taxes without COBRA				356.07		
<b>Total Tax Liability without COBRA</b>						<b>1,300.40</b>
<b>Total Tax Liability with COBRA</b>						<b>1,300.40</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				3,402.85		
<b>Total Net Payroll</b>						<b>3,402.85</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				47.05		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>4,750.30</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				3,449.90		
Total Direct Deposits				3,402.85		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>4,750.30</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>4,750.30</b>

## Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 4/8/2019  
INVOICE NUMBER: 192492  
INVOICE AMOUNT: \$47.05  
CHECK DATE: 4/10/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (3)	47.05	0.00	47.05
Total	\$47.05	\$0.00	\$47.05

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	04/10/2019-1
Period Range :	03/24/2019 TO 04/06/2019
Week Number :	Week #15

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		4,254.78	333.04	3	Semi-Weekly
EE OASDI	0.062000		4,254.78	263.80	3	Semi-Weekly
EE Medicare	0.014500		4,254.78	61.69	3	Semi-Weekly
ER OASDI	0.062000		4,254.78	263.80	3	Semi-Weekly
ER Medicare	0.014500		4,254.78	61.69	3	Semi-Weekly
COBRA Credit	-----		-----		3	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>					<b>984.02</b>	
<b>Total 941 Liabilities with COBRA</b>					<b>984.02</b>	
ER FUI	0.006000		130.26	0.78	3	Quarterly
<b>Total Federal Taxes</b>					<b>984.80</b>	
<b>State Withholding</b>						
KY State Withholding			4,254.78	197.80	3	Semi-Monthly
<b>Total State Withholding</b>					<b>197.80</b>	
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		1,009.03	5.05	3	Quarterly
<b>Total Employer SUI</b>					<b>5.05</b>	
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		1,009.03	2.22	3	Quarterly
<b>Total Employer SUI Other</b>					<b>2.22</b>	
<b>Employee Local Withholding</b>						
McCreary County	0.015000		4,275.78	64.14	3	Quarterly
<b>Total Employee Local Withholding</b>					<b>64.14</b>	

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	04/10/2019-1
Period Range :	03/24/2019 TO 04/06/2019
Week Number :	Week #15

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				920.47		
Total Employer Taxes without COBRA				333.54		
<b>Total Tax Liability without COBRA</b>						<b>1,254.01</b>
<b>Total Tax Liability with COBRA</b>						<b>1,254.01</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				3,334.31		
<b>Total Net Payroll</b>						<b>3,334.31</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				47.05		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>4,635.37</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				3,381.36		
Total Direct Deposits				3,334.31		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>4,635.37</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>4,635.37</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 4/22/2019  
INVOICE NUMBER: 193181  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 4/24/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	04/24/2019-1
Period Range :	04/07/2019 TO 04/20/2019
Week Number :	Week #17

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		4,611.00	355.48		4 Semi-Weekly
EE OASDI	0.062000		4,611.00	285.88		4 Semi-Weekly
EE Medicare	0.014500		4,611.00	66.86		4 Semi-Weekly
ER OASDI	0.062000		4,611.00	285.88		4 Semi-Weekly
ER Medicare	0.014500		4,611.00	66.86		4 Semi-Weekly
COBRA Credit	-----		-----			4 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<u>1,060.96</u>		
<b>Total 941 Liabilities with COBRA</b>				<u>1,060.96</u>		
ER FUI	0.006000		284.75	1.71		4 Quarterly
<b>Total Federal Taxes</b>				<u>1,062.67</u>		
<b>State Withholding</b>						
KY State Withholding			4,611.00	210.63		4 Semi-Monthly
<b>Total State Withholding</b>				<u>210.63</u>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		1,244.25	6.22		4 Quarterly
<b>Total Employer SUI</b>				<u>6.22</u>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		1,244.25	2.74		4 Quarterly
<b>Total Employer SUI Other</b>				<u>2.74</u>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		4,611.00	69.16		4 Quarterly
<b>Total Employee Local Withholding</b>				<u>69.16</u>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	04/24/2019-1
Period Range :	04/07/2019 TO 04/20/2019
Week Number :	Week #17

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				988.01		
Total Employer Taxes without COBRA				363.41		
<b>Total Tax Liability without COBRA</b>						<b>1,351.42</b>
<b>Total Tax Liability with COBRA</b>						<b>1,351.42</b>
Regular checks				235.58		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				3,387.41		
<b>Total Net Payroll</b>						<b>3,622.99</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>5,023.81</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				3,672.39		
Total Direct Deposits				3,387.41		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>4,788.23</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>4,788.23</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 5/6/2019  
INVOICE NUMBER: 193907  
INVOICE AMOUNT: \$51.75  
CHECK DATE: 5/8/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (5)	51.75	0.00	51.75
Total	\$51.75	\$0.00	\$51.75



Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	05/08/2019-1
Period Range :	04/21/2019 TO 05/04/2019
Week Number :	Week #19

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		5,826.70	433.85		5 Semi-Weekly
EE OASDI	0.062000		5,826.70	361.25		5 Semi-Weekly
EE Medicare	0.014500		5,826.70	84.48		5 Semi-Weekly
ER OASDI	0.062000		5,826.70	361.25		5 Semi-Weekly
ER Medicare	0.014500		5,826.70	84.48		5 Semi-Weekly
COBRA Credit	-----		-----			5 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,325.31</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,325.31</b>		
ER FUI	0.006000		1,457.25	8.75		5 Quarterly
<b>Total Federal Taxes</b>				<b>1,334.06</b>		
<b>State Withholding</b>						
KY State Withholding			5,826.70	266.43		5 Semi-Monthly
<b>Total State Withholding</b>				<b>266.43</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		2,476.20	12.38		5 Quarterly
<b>Total Employer SUI</b>				<b>12.38</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		2,476.20	5.45		5 Quarterly
<b>Total Employer SUI Other</b>				<b>5.45</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		5,861.70	87.92		5 Quarterly
<b>Total Employee Local Withholding</b>				<b>87.92</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	05/08/2019-1
Period Range :	04/21/2019 TO 05/04/2019
Week Number :	Week #19

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,233.93		
Total Employer Taxes without COBRA				472.31		
<b>Total Tax Liability without COBRA</b>						<b>1,706.24</b>
<b>Total Tax Liability with COBRA</b>						<b>1,706.24</b>
Regular checks				164.66		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,428.11		
<b>Total Net Payroll</b>						<b>4,592.77</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				51.75		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>6,350.76</b>
Tax Deposit Checks						Tax deposit to be made by Payroll Solutions Inc
Tax Deposit Checks Void						Tax deposit to be made by Payroll Solutions Inc
Total Check/Direct Deposits				4,644.52		
Total Direct Deposits				4,428.11		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>6,186.10</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>6,186.10</b>

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	05/16/2019-1
Period Range :	05/05/2019 TO 05/18/2019
Week Number :	Week #20

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		0.00			1 Semi-Weekly
EE OASDI	0.062000		0.00			1 Semi-Weekly
EE Medicare	0.014500		0.00			1 Semi-Weekly
ER OASDI	0.062000		0.00			1 Semi-Weekly
ER Medicare	0.014500		0.00			1 Semi-Weekly
COBRA Credit	-----		-----			1 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<u>0.00</u>		
<b>Total 941 Liabilities with COBRA</b>				<u>0.00</u>		
ER FUI	0.006000		0.00			1 Quarterly
<b>Total Federal Taxes</b>				<u>0.00</u>		
Total Employee Taxes				0.00		
Total Employer Taxes without COBRA				0.00		
<b>Total Tax Liability without COBRA</b>				<u>0.00</u>		
<b>Total Tax Liability with COBRA</b>				<u>0.00</u>		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				164.66		
<b>Total Net Payroll</b>				<u>164.66</u>		
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				0.00		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>				<u>164.66</u>		
Tax Deposit Checks		Tax deposit to be made by Payroll Solutions Inc				
Tax Deposit Checks Void		Tax deposit to be made by Payroll Solutions Inc				
Total Check/Direct Deposits				164.66		
Total Direct Deposits				164.66		
<b>Total Amount Debited from your Account before Credit applied</b>				<u>164.66</u>		
<b>Total Amount Debited from your Account after Credit applied</b>				<u>164.66</u>		

**#CIPO-01 Citipower LLC**

Item 20  
Page 33 of 273  
Witness: Adam Forsberg

<b>Input Wksht Cover Letter (S360)</b>	
Check Date :	05/22/2019
Period Range :	05/05/2019 TO 05/18/2019
Frequency :	Bi-Weekly

**ATTN:**

Payroll Solutions Inc  
6425 Old Plank Road  
High Point, NC 27265

Fax: 336-885-5080

Phone: 336-885-5056

Payroll Rep: Brittany

Call In Date: 5/20/2019

**FROM:**

**Company:** Citipower LLC

**Telephone:** 336-379-0800

**Date:**

**Total # of Pages Including Cover Sheet:**

<b># Regular Checks:</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b># Manual Checks:</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b># Employees:</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b># Employee Adds:</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b># Employee Changes:</b>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>

HASH TOTALS FOR COMPANY		
Description	Hours	Amount
E01 Regular		
E02 Overtime		
E04 Vacation		
E05 Holiday		
E06 Sick		
E10 Bonus		
D01 Advance		
D04 Misc Deduction		

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 5/20/2019

INVOICE NUMBER: 194593

INVOICE AMOUNT: \$49.40

CHECK DATE: 5/22/2019

TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20 Page 35 of 273 Witness: Adam Forsberg	
Check Date :	05/22/2019-1
Period Range :	05/05/2019 TO 05/18/2019
Week Number :	Week #21

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		4,327.85	337.73	4	Semi-Weekly
EE OASDI	0.062000		4,327.85	268.33	4	Semi-Weekly
EE Medicare	0.014500		4,327.85	62.76	4	Semi-Weekly
ER OASDI	0.062000		4,327.85	268.33	4	Semi-Weekly
ER Medicare	0.014500		4,327.85	62.76	4	Semi-Weekly
COBRA Credit	-----		-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>999.91</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>999.91</b>		
ER FUI	0.006000		34.00	0.20	4	Quarterly
<b>Total Federal Taxes</b>				<b>1,000.11</b>		
<b>State Withholding</b>						
KY State Withholding			4,327.85	199.75	4	Semi-Monthly
<b>Total State Withholding</b>				<b>199.75</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		817.78	4.09	4	Quarterly
<b>Total Employer SUI</b>				<b>4.09</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		817.78	1.79	4	Quarterly
<b>Total Employer SUI Other</b>				<b>1.79</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		4,327.85	64.92	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>64.92</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	05/22/2019-1
Period Range :	05/05/2019 TO 05/18/2019
Week Number :	Week #21

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				933.49		
Total Employer Taxes without COBRA				337.17		
<b>Total Tax Liability without COBRA</b>						<b>1,270.66</b>
<b>Total Tax Liability with COBRA</b>						<b>1,270.66</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				3,394.36		
<b>Total Net Payroll</b>						<b>3,394.36</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>4,714.42</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				3,443.76		
Total Direct Deposits				3,394.36		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>4,714.42</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>4,714.42</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 6/3/2019

INVOICE NUMBER: 195325

INVOICE AMOUNT: \$51.75

CHECK DATE: 6/5/2019

TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (5)	51.75	0.00	51.75
Total	\$51.75	\$0.00	\$51.75



Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	06/05/2019-1
Period Range :	05/19/2019 TO 06/01/2019
Week Number :	Week #23

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		5,012.35	343.28	5	Semi-Weekly
EE OASDI	0.062000		5,012.35	310.77	5	Semi-Weekly
EE Medicare	0.014500		5,012.35	72.68	5	Semi-Weekly
ER OASDI	0.062000		5,012.35	310.77	5	Semi-Weekly
ER Medicare	0.014500		5,012.35	72.68	5	Semi-Weekly
COBRA Credit	-----		-----		5	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,110.18</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,110.18</b>		
ER FUI	0.006000		1,033.50	6.20	5	Quarterly
<b>Total Federal Taxes</b>				<b>1,116.38</b>		
<b>State Withholding</b>						
KY State Withholding			5,012.35	225.71	5	Semi-Monthly
<b>Total State Withholding</b>				<b>225.71</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		1,047.50	5.24	5	Quarterly
<b>Total Employer SUI</b>				<b>5.24</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		1,047.50	2.30	5	Quarterly
<b>Total Employer SUI Other</b>				<b>2.30</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		5,047.35	75.71	5	Quarterly
<b>Total Employee Local Withholding</b>				<b>75.71</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	06/05/2019-1
Period Range :	05/19/2019 TO 06/01/2019
Week Number :	Week #23

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,028.15		
Total Employer Taxes without COBRA				397.19		
<b>Total Tax Liability without COBRA</b>						<b>1,425.34</b>
<b>Total Tax Liability with COBRA</b>						<b>1,425.34</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				3,984.20		
<b>Total Net Payroll</b>						<b>3,984.20</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				51.75		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>5,461.29</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				4,035.95		
Total Direct Deposits				3,984.20		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>5,461.29</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>5,461.29</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 6/17/2019  
INVOICE NUMBER: 196015  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 6/19/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20 Page 41 of 273 Witness: Adam Forsberg	
Check Date :	06/19/2019-1
Period Range :	06/02/2019 TO 06/15/2019
Week Number :	Week #25

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		5,409.16	403.83		4 Semi-Weekly
EE OASDI	0.062000		5,409.16	335.37		4 Semi-Weekly
EE Medicare	0.014500		5,409.16	78.43		4 Semi-Weekly
ER OASDI	0.062000		5,409.16	335.37		4 Semi-Weekly
ER Medicare	0.014500		5,409.16	78.43		4 Semi-Weekly
COBRA Credit	-----		-----			4 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,231.43</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,231.43</b>		
ER FUI	0.006000		984.00	5.90		4 Quarterly
<b>Total Federal Taxes</b>				<b>1,237.33</b>		
<b>State Withholding</b>						
KY State Withholding			5,409.16	250.54		4 Semi-Monthly
<b>Total State Withholding</b>				<b>250.54</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		1,532.00	7.66		4 Quarterly
<b>Total Employer SUI</b>				<b>7.66</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		1,532.00	3.37		4 Quarterly
<b>Total Employer SUI Other</b>				<b>3.37</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		5,409.16	81.14		4 Quarterly
<b>Total Employee Local Withholding</b>				<b>81.14</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	06/19/2019-1
Period Range :	06/02/2019 TO 06/15/2019
Week Number :	Week #25

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,149.31		
Total Employer Taxes without COBRA				430.73		
<b>Total Tax Liability without COBRA</b>						<b>1,580.04</b>
<b>Total Tax Liability with COBRA</b>						<b>1,580.04</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,259.85		
<b>Total Net Payroll</b>						<b>4,259.85</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>5,889.29</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				4,309.25		
Total Direct Deposits				4,259.85		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>5,889.29</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>5,889.29</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 7/1/2019  
INVOICE NUMBER: 196805  
INVOICE AMOUNT: \$51.75  
CHECK DATE: 7/3/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (5)	51.75	0.00	51.75
Total	\$51.75	\$0.00	\$51.75

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	07/03/2019-1
Period Range :	06/16/2019 TO 06/29/2019
Week Number :	Week #27

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		5,584.28	415.04		5 Semi-Weekly
EE OASDI	0.062000		5,584.28	346.23		5 Semi-Weekly
EE Medicare	0.014500		5,584.28	80.97		5 Semi-Weekly
ER OASDI	0.062000		5,584.28	346.23		5 Semi-Weekly
ER Medicare	0.014500		5,584.28	80.97		5 Semi-Weekly
COBRA Credit	-----		-----			5 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,269.44</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,269.44</b>		
ER FUI	0.006000		68.00	0.41		5 Quarterly
<b>Total Federal Taxes</b>				<b>1,269.85</b>		
<b>State Withholding</b>						
KY State Withholding			5,584.28	255.89		5 Semi-Monthly
<b>Total State Withholding</b>				<b>255.89</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		1,672.00	8.36		5 Quarterly
<b>Total Employer SUI</b>				<b>8.36</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		1,672.00	3.68		5 Quarterly
<b>Total Employer SUI Other</b>				<b>3.68</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		5,619.28	84.29		5 Quarterly
<b>Total Employee Local Withholding</b>				<b>84.29</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	07/03/2019-1
Period Range :	06/16/2019 TO 06/29/2019
Week Number :	Week #27

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,182.42		
Total Employer Taxes without COBRA				439.65		
<b>Total Tax Liability without COBRA</b>						<b>1,622.07</b>
<b>Total Tax Liability with COBRA</b>						<b>1,622.07</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,401.86		
<b>Total Net Payroll</b>						<b>4,401.86</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				51.75		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>6,075.68</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				4,453.61		
Total Direct Deposits				4,401.86		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>6,075.68</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>6,075.68</b>



# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 7/15/2019  
INVOICE NUMBER: 197445  
INVOICE AMOUNT: \$51.75  
CHECK DATE: 7/17/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (5)	51.75	0.00	51.75
Total	\$51.75	\$0.00	\$51.75

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	07/17/2019-1
Period Range :	06/30/2019 TO 07/13/2019
Week Number :	Week #29

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		5,916.51	454.91		5 Semi-Weekly
EE OASDI	0.062000		5,916.51	366.82		5 Semi-Weekly
EE Medicare	0.014500		5,916.51	85.79		5 Semi-Weekly
ER OASDI	0.062000		5,916.51	366.82		5 Semi-Weekly
ER Medicare	0.014500		5,916.51	85.79		5 Semi-Weekly
COBRA Credit	-----		-----			5 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<u>1,360.13</u>		
<b>Total 941 Liabilities with COBRA</b>				<u>1,360.13</u>		
ER FUI	0.006000		68.00	0.41		5 Quarterly
<b>Total Federal Taxes</b>				<u>1,360.54</u>		
<b>State Withholding</b>						
KY State Withholding			5,916.51	272.51		5 Semi-Monthly
<b>Total State Withholding</b>				<u>272.51</u>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		1,388.00	6.94		5 Quarterly
<b>Total Employer SUI</b>				<u>6.94</u>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		1,388.00	3.05		5 Quarterly
<b>Total Employer SUI Other</b>				<u>3.05</u>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		5,916.51	88.75		5 Quarterly
<b>Total Employee Local Withholding</b>				<u>88.75</u>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	07/17/2019-1
Period Range :	06/30/2019 TO 07/13/2019
Week Number :	Week #29

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,268.78		
Total Employer Taxes without COBRA				463.01		
<b>Total Tax Liability without COBRA</b>						<b>1,731.79</b>
<b>Total Tax Liability with COBRA</b>						<b>1,731.79</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,647.73		
<b>Total Net Payroll</b>						<b>4,647.73</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				51.75		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>6,431.27</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				4,699.48		
Total Direct Deposits				4,647.73		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>6,431.27</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>6,431.27</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 7/29/2019  
INVOICE NUMBER: 198183  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 7/31/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20 Page 50 of 273 Witness: Adam Forsberg	
Check Date :	07/31/2019-1
Period Range :	07/14/2019 TO 07/27/2019
Week Number :	Week #31

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	5,465.48	409.47	4	Semi-Weekly
EE OASDI	0.062000	[REDACTED]	5,465.48	338.86	4	Semi-Weekly
EE Medicare	0.014500	[REDACTED]	5,465.48	79.24	4	Semi-Weekly
ER OASDI	0.062000	[REDACTED]	5,465.48	338.86	4	Semi-Weekly
ER Medicare	0.014500	[REDACTED]	5,465.48	79.24	4	Semi-Weekly
COBRA Credit	-----	[REDACTED]	-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,245.67</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,245.67</b>		
ER FUI	0.006000	[REDACTED]	0.00		4	Quarterly
<b>Total Federal Taxes</b>				<b>1,245.67</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	5,465.48	253.35	4	Semi-Monthly
<b>Total State Withholding</b>				<b>253.35</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000	[REDACTED]	5,465.48	81.98	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>81.98</b>		
Total Employee Taxes				1,162.90		
Total Employer Taxes without COBRA				418.10		
<b>Total Tax Liability without COBRA</b>				<b>1,581.00</b>		
<b>Total Tax Liability with COBRA</b>				<b>1,581.00</b>		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,302.58		
<b>Total Net Payroll</b>				<b>4,302.58</b>		
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>				<b>5,932.98</b>		
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				4,351.98		
Total Direct Deposits				4,302.58		
<b>Total Amount Debited from your Account before Credit applied</b>				<b>5,932.98</b>		
<b>Total Amount Debited from your Account after Credit applied</b>				<b>5,932.98</b>		

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 8/12/2019  
INVOICE NUMBER: 198854  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 8/14/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20 Page 52 of 273 Witness: Adam Forsberg	
Check Date :	08/14/2019-1
Period Range :	07/28/2019 TO 08/10/2019
Week Number :	Week #33

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	5,714.88	438.87	4	Semi-Weekly
EE OASDI	0.062000	[REDACTED]	5,714.88	354.33	4	Semi-Weekly
EE Medicare	0.014500	[REDACTED]	5,714.88	82.86	4	Semi-Weekly
ER OASDI	0.062000	[REDACTED]	5,714.88	354.33	4	Semi-Weekly
ER Medicare	0.014500	[REDACTED]	5,714.88	82.86	4	Semi-Weekly
COBRA Credit	-----	[REDACTED]	-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,313.25</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,313.25</b>		
ER FUI	0.006000	[REDACTED]	0.00		4	Quarterly
<b>Total Federal Taxes</b>				<b>1,313.25</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	5,714.88	265.82	4	Semi-Monthly
<b>Total State Withholding</b>				<b>265.82</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000	[REDACTED]	5,749.88	86.25	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>86.25</b>		
Total Employee Taxes				1,228.13		
Total Employer Taxes without COBRA				437.19		
<b>Total Tax Liability without COBRA</b>				<b>1,665.32</b>		
<b>Total Tax Liability with COBRA</b>				<b>1,665.32</b>		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,486.75		
<b>Total Net Payroll</b>				<b>4,486.75</b>		
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>				<b>6,201.47</b>		
Tax Deposit Checks						Tax deposit to be made by Payroll Solutions Inc
Tax Deposit Checks Void						Tax deposit to be made by Payroll Solutions Inc
Total Check/Direct Deposits				4,536.15		
Total Direct Deposits				4,486.75		
<b>Total Amount Debited from your Account before Credit applied</b>				<b>6,201.47</b>		
<b>Total Amount Debited from your Account after Credit applied</b>				<b>6,201.47</b>		

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 8/26/2019  
INVOICE NUMBER: 199559  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 8/28/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40



Item 20 Page 54 of 273 Witness: Adam Forsberg	
Check Date :	08/28/2019-1
Period Range :	08/11/2019 TO 08/24/2019
Week Number :	Week #35

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	6,018.68	475.33	4	Semi-Weekly
EE OASDI	0.062000	[REDACTED]	6,018.68	373.16	4	Semi-Weekly
EE Medicare	0.014500	[REDACTED]	6,018.68	87.27	4	Semi-Weekly
ER OASDI	0.062000	[REDACTED]	6,018.68	373.16	4	Semi-Weekly
ER Medicare	0.014500	[REDACTED]	6,018.68	87.27	4	Semi-Weekly
COBRA Credit	-----	[REDACTED]	-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,396.19</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,396.19</b>		
ER FUI	0.006000	[REDACTED]	0.00		4	Quarterly
<b>Total Federal Taxes</b>				<b>1,396.19</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	6,018.68	281.02	4	Semi-Monthly
<b>Total State Withholding</b>				<b>281.02</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000	[REDACTED]	6,018.68	90.28	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>90.28</b>		
Total Employee Taxes				1,307.06		
Total Employer Taxes without COBRA				460.43		
<b>Total Tax Liability without COBRA</b>				<b>1,767.49</b>		
<b>Total Tax Liability with COBRA</b>				<b>1,767.49</b>		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,711.62		
<b>Total Net Payroll</b>				<b>4,711.62</b>		
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>				<b>6,528.51</b>		
Tax Deposit Checks						Tax deposit to be made by Payroll Solutions Inc
Tax Deposit Checks Void						Tax deposit to be made by Payroll Solutions Inc
Total Check/Direct Deposits				4,761.02		
Total Direct Deposits				4,711.62		
<b>Total Amount Debited from your Account before Credit applied</b>				<b>6,528.51</b>		
<b>Total Amount Debited from your Account after Credit applied</b>				<b>6,528.51</b>		

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 9/9/2019  
INVOICE NUMBER: 200304  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 9/11/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20 Page 56 of 273 Witness: Adam Forsberg	
Check Date :	09/11/2019-1
Period Range :	08/25/2019 TO 09/07/2019
Week Number :	Week #37

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	5,682.48	434.98	4	Semi-Weekly
EE OASDI	0.062000	[REDACTED]	5,682.48	352.32	4	Semi-Weekly
EE Medicare	0.014500	[REDACTED]	5,682.48	82.39	4	Semi-Weekly
ER OASDI	0.062000	[REDACTED]	5,682.48	352.32	4	Semi-Weekly
ER Medicare	0.014500	[REDACTED]	5,682.48	82.39	4	Semi-Weekly
COBRA Credit	-----	[REDACTED]	-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,304.40</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,304.40</b>		
ER FUI	0.006000	[REDACTED]	0.00		4	Quarterly
<b>Total Federal Taxes</b>				<b>1,304.40</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	5,682.48	264.20	4	Semi-Monthly
<b>Total State Withholding</b>				<b>264.20</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000	[REDACTED]	5,717.48	85.76	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>85.76</b>		
Total Employee Taxes				1,219.65		
Total Employer Taxes without COBRA				434.71		
<b>Total Tax Liability without COBRA</b>				<b>1,654.36</b>		
<b>Total Tax Liability with COBRA</b>				<b>1,654.36</b>		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,462.83		
<b>Total Net Payroll</b>				<b>4,462.83</b>		
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>				<b>6,166.59</b>		
Tax Deposit Checks						Tax deposit to be made by Payroll Solutions Inc
Tax Deposit Checks Void						Tax deposit to be made by Payroll Solutions Inc
Total Check/Direct Deposits				4,512.23		
Total Direct Deposits				4,462.83		
<b>Total Amount Debited from your Account before Credit applied</b>				<b>6,166.59</b>		
<b>Total Amount Debited from your Account after Credit applied</b>				<b>6,166.59</b>		

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 9/23/2019

INVOICE NUMBER: 201004

INVOICE AMOUNT: \$49.40

CHECK DATE: 9/25/2019

TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	09/25/2019-1
Period Range :	09/08/2019 TO 09/21/2019
Week Number :	Week #39

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	5,958.98	468.17	4	Semi-Weekly
EE OASDI	0.062000	[REDACTED]	5,958.98	369.45	4	Semi-Weekly
EE Medicare	0.014500	[REDACTED]	5,958.98	86.40	4	Semi-Weekly
ER OASDI	0.062000	[REDACTED]	5,958.98	369.45	4	Semi-Weekly
ER Medicare	0.014500	[REDACTED]	5,958.98	86.40	4	Semi-Weekly
COBRA Credit	-----	[REDACTED]	-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,379.87</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,379.87</b>		
ER FUI	0.006000	[REDACTED]	0.00		4	Quarterly
<b>Total Federal Taxes</b>				<b>1,379.87</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	5,958.98	278.03	4	Semi-Monthly
<b>Total State Withholding</b>				<b>278.03</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000	[REDACTED]	5,958.98	89.39	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>89.39</b>		
Total Employee Taxes				1,291.44		
Total Employer Taxes without COBRA				455.85		
<b>Total Tax Liability without COBRA</b>				<b>1,747.29</b>		
<b>Total Tax Liability with COBRA</b>				<b>1,747.29</b>		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,667.54		
<b>Total Net Payroll</b>				<b>4,667.54</b>		
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>				<b>6,464.23</b>		
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				4,716.94		
Total Direct Deposits				4,667.54		
<b>Total Amount Debited from your Account before Credit applied</b>				<b>6,464.23</b>		
<b>Total Amount Debited from your Account after Credit applied</b>				<b>6,464.23</b>		

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 10/7/2019

INVOICE NUMBER: 201750

INVOICE AMOUNT: \$49.40

CHECK DATE: 10/9/2019

TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20 Page 60 of 273 Witness: Adam Forsberg	
Check Date :	10/09/2019-1
Period Range :	09/22/2019 TO 10/05/2019
Week Number :	Week #41

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	5,899.23	460.99	4	Semi-Weekly
EE OASDI	0.062000	[REDACTED]	5,899.23	365.75	4	Semi-Weekly
EE Medicare	0.014500	[REDACTED]	5,899.23	85.54	4	Semi-Weekly
ER OASDI	0.062000	[REDACTED]	5,899.23	365.75	4	Semi-Weekly
ER Medicare	0.014500	[REDACTED]	5,899.23	85.54	4	Semi-Weekly
COBRA Credit	-----	[REDACTED]	-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,363.57</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,363.57</b>		
ER FUI	0.006000	[REDACTED]	0.00		4	Quarterly
<b>Total Federal Taxes</b>				<b>1,363.57</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	5,899.23	275.04	4	Semi-Monthly
<b>Total State Withholding</b>				<b>275.04</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000	[REDACTED]	5,934.23	89.02	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>89.02</b>		
Total Employee Taxes				1,276.34		
Total Employer Taxes without COBRA				451.29		
<b>Total Tax Liability without COBRA</b>				<b>1,727.63</b>		
<b>Total Tax Liability with COBRA</b>				<b>1,727.63</b>		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,622.89		
<b>Total Net Payroll</b>				<b>4,622.89</b>		
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>				<b>6,399.92</b>		
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				4,672.29		
Total Direct Deposits				4,622.89		
<b>Total Amount Debited from your Account before Credit applied</b>				<b>6,399.92</b>		
<b>Total Amount Debited from your Account after Credit applied</b>				<b>6,399.92</b>		

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 10/21/2019  
INVOICE NUMBER: 202433  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 10/23/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40



Item 20 Page 62 of 273 Witness: Adam Forsberg	
Check Date :	10/23/2019-1
Period Range :	10/06/2019 TO 10/19/2019
Week Number :	Week #43

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	6,908.50	582.11	4	Semi-Weekly
EE OASDI	0.062000	[REDACTED]	6,908.50	428.33	4	Semi-Weekly
EE Medicare	0.014500	[REDACTED]	6,908.50	100.17	4	Semi-Weekly
ER OASDI	0.062000	[REDACTED]	6,908.50	428.33	4	Semi-Weekly
ER Medicare	0.014500	[REDACTED]	6,908.50	100.17	4	Semi-Weekly
COBRA Credit	-----	[REDACTED]	-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,639.11</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,639.11</b>		
ER FUI	0.006000	[REDACTED]	0.00		4	Quarterly
<b>Total Federal Taxes</b>				<b>1,639.11</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	6,908.50	325.50	4	Semi-Monthly
<b>Total State Withholding</b>				<b>325.50</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000	[REDACTED]	6,908.50	103.63	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>103.63</b>		
Total Employee Taxes				1,539.74		
Total Employer Taxes without COBRA				528.50		
<b>Total Tax Liability without COBRA</b>				<b>2,068.24</b>		
<b>Total Tax Liability with COBRA</b>				<b>2,068.24</b>		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				5,368.76		
<b>Total Net Payroll</b>				<b>5,368.76</b>		
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>				<b>7,486.40</b>		
Tax Deposit Checks						Tax deposit to be made by Payroll Solutions Inc
Tax Deposit Checks Void						Tax deposit to be made by Payroll Solutions Inc
Total Check/Direct Deposits				5,418.16		
Total Direct Deposits				5,368.76		
<b>Total Amount Debited from your Account before Credit applied</b>				<b>7,486.40</b>		
<b>Total Amount Debited from your Account after Credit applied</b>				<b>7,486.40</b>		

**#CIPO-01 Citipower LLC**

Item 20  
Page 63 of 273  
Witness: Adam Forsberg

<b>Input Wksht Cover Letter (S360)</b>	
Check Date :	11/06/2019
Period Range :	10/20/2019 TO 11/02/2019
Frequency :	Bi-Weekly

**ATTN:**

Payroll Solutions Inc  
6425 Old Plank Road  
High Point, NC 27265

Fax: 336-885-5080

Phone: 336-885-5056

Payroll Rep: Brittany

Call In Date: 11/4/2019

**FROM:**

**Company:** Citipower LLC

**Telephone:** 336-379-0800

**Date:**

**Total # of Pages Including Cover Sheet:**

<b># Regular Checks:</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b># Manual Checks:</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b># Employees:</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b># Employee Adds:</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b># Employee Changes:</b>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>

HASH TOTALS FOR COMPANY		
Description	Hours	Amount
E01 Regular		
E02 Overtime		
E04 Vacation		
E05 Holiday		
E06 Sick		
E10 Bonus		
D01 Advance		
D04 Misc Deduction		

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 11/4/2019  
INVOICE NUMBER: 203373  
INVOICE AMOUNT: \$49.40  
CHECK DATE: 11/6/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (4)	49.40	0.00	49.40
Total	\$49.40	\$0.00	\$49.40

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	11/06/2019-1
Period Range :	10/20/2019 TO 11/02/2019
Week Number :	Week #45

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	6,094.38	489.20	4	Semi-Weekly
EE OASDI	0.062000	[REDACTED]	6,094.38	377.85	4	Semi-Weekly
EE Medicare	0.014500	[REDACTED]	6,094.38	88.37	4	Semi-Weekly
ER OASDI	0.062000	[REDACTED]	6,094.38	377.85	4	Semi-Weekly
ER Medicare	0.014500	[REDACTED]	6,094.38	88.37	4	Semi-Weekly
COBRA Credit	-----	[REDACTED]	-----		4	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,421.64</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,421.64</b>		
ER FUI	0.006000	[REDACTED]	0.00		4	Quarterly
<b>Total Federal Taxes</b>				<b>1,421.64</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	6,094.38	284.80	4	Semi-Monthly
<b>Total State Withholding</b>				<b>284.80</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000	[REDACTED]	6,129.38	91.94	4	Quarterly
<b>Total Employee Local Withholding</b>				<b>91.94</b>		
Total Employee Taxes				1,332.16		
Total Employer Taxes without COBRA				466.22		
<b>Total Tax Liability without COBRA</b>				<b>1,798.38</b>		
<b>Total Tax Liability with COBRA</b>				<b>1,798.38</b>		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				4,762.22		
<b>Total Net Payroll</b>				<b>4,762.22</b>		
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				49.40		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>				<b>6,610.00</b>		
Tax Deposit Checks						Tax deposit to be made by Payroll Solutions Inc
Tax Deposit Checks Void						Tax deposit to be made by Payroll Solutions Inc
Total Check/Direct Deposits				4,811.62		
Total Direct Deposits				4,762.22		
<b>Total Amount Debited from your Account before Credit applied</b>				<b>6,610.00</b>		
<b>Total Amount Debited from your Account after Credit applied</b>				<b>6,610.00</b>		

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 11/18/2019  
INVOICE NUMBER: 204043  
INVOICE AMOUNT: \$51.75  
CHECK DATE: 11/20/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (5)	51.75	0.00	51.75
Total	\$51.75	\$0.00	\$51.75

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	11/20/2019-1
Period Range :	11/03/2019 TO 11/16/2019
Week Number :	Week #47

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		6,453.61	468.88	5	Semi-Weekly
EE OASDI	0.062000		6,453.61	400.13	5	Semi-Weekly
EE Medicare	0.014500		6,453.61	93.57	5	Semi-Weekly
ER OASDI	0.062000		6,453.61	400.13	5	Semi-Weekly
ER Medicare	0.014500		6,453.61	93.57	5	Semi-Weekly
COBRA Credit	-----		-----		5	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,456.28</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,456.28</b>		
ER FUI	0.006000		663.00	3.98	5	Quarterly
<b>Total Federal Taxes</b>				<b>1,460.26</b>		
<b>State Withholding</b>						
KY State Withholding			6,453.61	297.78	5	Semi-Monthly
<b>Total State Withholding</b>				<b>297.78</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		663.00	3.32	5	Quarterly
<b>Total Employer SUI</b>				<b>3.32</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		663.00	1.46	5	Quarterly
<b>Total Employer SUI Other</b>				<b>1.46</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		6,453.61	96.81	5	Quarterly
<b>Total Employee Local Withholding</b>				<b>96.81</b>		

<b>Tax Report For Payroll (\$247)</b>	
Check Date :	11/20/2019-1
Period Range :	11/03/2019 TO 11/16/2019
Week Number :	Week #47

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,357.17		
Total Employer Taxes without COBRA				502.46		
<b>Total Tax Liability without COBRA</b>						<b>1,859.63</b>
<b>Total Tax Liability with COBRA</b>						<b>1,859.63</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				5,096.44		
<b>Total Net Payroll</b>						<b>5,096.44</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				51.75		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>7,007.82</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				5,148.19		
Total Direct Deposits				5,096.44		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>7,007.82</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>7,007.82</b>

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	12/04/2019-1
Period Range :	11/17/2019 TO 11/30/2019
Week Number :	Week #49

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		7,598.04	491.47	5	Semi-Weekly
EE OASDI	0.062000		7,598.04	471.09	5	Semi-Weekly
EE Medicare	0.014500		7,598.04	110.17	5	Semi-Weekly
ER OASDI	0.062000		7,598.04	471.09	5	Semi-Weekly
ER Medicare	0.014500		7,598.04	110.17	5	Semi-Weekly
COBRA Credit	-----		-----		5	Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,653.99</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,653.99</b>		
ER FUI	0.006000		660.78	3.97	5	Quarterly
<b>Total Federal Taxes</b>				<b>1,657.96</b>		
<b>State Withholding</b>						
KY State Withholding			7,598.04	306.69	5	Semi-Monthly
<b>Total State Withholding</b>				<b>306.69</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		660.78	3.30	5	Quarterly
<b>Total Employer SUI</b>				<b>3.30</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		660.78	1.46	5	Quarterly
<b>Total Employer SUI Other</b>				<b>1.46</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		7,633.04	101.50	5	Quarterly
<b>Total Employee Local Withholding</b>				<b>101.50</b>		



Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	12/04/2019-1
Period Range :	11/17/2019 TO 11/30/2019
Week Number :	Week #49

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,480.92		
Total Employer Taxes without COBRA				589.99		
<b>Total Tax Liability without COBRA</b>						<b>2,070.91</b>
<b>Total Tax Liability with COBRA</b>						<b>2,070.91</b>
Regular checks				800.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				5,317.12		
<b>Total Net Payroll</b>						<b>6,117.12</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				62.50		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>8,250.53</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				6,179.62		
Total Direct Deposits				5,317.12		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>7,450.53</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>7,450.53</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 12/16/2019  
INVOICE NUMBER: 205572  
INVOICE AMOUNT: \$51.75  
CHECK DATE: 12/18/2019  
TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (5)	51.75	0.00	51.75
Total	\$51.75	\$0.00	\$51.75

Item 20 Page 72 of 273 Witness: Adam Forsberg	
Check Date :	12/18/2019-1
Period Range :	12/01/2019 TO 12/14/2019
Week Number :	Week #51

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		6,478.03	489.65		5 Semi-Weekly
EE OASDI	0.062000		6,478.03	401.64		5 Semi-Weekly
EE Medicare	0.014500		6,478.03	93.94		5 Semi-Weekly
ER OASDI	0.062000		6,478.03	401.64		5 Semi-Weekly
ER Medicare	0.014500		6,478.03	93.94		5 Semi-Weekly
COBRA Credit	-----		-----			5 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,480.81</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,480.81</b>		
ER FUI	0.006000		340.00	2.04		5 Quarterly
<b>Total Federal Taxes</b>				<b>1,482.85</b>		
<b>State Withholding</b>						
KY State Withholding			6,478.03	299.00		5 Semi-Monthly
<b>Total State Withholding</b>				<b>299.00</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		340.00	1.70		5 Quarterly
<b>Total Employer SUI</b>				<b>1.70</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		340.00	0.75		5 Quarterly
<b>Total Employer SUI Other</b>				<b>0.75</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		6,478.03	97.17		5 Quarterly
<b>Total Employee Local Withholding</b>				<b>97.17</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	12/18/2019-1
Period Range :	12/01/2019 TO 12/14/2019
Week Number :	Week #51

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,381.40		
Total Employer Taxes without COBRA				500.07		
<b>Total Tax Liability without COBRA</b>						<b>1,881.47</b>
<b>Total Tax Liability with COBRA</b>						<b>1,881.47</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				5,096.63		
<b>Total Net Payroll</b>						<b>5,096.63</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				51.75		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>7,029.85</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				5,148.38		
Total Direct Deposits				5,096.63		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>7,029.85</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>7,029.85</b>

# Payroll Solutions Inc

6425 Old Plank Road  
Suite 111  
High Point, NC 27265

# INVOICE

INVOICE DATE: 12/27/2019

INVOICE NUMBER: 206290

INVOICE AMOUNT: \$51.75

CHECK DATE: 12/31/2019

TERMS: Paid

For: Citipower LLC  
CIPO-01

BILL TO:
Citipower LLC 2122 Enterprise Road Greensboro, NC 27408

Service	Cost	Taxes	Total
Bi-Weekly (5)	51.75	0.00	51.75
Total	\$51.75	\$0.00	\$51.75

Item 20	
<b>Tax Report For Payroll (S247)</b>	
Check Date :	12/31/2019-2
Period Range :	12/15/2019 TO 12/28/2019
Week Number :	Week #53

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		6,769.00	509.11		5 Semi-Weekly
EE OASDI	0.062000		6,769.00	419.69		5 Semi-Weekly
EE Medicare	0.014500		6,769.00	98.15		5 Semi-Weekly
ER OASDI	0.062000		6,769.00	419.69		5 Semi-Weekly
ER Medicare	0.014500		6,769.00	98.15		5 Semi-Weekly
COBRA Credit	-----		-----			5 Semi-Weekly
<b>Total 941 Liabilities without COBRA</b>				<b>1,544.79</b>		
<b>Total 941 Liabilities with COBRA</b>				<b>1,544.79</b>		
ER FUI	0.006000		544.00	3.26		5 Quarterly
<b>Total Federal Taxes</b>				<b>1,548.05</b>		
<b>State Withholding</b>						
KY State Withholding			6,769.00	313.54		5 Semi-Monthly
<b>Total State Withholding</b>				<b>313.54</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		544.00	2.72		5 Quarterly
<b>Total Employer SUI</b>				<b>2.72</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		544.00	1.20		5 Quarterly
<b>Total Employer SUI Other</b>				<b>1.20</b>		
<b>Employee Local Withholding</b>						
McCreary County	0.015000		6,769.00	101.53		5 Quarterly
<b>Total Employee Local Withholding</b>				<b>101.53</b>		

Item 20	
<b>Tax Report For Payroll (\$247)</b>	
Check Date :	12/31/2019-2
Period Range :	12/15/2019 TO 12/28/2019
Week Number :	Week #53

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Total Employee Taxes				1,442.02		
Total Employer Taxes without COBRA				525.02		
<b>Total Tax Liability without COBRA</b>						<b>1,967.04</b>
<b>Total Tax Liability with COBRA</b>						<b>1,967.04</b>
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				5,326.98		
<b>Total Net Payroll</b>						<b>5,326.98</b>
Agency Checks				0.00		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				51.75		
Total Workers Comp				0.00		
<b>Total Payroll Liability</b>						<b>7,345.77</b>
Tax Deposit Checks			Tax deposit to be made by Payroll Solutions Inc			
Tax Deposit Checks Void			Tax deposit to be made by Payroll Solutions Inc			
Total Check/Direct Deposits				5,378.73		
Total Direct Deposits				5,326.98		
<b>Total Amount Debited from your Account before Credit applied</b>						<b>7,345.77</b>
<b>Total Amount Debited from your Account after Credit applied</b>						<b>7,345.77</b>

**Quarterly Return Check List**

CIPO-01      Citipower LLC  
Federal EIN: [REDACTED]

Deposit Frequency Semi-Weekly

**Quarter 1/2019**

Enclosed are copies of your quarterly and annual returns. They have been filed on your behalf by Payroll Solutions Inc  
Please review the enclosed forms to verify accuracy. Please notify your rep of any discrepancies or questions.

**\*\*FEDERAL FORMS AND DEPOSITS\*\***

Cincinnati Service Center  
Internal Revenue Service  
Cincinnati, OH 45999-0046

Notes

941

Due Date: 4/30/2019

941 MeF XML

Due Date: 4/30/2019

**\*\*STATE, SUI, LOCAL FORMS AND DEPOSITS\*\***

**KY**

Div of Unemployment Insurance  
P.O Box 2003  
Frankfort, KY 40602-2003

Notes

---

KY SUI Magmedia

Due Date: 4/30/2019

EIN # KY

KY UI-3 Unemployment Return

Due Date: 4/30/2019

EIN # KY

**KY**

Kentucky State Treasurer  
Department Of Revenue  
Frankfort, KY 40620-0004

Notes

---

KY K1-E Quarterly EFT Recon

Due Date: 4/30/2019

EIN # [REDACTED]

**KY**

McCreary Tax Administrator  
P.O. Box 327  
Whitley City, KY 42653

Notes

---

Generic Local Wage Listing Report

Due Date: 4/30/2019

EIN # [REDACTED]



**Taxable Wage Reconciliation**

Period Range : 01/01/2019 TO 03/31/2019

Description	Earnings	PreTax Deductions	Exempt EDs	Excess Wages	Sub Total	Taxable Wages	Difference
<b>#CIPO-01</b>	<b>Citipower LLC</b>						
Federal	33,873.14	-63.00	0.00	0.00	33,810.14	33,810.14	0.00
EE OASDI	33,873.14	-63.00	0.00	0.00	33,810.14	33,810.14	0.00
ER OASDI	33,873.14	-63.00	0.00	0.00	33,810.14	33,810.14	0.00
EE Medicare	33,873.14	-63.00	0.00	0.00	33,810.14	33,810.14	0.00
ER Medicare	33,873.14	-63.00	0.00	0.00	33,810.14	33,810.14	0.00
ER FUI	33,873.14	-63.00	0.00	-8,888.15	24,921.99	24,921.99	0.00
McCreary County (EE)	33,873.14	-63.00	0.00	0.00	33,810.14	33,873.14	-63.00
State KY	33,873.14	-63.00	0.00	0.00	33,810.14	33,810.14	0.00
ER SUI KY-Interest Surcharge	33,873.14	-63.00	63.00	-2,078.15	31,794.99	31,794.99	0.00
ER SUI KY-SUI	33,873.14	-63.00	63.00	-2,078.15	31,794.99	31,794.99	0.00

970117

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**

(Rev. January 2019) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 611305266

Name (not your trade name) CITIPOWER LLC

Trade name (if any) \_\_\_\_\_

Address 2122 ENTERPRISE ROAD

GREENSBORO NC 27408

**Report for this Quarter of 2019**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4) . . . . .	1	<input type="text" value="3"/>
2	Wages, tips, and other compensation . . . . .	2	<input type="text" value="33810.14"/>
3	Federal income tax withheld from wages, tips, and other compensation . . . . .	3	<input type="text" value="2624.97"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .		<input type="checkbox"/> Check and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages . . . . .	<input type="text" value="33810.14"/> x 0.124 =	<input type="text" value="4192.46"/>
5b	Taxable social security tips . . . . .	<input type="text" value="0.00"/> x 0.124 =	<input type="text" value="0.00"/>
5c	Taxable Medicare wages & tips . . . . .	<input type="text" value="33810.14"/> x 0.029 =	<input type="text" value="980.49"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding . . . . .	<input type="text" value="0.00"/> x 0.009 =	<input type="text" value="0.00"/>

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d . . . . .	5e	<input type="text" value="5172.95"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . .	5f	<input type="text" value="0.00"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	6	<input type="text" value="7797.92"/>
7	Current quarter's adjustment for fractions of cents . . . . .	7	<input type="text" value="0.05"/>
8	Current quarter's adjustment for sick pay . . . . .	8	<input type="text" value="0.00"/>
9	Current quarter's adjustments for tips and group-term life insurance . . . . .	9	<input type="text" value="0.00"/>
10	Total taxes after adjustments. Combine lines 6 through 9 . . . . .	10	<input type="text" value="7797.97"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . . .	11	<input type="text" value="0.00"/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . . .	12	<input type="text" value="7797.97"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13	<input type="text" value="7797.97"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . . .	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference <input type="text" value="0.00"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

▶ You MUST complete both pages of Form 941 and SIGN it.

Next →

Client Copy

Name (not your trade name) CITIPOWER LLC  
Employer identification number (EIN) [REDACTED]

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: [ ] Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[ ] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 [ ]  
Month 2 [ ]  
Month 3 [ ]  
Total liability for quarter [ ]

Total must equal line 12.

[X] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages ..... [ ] Check here, and

enter the final date you paid wages [ ]

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year..... [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

[X] Yes. Designee's name and phone number Scott Jenkins 336-885-5056

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 27262

[ ] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

[Signature: Scott Jenkins]

Print your name here

Scott Jenkins

Print your title here

Payroll Solutions Inc

Date 04/04/2019

Best daytime phone 336-885-5056

CAA B199412 NTF 2583146 9 9412

Paid Preparer Use Only

Check if you are self-employed..... [ ]

Preparer's name Scott Jenkins

PTIN [REDACTED]

Preparer's signature [Signature]

Date 04/04/2019

Firm's name (or yours if self-employed) Payroll Solutions Inc

EIN [REDACTED]

Address 6425 Old Plank Road

Phone 336-885-5056

City High Point State NC

ZIP code 27265

# Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

Calendar year 2019

Department of the Treasury -- Internal Revenue Service

Report for this Quarter

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Employer identification number XXXXXXXXXX

Name (not your trade name) CITIPOWER LLC

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

### Month 1

1		9		17		25	
2	1343.90	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	1051.60
7		15		23		31	
8		16	1362.57	24			

**Tax liability for Month 1**  
**3758.07**

### Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	995.34
4		12		20		28	
5		13	1018.29	21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

**Tax liability for Month 2**  
**2013.63**

### Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	1009.27
4		12		20		28	
5		13	1017.00	21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

**Tax liability for Month 3**  
**2026.27**

9 941B1  
NTF 2583141 B19941B

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

**Total must equal line 12 on Form 941 or Form 941-SS.**

**Total liability for the quarter**  
**7797.97**

Detach report and submit with payment on or before the due date. Make check payable to Treasurer, Kentucky Unemployment Insurance Fund.

**Employer's Quarterly Unemployment Wage and Tax Report**

~~CIP0-01 04/04/19 09:03 04/04/19 08:45~~

**UI-3**

Number of Employees  
How many workers earned wages in the pay period including the 12th of each month?

KEIN [REDACTED]  
FEIN [REDACTED]  
Qtr/Yr 1/2019  
Due Date 04/30/2019

Rate 0.005  
1<sup>ST</sup> Mo. 4  
2<sup>ND</sup> Mo. 4  
3<sup>RD</sup> Mo. 3

1. Gross Wages	33873 . 14
2. Excess Wages	2078 . 15
3. Taxable Wages	31794 . 99
4. Tax Due	158 . 98
5. Surcharge/ SCUF	0 . 00
6. Interest Due	0 . 00
7. Penalty Due	0 . 00
8. Prior Amount Due or Overpayment	0 . 00
9. Total Amount Due	158 . 98

CITIPower LLC  
2122 ENTERPRISE ROAD ,  
GREENSBORO, NC 27408

UI39912

**Division of Unemployment Insurance**  
**P.O. Box 2003**  
**Frankfort, KY 40602-2003**

UI-3 (R. 07/2018)

NTF 2582503 8 KYUI31

**Client Copy**

NTF 2582504 8 KYUI32

► This report shall not be considered filed unless the Social Security number, name, gross and excess wages for each employee are listed. Incomplete information could subject you to failure to file penalties.  
*Detach report and submit with payment on or before the due date. Do not include check stub with payment.*

KY UI-3 (R. 07/2018) Page 2  
Total Number of Pages in This Report 2

KY EMP ID #	QTR/YR			
		1/2019		
Social Security Number	1st Initial	Last Name of Worker	Gross Wages	Excess Wages
_____	J	DOUGLAS	_____	_____
_____	R	ALLEN	_____	_____
_____	B	WEBB	_____	_____
_____	D	PERRY	_____	_____
_____	L	ROSS	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
	<b>Total Gross Wages</b>		<b>Total Excess Wages</b>	
	33873.14		2078.15	

UI39922

*Scott*

*JL*

Payroll Solutions Inc

Signature  
336-885-5056

Title  
04/04/2019

1.

**Gross Wages Total for All Pages**  
33873.14



**K-1E**  
42A801-E (11-2014)

**KENTUCKY EMPLOYER'S INCOME TAX WITHHELD WORKSHEET  
ELECTRONIC FUNDS TRANSFER**

**Keep top portion for your records.**

Instructions on Page 2

CITIPOWER LLC	174322	1/1/2019	3/31/2019	04/30/2019
Taxpayer Name	Account Number	Period Beginning	Period Ending	Due Date
1. Income tax withheld this period .....				1567.34
2. Adjustments or credits (explain on page 2; see instructions) .....				0.00
3. Penalty \$ <u>0.00</u> + Interest \$ <u>0.00</u> =				0.00
4. Payments made during the period .....				1567.34
5. Total amount due (Remit payment via EFT) .....				0.00

**RECONCILIATION**

**Payments Made for Each Month in Current Quarter**

First .....	<u>759.18</u>	Total number of employees	
Second .....	<u>401.90</u>	for the period .....	<u>5</u>
Third .....	<u>406.26</u>	Total wages paid for the period ....	<u>33810.14</u>

**NEED HELP?** Telephone assistance is available from 8:00 a.m. to 5:00 p.m. Monday through Friday. Assistance and forms are also available from taxpayer service centers.

**Withholding Tax Assistance** (502) 564-7287  
**Telecommunication Device for the Deaf** (502) 564-3058

**Internet Access**  
www.revenue.ky.gov

**Taxpayer Service Center Locations**

Ashland (606) 920-2037	Louisville (502) 595-4512
Bowling Green (270) 746-7470	Owensboro (270) 687-7301
Corbin (606) 528-3322	Paducah (270) 575-7148
Florence (859) 371-9049	Pikeville (606) 433-7675
Frankfort (502) 564-4581	
Hopkinsville (270) 889-6521	

**Mailing Address for Assistance**

Kentucky Department of Revenue  
Withholding Tax  
PO Box 181, Station 57  
Frankfort, KY 40602-0181

**Detach return below and submit on or before the due date. CIPO-01 04/04/19 09:03 04/04/19 08:45**

5 KYK1E1 NTF 2579709 Copyright 2015 Greatland/Nelco Forms Software Only

**K-1E KENTUCKY EMPLOYER'S INCOME TAX WITHHELD**

	Dollars	Cents
CITIPOWER LLC 2122 ENTERPRISE ROAD, GREENSBORO, NC 27408		
1. Income tax withheld this period ..	1567.34	
2. Adjustments or credits (explain on page 2) .....	0.00	
3. Penalty \$ <u>0.00</u>		
+ Interest \$ <u>0.00</u> =	0.00	
4. Payments made during period ..	1567.34	
5. Total amount due (Remit payment via EFT) .....	0.00	
Period Begin: 1/1/2019		
Period End: 3/31/2019		
Due Date: 04/30/2019		
Account No.: 174322		

42A801E9912

**Kentucky Department of Revenue  
Frankfort, KY 40620-0004**

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

*Scott JK*

04/04/2019

Client Copy

42A801-E (11-2014)

Signature

Title

Date

### K-1E INSTRUCTIONS

**Who Must File**--Every employer making payment of wages subject to Kentucky income tax is required to file withholding reports. A return must be filed for each reporting period even if no Kentucky income tax was withheld or the employer had no employees during the period.

**When and Where to File**--Revenue Form K-1E below must be mailed to the Department of Revenue, Frankfort, Kentucky 40620-0004 on or before the last day of the month following the close of the quarter or next business day if the due date falls on a weekend or legal holiday. **Do not submit photocopies.** Any additional amount due must be remitted via EFT.

**Ownership Changes**--If the entity has had a change in ownership that required a new federal identification number, a new application (Form 10A100) must be filed. This form can be obtained online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Registration at (502) 564-3306, or a taxpayer service center.

**Amended Returns and Requests for Refunds**--An amended return is available online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Assistance at (502) 564-7287, or by contacting a taxpayer service center. In many cases a phone call may eliminate the need to file an amended return.

**Line 2, Adjustments or Credits**--This line is to be completed only if an error was made on a previous payment. If it is necessary to correct such an error for a previous period, enter the amount of the underpayment or overpayment on line 2. Explain adjustments on page 2 of the return. You must also include your phone number in the space provided.

**Line 3, Penalty**--Any employer who fails to withhold and remit taxes as required by Kentucky Revised Statutes Chapter 141 may be subject to penalties. The penalties are for (1) filing a return late; (2) late payment of the tax due and failure to withhold tax; and (3) failure to pay via EFT. All three penalties can apply to a return.

The late filing penalty is computed on the amount of tax liability less timely payments and credits for the period. The late payment penalty is computed on the amount of tax paid late. Each is 2 percent for each 30 days or fraction thereof that the return or payment is late. The minimum amount of each penalty is \$10. The percentage of each penalty will not exceed 20 percent. Any payment not remitted via EFT is subject to a 1/2 percent penalty.

**Note:** For any jeopardy assessment or estimated assessment issued for periods after January 1, 2003, the minimum late file penalty will be \$100. This includes zero tax due returns that are filed late when a jeopardy or estimated assessment has been issued.

In addition to the above civil penalties, criminal penalties for willful violations are provided by KRS 141.990.

**Line 3, Interest**--Interest shall apply to the tax withheld or required to be withheld at the interest rate established under KRS 131.010(6) from the due date until the date the tax is paid to the Department of Revenue.

**Line 4, Payments Made During Period**--Enter total payments remitted via EFT for this period prior to filing this return.

**Line 5, Total Amount Due**--Remit any additional amounts due via EFT. If no adjustments or credits have been made, line 5 should equal zero.

**Reconciliation**--Enter payments made for each month of the current quarter.

(Cut Here)

#### RECONCILIATION (Must be Completed)

Payments Made for Each Month in Current Quarter 1/2019

	Dollars	Cents	Total number of employees for the period	
First	759.18		5	
Second	401.90		Total wages paid for the period	33810.14
Third	406.26			

42A801E9922



Statement of adjustments or credits entered on line 2 and account changes.
--



# McCreary County Wage Report

CITIPOWER LLC

2122 ENTERPRISE ROAD  
GREENSBORO, NC, 27408

Date Quarter 03/31/2019

Federal tax ID: [REDACTED]

State tax ID: [REDACTED]

Local tax ID: [REDACTED]

Employee's Social Security Number	Employee's Name	Address	Local Taxable Wages	YTD Local Taxable Wages	Local Tax	Local Tax Rate	Additional Info
[REDACTED]	Webb, Bill R	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Douglas, James E	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Perry, Diadena	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Allen, Regina	[REDACTED]t,	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Ross, Lorilee	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
<b>Total</b>			33873.14	33873.14	508.07		

Employee	SUI Name	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total of Quarters	Limit	Difference
25 - Allen, Regina	KY-Interest Surcharg	██████	0.00	0.00	0.00	██████	10500.00	
	KY-SUI	██████	0.00	0.00	0.00	██████	10500.00	
27 - Douglas, James E	KY-Interest Surcharg	██████	0.00	0.00	0.00	██████	10500.00	
	KY-SUI	██████	0.00	0.00	0.00	██████	10500.00	
28 - Perry, Diadena	KY-Interest Surcharg	██████	0.00	0.00	0.00	██████	10500.00	
	KY-SUI	██████	0.00	0.00	0.00	██████	10500.00	
29 - Ross, Lorilee	KY-Interest Surcharg	██████	0.00	0.00	0.00	██████	10500.00	
	KY-SUI	██████	0.00	0.00	0.00	██████	10500.00	
22 - Webb, Bill R	KY-Interest Surcharg	3980.00	0.00	0.00	0.00	3980.00	10500.00	
	KY-SUI	3980.00	0.00	0.00	0.00	3980.00	10500.00	
<b>*** BALANCED ***</b>								
	<b>KY-Interest Surcharg</b>	<b>31794.99</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>31794.99</b>		
	<b>KY-SUI</b>	<b>31794.99</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>31794.99</b>		

#CIPO-01 Citipower LLC

Quarterly Tax Report  
1/2019

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----		33,810.14	2,624.97	5	Semi-Weekly
EE OASDI	0.062000		33,810.14	2,096.26	5	Semi-Weekly
EE Medicare	0.014500		33,810.14	490.24	5	Semi-Weekly
ER OASDI	0.062000		33,810.14	2,096.26	5	Semi-Weekly
ER Medicare	0.014500		33,810.14	490.24	5	Semi-Weekly
Total Federal Liabilities				7,797.97		
ER FUI	0.006000		24,921.99	149.51	5	Quarterly
COBRA Credit	-----				5	Semi-Weekly
<b>Total Federal Taxes without COBRA</b>				<b>7,947.48</b>		
<b>Total Federal Taxes with COBRA</b>				<b>7,947.48</b>		
<b>State Withholding</b>						
KY State Withholding			33,810.14	1,567.34	5	Semi-Monthly
<b>Total State Withholding</b>				<b>1,567.34</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		31,794.99	158.97	5	Quarterly
<b>Total Employer SUI</b>				<b>158.97</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		31,794.99	69.95	5	Quarterly
<b>Total Employer SUI Other</b>				<b>69.95</b>		
<b>Local Withholding</b>						
McCreary County	-----		33,873.14	508.07	5	Quarterly
<b>Total Local Withholding</b>				<b>508.07</b>		
Total Employee Taxes				7,286.88		
Total Employer Taxes				2,964.93		
<b>Total Tax Liability without COBRA</b>				<b>10,251.81</b>		
<b>Total Tax Liability with COBRA</b>				<b>10,251.81</b>		

**#CIPO-01 Citipower LLC**

## Quarterly Tax Report 1/2019

<i>Tax Type</i>	<i>Rate</i>	<i>Tax ID</i>	<i>Wages</i>	<i>Amount</i>	<i># EE's</i>	<i>Frequency</i>
-----------------	-------------	---------------	--------------	---------------	---------------	------------------

**Gender Counts**

<b>KY</b>	<b>Male</b>	<b>Female</b>	<b>Unknown</b>
Jan	0	1	3
Feb	0	2	2
Mar	0	1	2

<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Unknown</b>
Jan	0	1	3
Feb	0	2	2
Mar	0	1	2

**Quarterly Return Check List**

CIPO-01      Citipower LLC  
Federal EIN: [REDACTED]

Deposit Frequency Semi-Weekly

**Quarter 2/2019**

Enclosed are copies of your quarterly and annual returns. They have been filed on your behalf by Payroll Solutions Inc  
Please review the enclosed forms to verify accuracy. Please notify your rep of any discrepancies or questions.

**\*\*FEDERAL FORMS AND DEPOSITS\*\***

Cincinnati Service Center  
Internal Revenue Service  
Cincinnati, OH 45999-0046

Notes

941

Due Date: 7/31/2019

941 MeF XML

Due Date: 7/31/2019

**\*\*STATE, SUI, LOCAL FORMS AND DEPOSITS\*\***

**KY**

Div of Unemployment Insurance  
P.O Box 2003  
Frankfort, KY 40602-2003

Notes

---

KY SUI Magmedia

Due Date: 7/31/2019

EIN # KY

KY UI-3 Unemployment Return

Due Date: 7/31/2019

EIN # KY

**KY**

Kentucky State Treasurer  
Department Of Revenue  
Frankfort, KY 40620-0004

Notes

---

KY K1-E Quarterly EFT Recon

Due Date: 7/31/2019

EIN # [REDACTED]

**KY**

McCreary Tax Administrator  
P.O. Box 327  
Whitley City, KY 42653

Notes

---

Generic Local Wage Listing Report

Due Date: 7/31/2019

EIN # [REDACTED]

**Taxable Wage Reconciliation**

Period Range : 04/01/2019 TO 06/30/2019

Description	Earnings	PreTax Deductions	Exempt EDs	Excess Wages	Sub Total	Taxable Wages	Difference
<b>#CIPO-01 Citipower LLC</b>							
Federal	29,532.84	-91.00	0.00	0.00	29,441.84	29,441.84	0.00
EE OASDI	29,532.84	-91.00	0.00	0.00	29,441.84	29,441.84	0.00
ER OASDI	29,532.84	-91.00	0.00	0.00	29,441.84	29,441.84	0.00
EE Medicare	29,532.84	-91.00	0.00	0.00	29,441.84	29,441.84	0.00
ER Medicare	29,532.84	-91.00	0.00	0.00	29,441.84	29,441.84	0.00
ER FUI	29,532.84	-91.00	0.00	-25,518.08	3,923.76	3,923.76	0.00
McCreary County (EE)	29,532.84	-91.00	0.00	0.00	29,441.84	29,532.84	-91.00
State KY	29,532.84	-91.00	0.00	0.00	29,441.84	29,441.84	0.00
ER SUI KY-Interest Surcharge	29,532.84	-91.00	91.00	-21,406.08	8,126.76	8,126.76	0.00
ER SUI KY-SUI	29,532.84	-91.00	91.00	-21,406.08	8,126.76	8,126.76	0.00

970117

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**

(Rev. January 2019)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 611305266

Name (not your trade name) CITIPower LLC

Trade name (if any) \_\_\_\_\_

Address 2122 ENTERPRISE ROAD

GREENSBORO NC 27408

**Report for this Quarter of 2019**

(Check one.)

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4) . . . . .	1	<input type="text" value="4"/>
2	Wages, tips, and other compensation . . . . .	2	<input type="text" value="29441.84"/>
3	Federal income tax withheld from wages, tips, and other compensation . . . . .	3	<input type="text" value="2207.21"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .		<input type="checkbox"/> Check and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages . . . . .	<input type="text" value="29441.84"/>	x 0.124 = <input type="text" value="3650.79"/>
5b	Taxable social security tips . . . . .	<input type="text" value="0.00"/>	x 0.124 = <input type="text" value="0.00"/>
5c	Taxable Medicare wages & tips . . . . .	<input type="text" value="29441.84"/>	x 0.029 = <input type="text" value="853.81"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding . . . . .	<input type="text" value="0.00"/>	x 0.009 = <input type="text" value="0.00"/>

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d . . . . .	5e	<input type="text" value="4504.60"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . .	5f	<input type="text" value="0.00"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	6	<input type="text" value="6711.81"/>
7	Current quarter's adjustment for fractions of cents . . . . .	7	<input type="text" value="0.00"/>
8	Current quarter's adjustment for sick pay . . . . .	8	<input type="text" value="0.00"/>
9	Current quarter's adjustments for tips and group-term life insurance . . . . .	9	<input type="text" value="0.00"/>
10	Total taxes after adjustments. Combine lines 6 through 9 . . . . .	10	<input type="text" value="6711.81"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . . .	11	<input type="text" value="0.00"/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . . .	12	<input type="text" value="6711.81"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13	<input type="text" value="6711.81"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . . .	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference <input type="text" value="0.00"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

▶ You MUST complete both pages of Form 941 and SIGN it.

Next →

Name (not your trade name) CITIPOWER LLC  
Employer identification number (EIN) [REDACTED]

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 [REDACTED]  
Month 2 [REDACTED]  
Month 3 [REDACTED]  
Total liability for quarter [REDACTED] Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages .....  Check here, and enter the final date you paid wages [REDACTED].

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year.....  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number Scott Jenkins 336-885-5056

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 27262

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

[Signature: Scott Jenkins]

Print your name here

Scott Jenkins

Print your title here

Payroll Solutions Inc

Date 07/09/2019

Best daytime phone 336-885-5056

CAA B199412 NTF 2583146 9 9412

**Paid Preparer Use Only**

Check if you are self-employed.....

Preparer's name Scott Jenkins

PTIN [REDACTED]

Preparer's signature [Signature: Scott Jenkins]

Date 07/09/2019

Firm's name (or yours if self-employed) Payroll Solutions Inc

EIN [REDACTED]

Address 6425 Old Plank Road

Phone 336-885-5056

City High Point State NC

ZIP code 27265



Witness: Adam Forsberg

OMB No. 1545-0029

970311

# Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

Calendar year 2019

Department of the Treasury -- Internal Revenue Service

Employer identification number XXXXXXXXXX

Name (not your trade name) CITIPOWER LLC

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

## Report for this Quarter

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

### Month 1

1		9		17		25	
2		10	984.02	18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	1060.96		

**Tax liability for Month 1**

2044.98

### Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22	999.91	30	
7		15		23		31	
8	1325.31	16		24			

**Tax liability for Month 2**

2325.22

### Month 3

1		9		17		25	
2		10		18		26	
3		11		19	1231.43	27	
4		12		20		28	
5	1110.18	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

**Tax liability for Month 3**

2341.61

9 941B1  
NTF 2583141 B19941B

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

**Total must equal line 12 on Form 941 or Form 941-SS.**

**Total liability for the quarter**

6711.81

Detach report and submit with payment on or before the due date. Make check payable to Treasurer, Kentucky Unemployment Insurance Fund.

**Employer's Quarterly Unemployment Wage and Tax Report**

~~CIP0-01 07/09/19 18:09 07/09/19 17:45~~

**UI-3**

Number of Employees  
How many workers earned wages in the pay period including the 12th of each month?

KEIN [REDACTED]  
FEIN [REDACTED]  
Qtr/Yr 2/2019  
Due Date 07/31/2019

Rate 0.005  
1<sup>ST</sup> Mo. 4  
2<sup>ND</sup> Mo. 4  
3<sup>RD</sup> Mo. 4

1. Gross Wages	29532 . 84
2. Excess Wages	21406 . 08
3. Taxable Wages	8126 . 76
4. Tax Due	40 . 63
5. Surcharge/ SCUF	0 . 00
6. Interest Due	0 . 00
7. Penalty Due	0 . 00
8. Prior Amount Due or Overpayment	0 . 00
9. Total Amount Due	40 . 63

CITIPOWER LLC  
2122 ENTERPRISE ROAD ,  
GREENSBORO, NC 27408

UI39912

**Division of Unemployment Insurance**  
**P.O. Box 2003**  
**Frankfort, KY 40602-2003**

UI-3 (R. 07/2018)

NTF 2582503 8 KYUI31

**Client Copy**

NTF 2582504 8 KYUI32

► This report shall not be considered filed unless the Social Security number, name, gross and excess wages for each employee are listed. Incomplete information could subject you to failure to file penalties.


Detach report and submit with payment on or before the due date. Do not include check stub with payment.

KY UI-3 (R. 07/2018) Page 2  
 Total Number of Pages in This Report 2

KY EMP ID #	QTR/YR	Total Number of Pages in This Report	Gross Wages	Excess Wages
[Redacted]	2/2019			
Social Security Number	1st Initial	Last Name of Worker		
[Redacted]	J	DOUGLAS	[Redacted]	[Redacted]
[Redacted]	R	ALLEN	[Redacted]	[Redacted]
[Redacted]	B	WEBB	[Redacted]	[Redacted]
[Redacted]	D	PERRY	[Redacted]	[Redacted]
[Redacted]	D	RIDENER	[Redacted]	[Redacted]
[Redacted]			[Redacted]	[Redacted]
[Redacted]			[Redacted]	[Redacted]
[Redacted]			[Redacted]	[Redacted]
[Redacted]			[Redacted]	[Redacted]
[Redacted]			[Redacted]	[Redacted]
[Redacted]			[Redacted]	[Redacted]

Total Gross Wages 29532.84  
 Total Excess Wages 21406.08

UI39922

Signature:   
 Telephone Number: 336-885-5056  
 Title: Payroll Solutions Inc  
 Date: 07/09/2019

Gross Wages Total for All Pages  
 29532.84

**K-1E**  
42A801-E (11-2014)

**KENTUCKY EMPLOYER'S INCOME TAX WITHHELD WORKSHEET  
ELECTRONIC FUNDS TRANSFER**

**Keep top portion for your records.**

Instructions on Page 2

CITIPOWER LLC	174322	4/1/2019	6/30/2019	07/31/2019
Taxpayer Name	Account Number	Period Beginning	Period Ending	Due Date
1. Income tax withheld this period .....				1350.86
2. Adjustments or credits (explain on page 2; see instructions) .....				0.00
3. Penalty \$ <u>0.00</u> + Interest \$ <u>0.00</u> =				0.00
4. Payments made during the period .....				1350.86
5. Total amount due (Remit payment via EFT) .....				0.00

**RECONCILIATION**

**Payments Made for Each Month in Current Quarter**

First .....	<u>408.43</u>	Total number of employees	
Second .....	<u>466.18</u>	for the period .....	<u>5</u>
Third .....	<u>476.25</u>	Total wages paid for the period ....	<u>29441.84</u>

**NEED HELP?** Telephone assistance is available from 8:00 a.m. to 5:00 p.m. Monday through Friday. Assistance and forms are also available from taxpayer service centers.

**Withholding Tax Assistance** (502) 564-7287  
**Telecommunication Device for the Deaf** (502) 564-3058

**Internet Access**  
www.revenue.ky.gov

**Taxpayer Service Center Locations**

Ashland (606) 920-2037	Louisville (502) 595-4512
Bowling Green (270) 746-7470	Owensboro (270) 687-7301
Corbin (606) 528-3322	Paducah (270) 575-7148
Florence (859) 371-9049	Pikeville (606) 433-7675
Frankfort (502) 564-4581	
Hopkinsville (270) 889-6521	

**Mailing Address for Assistance**

Kentucky Department of Revenue  
Withholding Tax  
PO Box 181, Station 57  
Frankfort, KY 40602-0181

**Detach return below and submit on or before the due date. CIPO-01 07/09/19 18:09 07/09/19 17:45**

5 KYK1E1 NTF 2579709 Copyright 2015 Greatland/Nelco Forms Software Only

**K-1E KENTUCKY EMPLOYER'S INCOME TAX WITHHELD**

	Dollars	Cents
CITIPOWER LLC 2122 ENTERPRISE ROAD, GREENSBORO, NC 27408		
1. Income tax withheld this period ..	1350.86	
2. Adjustments or credits (explain on page 2) .....	0.00	
3. Penalty \$ <u>0.00</u>		
+ Interest \$ <u>0.00</u> =	0.00	
4. Payments made during period ..	1350.86	
5. Total amount due (Remit payment via EFT) .....	0.00	
Period Begin: 4/1/2019		
Period End: 6/30/2019		
Due Date: 07/31/2019		
Account No.: 174322		

42A801E9912

**Kentucky Department of Revenue  
Frankfort, KY 40620-0004**

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

*Scott JK*

07/09/2019

Client Copy

42A801-E (11-2014)

Signature

Title

Date

### K-1E INSTRUCTIONS

**Who Must File**--Every employer making payment of wages subject to Kentucky income tax is required to file withholding reports. A return must be filed for each reporting period even if no Kentucky income tax was withheld or the employer had no employees during the period.

**When and Where to File**--Revenue Form K-1E below must be mailed to the Department of Revenue, Frankfort, Kentucky 40620-0004 on or before the last day of the month following the close of the quarter or next business day if the due date falls on a weekend or legal holiday. **Do not submit photocopies.** Any additional amount due must be remitted via EFT.

**Ownership Changes**--If the entity has had a change in ownership that required a new federal identification number, a new application (Form 10A100) must be filed. This form can be obtained online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Registration at (502) 564-3306, or a taxpayer service center.

**Amended Returns and Requests for Refunds**--An amended return is available online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Assistance at (502) 564-7287, or by contacting a taxpayer service center. In many cases a phone call may eliminate the need to file an amended return.

**Line 2, Adjustments or Credits**--This line is to be completed only if an error was made on a previous payment. If it is necessary to correct such an error for a previous period, enter the amount of the underpayment or overpayment on line 2. Explain adjustments on page 2 of the return. You must also include your phone number in the space provided.

**Line 3, Penalty**--Any employer who fails to withhold and remit taxes as required by Kentucky Revised Statutes Chapter 141 may be subject to penalties. The penalties are for (1) filing a return late; (2) late payment of the tax due and failure to withhold tax; and (3) failure to pay via EFT. All three penalties can apply to a return.

The late filing penalty is computed on the amount of tax liability less timely payments and credits for the period. The late payment penalty is computed on the amount of tax paid late. Each is 2 percent for each 30 days or fraction thereof that the return or payment is late. The minimum amount of each penalty is \$10. The percentage of each penalty will not exceed 20 percent. Any payment not remitted via EFT is subject to a 1/2 percent penalty.

**Note:** For any jeopardy assessment or estimated assessment issued for periods after January 1, 2003, the minimum late file penalty will be \$100. This includes zero tax due returns that are filed late when a jeopardy or estimated assessment has been issued.

In addition to the above civil penalties, criminal penalties for willful violations are provided by KRS 141.990.

**Line 3, Interest**--Interest shall apply to the tax withheld or required to be withheld at the interest rate established under KRS 131.010(6) from the due date until the date the tax is paid to the Department of Revenue.

**Line 4, Payments Made During Period**--Enter total payments remitted via EFT for this period prior to filing this return.

**Line 5, Total Amount Due**--Remit any additional amounts due via EFT. If no adjustments or credits have been made, line 5 should equal zero.

**Reconciliation**--Enter payments made for each month of the current quarter.

(Cut Here)

#### RECONCILIATION (Must be Completed)

##### Payments Made for Each Month in Current Quarter 2/2019

	Dollars	Cents	Total number of employees for the period	
First	408.43		5	
Second	466.18		Total wages paid for the period	29441.84
Third	476.25			

42A801E9922



Statement of adjustments or credits entered on line 2 and account changes.

# McCreary County Wage Report

CITIPOWER LLC

2122 ENTERPRISE ROAD  
GREENSBORO, NC, 27408

Date Quarter 06/30/2019

Federal tax ID: [REDACTED]

State tax ID: [REDACTED]

Local tax ID: [REDACTED]

Employee's Social Security Number	Employee's Name	Address	Local Taxable Wages	YTD Local Taxable Wages	Local Tax	Local Tax Rate	Additional Info
[REDACTED]	Webb, Bill R	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Douglas, James E	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Ridener, Donna	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Perry, Diadena	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Allen, Regina	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Ross, Lorilee	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
<b>Total</b>			29532.84	63405.98	442.99		

Employee	SUI Name	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total of Quarters	Limit	Difference
25 - Allen, Regina								
	KY-Interest Surcharg		148.00	0.00	0.00		10500.00	
	KY-SUI		148.00	0.00	0.00		10500.00	
27 - Douglas, James E								
	KY-Interest Surcharg		0.00	0.00	0.00		10500.00	
	KY-SUI		0.00	0.00	0.00		10500.00	
28 - Perry, Diadena								
	KY-Interest Surcharg		3609.26	0.00	0.00		10500.00	
	KY-SUI		3609.26	0.00	0.00		10500.00	
30 - Ridener, Donna								
	KY-Interest Surcharg		773.50	68.00	0.00		10500.00	
	KY-SUI		773.50	68.00	0.00		10500.00	
29 - Ross, Lorilee								
	KY-Interest Surcharg		0.00	0.00	0.00		10500.00	
	KY-SUI		0.00	0.00	0.00		10500.00	
22 - Webb, Bill R								
	KY-Interest Surcharg	3980.00	3596.00	1604.00	0.00	9180.00	10500.00	
	KY-SUI	3980.00	3596.00	1604.00	0.00	9180.00	10500.00	
<b>*** BALANCED ***</b>								
	KY-Interest Surcharg	<b>31794.99</b>	<b>8126.76</b>	<b>1672.00</b>	<b>0.00</b>	<b>41593.75</b>		
	KY-SUI	<b>31794.99</b>	<b>8126.76</b>	<b>1672.00</b>	<b>0.00</b>	<b>41593.75</b>		

#CIPO-01 Citipower LLC

## Quarterly Tax Report 2/2019

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	29,441.84	2,207.21		5 Semi-Weekly
EE OASDI	0.062000	[REDACTED]	29,441.84	1,825.40		5 Semi-Weekly
EE Medicare	0.014500	[REDACTED]	29,441.84	426.90		5 Semi-Weekly
ER OASDI	0.062000	[REDACTED]	29,441.84	1,825.40		5 Semi-Weekly
ER Medicare	0.014500	[REDACTED]	29,441.84	426.90		5 Semi-Weekly
Total Federal Liabilities				6,711.81		
ER FUI	0.006000	[REDACTED]	3,923.76	23.54		5 Quarterly
COBRA Credit	-----	[REDACTED]				5 Semi-Weekly
<b>Total Federal Taxes without COBRA</b>				<b>6,735.35</b>		
<b>Total Federal Taxes with COBRA</b>				<b>6,735.35</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	29,441.84	1,350.86		5 Semi-Monthly
<b>Total State Withholding</b>				<b>1,350.86</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000	[REDACTED]	8,126.76	40.63		5 Quarterly
<b>Total Employer SUI</b>				<b>40.63</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200	[REDACTED]	8,126.76	17.88		5 Quarterly
<b>Total Employer SUI Other</b>				<b>17.88</b>		
<b>Local Withholding</b>						
McCreary County	-----	[REDACTED]	29,532.84	442.99		5 Quarterly
<b>Total Local Withholding</b>				<b>442.99</b>		
Total Employee Taxes				6,253.36		
Total Employer Taxes				2,334.35		
<b>Total Tax Liability without COBRA</b>				<b>8,587.71</b>		
<b>Total Tax Liability with COBRA</b>				<b>8,587.71</b>		



**#CIPO-01 Citipower LLC**

## Quarterly Tax Report 2/2019

<i>Tax Type</i>	<i>Rate</i>	<i>Tax ID</i>	<i>Wages</i>	<i>Amount</i>	<i># EE's</i>	<i>Frequency</i>
-----------------	-------------	---------------	--------------	---------------	---------------	------------------

**Gender Counts**

KY	Male	Female	Unknown
Apr	0	2	2
May	0	2	2
Jun	0	1	3

Total	Male	Female	Unknown
Apr	0	2	2
May	0	2	2
Jun	0	1	3

**Quarterly Return Check List**

CIPO-01     Citipower LLC  
Federal EIN: [REDACTED]

Deposit Frequency Semi-Weekly

**Quarter 3/2019**

Enclosed are copies of your quarterly and annual returns. They have been filed on your behalf by Payroll Solutions Inc  
Please review the enclosed forms to verify accuracy. Please notify your rep of any discrepancies or questions.

**\*\*FEDERAL FORMS AND DEPOSITS\*\***

Cincinnati Service Center  
Internal Revenue Service  
Cincinnati, OH 45999-0046

Notes

941

Due Date: 10/31/2019

941 MeF XML

Due Date: 10/31/2019

**\*\*STATE, SUI, LOCAL FORMS AND DEPOSITS\*\***

**KY**

Div of Unemployment Insurance  
P.O Box 2003  
Frankfort, KY 40602-2003

Notes

---

KY SUI Magmedia

Due Date: 10/31/2019     EIN # KY

KY UI-3 Unemployment Return

Due Date: 10/31/2019     EIN # KY

**KY**

Kentucky State Treasurer  
Department Of Revenue  
Frankfort, KY 40620-0004

Notes

---

KY K1-E Quarterly EFT Recon

Due Date: 10/31/2019     EIN # [REDACTED]

**KY**

McCreary Tax Administrator  
P.O. Box 327  
Whitley City, KY 42653

Notes

---

Generic Local Wage Listing Report

Due Date: 10/31/2019     EIN # [REDACTED]

**Taxable Wage Reconciliation**

Period Range : 07/01/2019 TO 09/30/2019

Description	Earnings	PreTax Deductions	Exempt EDs	Excess Wages	Sub Total	Taxable Wages	Difference
<b>#CIPO-01 Citipower LLC</b>							
Federal	40,446.29	-105.00	0.00	0.00	40,341.29	40,341.29	0.00
EE OASDI	40,446.29	-105.00	0.00	0.00	40,341.29	40,341.29	0.00
ER OASDI	40,446.29	-105.00	0.00	0.00	40,341.29	40,341.29	0.00
EE Medicare	40,446.29	-105.00	0.00	0.00	40,341.29	40,341.29	0.00
ER Medicare	40,446.29	-105.00	0.00	0.00	40,341.29	40,341.29	0.00
ER FUI	40,446.29	-105.00	0.00	-40,205.29	136.00	136.00	0.00
McCreary County (EE)	40,446.29	-105.00	0.00	0.00	40,341.29	40,446.29	-105.00
State KY	40,446.29	-105.00	0.00	0.00	40,341.29	40,341.29	0.00
ER SUI KY-Interest Surcharge	40,446.29	-105.00	105.00	-37,386.29	3,060.00	3,060.00	0.00
ER SUI KY-SUI	40,446.29	-105.00	105.00	-37,386.29	3,060.00	3,060.00	0.00

970117

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**

(Rev. January 2019) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 611305266

Name (not your trade name) CITIPOWER LLC

Trade name (if any) \_\_\_\_\_

Address 2122 ENTERPRISE ROAD

GREENSBORO NC 27408

**Report for this Quarter of 2019**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4) . . . . .	1	<u>4</u>
2	Wages, tips, and other compensation . . . . .	2	<u>40341.29</u>
3	Federal income tax withheld from wages, tips, and other compensation . . . . .	3	<u>3096.77</u>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .		<input type="checkbox"/> Check and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages . . . . .	<u>40341.29</u> x 0.124 =	<u>5002.32</u>
5b	Taxable social security tips . . . . .	<u>0.00</u> x 0.124 =	<u>0.00</u>
5c	Taxable Medicare wages & tips . . . . .	<u>40341.29</u> x 0.029 =	<u>1169.90</u>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding . . . . .	<u>0.00</u> x 0.009 =	<u>0.00</u>

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d . . . . .	5e	<u>6172.22</u>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . .	5f	<u>0.00</u>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	6	<u>9268.99</u>
7	Current quarter's adjustment for fractions of cents . . . . .	7	<u>(0.04)</u>
8	Current quarter's adjustment for sick pay . . . . .	8	<u>0.00</u>
9	Current quarter's adjustments for tips and group-term life insurance . . . . .	9	<u>0.00</u>
10	Total taxes after adjustments. Combine lines 6 through 9 . . . . .	10	<u>9268.95</u>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . . .	11	<u>0.00</u>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . . .	12	<u>9268.95</u>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13	<u>9268.95</u>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions. . . . .	14	<u>0.00</u>
15	Overpayment. If line 13 is more than line 12, enter the difference <u>0.00</u> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

▶ You MUST complete both pages of Form 941 and SIGN it.

Next →

Client Copy

Name (not your trade name) CITIPOWER LLC  
Employer identification number (EIN) [REDACTED]

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 [REDACTED]  
Month 2 [REDACTED]  
Month 3 [REDACTED]  
Total liability for quarter [REDACTED] Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages .....  Check here, and enter the final date you paid wages [REDACTED].

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year.....  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number Scott Jenkins 336-885-5056

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. [REDACTED]

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here

[Signature: Scott Jenkins]

Print your name here

Scott Jenkins

Print your title here

Payroll Solutions Inc

Date 10/04/2019

Best daytime phone 336-885-5056

CAA B199412 NTF 2583146 9 9412

**Paid Preparer Use Only**

Check if you are self-employed.....

Preparer's name Scott Jenkins

PTIN [REDACTED]

Preparer's signature [Signature: Scott Jenkins]

Date 10/04/2019

Firm's name (or yours if self-employed) Payroll Solutions Inc

EIN [REDACTED]

Address 6425 Old Plank Road

Phone 336-885-5056

City High Point State NC

ZIP code [REDACTED]

**Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors**

Calendar year 2019

Department of the Treasury -- Internal Revenue Service

Employer identification number XXXXXXXXXX

Name (not your trade name) CITIPOWER LLC

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Report for this Quarter**

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

**Month 1**

1		9		17	1360.13	25	
2		10		18		26	
3	1269.44	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	1245.67
8		16		24			

**Tax liability for Month 1**  
3875.24

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	1396.19
5		13		21		29	
6		14	1313.25	22		30	
7		15		23		31	
8		16		24			

**Tax liability for Month 2**  
2709.44

**Month 3**

1		9		17		25	1379.87
2		10		18		26	
3		11	1304.40	19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

**Tax liability for Month 3**  
2684.27

9 941B1  
NTF 2583141 B19941B

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

**Total must equal line 12 on Form 941 or Form 941-SS.**

**Total liability for the quarter**  
9268.95

Detach report and submit with payment on or before the due date. Make check payable to Treasurer, Kentucky Unemployment Insurance Fund.

**Employer's Quarterly Unemployment Wage and Tax Report**

~~CIP0-01 10/04/19 18:10 10/04/19 17:45~~

**UI-3**

Number of Employees  
How many workers earned wages in the pay period including the 12th of each month?

KEIN [REDACTED]  
FEIN [REDACTED]  
Qtr/Yr 3/2019  
Due Date 10/31/2019

Rate 0.005  
1<sup>ST</sup> Mo. 5  
2<sup>ND</sup> Mo. 4  
3<sup>RD</sup> Mo. 4

1. Gross Wages	40 446 . 29
2. Excess Wages	37 386 . 29
3. Taxable Wages	3 060 . 00
4. Tax Due	15 . 30
5. Surcharge/ SCUF	0 . 00
6. Interest Due	0 . 00
7. Penalty Due	0 . 00
8. Prior Amount Due or Overpayment	0 . 00
9. Total Amount Due	15 . 30

CITIPOWER LLC  
2122 ENTERPRISE ROAD ,  
GREENSBORO, NC 27408

UI39912

**Division of Unemployment Insurance**  
**P.O. Box 2003**  
**Frankfort, KY 40602-2003**

UI-3 (R. 07/2018)

NTF 2582503 8 KYUI31

**Client Copy**





KENTUCKY EMPLOYER'S INCOME TAX WITHHELD WORKSHEET

ELECTRONIC FUNDS TRANSFER

Keep top portion for your records.

Instructions on Page 2

K-1E

42A801-E (02-2018)

CITIPOWER LLC Taxpayer Name, Account Number, 07/01/2019 Period Beginning, 09/30/2019 Period Ending, 10/31/2019 Due Date

Table with 5 rows: 1 Income tax withheld this period (1870.82), 2 Adjustments or credits (0.00), 3 Penalty \$ 0.00 + Interest \$ 0.00 = (0.00), 4 Payments made during the period (1870.82), 5 Total amount due (Remit payment via EFT) (0.00)

RECONCILIATION

Payments Made for Each Month in Current Quarter

First 781.75, Second 546.84, Third 542.23. Total number of employees for the period: 5. Total wages paid for the period: 40341.29

NEED HELP? Telephone assistance is available from 8:00 a.m. to 5:00 p.m. Monday through Friday. Assistance and forms are also available from taxpayer service centers.

Withholding Tax Assistance (502) 564-7287, Telecommunication Device for the Deaf (502) 564-3058

Internet Access www.revenue.ky.gov

Taxpayer Service Center Locations

Ashland (606) 920-2037, Bowling Green (270) 746-7470, Corbin (606) 528-3322, Florence (859) 371-9049, Frankfort (502) 564-4581, Hopkinsville (270) 889-6521, Louisville (502) 595-4512, Owensboro (270) 687-7301, Paducah (270) 575-7148, Pikeville (606) 433-7675

Mailing Address for Assistance

Kentucky Department of Revenue, Withholding Tax, PO Box 181, Station 57, Frankfort, KY 40602-0181

Detach return below and submit on or before the due date. CIPO-01 10/04/19 18:10 10/04/19 17:45

NTF 2583183 9 KYK1E1

Only for EFT Accounts

KENTUCKY EMPLOYER'S RETURN OF INCOME TAX WITHHELD

K-1E

CITIPOWER LLC Account Name, 2122 ENTERPRISE ROAD Street Address, GREENSBORO NC 27408 City State ZIP Code

- 1 Income tax withheld this period, 2 Adjustments or credits (explain on page 2), 3 Penalty \$ 0.00 + Interest \$ 0.00 =, 4 Payments made during period, 5 Total amount due (Remit payment via EFT)

Table with 2 columns: Dollars, Cents. Rows: 1870.82, 0.00, 0.00, 1870.82, 0.00

Period Begin: 07/01/2019, Period End: 09/30/2019, Due Date: 10/31/2019, Account No.:

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a [Signature] 10/04/2019 [Title] Date

Client Copy

**K-1E INSTRUCTIONS**

**FORM MUST BE PRINTED FRONT AND BACK**

**Who Must File**—Every employer making payments of wages subject to Kentucky income tax is required to file withholding returns. A return must be filed for each reporting period even if Kentucky income tax was not withheld or the employer did not have any employees during the period.

**When and Where to File**—Revenue Form K-1E below must be mailed to the Department of Revenue, Frankfort, Kentucky 40620-0004 on or before the last day of the month following the closed of the quarter or next business day if the due date falls on a weekend or legal holiday. Any additional amount due must be remitted via EFT.

**Ownership Changes**—If the entity has had a change in ownership that required a new federal identification number, a new application (Form 10A100) must be filed. This form can be obtained online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Registration at (502) 564-3306, or a taxpayer service center.

**Amended Returns and Requests for Refunds**—An amended return is available online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Assistance at (502) 564-7287, or by contacting a taxpayer service center. In many cases a phone call may eliminate the need to file an amended return.

**Line 2, Adjustments or Credits**—This line is to be completed only if an error was made on a previous payment. If it is necessary to correct such an error for a previous period, enter the amount of the underpayment or overpayment on line 2. Explain adjustments on page 1 of the return. You must also include your phone number in the space provided.

**Line 3, Penalty**—Any employer who fails to withhold and remit taxes as required by Kentucky Revised Statutes Chapter 141 may be subject to penalties. The penalties are for (1) filing a return late; (2) late payment of the tax due and failure to withhold tax; and (3) failure to pay via EFT. All three penalties can apply to a return.

The late filing penalty is computed on the amount of tax liability less timely payments and credits for the period. The late payment penalty is computed on the amount of tax paid late. Each is 2 percent for each 30 days or fraction thereof that the return or payment is late. The minimum amount of each penalty is \$10. The percentage of each penalty will not exceed 20 percent. Any payment not remitted via EFT is subject to a 1/2 percent penalty.

**Note:** For any jeopardy assessment or estimated assessment issued for periods after January 1, 2003, the minimum late file penalty is \$100. This includes zero tax due returns that are filed late when a jeopardy or estimated assessment has been issued.

In addition to the above civil penalties, criminal penalties for willful violations are provided by KRS 141.990.

**Line 3, Interest**—Interest shall apply to the tax withheld or required to be withheld at the interest rate established under KRS 131.010(6) from the due date until the date the tax is paid to the Department of Revenue.

**Line 4, Payments Made During Period**—Enter total payments remitted via EFT for the period prior to filing this return.

**Line 5, Total Amount Due**—Remit any additional amounts due via EFT. If no adjustments or credits have been made, line 5 should equal zero.

**Reconciliation**—Enter payments made for each month of the current quarter.

(Cut Here)

NTF 2583185 9 KYK1E2

**RECONCILIATION (Must be completed)**

**Payments Made for Each Month in Current Quarter 3/2019**

	Dollars	Cents
First .....	781	75
Second .....	546	84
Third .....	542	23

Total number of employees for the period .....

5
40341 29

Total wages paid for the period .....

**Statement of adjustments or credits entered on line 2 and account changes.**

# McCreary County Wage Report

CITIPOWER LLC

2122 ENTERPRISE ROAD  
GREENSBORO, NC, 27408

Date Quarter 09/30/2019

Federal tax ID: [REDACTED]

State tax ID: [REDACTED]

Local tax ID: [REDACTED]

Employee's Social Security Number	Employee's Name	Address	Local Taxable Wages	YTD Local Taxable Wages	Local Tax	Local Tax Rate	Additional Info
[REDACTED]	Webb, Bill R	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Douglas, James E	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Ridener, Donna	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Perry, Diadena	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Allen, Regina	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Ross, Lorilee	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
<b>Total</b>			40446.29	103852.27	606.70		

Employee	SUI Name	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total of Quarters	Limit	Difference
25 - Allen, Regina	KY-Interest Surcharg			0.00	0.00		10500.00	
	KY-SUI			0.00	0.00		10500.00	
27 - Douglas, James E	KY-Interest Surcharg			0.00	0.00		10500.00	
	KY-SUI			0.00	0.00		10500.00	
28 - Perry, Diadena	KY-Interest Surcharg			0.00	0.00		10500.00	
	KY-SUI			0.00	0.00		10500.00	
30 - Ridener, Donna	KY-Interest Surcharg			136.00	0.00		10500.00	
	KY-SUI			136.00	0.00		10500.00	
29 - Ross, Lorilee	KY-Interest Surcharg			0.00	0.00		10500.00	
	KY-SUI			0.00	0.00		10500.00	
22 - Webb, Bill R	KY-Interest Surcharg	3980.00	3596.00	2924.00	0.00	10500.00	10500.00	
	KY-SUI	3980.00	3596.00	2924.00	0.00	10500.00	10500.00	
<b>*** BALANCED ***</b>								
	<b>KY-Interest Surcharg</b>	<b>31794.99</b>	<b>8126.76</b>	<b>3060.00</b>	<b>0.00</b>	<b>42981.75</b>		
	<b>KY-SUI</b>	<b>31794.99</b>	<b>8126.76</b>	<b>3060.00</b>	<b>0.00</b>	<b>42981.75</b>		

**#CIPO-01 Citipower LLC**

**Quarterly Tax Report  
3/2019**

<i>Tax Type</i>	<i>Rate</i>	<i>Tax ID</i>	<i>Wages</i>	<i>Amount</i>	<i># EE's</i>	<i>Frequency</i>
<b>Federal Taxes</b>						
Federal	-----		40,341.29	3,096.77		5 Semi-Weekly
EE OASDI	0.062000		40,341.29	2,501.17		5 Semi-Weekly
EE Medicare	0.014500		40,341.29	584.92		5 Semi-Weekly
ER OASDI	0.062000		40,341.29	2,501.17		5 Semi-Weekly
ER Medicare	0.014500		40,341.29	584.92		5 Semi-Weekly
Total Federal Liabilities				9,268.95		
ER FUI	0.006000		136.00	0.82		5 Quarterly
COBRA Credit	-----					5 Semi-Weekly
<b>Total Federal Taxes without COBRA</b>				<b>9,269.77</b>		
<b>Total Federal Taxes with COBRA</b>				<b>9,269.77</b>		
<b>State Withholding</b>						
KY State Withholding			40,341.29	1,870.82		5 Semi-Monthly
<b>Total State Withholding</b>				<b>1,870.82</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000		3,060.00	15.30		5 Quarterly
<b>Total Employer SUI</b>				<b>15.30</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200		3,060.00	6.73		5 Quarterly
<b>Total Employer SUI Other</b>				<b>6.73</b>		
<b>Local Withholding</b>						
McCreary County	-----		40,446.29	606.70		5 Quarterly
<b>Total Local Withholding</b>				<b>606.70</b>		
Total Employee Taxes				8,660.38		
Total Employer Taxes				3,108.94		
<b>Total Tax Liability without COBRA</b>				<b>11,769.32</b>		
<b>Total Tax Liability with COBRA</b>				<b>11,769.32</b>		

**#CIPO-01 Citipower LLC**

**Quarterly Tax Report  
3/2019**

<i>Tax Type</i>	<i>Rate</i>	<i>Tax ID</i>	<i>Wages</i>	<i>Amount</i>	<i># EE's</i>	<i>Frequency</i>
-----------------	-------------	---------------	--------------	---------------	---------------	------------------

**Gender Counts**

<b>KY</b>	<b>Male</b>	<b>Female</b>	<b>Unknown</b>
Jul	0	2	3
Aug	0	1	3
Sep	0	1	3

<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Unknown</b>
Jul	0	2	3
Aug	0	1	3
Sep	0	1	3

# Quarterly Return Check List

CIPO-01      Citipower LLC  
Federal EIN: ██████████

Deposit Frequency Semi-Weekly

## Quarter 4/2019

Enclosed are copies of your quarterly and annual returns. They have been filed on your behalf by Payroll Solutions Inc  
Please review the enclosed forms to verify accuracy. Please notify your rep of any discrepancies or questions.

### **\*\*FEDERAL FORMS AND DEPOSITS\*\***

Cincinnati Service Center  
Internal Revenue Service  
Cincinnati, OH 45999-0046

#### Notes

1096 M	Due Date: 1/31/2020
1099 M Copy 1	Due Date: 1/31/2020
1099 M Copy 2	Due Date: 1/31/2020
1099 M Copy B	Due Date: 1/31/2020
1099 M Copy C	Due Date: 1/31/2020
1099 M Copy D	Due Date: 1/31/2020
1099 M Uni Press Seal Copy 2 & B	Due Date: 1/31/2020
1099 Magmedia	Due Date: 1/31/2020
940	Due Date: 1/31/2020
940 MeF XML	Due Date: 1/31/2020
941	Due Date: 1/31/2020
941 MeF XML	Due Date: 1/31/2020
W2 Annual EE Proforma Pressure Seal	Due Date: 1/31/2020
W2 Annual EFW2 File	Due Date: 1/31/2020
W2 Annual EFW2 Transmittal	Due Date: 1/31/2020
W2 Annual ER Copy	Due Date: 1/31/2020
W2 Annual Local Copy	Due Date: 1/31/2020
W2 Annual State Copy	Due Date: 1/31/2020
W3	Due Date: 1/31/2020

### **\*\*STATE, SUI, LOCAL FORMS AND DEPOSITS\*\***

#### **KY**

Div of Unemployment Insurance  
P.O Box 2003  
Frankfort, KY 40602-2003

#### Notes

---

KY SUI Magmedia	Due Date: 1/31/2020	EIN # KY
KY UI-3 Unemployment Return	Due Date: 1/31/2020	EIN # KY

# Quarterly Return Check List

CIPO-01      Citipower LLC  
Federal EIN: [REDACTED]

Deposit Frequency Semi-Weekly

## **\*\*STATE, SUI, LOCAL FORMS AND DEPOSITS\*\***

### **KY**

Kentucky State Treasurer  
Department Of Revenue  
Frankfort, KY 40620-0004

Notes \_\_\_\_\_

KY EFW2 File	Due Date: 1/31/2020	EIN # [REDACTED]
KY EFW2 Transmittal	Due Date: 1/31/2020	EIN # [REDACTED]
KY K-3 Annual Return	Due Date: 1/31/2020	EIN # [REDACTED]
KY K-3E Annual Return	Due Date: 1/31/2020	EIN # [REDACTED]
KY K-5	Due Date: 1/31/2020	EIN # [REDACTED]
KY K1-E Quarterly EFT Recon	Due Date: 1/31/2020	EIN # [REDACTED]

### **KY**

McCreary Tax Administrator  
P.O. Box 327  
Whitley City, KY 42653

Notes \_\_\_\_\_

Generic Local Wage Listing Report	Due Date: 1/31/2020	EIN # [REDACTED]
KY Local Tax Annual Summary Return	Due Date: 2/28/2020	EIN # [REDACTED]



**Taxable Wage Reconciliation**

Page 118 of 273  
 Witness: Adam Forsberg

Period Range : 10/01/2019 TO 12/31/2019

Description	Earnings	PreTax Deductions	Exempt EDs	Excess Wages	Sub Total	Taxable Wages	Difference
<b>#CIPO-01 Citipower LLC</b>							
Federal	46,305.79	-105.00	0.00	0.00	46,200.79	46,200.79	0.00
EE OASDI	46,305.79	-105.00	0.00	0.00	46,200.79	46,200.79	0.00
ER OASDI	46,305.79	-105.00	0.00	0.00	46,200.79	46,200.79	0.00
EE Medicare	46,305.79	-105.00	0.00	0.00	46,200.79	46,200.79	0.00
ER Medicare	46,305.79	-105.00	0.00	0.00	46,200.79	46,200.79	0.00
ER FUI	46,305.79	-105.00	0.00	-43,993.01	2,207.78	2,207.78	0.00
McCreary County (EE)	46,305.79	-105.00	0.00	0.00	46,200.79	46,305.79	-105.00
State KY	46,305.79	-105.00	0.00	0.00	46,200.79	46,200.79	0.00
ER SUI KY-Interest Surcharge	46,305.79	-105.00	105.00	-44,098.01	2,207.78	2,207.78	0.00
ER SUI KY-SUI	46,305.79	-105.00	105.00	-44,098.01	2,207.78	2,207.78	0.00

Form **940 for 2019: Employer's Annual Federal Unemployment (FUTA) Tax Return**  
Department of the Treasury — Internal Revenue Service OMB No. 1545-0028

870113

(EIN)  
Employer identification number 611305266

Name (not your trade name) Citipower LLC

Trade name (if any) \_\_\_\_\_

Address 2122 ENTERPRISE ROAD  
GREENSBORO NC 27408

**Type of Return (Check all that apply.)**

a. Amended

b. Successor employer

c. No payments to employees in 2019

d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/Form940](http://www.irs.gov/Form940) for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

**Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.**

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . . . 1a  **KY**
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer. . . . . 1b  Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . . . 2  Check here. Complete Schedule A (Form 940).

**Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.**

3 Total payments to all employees . . . . . 3

4 Payments exempt from FUTA tax . . . . . 4

Check all that apply: 4a  Fringe benefits 4c  Retirement/Pension 4e  Other  
4b  Group-term life insurance 4d  Dependent care

5 Total of payments made to each employee in excess of \$7,000 . . . . . 5

6 Subtotal (line 4 + line 5 = line 6) . . . . . 6

7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions. . . . . 7

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . . . 8

**Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.**

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 . . . . . 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet. . . . 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . . . 11

**Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.**

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . . . 12

13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . 13

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.  
• If line 14 is more than \$500, you must deposit your tax.  
• If line 14 is \$500 or less, you may pay with this return. See instructions. . . . . 14

15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15

▶ You **MUST** complete both pages of this form and **SIGN** it.

Check one:  Apply to next return.  Send a refund.

CAA B9401 NTF 2583518 9 9401

Next

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher.

Form 940 (2019)

Client Copy

CIPO-01 12/28/19 02:55 12/28/19 01:00

Form 940 (2019) Page 2

Name (not your trade name) **Citipower LLC** Employer identification number (EIN) [REDACTED]

**Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.**

**16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.**

<b>16a</b>	<b>1st quarter</b> (January 1 - March 31) . . . . .	<b>16a</b>	[REDACTED]	
<b>16b</b>	<b>2nd quarter</b> (April 1 - June 30) . . . . .	<b>16b</b>	[REDACTED]	
<b>16c</b>	<b>3rd quarter</b> (July 1 - September 30) . . . . .	<b>16c</b>	[REDACTED]	
<b>16d</b>	<b>4th quarter</b> (October 1 - December 31) . . . . .	<b>16d</b>	[REDACTED]	
<b>17</b>	<b>Total tax liability for the year</b> (lines 16a + 16b + 16c + 16d = line 17) . . . . .	<b>17</b>	[REDACTED]	<b>Total must equal line 12.</b>

**Part 6: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

**Yes.** Designee's name and phone number **Scott Jenkins** **336-885-5056**

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS [REDACTED]

**No.**

**Part 7: Sign here. You MUST complete both pages of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X Sign your name here** [Signature: Scott Jenkins] Print your name here **Scott Jenkins**

Print your title here **Payroll Solutions Inc**

Date **12/28/2019** Best daytime phone **336-885-5056**

**Paid Preparer Use Only**

Check if you are self-employed

Preparer's name **Scott Jenkins** PTIN [REDACTED]

Preparer's signature [Signature: Scott Jenkins] Date **12/28/2019**

Firm's name (or yours if self-employed) **Payroll Solutions Inc** EIN [REDACTED]

Address **6425 Old Plank Road** Phone **336-885-5056**

City **High Point** State **NC** ZIP code **27265**

<b>1. Maximum Allowable Credit:</b>	31189.53	* 0.054		1684.23
<b>2. Credit for timely state unemployment tax payments:</b>				225.94
<b>3. Additional credit</b>				
State	Date	Computation Rate	Taxable SUI Wages	Additional Credit
KY	01/01/2019 - 12/31/2019	0.049000	* 45189.53 =	2214.29
				2214.29
<b>4. SubTotal</b>				2440.23
<b>5. Credit for paying state unemployment late</b>				
5a. Remaining allowable credit:			0.00	
5b. State unemployment paid late:			0.00	
5c. Lowest between 5a and 5b:			0.00	
5d. Allowable credit for SUI (Line5c *.90):				0.00
<b>6. FUTA Credit:</b>				0.00
<b>7. Adjustment (line 1 - line 6):</b>				0.00

*Do not attach this worksheet to your Form 940. Keep it for your records.*

970117

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**

(Rev. January 2019) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 611305266

Name (not your trade name) CITIPOWER LLC

Trade name (if any) \_\_\_\_\_

Address 2122 ENTERPRISE ROAD

GREENSBORO NC 27408

**Report for this Quarter of 2019**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4) . . . . .	1	<input type="text" value="5"/>
2	Wages, tips, and other compensation . . . . .	2	<input type="text" value="46200.79"/>
3	Federal income tax withheld from wages, tips, and other compensation . . . . .	3	<input type="text" value="3491.41"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . .		<input type="checkbox"/> Check and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages . . . . .	<input type="text" value="46200.79"/> x 0.124 =	<input type="text" value="5728.90"/>
5b	Taxable social security tips . . . . .	<input type="text" value="0.00"/> x 0.124 =	<input type="text" value="0.00"/>
5c	Taxable Medicare wages & tips . . . . .	<input type="text" value="46200.79"/> x 0.029 =	<input type="text" value="1339.82"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding . . . . .	<input type="text" value="0.00"/> x 0.009 =	<input type="text" value="0.00"/>

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d . . . . .	5e	<input type="text" value="7068.72"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . .	5f	<input type="text" value="0.00"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .	6	<input type="text" value="10560.13"/>
7	Current quarter's adjustment for fractions of cents . . . . .	7	<input type="text" value="0.06"/>
8	Current quarter's adjustment for sick pay . . . . .	8	<input type="text" value="0.00"/>
9	Current quarter's adjustments for tips and group-term life insurance . . . . .	9	<input type="text" value="0.00"/>
10	Total taxes after adjustments. Combine lines 6 through 9 . . . . .	10	<input type="text" value="10560.19"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . . .	11	<input type="text" value="0.00"/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . . .	12	<input type="text" value="10560.19"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	13	<input type="text" value="10560.19"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions. . . . .	14	<input type="text" value="0.00"/>
15	Overpayment. If line 13 is more than line 12, enter the difference <input type="text" value="0.00"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

▶ You MUST complete both pages of Form 941 and SIGN it.

**Next** ➔

Form 941 (Rev. 1-2019) Page 2

Name (not your trade name) CITIPOWER LLC  
Employer identification number (EIN) [REDACTED]

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	Month 1	<input type="text"/>	
	Month 2	<input type="text"/>	
	Month 3	<input type="text"/>	
	Total liability for quarter	<input type="text"/>	Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages .....  Check here, and enter the final date you paid wages .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year.....  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number Scott Jenkins 336-885-5056

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here

*Scott Jenkins*

Print your name here

Scott Jenkins

Print your title here

Payroll Solutions Inc

Date 12/28/2019

Best daytime phone 336-885-5056

CAA B199412 NTF 2583146 9 9412

**Paid Preparer Use Only**

Check if you are self-employed.....

Preparer's name Scott Jenkins

PTIN [REDACTED]

Preparer's signature *Scott Jenkins*

Date 12/28/2019

Firm's name (or yours if self-employed) Payroll Solutions Inc

EIN [REDACTED]

Address 6425 Old Plank Road

Phone 336-885-5056

City High Point State NC

ZIP code 27265

**Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors**

Calendar year 2019

Department of the Treasury -- Internal Revenue Service

Employer identification number XXXXXXXXXX

Name (not your trade name) CITIPOWER LLC

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Report for this Quarter**

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

**Month 1**

1		9	1363.57	17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	1639.11
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

<b>Tax liability for Month 1</b>
3002.68

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20	1456.28	28	
5		13		21		29	
6	1421.64	14		22		30	
7		15		23		31	
8		16		24			

<b>Tax liability for Month 2</b>
2877.92

**Month 3**

1		9		17		25	
2		10		18	1480.81	26	
3		11		19		27	
4	1653.99	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	1544.79
8		16		24			

<b>Tax liability for Month 3</b>
4679.59

9 941B1  
NTF 2583141 B19941B

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

**Total must equal line 12 on Form 941 or Form 941-SS.**

<b>Total liability for the quarter</b>
10560.19

Detach report and submit with payment on or before the due date. Make check payable to Treasurer, Kentucky Unemployment Insurance Fund.

**Employer's Quarterly Unemployment Wage and Tax Report**

~~CIPO-01 12/28/19 02:55 12/28/19 01:00~~

**UI-3**

Number of Employees  
How many workers earned wages in the pay period including the 12th of each month?

KEIN [REDACTED]  
FEIN [REDACTED]  
Qtr/Yr 4/2019  
Due Date 01/31/2020

Rate 0.005  
1<sup>ST</sup> Mo. 4  
2<sup>ND</sup> Mo. 5  
3<sup>RD</sup> Mo. 5

1. Gross Wages	46305 . 79
2. Excess Wages	44098 . 01
3. Taxable Wages	2207 . 78
4. Tax Due	11 . 04
5. Surcharge/ SCUF	0 . 00
6. Interest Due	0 . 00
7. Penalty Due	0 . 00
8. Prior Amount Due or Overpayment	0 . 00
9. Total Amount Due	11 . 04

CITIPower LLC  
2122 ENTERPRISE ROAD ,  
GREENSBORO, NC 27408

UI39912

**Division of Unemployment Insurance**  
**P.O. Box 2003**  
**Frankfort, KY 40602-2003**

UI-3 (R. 07/2018)

NTF 2582503 8 KYUI31



**Client Copy**



NTF 2582504 8 KYUI32

► This report shall not be considered filed unless the Social Security number, name, gross and excess wages for each employee are listed. Incomplete information could subject you to failure to file penalties.

Detach report and submit with payment on or before the due date. Do not include check stub with payment.

		KY UI-3 (R. 07/2018)	Page 2
KY EMP ID #	QTR/YR	Total Number of Pages in This Report	2
	4/2019		
Social Security Number	1st Initial	Last Name of Worker	Gross Wages
[REDACTED]	J	DOUGLAS	[REDACTED]
[REDACTED]	R	ALLEN	[REDACTED]
[REDACTED]	B	WEBB	[REDACTED]
[REDACTED]	D	PERRY	[REDACTED]
[REDACTED]	S	HATFIELD	[REDACTED]
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
	<b>Total Gross Wages</b>		<b>Total Excess Wages</b>
	46305.79		44098.01
UI39922	 Signature 336-885-5056 Telephone Number	 Payroll Solutions Inc Title 12/28/2019	<b>Gross Wages Total for All Pages</b> 46305.79
1.			

KENTUCKY EMPLOYER'S INCOME TAX WITHHELD WORKSHEET

ELECTRONIC FUNDS TRANSFER

Keep top portion for your records.

Instructions on Page 2

K-1E

42A801-E (02-2018)

CITIPOWER LLC Taxpayer Name, Account Number, 10/01/2019 Period Beginning, 12/31/2019 Period Ending, 01/31/2020 Due Date

Table with 5 rows: 1 Income tax withheld this period (2102.35), 2 Adjustments or credits (0.00), 3 Penalty \$ 0.00 + Interest \$ 0.00 = (0.00), 4 Payments made during the period (2102.35), 5 Total amount due (Remit payment via EFT) (0.00)

RECONCILIATION

Payments Made for Each Month in Current Quarter

First 600.54, Second 582.58, Third 919.23. Total number of employees for the period: 5. Total wages paid for the period: 46200.79

NEED HELP? Telephone assistance is available from 8:00 a.m. to 5:00 p.m. Monday through Friday. Assistance and forms are also available from taxpayer service centers.

Withholding Tax Assistance (502) 564-7287, Telecommunication Device for the Deaf (502) 564-3058

Internet Access www.revenue.ky.gov

Taxpayer Service Center Locations

Ashland (606) 920-2037, Bowling Green (270) 746-7470, Corbin (606) 528-3322, Florence (859) 371-9049, Frankfort (502) 564-4581, Hopkinsville (270) 889-6521, Louisville (502) 595-4512, Owensboro (270) 687-7301, Paducah (270) 575-7148, Pikeville (606) 433-7675

Mailing Address for Assistance

Kentucky Department of Revenue, Withholding Tax, PO Box 181, Station 57, Frankfort, KY 40602-0181

Detach return below and submit on or before the due date. CIPO-01 12/28/19 02:55 12/28/19 01:00

NTF 2583183 9 KYK1E1

Only for EFT Accounts

KENTUCKY EMPLOYER'S RETURN OF INCOME TAX WITHHELD

K-1E

CITIPOWER LLC Account Name

2122 ENTERPRISE ROAD Street Address

GREENSBORO NC 27408 City State ZIP Code

Period Begin: 10/01/2019, Period End: 12/31/2019, Due Date: 01/31/2020, Account No.:

- 1 Income tax withheld this period (2102.35), 2 Adjustments or credits (explain on page 2) (0.00), 3 Penalty \$ 0.00 + Interest \$ 0.00 = (0.00), 4 Payments made during period (2102.35), 5 Total amount due (Remit payment via EFT) (0.00)

Table with 2 columns: Dollars, Cents. Rows: 1 2102.35, 2 0.00, 3 0.00, 4 2102.35, 5 0.00

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a

Signature

Title

12/28/2019

Date

Client Copy

42A801-E (02-2018)

Kentucky Department of Revenue, Frankfort, KY 40620-0004

## K-1E INSTRUCTIONS

### FORM MUST BE PRINTED FRONT AND BACK

**Who Must File**—Every employer making payments of wages subject to Kentucky income tax is required to file withholding returns. A return must be filed for each reporting period even if Kentucky income tax was not withheld or the employer did not have any employees during the period.

**When and Where to File**—Revenue Form K-1E below must be mailed to the Department of Revenue, Frankfort, Kentucky 40620-0004 on or before the last day of the month following the closed of the quarter or next business day if the due date falls on a weekend or legal holiday. Any additional amount due must be remitted via EFT.

**Ownership Changes**—If the entity has had a change in ownership that required a new federal identification number, a new application (Form 10A100) must be filed. This form can be obtained online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Registration at (502) 564-3306, or a taxpayer service center.

**Amended Returns and Requests for Refunds**—An amended return is available online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Assistance at (502) 564-7287, or by contacting a taxpayer service center. In many cases a phone call may eliminate the need to file an amended return.

**Line 2, Adjustments or Credits**—This line is to be completed only if an error was made on a previous payment. If it is necessary to correct such an error for a previous period, enter the amount of the underpayment or overpayment on line 2. Explain adjustments on page 1 of the return. You must also include your phone number in the space provided.

**Line 3, Penalty**—Any employer who fails to withhold and remit taxes as required by Kentucky Revised Statutes Chapter 141 may be subject to penalties. The penalties are for (1) filing a return late; (2) late payment of the tax due and failure to withhold tax; and (3) failure to pay via EFT. All three penalties can apply to a return.

The late filing penalty is computed on the amount of tax liability less timely payments and credits for the period. The late payment penalty is computed on the amount of tax paid late. Each is 2 percent for each 30 days or fraction thereof that the return or payment is late. The minimum amount of each penalty is \$10. The percentage of each penalty will not exceed 20 percent. Any payment not remitted via EFT is subject to a 1/2 percent penalty.

**Note:** For any jeopardy assessment or estimated assessment issued for periods after January 1, 2003, the minimum late file penalty is \$100. This includes zero tax due returns that are filed late when a jeopardy or estimated assessment has been issued.

In addition to the above civil penalties, criminal penalties for willful violations are provided by KRS 141.990.

**Line 3, Interest**—Interest shall apply to the tax withheld or required to be withheld at the interest rate established under KRS 131.010(6) from the due date until the date the tax is paid to the Department of Revenue.

**Line 4, Payments Made During Period**—Enter total payments remitted via EFT for the period prior to filing this return.

**Line 5, Total Amount Due**—Remit any additional amounts due via EFT. If no adjustments or credits have been made, line 5 should equal zero.

**Reconciliation**—Enter payments made for each month of the current quarter.

(Cut Here)

NTF 2583185 9 KYK1E2

### RECONCILIATION (Must be completed)

**Payments Made for Each Month in Current Quarter 4/2019**

	Dollars		Cents
First .....	600		54
Second .....	582		58
Third .....	919		23

Total number of employees for the period .....

	5	
Total wages paid for the period .....	46200	79

**Statement of adjustments or credits entered on line 2 and account changes.**

# McCreary County Wage Report

CITIPOWER LLC

2122 ENTERPRISE ROAD  
GREENSBORO, NC, 27408

Date Quarter 12/31/2019

Federal tax ID: [REDACTED]

State tax ID: [REDACTED]

Local tax ID: [REDACTED]

Employee's Social Security Number	Employee's Name	Address	Local Taxable Wages	YTD Local Taxable Wages	Local Tax	Local Tax Rate	Additional Info
[REDACTED]	Hatfield, Sherry	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Webb, Bill R	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Douglas, James E	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Ridener, Donna	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Perry, Diadena	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Allen, Regina	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
[REDACTED]	Ross, Lorilee	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0.01500	
<b>Total</b>			46305.79	150158.06	681.60		

Employee	SUI Name	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total of Quarters	Limit	Difference
25 - Allen, Regina	KY-Interest Surcharg			0.00	0.00		10500.00	
	KY-SUI			0.00	0.00		10500.00	
27 - Douglas, James E	KY-Interest Surcharg			0.00	0.00		10500.00	
	KY-SUI			0.00	0.00		10500.00	
31 - Hatfield, Sherry	KY-Interest Surcharg			0.00	2207.78		10500.00	
	KY-SUI			0.00	2207.78		10500.00	
28 - Perry, Diadena	KY-Interest Surcharg			0.00	0.00		10500.00	
	KY-SUI			0.00	0.00		10500.00	
30 - Ridener, Donna	KY-Interest Surcharg			136.00	0.00		10500.00	
	KY-SUI			136.00	0.00		10500.00	
29 - Ross, Lorilee	KY-Interest Surcharg			0.00	0.00		10500.00	
	KY-SUI			0.00	0.00		10500.00	
22 - Webb, Bill R	KY-Interest Surcharg	3980.00	3596.00	2924.00	0.00	10500.00	10500.00	
	KY-SUI	3980.00	3596.00	2924.00	0.00	10500.00	10500.00	
<b>*** BALANCED ***</b>								
	<b>KY-Interest Surcharg</b>	<b>31794.99</b>	<b>8126.76</b>	<b>3060.00</b>	<b>2207.78</b>	<b>45189.53</b>		
	<b>KY-SUI</b>	<b>31794.99</b>	<b>8126.76</b>	<b>3060.00</b>	<b>2207.78</b>	<b>45189.53</b>		

#CIPO-01 Citipower LLC

Quarterly Tax Report  
4/2019

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
<b>Federal Taxes</b>						
Federal	-----	[REDACTED]	46,200.79	3,491.41	5	Semi-Weekly
EE OASDI	0.062000	[REDACTED]	46,200.79	2,864.48	5	Semi-Weekly
EE Medicare	0.014500	[REDACTED]	46,200.79	669.91	5	Semi-Weekly
ER OASDI	0.062000	[REDACTED]	46,200.79	2,864.48	5	Semi-Weekly
ER Medicare	0.014500	[REDACTED]	46,200.79	669.91	5	Semi-Weekly
Total Federal Liabilities				10,560.19		
ER FUI	0.006000	[REDACTED]	2,207.78	13.25	5	Quarterly
COBRA Credit	-----	[REDACTED]			5	Semi-Weekly
<b>Total Federal Taxes without COBRA</b>				<b>10,573.44</b>		
<b>Total Federal Taxes with COBRA</b>				<b>10,573.44</b>		
<b>State Withholding</b>						
KY State Withholding		[REDACTED]	46,200.79	2,102.35	5	Semi-Monthly
<b>Total State Withholding</b>				<b>2,102.35</b>		
<b>Employer SUI Withholding</b>						
KY-SUI	0.005000	[REDACTED]	2,207.78	11.04	5	Quarterly
<b>Total Employer SUI</b>				<b>11.04</b>		
<b>Employer SUI Other</b>						
KY-Interest Surcharge	0.002200	[REDACTED]	2,207.78	4.86	5	Quarterly
<b>Total Employer SUI Other</b>				<b>4.86</b>		
<b>Local Withholding</b>						
McCreary County	-----	[REDACTED]	46,305.79	681.60	5	Quarterly
<b>Total Local Withholding</b>				<b>681.60</b>		
Total Employee Taxes				9,809.75		
Total Employer Taxes				3,563.54		
<b>Total Tax Liability without COBRA</b>				<b>13,373.29</b>		
<b>Total Tax Liability with COBRA</b>				<b>13,373.29</b>		

**#CIPO-01 Citipower LLC**

## Quarterly Tax Report 4/2019

<i>Tax Type</i>	<i>Rate</i>	<i>Tax ID</i>	<i>Wages</i>	<i>Amount</i>	<i># EE's</i>	<i>Frequency</i>
-----------------	-------------	---------------	--------------	---------------	---------------	------------------

**Gender Counts**

<b>KY</b>	<b>Male</b>	<b>Female</b>	<b>Unknown</b>
<b>Oct</b>	<b>0</b>	<b>1</b>	<b>3</b>
<b>Nov</b>	<b>0</b>	<b>2</b>	<b>3</b>
<b>Dec</b>	<b>0</b>	<b>2</b>	<b>3</b>

<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Unknown</b>
<b>Oct</b>	<b>0</b>	<b>1</b>	<b>3</b>
<b>Nov</b>	<b>0</b>	<b>2</b>	<b>3</b>
<b>Dec</b>	<b>0</b>	<b>2</b>	<b>3</b>

Keep top portion for your records.

See Instructions

Table with 5 columns: Taxpayer Name (CITIPOWER LLC), Account Number, Period Beginning (12/15/2019), Period Ending (12/31/2019), Due Date (01/31/2020). Rows include employee counts, wages, taxes, and total amount due.

ANNUAL RECONCILIATION

Summary table for Annual Reconciliation showing total employees (7), total wages (149794.06), and total tax withheld (6891.37).

Payments Made for Each Period

Table showing monthly payments from Jan to Dec with amounts ranging from 406.26 to 781.75.

5 KY31 NTF 2579673 Copyright 2015 Greatland/Nelco Forms Software Only

NEED HELP?

Telephone assistance is available from 8:00 a.m. to 5:00 p.m. Monday through Friday. Assistance and forms are also available from taxpayer service centers.

Withholding Tax Assistance (502) 564-7287
Telecommunication Device for the Deaf (502) 564-3058

Internet Access www.revenue.ky.gov

Taxpayer Service Center Locations

Table listing service center locations: Ashland, Bowling Green, Corbin, Florence, Frankfort, Hopkinsville, Louisville, Owensboro, Paducah, Pikeville with phone numbers.

Mailing Address for Assistance

Kentucky Department of Revenue
Withholding Tax
PO Box 181, Station 57
Frankfort, KY 40602-0181

Do Not Submit K-2s With This Return. Mail K-2s With Transmitter Report (Form 42A806).

Detach return below and submit with payment on or before the due date. CIPO-01 12/28/19 02:55 12/28/19 01:00

K-3 KENTUCKY EMPLOYER'S RETURN OF INCOME TAX WITHHELD (Complete Annual Reconciliation on Page 2)

CITIPOWER LLC
2122 ENTERPRISE ROAD,
GREENSBORO, NC 27408

Summary table for K-3 showing employee counts, wages, taxes, and total amount due.

Period Begin: 12/15/2019
Period End: 12/31/2019
Due Date: 01/31/2020
Account No.:

42A8039912

Kentucky Department of Revenue
Frankfort, KY 40620-0004

DO NOT ATTACH CHECK TO RETURN

Client Copy

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true correct and complete return.
Signature: Scott Title: Payroll Solutions Inc Date: 12/28/2019



### K-3 INSTRUCTIONS

**Who Must File**--Every employer making payment of wages subject to Kentucky income tax is required to file withholding reports. A return must be filed for each reporting period even if no Kentucky income tax was withheld or the employer had no employees during the period.

**When and Where to File**--Revenue Form K-3 together with payment of the total amount due (line 6) must be mailed to the Department of Revenue, Frankfort, Kentucky 40620-0004 on or before January 31 or next business day if the due date falls on a weekend or legal holiday. **Do not submit photocopies.** Make check or money order payable to the **Kentucky State Treasurer.**

**Ownership Changes**--If the entity has had a change in ownership that required a new federal identification number, a new application (Form 10A100) must be filed. This form can be obtained online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Registration at (502) 564-3306, or a taxpayer service center.

**Amended Returns and Requests for Refunds**--An amended return is available online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Assistance at (502) 564-7287, or by contacting a taxpayer service center. In many cases a phone call may eliminate the need to file an amended return.

**Line 4**-- This line is to be used only if there has been an error in tax paid on a prior return that needs to be adjusted on this return. To correct these errors enter the amount of the underpayment or overpayment on this line. Explain the adjustment on page 2 of the return. You must include your phone number in the box on page 2 of the return.

**Line 5, Penalty**--Any employer who fails to withhold and remit taxes as required by Kentucky Revised Statutes Chapter 141 may be subject to penalties. The penalties are for (1) filing a return late and (2) late payment of the tax due and failure to withhold tax. Both of these penalties are computed on the amount of the tax due on the return. Each is 2 percent of the tax due on the return for each 30 days or fraction thereof that the return or payment is late. The minimum amount of each penalty is \$10. The percentage of each penalty will not exceed 20 percent of the total amount of tax due. Both penalties can apply to a return.

In addition to the above civil penalties, criminal penalties for willful violations are provided by KRS 141.990.

Example: The December return is due January 31 but the return was filed on March 15. Tax due on the return was \$1,000.

**Computation of late filing penalty:**

Tax Due	\$1,000.00
The return was 43 days late	
so the penalty is 4% (2% x two 30-day periods)	x .04
Late filing penalty (Computed penalty is greater than the \$10 minimum)	\$ 40.00

**Computation of late payment penalty:**

Tax Due	\$1,000.00
The return was 43 days late	
so the penalty is 4% (2% x two 30-day periods)	x .04
Late payment penalty (Computed penalty is greater than the \$10 minimum)	\$ 40.00

Total penalties for the return are \$80.

**Note:** For any jeopardy assessment or estimated assessment issued for periods after January 1, 2003, the minimum late file penalty will be \$100. This includes zero tax due returns that are filed late when a jeopardy or estimated assessment has been issued.

**Line 5, Interest**--Interest shall apply to the tax withheld or required to be withheld at the interest rate established under KRS 131.010(6) from the due date until the date the tax is paid to the Department of Revenue.

**Line 6**--The total amount due on returns that have no adjustments and are postmarked by the due date is the amount entered on line 3. If there are prior period adjustments they will be added to or subtracted from line 3 depending on whether the adjustment is for an underpayment or an overpayment.

Any penalty and interest reported on line 5 must be added to the taxes reported on line 3.

Payment for the amount shown on this line should be made to **Kentucky State Treasurer.** Include the withholding account number and the period shown on the return on the check.

5 KY32 NTF 2579674

Copyright 2015 Greatland/Nelco Forms Software Only

(Cut Here)

KY K-3 (11/2014) Page 2

### ANNUAL RECONCILIATION (Must be Completed)

Total number of employees for the year	7	Total wages paid for the year	149794.06
--	---	-------------------------------	-----------

**Payments Made for Each Period**

Jan.	759.18	Apr.	408.43	July	781.75	Oct.	600.54
Feb.	401.90	May	466.18	Aug.	546.84	Nov.	582.58
Mar.	406.26	June	476.25	Sept.	542.23	Dec.	919.23

Total Kentucky income tax withheld as shown on K-2s	6891.37
---	---------

42A8039922

Statement of adjustments or credits entered on line 4 and account changes.

Please check this box if you wish to credit overpayment to the next return filed.

KENTUCKY EMPLOYER'S INCOME TAX WITHHELD WORKSHEET

ELECTRONIC FUNDS TRANSFER

Keep top portion for your records.

Instructions on Page 2

K-3E

42A803-E (12-2018)

CITIPOWER LLC 174322 12/15/2019 12/31/2019 01/31/2020
Taxpayer Name Account Number Period Beginning Period Ending Due Date

Table with 5 rows and 3 columns: Description, Amount, and Subtotal. Row 1: Income tax withheld this period 612.54. Row 2: Adjustments or credits 0.00. Row 3: Penalty \$ 0.00 + Interest \$ 0.00 = 0.00. Row 4: Payments made during the period 612.54. Row 5: Total amount due (Remit payment via EFT) 0.00.

RECONCILIATION

Payments Made for Each Month in Current Quarter

Table with 3 rows and 4 columns: Month, Amount, Description, and Total. First month: 600.54, Total wages paid for the period: 13247.03. Second month: 582.58, Total wages paid for the year: 7. Third month: 919.23, Total wages paid for the year: 149794.06.

NEED HELP? Telephone assistance is available from 8:00 a.m. to 5:00 p.m. Monday through Friday. Assistance and forms are also available from taxpayer service centers.

Withholding Tax Assistance (502) 564-7287
Telecommunication Device for the Deaf (502) 564-3058

Internet Access www.revenue.ky.gov

Taxpayer Service Center Locations

- Ashland (606) 920-2037, Bowling Green (270) 746-7470, Corbin (606) 528-3322, Florence (859) 371-9049, Frankfort (502) 564-4581, Hopkinsville (270) 889-6521, Louisville (502) 595-4512, Owensboro (270) 687-7301, Paducah (270) 575-7148, Pikeville (606) 433-7675

Mailing Address for Assistance

Kentucky Department of Revenue
Withholding Tax
PO Box 181, Station 57
Frankfort, KY 40602-0181

Detach return below and submit on or before the due date. CIPO-01 12/28/19 02:57 12/28/19 01:00

NTF 2582907 8 KYK3E1

Only for EFT Accounts

KENTUCKY EMPLOYER'S RETURN QF INCOME TAX WITHHELD

(Complete Annual Reconciliation on Page 2)

K-3E

CITIPOWER LLC
Account Name

2122 ENTERPRISE ROAD
Street Address

GREENSBORO NC 27408
City State ZIP Code

Period Begin: 12/15/2019
Period End: 12/31/2019
Due Date: 01/31/2020
Account No.: 174322

- 1 Income tax withheld this period 612.54
2 Adjustments or credits (explain on page 2) 0.00
3 Penalty \$ 0.00 + Interest \$ 0.00 = 0.00
4 Payments made during period 612.54
5 Total amount due (Remit payment via EFT) 0.00

Table with 2 columns: Dollars, Cents. Row 1: 612.54. Row 2: 0.00. Row 3: 0.00. Row 4: 612.54. Row 5: 0.00.

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true,

Signature: Scott M. Title: Payroll Solutions Inc Date: 12/28/2019

## K-3E INSTRUCTIONS

### FORM MUST BE PRINTED FRONT AND BACK

**Who Must File**—Every employer making payment of wages subject to Kentucky income tax is required to file withholding returns. A return must be filed for each reporting period even if Kentucky income tax was not withheld or the employer did not have any employees during the period.

**When and Where to File**—Revenue Form K-3E must be mailed to the Department of Revenue, Frankfort, Kentucky 40620-0004 on or before January 31 or next business day if the due date falls on a weekend or legal holiday. Any additional amount due must be remitted via EFT.

**Ownership Changes**—If the entity has had a change in ownership that required a new federal identification number, a new application (Form 10A100) must be filed. This form can be obtained online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Registration at (502) 564-3306, or a taxpayer service center.

**Amended Returns and Requests for Refunds**—An amended return is available online at [www.revenue.ky.gov](http://www.revenue.ky.gov), by contacting Taxpayer Assistance at (502) 564-7287, or by contacting a taxpayer service center. In many cases a phone call may eliminate the need to file an amended return.

**Line 2, Adjustments or Credits**—This line is to be completed only if an error was made on a previous payment. If it is necessary to correct such an error for a previous period, enter the amount of the underpayment or overpayment on line 2. Explain adjustments on page 2 of the return. You must also include your phone number in the space provided.

**Line 3, Penalty**—Any employer who fails to withhold and remit taxes as required by Kentucky Revised Statutes Chapter 141 may be subject to penalties. The penalties are for (1) filing a return late; (2) late payment of the tax due and failure to withhold tax; and (3) failure to pay via EFT. All three penalties can apply to a return.

The late filing penalty is computed on the amount of tax liability less timely payments and credits for the period. The late payment penalty is computed on the amount of tax paid late. Each is 2 percent for each 30 days or fraction thereof that the return or payment is late. The minimum amount of each penalty is \$10. The percentage of each penalty will not exceed 20 percent. Any payment not remitted via EFT is subject to a 1/2 percent penalty.

**Note:** For any jeopardy assessment or estimated assessment issued for periods after January 1, 2003, the minimum late file penalty is \$100. This includes zero tax due returns that are filed late when a jeopardy or estimated assessment has been issued.

In addition to the above civil penalties, criminal penalties for willful violations are provided by KRS 141.990.

**Line 3, Interest**—Interest shall apply to the tax withheld or required to be withheld at the interest rate established under KRS 131.010(6) from the due date until the date the tax is paid to the Department of Revenue.

**Line 4, Payments Made During Period**—Enter total payments remitted via EFT for the period prior to filing this return.

**Line 5, Total Amount Due**—Remit any additional amounts due via EFT. If no adjustments or credits have been made, line 5 should equal zero.

**Annual Reconciliation**—Complete this section. W-2 information must be reported in either the accepted electronic format or on Form K-5.

(Cut Here)

NTF 2582908

8 KYK3E2

### ANNUAL RECONCILIATION (Must be completed)

**Payments Made for Each Quarter**

	Dollars	Cents
First .....	1567	34
Second .....	1350	86
Third .....	1870	82
Fourth .....	2102	35
<b>Total Paid</b> .....	<b>6891</b>	<b>37</b>

Total number of employees for the **year** .....

Total wages paid for the **year** .....

**Total Kentucky income tax withheld as shown on W-2s** .....

7	
149794	06
6891	37

Total number of employees for the period .....

Total wages paid for the period .....

5	
13247	03

**Statement of adjustments or credits entered on line 2 and account changes.**

Please check this box if you wish to credit overpayment to the next return filed.

**This report is under construction.  
Sorry for inconvenience.**

### Local Tax Summary Report

Payee: KY-McCreary County Tax  
P.O. Box 327  
Whitley City, KY 42653

Local ID : XXXXXXXXXX  
State ID : XXXXXX  
Federal ID: XXXXXXXXXX  
Year: 2019

Employer: CITIPOWER LLC  
2122 ENTERPRISE ROAD ,  
GREENSBORO, NC 27408

Total Number of Employees . . . :	7
Taxable Wages\Gross Payroll . . . :	\$150158.06
Local Tax . . . . . :	\$2239.36
Add Interest Due. . . . . :	\$0.00
Add Penalty Due . . . . . :	\$0.00
Discount\Credit . . . . . :	< \$0.00 >
Total Tax . . . . . :	\$2239.36
Total Payments for Year . . . . :	\$2239.36
Total Amount Due . . . . . :	\$0.00

**Monthly Taxes:**

January 0.00	July 0.00
Feburary 0.00	August 0.00
March 0.00	September 0.00
April 0.00	October 0.00
May 0.00	November 0.00
June 0.00	December 0.00

**Quarterly Taxes:**

First Qtr. 508.07	Third Qtr. 606.70
Second Qtr. 442.99	Fourth Qtr. 681.60

**Quarterly Wages:**

First Qtr. 33873.14	Third Qtr. 40446.29
Second Qtr. 29532.84	Fourth Qtr. 46305.79

I declare under the penalties provided by law that this return is a complete statement and to the best of my knowledge and belief is a true and complete return.

	Payroll Solutions Inc	12/28/2019
Signature	Title	Date

See Attached Employee Local Wage Listings, If Required.

DO NOT STAPLE

33333		a Control number		For Official Use Only OMB No. 1545-0008		Image Provided for Display Only – Not Fileable							
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> Military CT-1 <input type="checkbox"/> Hshld. emp.		943 <input type="checkbox"/> Medicare govt. emp.		944 <input type="checkbox"/>		Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/> State/local non-501c 501c non-govt. <input type="checkbox"/> State/local 501c Federal govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>	
c Total number of Forms W-2 7		d Establishment number		1 Wages, tips, other compensation 149794.06		2 Federal income tax withheld 11420.36		e Employer identification number (EIN) 611305266		3 Social security wages 149794.06		4 Social security tax withheld 9287.31	
f Employer's name Citipower LLC 2122 Enterprise Road Greensboro, NC 27408		g Employer's address and ZIP code		5 Medicare wages and tips 149794.06		6 Medicare tax withheld 2171.97		7 Social security tips 0.00		8 Allocated tips 0.00		9	
h Other EIN used this year		10 Dependent care benefits 0.00		11 Nonqualified plans 0.00		12a Deferred compensation 0.00		13 For third-party sick pay use only		12b		14 Income tax withheld by payer of third-party sick pay	
15 State KY		Employer's state ID number 174322		16 State wages, tips, etc. 149794.06		17 State income tax 6891.37		18 Local wages, tips, etc. 150158.06		19 Local income tax 2239.36		Employer's contact person Regina Allen	
Employer's telephone number 336-379-0800		Employer's fax number 606-376-8830		Employer's email address raallen5@accesshsd.net		For Official Use Only		Signature		Title		Date	

Under penalties of perjury I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature: *Scott* Title: Payroll Solutions Inc Date: 12/28/2019

Form **W-3** Transmittal of Wage and Tax Statements **2019** 38-2099803 Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

**Reminder**

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

**Purpose of Form**

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

**E-Filing**

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2020**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

**When To File Paper Forms**

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2020**.

**Where To File Paper Forms**

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Direct Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

9 BW3  
NTF 2562695

Payroll Dbl 10/30/18 1/12/19

#CIPO-01 Citipower LLC

RS

Input Worksheet (S351)	
Check Date :	
Period Range :	
Frequency :	Bi Weekly
Call in Date	

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earnings & Deds	Notes
Allen Regina 25 S1/S1 12/04/2000 Rate #1 [redacted] Department 1	80	7							Fed 0.00 M State 0.00 M D10 MASA Insn 7.00 D50 Direct Dep --	
Douglas James E. 27 M2/M2 07/24/2006 Rate #1 [redacted] Department 1	80	35.5							Fed 0.00 M State 0.00 M D10 MASA Insn 7.00 D50 Direct Dep 160.00 D51 Direct Dep --	
Hatfield Sherry 31 M0/S0 11/01/2019 Rate #1 [redacted] Department 1									D50 Direct Dep --	
Perry Diadena 28 S0/S0 09/30/2015 Rate #1 [redacted] Department 1	80	4							D10 MASA Insn 7.00 D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	64	24	76						Fed 0.00 M State 0.00 M D10 MASA Insn 14.00 D50 Direct Dep	

Freq Emp Total: 5

Salaries Paid: 0

Report Totals	Hours									
	Dollars									
Page Totals	Hours									Page Emp Total: 5
	Dollars									SB Rep: Brittany Newsome Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D10 MASA Insurance	D12 Garnishment
D15 Child Support 2	D16 Child Support3	D20 Simple	D22 Simple Catch up			

Payroll Solutions Inc  
 phone: 336-885-5056  
 fax: 336-885-5080  
 e-mail: info@payrollsolutions.com

Timecard

Name: Regina Allen

Pay Period: From 12/30/18 To: 1/12/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	8.5	8.5	8.5	8.5		
Post Office						1.0								1.0	
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87

Sign and Date: Regina Allen



Timecard

Name: *James Joseph*

Pay Period: From *12-29-18* To: *1-12-19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance						8				2	3				
Worley <del>Compressor</del> <sup>Line Pressur</sup> Work				1	1				1	1	1	1	1		
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dis t. Lines)									1 1/2						
Pigging lines															
Meter hook up & removal				1 1/2							2		1		
Reclamation (meters)															
Read Meters															
Compressor Work Nip Schenk	3 1/2	3 1/2	3 1/2				3 1/2	3 1/2		3	3	4 1/2	5	3 1/2	
Spot Line				2					2				3 1/2		
Freeze UPS														3	
Blowing Drips															
Well Maint & Repairs				4 1/2	8				4 1/2	3					
Changing Charts															
Other (Holiday)		8	8												
Reclamation															
Call out		2	1 1/2									1 1/2	1 1/2		

Sign and Date: *James Joseph*

*3 1/2 13 1/2 13 9 9 8 3 1/2 3 1/2 9 9 9 10 1/2 11 1/2 3 1/2*  
*1-12-19*

*BC  
OK*

*115 1/2*  
*Reg - 80*  
*over time - 35 1/2*  
*115 1/2*



Timecard

Name: Bill Webb

Pay Per From 12/30/2018 To 1/12/2019

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.					8	4			1	4	6				
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office						4.5			4	6	4		8		
Blowing Drips															
Well Maint. & Repairs				8					4						
Changing Charts															
Reclamtion															
Weed Eat															
Bell County	14											12		2	
prison meter							2	2.5							
S Day															
H day		8	8												
KGA															
	14	8	8	8	8	8.5	2	2.5	9	8	8	12	8	2	<b>TOTAL 106</b>

OT 26

SIGN AND DATE: *Bill Webb* 1-12-19

*BL*  
*OK*

*Payroll sheet 1/13/19 - 1/27/19*

#CIPO-01 Citipower LLC

*201*

Input Worksheet (S351)	
Check Date :	<del>12/06/2019</del>
Period Range :	<del>11/19/2019 TO 12/02/2019</del>
Frequency :	Bi-Weekly
Call in Date	<del>12/04/19</del>

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Eams & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	40	4			40				Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	80	50.5							Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	11.5							D50 Direct Dep --	
Ross Lorilee 29 S0/S0 09/27/2017 Rate #1 [redacted] Department 1									D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	22								Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: *Diadene Perry*

Pay Period: From *1-13-19* To: *1-27-19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
<del>Worley</del> Compressor Work		3.5	4	4.5		1.5			4	4	4	2	1		
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Plugging lines															
Meter hook-up & removal		3.5	2.5	3	2	2.5				5	1	4	4		
Reclamation (meters)															
Read Meters															
Freeze ups									5		3	2.5	3		
spd line		2	1.5	2.5	3	5									
Blowing Drips				2	5	6									
Well Maint. & Repairs															
Changing Charts															
Other															
Reclamation															

Sign and Date: *Diadene Perry* <sup>9 10 10 10.5 10</sup> *1-27-19* <sup>9 9 8 8.5 8</sup> *80-11.5*

Timecard

Name: Jimmy Douglas

Pay Period: From 1-13-19 To: 1-27-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance <sup>Improved Equipment</sup>			2								3 1/2				
Worley Compressor Work <sup>Live Reservoir</sup>		1	1	1 1/2	2	1	1		1	1	1	1 1/2	1/2		
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. LI es)															
Pigging Lines															
Meter hook-up & removal		3	2 1/2	2		2 1/2				5				4	
Reclamation (meters)															
Read Meters															
Compressor Work <sup>And Sinks</sup>	3 1/2	4	3	4	2	3 1/2	4	3 1/2	4	3 1/2	4	4	3 1/2	3 1/2	
Spot Line		2	1 1/2	2 1/2	3 1/2							2 1/2			
CALL OUT								5 1/2				1 1/2	1	3	
Blowing Drips					3	3									
Well Maint. & Repairs															
Changing Charts															
Other: (Freeze ups)									5 1/2			2	2 1/2		
Reclamation															
Prising Meter									3	1	1/2				

Sign and Date:

*Jimmy Douglas* 1-22-19

3 1/2 10 10 10 10 10 5 9 13 11 9 11 1/2 11 1/2 6 1/2

130 1/2

Reg - 80  
overtime - 50 1/2

130 1/2

Timecard

Name: Bill Webb

Pay Per From 1/13/2019 To 1/26/2019

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.															
Line pressor work.			2												
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office		4	8												
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County		6													
prison meter	2														
S Day				0	0	0	0	0	0	0	0	0	0	0	
H day															
KGA															
	2	10	10												TOTAL 22

SIGN AND DATE: Bill Webb 1-26-19

Timecard

Name: Regina Allen

Pay Period: From 1-3-19 To: 1-27-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5	9.0									
Post Office						1.0									
Sick Time								8	8	8	8	8			
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: Regina Allen

80.8  
4.0



Witness: Adam Forsberg

*Payroll dtd 12-19/12-10-19*

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Schd/ Eams & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	80	9							Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	80	46							Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	15.5							D50 Direct Dep --	
Ross Lorilee 29 S0/S0 09/27/2017 Rate #1 [redacted] Department 1	---								D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	---		Bill off						Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Diadema Perry

Pay Period: From 1-27-19 To: 2-10-19

CITIPOWER		M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance											6	1			
<del>Compressor</del> Compressor Work					1	1	2							2	
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal														9.5	
Reclamation (meters)															
Read Meters	10	10													
order test				2											
delivered charts to meters		2													
freeze ups				7		8				6	2				
spot line										2					
Blowing Drips					8				8			8			
Well Maint. & Repairs															
Changing Charts															
Other: ( )															
Reclamation															
	10	12		9	9	9	2		8	8	8	9	9.5	2	95.5

Sign and Date: Diadema Perry 2-10-19

80 Reg  
15 OT

Timecard

Name: Jimmy Douglas

Pay Period: From 1-27-19 To: 2-10-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance						1 1/2				2	1 1/2				
Worley Line Work			1	1	1	1			1 1/2	2	2	2	2		
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal										2				5	
Reclamation (meters)															
Read Meters		5	6	3											
Comp Work Airport Schematics	3 1/2		1 1/2	3 1/2	4	4	3 1/2	3 1/2	3 1/2	4	3 1/2	3	3	3 1/2	
Call out				3	2										1 1/2
Freeze ups		2	1 1/2	2 1/2	5	3 1/2									
Checking Service lines											1 1/2				
Blowing Drips									5						
Well Maint. & Repairs															
Changing Charts		6													
Other( )															
Reclamation															
Spot line							2 1/2				1 1/2	5			

Sign and Date: Jimmy Douglas

3 1/2 13 10 13 12 10 6 3 1/2 10 10 10 10 10 5  
2-10-19

126  
reg-80  
overtime-46  
126

Timecard

Name: Regina Allen

Pay Period: From 1-27-19 To: 2-10-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	9.0	9.0	8.5		8.5	9.0	9.0	9.0	8.5			
Post Office						1.0							1.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other: ( )															
Reclamation															

Sign and Date: Regina Allen 2-10-19

Payroll Dtbl 2/19/19 = 2/25/19

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	
Period Range :	
Frequency :	Bi-Weekly
Call in Date	

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earnings & Deds	Notes
Allen Regina 25 S1/S1 12/04/2000 Rate #1 [redacted] Department 1	80	7							Fed 0.00 M State 0.00 M D10 MASA Insi 7.00 D50 Direct Dep -	
Douglas James E. 27 M2/M2 07/24/2006 Rate #1 [redacted] Department 1	80	42							Fed 0.00 M State 0.00 M D10 MASA Insi 7.00 D50 Direct Dep 160.00 D51 Direct Dep -	
Joni [redacted] Rate #1 [redacted] Department 1	8.5								D50 Direct Dep -	
Perry Diadana 28 S0/S0 09/30/2015 Rate #1 [redacted] Department 1	80	14							D10 MASA Insi 7.00 D50 Direct Dep -	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	Bill	0.00							Fed 0.00 M State 0.00 M D10 MASA Insi 14.00 D50 Direct Dep -	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours									
	Dollars									
Page Totals	Hours									Page Emp Total: 5
	Dollars									SB Rep: Brittany Newsome Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D10 MASA Insurance	D12 Garnishment
D15 Child Support 2	D16 Child Support 3	D20 Simple	D22 Simple Catch up			

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollolutions.com

Timecard

Name: Regina Allen

Pay Period: From To:

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	8.5	8.5	8.5	8.5		
Post office						1.0							1.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87

Sign and Date: Regina Allen 3-11-19

Timecard

Name: Jimmy Douglas

Pay Period: From 2-10-19 To: 2-25-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance			1 1/2		1										
Worley <sup>compressor</sup> Compressor Work		2	2	2	2	2	1 1/2	1 1/2	2	2	2	2	1 1/2		
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal		1	2 1/2										2		
Reclamation (meters)															
Read Meters															
Camp work A. opint, Shenck	3 1/2	5	4	3 1/2	3 1/2	4	3 1/2	3 1/2	4	3 1/2	4	3 1/2	4	3 1/2	
CALL OUT.			2												
Blowing Drips								4							
Well Maint. & Repairs												1 1/2			
Changing Charts															
Other (Spot line)		2		3 1/2		4				4 1/2	4	3	2 1/2		
Reclamation															
CLASS (811)				4											
Road work					3 1/2										

3 1/2 10 12 13 10 10 5 5 10 10 10 10 10 3 1/2

Sign and Date: Jimmy Douglas

2-25-19

122  
Reg - 80  
Over time - 42  
122

Timecard

Name:

*Deidana Perry*

Pay Period: From 2-10-19 To: 2-24-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance			3	2						3.5	2	2	2.5		
<del>Orlay</del> Compressor Work		1	1	1	1	1			1	1	1	1	2		
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Plugging Lines															
Meter hook-up & removal											2	2.5	2		
Reclamation (meters)															
Read Meters															
spot line		2	3	3.5		4.5				4.5	4	3.5	2.5		
Road work						3.5									
Mt Valley Parts			2												
Class - 8/1				5.5											
Blowing Drips		7			8				8						
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date:

*Deidana Perry*

9 12 9 9 9 9 9 9 9

502  
1407



Timecard

Name: Lorilee Ross

Pay Period: From 2-5-19 To: 2-15-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office						8 1/2									
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: Lorilee Ross 2-15-19

Payroll Dtd 2/25/19 3/11/19

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	
Period Range :	
Frequency :	Bi-Weekly
Call in Date	

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Allen Regina 25 S1/S1 12/04/2000 Rate #1 [redacted] Department 1	76	7			4				Fed 0.00 M State 0.00 M D10 MASA Insi 7.00 D50 Direct Dep --	
Douglas James E. 27 M2/M2 07/24/2006 Rate #1 [redacted] Department 1	80	47.5							Fed 0.00 M State 0.00 M D10 MASA Insi 7.00 D50 Direct Dep 160.00 D51 Direct Dep --	
Rate #1 [redacted] Department 1									D50 Direct Dep --	
Perry Diadena 28 S0/S0 09/30/2015 Rate #1 [redacted] Department 1	80	16.5							D10 MASA Insi 7.00 D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	Bill off								Fed 0.00 M State 0.00 M D10 MASA Insi 14.00 D50 Direct Dep --	

Freq Emp Total: 5

Salaries Paid: 0

<b>Report Totals</b>	Hours									
	Dollars									
<b>Page Totals</b>	Hours									Page Emp Total: 5
	Dollars									SB Rep: Brittany Newsome Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D10 MASA Insurance	D12 Garnishment
D15 Child Support 2	D16 Child Support 3	D20 Simple	D22 Simple Catch up			

Payroll Solutions Inc

phone: 336-885-5056

fax: 336-885-5080

e-mail: info@payrollsolutions.com

Timecard

Name: Jimmy D

Pay Period: From 2-25-19 To: 3-11-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance					3										
Worley <sup>1 1/2 Pressure</sup> Compressor Work			2	1 1/2		2	1 1/2	2				2	2	1	
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal					1 1/2	3						4 1/2	1 1/2		
Reclamation (meters)															
Read Meters		1 1/2	5 1/2	3											
Camp Work Airport Schenck read	3 1/2	3 1/2		4		3 1/2	3 1/2	3 1/2				3 1/2	3 1/2	3 1/2	
Spot Line			2 1/2	2		1 1/2								3	
Freeze UPS									12	12 1/2	11				
Blowing Drips															
Well Maint. & Repairs															
Changing Charts					5										
Other (CALL OUT)															
Reclamation															
House leak					2										
Prison meter					1 1/2										

Sign and Date:

*[Signature]* 3-11-19 3-11-19

3 1/2 10 10 10 1 1/2 13 10 5 5 1/2 12 12 1/2 11 10 10 4 1/2

127 1/2

Reg-80

overtime - 47 1/2

127 1/2

Timecard

Name:

*Diadana Perry*

Pay Period: From *3-25-19* To: *3-30-19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
<del>Water</del> Compressor Work		1	1	1	1	1			1	1	1	1	1		
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal												8	2		
Reclamation <del>(meters)</del> <sup>Lawn</sup>													2		
Read Meters		10	8												
<i>SPT line</i>						1					3.5				
<i>Freeze Ups</i>					8	8			8	9	4.5				
<i>Office</i>													4.5		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts				9											
Other( )															
Reclamation															

Sign and Date: *Diadana Perry* 11/3-10-19 9 10 9 10 9.5

80 Reg  
1650T

Timecard

Name: Regina Allen

Pay Period: From 2-25-19 To: 3-1-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	8.5	8.5	8.5	4.5		
Post Office						1.0							1.0		
Personal													4.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87

Sign and Date: Regina Allen 3-1-19

*Payroll dtd. 3-10-19/3 2449*

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2015
Period Range :	<del>11/19/2017 TO 12/02/2017</del>
Frequency :	Bi-Weekly
Call in Date	12/04/19

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earnings & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	80	7							Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	80	485							Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	12							D50 Direct Dep --	
Ross Lorilee 29 S0/S0 09/27/2017 Rate #1 [redacted] Department 1									D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	Bill	off							Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars							

Page Totals	Hours	Dollars							

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Regina Allen

Pay Period: From 3-10-19 To: 3-24-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	8.5	8.5	8.5	8.5		
Post Office						1.0							1.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87 hrs!

Sign and Date: Regina Allen 3-24-19

Timecard

Name: Jimmy D.

Pay Period: From 3-10-19 To: 3-24-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance				1 1/2											
Worley <sup>line pressor</sup> Compressor Work	1 1/2	2		2	2	2				1	1 1/2	2	2	2	
Tennessee Pipeline Work															
Reclamation (dist. Lines)											4 1/2	3 1/2	5		
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal					1 1/2	4				10					
Reclamation (meters)															
Read Meters															
Camp Work Airport Schemick road	3 1/2		3 1/2	4	3 1/2	4	3 1/2	3 1/2			4	3 1/2	4	3 1/2	
Spot Line		4	1 1/2	2 1/2	3					5		1		3 1/2	
Bell County			7												
Blowing Drips		4								4					
Well Maint. & Repairs															
Changing Charts															
Other (CALL OUT)		1			2				1				1 1/2		
Reclamation															

Sign and Date: Jimmy D. 5 11 12 10 12 10 3 1/2 5 1/2 10 10 10 10 12 1/2 9  
 3-24-19

128 1/2  
 reg-80  
 over time - 4 1/2  
 128 1/2



Timecard

Name: *Duadene Perry*

Pay Period: From *3-11-19* To: *3-24-19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance					4						4.5	3	3.5		
Worley Compressor Work		1	2	2	2	1				1		1	1		
Tennessee Pipeline Work															
Reclamation (dist. Lines)											4.5		4.5		
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal						7			10						
Reclamation (meters)															
Read Meters															
Office			1		1							<del>4</del>	5		
Leslie's tires										4					
Harbor Freight Tools					3										
spot line					4	2	2								
Blowing Drips		8									4				
Well Maint. & Repairs <i>prison clean</i>				5											
Changing Charts															
Other( )															
Reclamation															

Sign and Date: *Duadene Perry* 9 9 9 10  
8-24-19

80 Reg  
17 nt

324-19-41819

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	
Period Range :	
Frequency :	Bi-Weekly
Call in Date	

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earnings & Deds	Notes
Allen Regina S1/S1 25 12/04/2000 Rate #1 [redacted] Department 1	80	9							Fed 0.00 M State 0.00 M D10 MASA Insr 7.00 D50 Direct Dep ---	
Douglas James E. M2/M2 27 07/24/2006 Rate #1 [redacted] Department 1	80	49							Fed 0.00 M State 0.00 M D10 MASA Insr 7.00 D50 Direct Dep 160.00 D51 Direct Dep ---	
Hatfield Sherry M0/S0 31 11/01/2019 Rate #1 [redacted] Department 1									D50 Direct Dep ---	
Perry Diadena S0/S0 28 09/30/2015 Rate #1 [redacted] Department 1	80	3.5							D10 MASA Insr 7.00 D50 Direct Dep ---	
Webb Bill R. M0/M0 22 07/24/2000 Rate #1 [redacted] Department 1	Bill	OPR							Fed 0.00 M State 0.00 M D10 MASA Insr 14.00 D50 Direct Dep ---	

Freq Emp Total: 5

Salaries Paid: 0

Report Totals	Hours	Dollars									Page Emp Total: 5
											SB Rep: Brittany Newsome
											Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday	E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D10 MASA Insurance	D12 Garnishment	D15 Child Support 2	D16 Child Support 3	D20 Simple	D22 Simple Catch up			

Payroll Solutions Inc

phone: 336-885-5056

fax: 336-885-5080

e-mail: info@payrollsolutions.com


Date Printed: 04/20/2020 11:28:29 AM

Timecard

Name: Jimmy Douglas

Pay Period: From 3-24-19 To: 4-8-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance						1 1/2		1	1/2				1/2		
Worley <sup>line pressor</sup> Compressor Work	1 1/2	2	2	2	2	2	1 1/2	1 1/2	2	2	2	2	1	1 1/2	
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal						1 1/2									
Reclamation (meters)															
Read Meters			6	6											
Comp Work A/C P. at Schenck camp	3 1/2	4	3 1/2	3 1/2		4	3 1/2	3 1/2	4	3 1/2	3 1/2	4	3 1/2	3 1/2	
Spot Live		4				3 1/2 + 2 1/2		3	5 1/2	5	5	4			
Blowing Drips															
Well Maint. & Repairs															
Changing Charts					5										
Other (CALL OUT)								2	1						
Reclamation															

Sign and Date:  5 10 11 1/2 11 1/2 10 1/2 11 1/2 5 7 10 11 1/2 10 1/2 11 9 5

129  
Reg- 80  
Overtime- 49  
129

Timecard

Name:

*Diadene Perry*

Pay Period: From *3-24-19* To: *4-8-19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance									1						
<del>Line</del> Worley Compressor Work		1	2			2			2	<del>2</del> 1			1		
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal						1.5									
Reclamation (meters)															
Read Meters			6	6	3										
spot line		4				2.5			2	<del>6</del> 5	5	4			
S Chem 1G		3.5	3.5			2			4		3.5	3	3		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts					5										
Other( )															
Reclamation															

80-3

Sign and Date:

*Diadene Perry*

*8.5 8 8.5 8 8 4-8-19*

*9 9.5 8.5 8*

Timecard

Name: Regina Allen

Pay Period: From 3-24-19 To: 4-8-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	9.5	8.5	9.5			
Post Office						1.0							1.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															89

Sign and Date: Regina Allen 4-8-19

*Payroll dated 4/1/19 - 4/21/19*

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2019
Period Range :	11/19/2019 TO 12/02/2019
Frequency :	Bi-Weekly
Call in Date	12/04/19

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Schd/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	72	7			8				Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	80	49							Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	72	10			8				D50 Direct Dep --	
<del>Resonance</del> 29 S0/S0 09/27/2017 Rate #1 [redacted] Donna Videner Department 1	33.5								D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	Bill	Webb							Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
 Salaries Paid: 0

Report Totals	Hours	Dollars							

Page Totals	Hours	Dollars							

Page Emp Total: 5  
 SB Rep: Britany Newsome  
 Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
 phone: 336-885-5056  
 fax: 336-885-5080  
 e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Jimmy D

Pay Period: From 4-9-19 To: 4-21-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley <sup>1 1/2 Pressor</sup> <del>Compressor</del> Work		2 1/2	3	2		2	1 1/2	1 1/2	2	2	2	2	1 1/2	1 1/2	
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal						1/2									
Reclamation (meters)															
Read Meters															
Cond Work. Airport, Schroeder Camp	5 1/2	4	5	3 1/2	3	3 1/2	3 1/2	3 1/2	4	3 1/2	2	3 1/2	3 1/2	3 1/2	
Spot Live		3 1/2	2	4 1/2		4			4	4 1/2		4 1/2			
Office work				1											
Relocate 1" main											7				
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other (CALL OUT)							2 1/2		1						
Reclamation															
PERSONAL day					8										
Holiday													8		

5 1/2 10 10 11 11 10 7 1/2 5 10 10 11 10 13 5

Sign and Date: Jimmy D 4-21-19

129

Name: Donna Bidener

Timecard

4/18 4/5/19

Pay Period: From 4/5/19 To: 4/21/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.				8.35			8.	5.5					
Post Office									.5						
Blow ig Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: Donna Bidener



Timecard

Name: *Regina Allen*

Pay Period: From *4/7/19* To: *4/21/19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Plugging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5			8.5	8.5	8.5	8.5	8.5	8.0		
Post Office					1.0	1.0						1.0			
Days Off						8.0									
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: *Regina Allen* *4/21/19*

*89*

Timecard

Name: Aradana Reuz

Pay Period: From 4-8-19 To: 4-22-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance						2									
<del>line</del> Compressor Work		1	2		2	2			1	2	1				
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal		1	4		2						2	6			
Reclamation (meters)															
Read Meters															
Call out Lumber King					2										
Sick				8											
Holiday													8		
spot .line		3	4		3	4			4	4	5	4			
Blowing Drips		4							4						
Well Maint. & Repairs															
Changing Charts															
Other (leslie turn)										5					
Reclamation															

Sign and Date: Aradana Reuz <sup>9 10 8 9 8 9 11 7 10 8</sup> 4-22-19 80 Reg  
10 OT

*Payroll dtd 4/22/19 5/3/19*

*01 Citipower LLC*

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	72	7			8				Fed 0.00 M State 0.00 M D50 Direct Dep -	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	80	50							Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep -	
Perry Diadena 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	13							D50 Direct Dep -	
Ross Corlee 29 S0/S0 09/27/2017 Rate #1 [redacted] Department 1 <i>Donna Biedenener</i> <i>22.5</i>									D50 Direct Dep -	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1			80						Fed 0.00 M State 0.00 M D50 Direct Dep -	

Freq Emp Total: 5

Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

Page Emp Total: 5

SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc

phone: 336-885-5056

fax: 336-885-5080

e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

**Timecard**

Name: Bill Webb

Pay Per From 4/21/19 To 5/5/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.															
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office															
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
prison meter															
v day		8	8	8	8	8			8	8	8	8	8		
H day															
KGA		8	8	8	8	8			8	8	8	8	8		
															<b>TOTAL 80</b>

SIGN AND DATE:

*Bill Webb*

Timecard

Name: *Donna Ridener*

Pay Period: From *4-22-19* To: *5-3-19*

CITIPOWER	S	M	<sup>4/23</sup> T	W	TH	<sup>4/26</sup> F	SA	S	<sup>4/24</sup> M	T	<sup>5/1</sup> W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
<i>Office Work</i>			8			8			16						
<i>Post Office</i>						.5									
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: *Donna Ridener* *5-3-19*

Timecard

Name: Regina Allen

Pay Period: From 4-21-19 To: 5-3-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5		8.5	8.5	8.5		8.5	8.5	8.5	8.5	8.5	8.5		
Sick Time			8										1.0		
Post Office						1.0									
Blowin Drips															
Well Maint. & Repairs															
Changing Charts															
Other: ( )															
Reclamation															
															85.50

Sign and Date: Regina Allen 5/3/19

Timecard

Name: Duadene Perry

Pay Period: From 4-22-19 To: 5-3-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
<sup>move</sup> Equipment Repair & Maintenance		2.5									3.0	0.0	1.5		
Worley Compressor Work		3													
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal			10	10				1	1	1			3.5		
Reclamation (meters)															
Read Meters					10	8									
Spot line		2.5							5		5.0		7		
New service									5	8					
Weed eat												6			
Odor test		1.5											1.5		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: Duadene Perry 9.5 10 10 10 8 11 9 9 8 8.5  
5-3-19

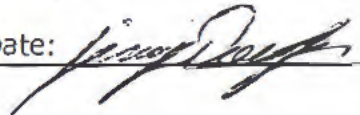
80-130T  
93

Timecard

Name: Jimmy D

Pay Period: From 4-21-19 To: 5-5-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
<del>we moved Equipment</del> Equipment Repair & Maintenance		2 1/2									3 1/2	2 1/2	1 1/2		
Worley <del>compressor</del> <sup>compressor</sup> Work	1 1/2	2	1	1	1	2	1 1/2	1 1/2				1 1/2	1	3 1/2	
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal			10	10					1		1 1/2		3 1/2		
Reclamation (meters)															
Read Meters					9 1/2	5									
Comp Work. <del>Airport</del> Schenck's camp	3 1/2	3 1/2				4	3 1/2								
Spot Line		2 1/2							5	2 1/2	5 1/2	2 1/2			
New hook up									5	8					
Blowing Drips															
Well Maint. & Repairs															
Changing Charts									8						
Other (CALL OUT)										1				2	
Reclamation															
Mowed grass												3	3 1/2		

Sign and Date:  5-5-19

5 10 11 11 10 11 5 9 11 10 10 9 9 5

130  
reg- 80  
overtime- 50  
130



#CIPO-01 Citipower LLC

Payroll Date 5/3/19 - 5/19/19

Input Worksheet (S351)	
Check Date :	12/06/2019
Period Range :	11/19/2019 TO 12/02/2019
Frequency :	Bi-Weekly
Call in Date	12/04/19

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	76	7.0			4.0				Fed 0.00 M State 0.00 M D50 Direct Dep -	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	80	40							Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep -	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	19							D50 Direct Dep -	
<del>Ross Lorice</del> 29 Donna S0/S0 09/27/2017 Rate #1 [redacted] Department 1	4								D50 Direct Dep -	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	/								Fed 0.00 M State 0.00 M D50 Direct Dep -	

Freq Emp Total: 5

Salaries Paid: 0

Report Totals	Hours	Dollars							

Page Totals	Hours	Dollars							

Page Emp Total: 5

SB Rep: Brittany Newsome

Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- P	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc

phone: 336-885-5056

fax: 336-885-5080

e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Name: Donna Ridener

Timecard

Pay Period: From 5-6-19 To: 5-17-19

*May 5th*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
<i>Office Work</i>				<i>4</i>											
<i>Post Office</i>															
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: Donna Ridener 5-17-19

Timecard

Name: Jimmy D

Pay Period: From 5-5-19 To: 5-19-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance				6 1/2	4 1/2	6 1/2			4			2 1/2	3		
<del>Wave Presser</del> Work/Compressor Work	3 1/2	1/2	1/2	1/2	1/2	1/2	3 1/2	3 1/2	1/2	1/2		1/2	1/2	3 1/2	
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal		1/2										5 1/2	4 1/2		
Reclamation (meters)															
Read Meters															
Cond Work. Airport, Scheelck Camp															
Spot Line				1	2 1/2	2 1/2			4 1/2			1 1/2	1		
Office work															3
Mowed grass		9	9 1/2												
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other (CALL OUT)		1/2					2 1/2		1 1/2						
Reclamation															
Somerset				2	2 1/2										
ArmorShield											10 1/2	11			

Sign and Date: *Jimmy D* 5-19-19

3 1/2 10 1/2 10 10 9 1/2 6 3 1/2 9 1/2 11 11 10 9 6 1/2

TOTAL 120  
 reg 80  
 over time 40  
 120

Timecard

Name: Regina Allen

Pay Period: From 5/5/19 To: 5/19/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters											4.5				
Office Work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	<del>8.5</del>	8.5	8.5			
Post Office						1.0							1.0		
Personal Day											4.0				
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87

Sign and Date: Regina Allen 5-19-19

Timecard

Name: Leidena Perry

Pay Period: From 5-19-19 To: 5-19-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance				6.5	4.5				4			1.5	3		
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal		.5			2							5.5	4.5		
Reclamation (meters)															
Read Meters															
Weed eat/weed kill		9	9.5			3									
Leslie's Tim #7						4									
Spot line				1.5	2.5	2.5			4.5			2	1		
odor test				1.5					1						
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other (Armorshield)										10.5	11				
Reclamation															
Office Computers														3.5	

Sign and Date: Leidena Perry 9.5 9.5 9.5 9 9.5 5-19-19

9.5 10.5 11 9 8.5

80 Perry 190T  
99 total

Witness: Adam Forsberg

*Payroll dtd 5-21-19/6-2-19*

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2014
Period Range :	11/19/2014 TO 12/02/2014
Frequency :	Bi-Weekly
Call in Date	12/04/19

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Eams & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [Redacted] Department 1	72	6.5			8				Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [Redacted] Department 1	64	29			16				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadena 28 S0/S0 01/01/2015 Rate #1 [Redacted] Department 1	80	14							D50 Direct Dep --	
<del>Ross Lerted</del> 29 Donna Ridener S0/S0 09/27/2017 Rate #1 [Redacted] Department 1	31								D50 Direct Dep	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [Redacted] Department 1	40	6							Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Name: Donna Ridener <sup>May</sup> 21st

Timecard

24th

Pay Period: From 24th 30th To:

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work			8.0			8.0					10.0	8.0			
Post Office											1.0				
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: Donna Ridener 6-2-19  
BCW  
OK

Timecard

Name: Bill Webb Pay Per From 5/21/19 To 6/2/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.										1	2	1.5	2.5		
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office											7	8	8		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts										8					
Reclamtion															
Weed Eat															
Bell County															
prison meter															
v day		0	0	0	0	0									
H day									8						
KGA										8	9	9	9.5	10.5	
		0	0	0	0	0				8	9	9	9.5	10.5	<b>TOTAL 46</b>

OT 6

SIGN AND DATE: *Bill Webb* 6/2/19

*BW*  
*OK*



**Timecard**

5-21-19

6-3-19

Pay Per From

##### To

#####

Name: jimmy douglas

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.											3				3
Line pressor work.	3.5						3.5	3.5	3.5						14
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook up & removal					4.5	1.5					1				7
Reclamtion (meters)															
Read Meters										9.5	4				13.5
Call Out	1.5								3						4.5
Spot Line		10	10	10	4.5	3.5									38
Compressor Work															
Office															
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat						5									5
Bell County															
shop work															
freeze ups															
personal day												8	8		16
holida									8						8
Total															109

SIGN AND DATE: Jimmy Douglas 6-3-19

BC  
OK

Timecard

Name: Diadena Perry

Pay Per From 19-May To

##### 6-2-19

PS

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.															
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook up & removal					4.5	1.5					1		0.5		7.5
Reclamtion (meters)															
Read Meters										9	5				14
Call Out															
Spot Line		8	10	10	4.5	3.5					2			3.5	41.5
Compressor Work															
Office		2													2
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
holiday									8						8
Weed Eat						5						8	8		21
Bell County															
prison meter															
v day															
H day															
KGA															
															<b>TOTAL 80</b>

SIGN AND DATE

*Diadena Perry*

10 10 9 10 / (6-2-19) 8 9 8 8 8.5 3.5

94

BLW  
OK

Timecard

Name: REGINA ALLEN

Pay Per From 5/21/19 To 6/2/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Office Work		8.5	8.5	8.5	8.5				8	9	8.5	8.5	8.5		76.5
Post Office						1							1		2
Vac Day															
Sick Day						8									8

SIGN AND DATE:

8.5 8.5 8.5 8.5 9 8 9 8.5 8.5 9.5

*Regina Allen*

*BCW  
OK*

Timecard

5-21-19

6-3-19

Pay Per From ##### To #####

Name: jimmy douglas

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.												3			3
Line pressor work.	3.5						3.5	3.5	3.5						14
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook up & removal					4.5	1.5						1			7
Reclamtion (meters)															
Read Meters										9.5	4				13.5
Call Out	1.5								3						4.5
Spot Line		10	10	10	4.5	3.5									38
Compressor Work															
Office															
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat						5									5
Bell County															
shop work															
freeze ups															
personal day												8	8		16
holida									8						8
Total															109

SIGN AND DATE: *[Signature]* 6-3-19

BC  
OK

Witness: Adam Forsberg

*Payroll Dtd 12/3/19 - 12/16/19*

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Eams & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	80	6.							Fed 0.00 M State 0.00 M D50 Direct Dep -	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	80	235							Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	135							D50 Direct Dep -	
<del>Bess Corfee</del> 29 S0/S0 09/27/2017 Rate #1 [redacted] Department 1	✓								D50 Direct Dep -	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	80	105							Fed 0.00 M State 0.00 M D50 Direct Dep -	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars							

Page Totals	Hours	Dollars							

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollolutions.com

Date Printed: 12/04/2017 10:45:04 AM

**Timecard**

Name: Diadana Perry

Pay Per: From

3-Jun To

#####

16 - June 2019

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.		4		2.5	4.5				3	8	2				
Line pressor work.	3.5														
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal		3				1.5			2						
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line						3.5			4		4.5	7.5			
Compressor Work															
Office		2		3	3	1					2.5				
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
holiday						2									
Weed Eat			9	3.5		1									
Bell County															
prison meter															
Armorshield														9	
odor test					1.5						1.5				
KGA															
															93.5

SIGN AND DATE: *Diadana Perry* 6-17-19

80-13.5

*BLW  
OK*

Timecard

Name: *Bill Webb*

Pay Per From *6-2-19* To *6-16-19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.			4		6	8				9		10			
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office		9	4.5	9	4				10		8		10		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
prison meter															
v day															
H day															
KGA															
		9	8.5	9	10	8			10	9	8	10	10		<b>TOTAL 91.5</b>

OT 10.5

SIGN AND DATE: *Bill Webb* *6-16-19*

Timecard

Name: jimmy douglas

Pay Per From 6-2-19 To 6-16-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.		3		2.5					3	4	2	3			17.5
Line pressor work.							3.5	3.5						3.5	10.5
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal		2			3	1.5			2		1.5				10
Reclamtion (meters)															
Read Meters															
Call Out							2					1.5		2	5.5
Spot Line					3	3.5			4		3.5	5			19
Compressor Work															
Office				3	1	1					2.5				7
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Armor shield													9		9
Weed Eat			9	3.5		3									15.5
Bell County															
shop work		4			1.5					4					9.5
freeze ups															
personal day															
holida															
Total		9	9	9	8.5	9	5.5	3.5	9	8	9	9.5	9	5.5	103.5

SIGN AND DATE: *Jimmy Douglas* 6-16-19

*3W  
OK*





Payroll Dtd 12/10/17 - 12/30/17

#CIPO-01 Citipower LLC

DA

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [Redacted] Department 1	80	7			10				Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [Redacted] Department 1	64	30			16				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [Redacted] Department 1	80	8.5							D50 Direct Dep --	
<del>Ross Leticia</del> Donna Ridener 29 S0/S0 09/27/2017 Rate #1 [Redacted] Department 1	8								D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [Redacted] Department 1	80	13							Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Donna Ridener

Pay Period: From 6/1/19 To: 6/30/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work												7.0			
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: Donna Ridener 6-30-19

Timecard

Name: Regina Allen

Pay Period: From 6/16/19 To: 6/30/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging Lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Off-line work		8.5	8.5	8.5	8.5	8.5			8.5	8.5	8.5	8.5	8.5		
Post Office						1.0			0				1.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87 hrs

Sign and Date: Regina Allen 6-30-19

Timecard

Name: Bill Webb

Pay Per From

~~15 Apr To~~

#####

6-16-19 / 6-30-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.			4		4	8				9		2			
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal												8			
Reclamtion (meters)															
Read Meters															
Call Out	2														
Spot Line															
Compressor Work															
Office		9	4.5	9	6				10		10		8		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
prison meter															
v day															
H day															
KGA															
	2	9	8.5	9	10	8			10	9	10	10	8		<b>TOTAL 93.5</b>

OT 13.5

SIGN AND DATE: *Bill Webb*

*6-30-19*

Timecard

Name: Diadena Perry

Pay F From 17-Jun

To ##### 6-30-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.		6	4.5	1.5											
Line pressor work.															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters										9	8				
valve inspection					8										
Spot Line		3.5		1.5		2			3.5						
Compressor Work			2.5	6	1	3									
Office			1						2						
Blowing Drips															
Well Maint. & Repairs															
Changing Charts													8.5		
holiday															
Weed Eat						4			3						
Bell County															
prison meter															
Armorshield												10			
odor test															
KGA															

SIGN AND DATE:

*Diadena Perry*  
7-1-19

9.5 8 9 9 9 8.5 9 8 10 8.5

88.5  
80 Reg  
8.5 ~~PT~~

**Timecard**

Name: jimmy douglas

Pay Per From 6-16-19 To 6-30-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.		6	4.5	1.5											
Line pressor work.							3.5	3.5						3.5	
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook up & removal															
valve inspection						8									
Read Meters										9	9				
Call Out							3.5	1.5						2	2
Spot Line		3.5		2					6.5						
Compressor Work			2.5	6	1										
Office									2.5						
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Armor shield			2.5										10		
Weed Eat															
Bell County															
shop work															
freeze ups															
personal day							8							8	
holida															
Total		9.5	9.5	9.5	9	8	7	5	9	9	9	10	10	5.5	110

SIGN AND DATE:

*Jimmy Douglas* 6-30-19

30 hrs

#CIPO-01 Citipower LLC

RF  
Payroll Dtd: 12/30/17 1/12/18

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	80	7.5							Fed 0.00 M State 0.00 M D50 Direct Dep -	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1									Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep -	
Perry Diadena 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	76	17.5			4				D50 Direct Dep -	
<del>Resubmit</del> 29 S0/S0 09/27/2017 Rate #1 [redacted] Donna Kidenier Department 1	8								D50 Direct Dep	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	56	11.5	24						Fed 0.00 M State 0.00 M D50 Direct Dep -	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

Page Emp Total: 5  
SB Rep: Britany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM



Timecard

Name: Diadena Perry

Pay | From 30-Jun

To

#####

7-12-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.				6											
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
call out													2		
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
sick												4			
Spot Line									4.5		9	5	5		
leslies tires				3											
Office															
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
holiday					8	8									
Weed Eat															
Bell County											15				
prison meter															
Armorshield													3.5		
odor test															
bush hog									4.5						
road Maintenance		10	10												

SIGN AND DATE:

*Diadena Perry*

7-15-19

*BL  
OK*

80-18

*97.5*

**Timecard**

Name: jimmy douglas

Pay Per From 6-30-19 To 7-14-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.				2					9			3			
Line pressor work.	3.5				3.5	3.5	3.5	3.5						3.5	
Tennessee Pipeline Work															
Reclamtion (dist. Lines)		8.5	10	8											
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
valve inspection															
Read Meters															
Call Out							2						1.5		
Spot Line											9	6	8		
Compressor Work															
Office															
Blowing Drips															
Well Maint. & Repairs		1.5													
Changing Charts															
Armor shield															
Weed Eat															
Bell County										15					
shop work															
freeze ups															
personal day															
holida					8	8									
Total	3.5	10	10	10	11.5	11.5	5.5	3.5	9	15	9	9	9.5	3.5	120.5

SIGN AND DATE: jimmy douglas

*[Signature]* 7-15-19  
 BW  
 OK

120.5

Timecard

Name: Regina Allen

Pay Period: From 6/30/19 to 7/12/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	9.0	8.5	8.5			
Post Office						1.0							1.0		
Blowing Drips															
Well Maint. & Repairs															
Change Charts															
Other: ( )															
Reclamation															
															87.5

Sign and Date: Regina Allen 7-15-19

Timecard

Name: Bill Webb

Pay Per From 6/30/2019 To 7/14/2019

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.															
Line pressor work.															
Tennessee Pipeline Work												10	8		
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal											10				
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office									10	9				4.5	
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
prison meter															
v day			8	8	8										
H day						8	8								
KGA															
			8	8	8	8	8			10	9	10	10	8	
															<b>TOTAL 91.5</b>
															<b>OT11.5</b>

SIGN AND DATE: *Bill Webb* 7-14-19

*OK  
BW*

#CIPO-01 Citipower LLC

OIC  
205  
RA

Payroll Dtd 12/19 = 1/16/19

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earnings & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	80	7							Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	80	28							Fed 0.00 M State 0.00 M D50 Direct Dep 100.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	3.5							D50 Direct Dep --	
Ross Lorilee 29 S0/S0 09/27/2017 Rate #1 [redacted] Department 1	/								D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	44	12	36						Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Regina Allen

Pay Period: From 7-2-19 To: 7-16-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	8.5	8.5	8.5	8.5		
Post Office						1.0							1.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87

Sign and Date:

**jimmy douglas**

Pay Per From 7/2/2018

#####

Witness: Adam Forsberg

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.					6	2									8
line presurer	3.5			3.5			3.5	3.5						3.5	17.5
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal					2						8				10
Reclamtion (meters)															
Read Meters															
Call Out	1.5				2										3.5
Spot Line		10	9.5									3	4.5		27
Compressor Work															
Office															
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat						5.5			9	9		6	4.5		34
Bell County															
moved equipment															
check line pressor															
office															
holiday				8											8
TOTAL														reg-OT	108

**SIGN AND** | jimmy douglas

#####

Timecard

Name: Bill Webb

Pay Per From 2-Jul To #####

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.										6					
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office									8						
Blowing Drips															
Well Maint. & Repairs										4.5					
Changing Charts															
Reclamtion															
Weed Eat															
Bell County											13	12.5			
prison meter															
v day		8	4		8	8								8	
H day			4	8											
		8	8	8	8	8	0	0	8	10.5	13	12.5	8		<b>TOTAL 92</b>

OT 12

SIGN AND DATE: *Bill Webb* Bill Webb



#NAME?

CITIPOWER L.L.C.	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maint					6	2.5									8.5
Compressor Work															
Line Pressure Work															
Tennessee Pipe Line Work															
Reclamation (Dist. Lines)															
Repair Leaks (Dist. Lines)															
Pigging Lines															
Meter Hook-up & Removal					2						8				10
Reclamation															
Read Meters															
Call Out															
Spot Line			6	9.5									3	4.5	23
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Office															
Sick															
Vacation															8
Holiday					8										
Parts			3								3				6
Verification Class															
weed eat						5.5			6	6			6	4.5	28
move equipment															
Diadana Perry 7/16/2018															REG 80-3.5

*Diadana Perry*

Payroll Dtd 7/14/19 - 7/27/19

#CIP0-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	
Period Range :	
Frequency :	Bi-Weekly
Call in Date	

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06 E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Eams & Deds	Notes
Allen Regina 25 S1/S1 12/04/2000 Rate #1 [Redacted] Department 1	71	7.5	9						Fed 0.00 M State 0.00 M D10 MASA Insr 7.00 D50 Direct Dep -	
Douglas James E. 27 M2/M2 07/24/2006 Rate #1 [Redacted] Department 1	77	26.5			3				Fed 0.00 M State 0.00 M D10 MASA Insr 7.00 D50 Direct Dep 160.00 D51 Direct Dep ---	
[Redacted] Rate #1 [Redacted] Department 1									D50 Direct Dep ---	
Perry Diadana 28 S0/S0 09/30/2015 Rate #1 [Redacted] Department 1	32	4	40		8				D10 MASA Insr 7.00 D50 Direct Dep -	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [Redacted] Department 1	80	15							Fed 0.00 M State 0.00 M D10 MASA Insr 14.00 D50 Direct Dep -	

Freq Emp Total: 5

Salaries Paid: 0

Report Totals	Hours	Dollars									
Page Totals	Hours	Dollars									Page Emp Total: 5
											SB Rep: Brittany Newsome Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D10 MASA Insurance	D12 Garnishment
D15 Child Support 2	D16 Child Support 3	D20 Simple	D22 Simple Catch up			

Payroll Solutions Inc  
 phone: 336-885-5056  
 fax: 336-885-5080  
 e-mail: info@payrollolutions.com

Timecard

Name: Regina Auen

Pay Period: From 7-14-19 To: 7-27-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work															
Post Office		8.5	9.0	8.5	9.0	1.0		8.5	8.5	8.5	8.5	8.5	8.5		
Days Off						8.0							1.0	PO	
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87.5

Sign and Date: Regina Auen 7-29-19

Timecard

Name: jimmy douglas

Pay Per From 7-14-19 to 7-28-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.					2										2
Line pressor work.	3.5						3.5	3.5						3.5	14
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
valve inspection															
Read Meters													9.5		9.5
Call Out					2		2								4
Spot Line		9	9	8.5	6							6			38.5
Compressor Work															
Office						9			5		9.5	3			26.5
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Armor shield															
Weed Eat										9					9
Bell County															
shop work															
freeze ups															
personal day									3						3
holida															
Total															106.5

SIGN AND DATE: jimmy douglas 7-29-19

Timecard

Name: *D. Adena Perry*

Pay Period: From *7-14-19* To: *7-27-19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance					3										
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
spot line		9	9		6										
Sick				8											
Office work						9									
Vacation								8	8	8	8	8	8		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: *D. Adena Perry*

*7-29-19*

8 8 8 8 8

40 vacation  
8 sick  
32 Reg  
40T

Timecard

Name: Bill Webb Pay Per From 7/14/2019 To 7/27/2019

CITY POWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.				4.5		2									
Line pressor work.															
Tennessee Pipline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters													4		
Call Out														2	
Spot Line															
Compressor Work															
Office		10	10.5	6	8	6			10	9	9.5	9	4.5		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
prison meter															
v day															
H day															
KGA															
		10	10.5	10.5	8	8			10	9	9.5	9	8.5	2	<b>TOTAL 95</b>

SIGN AND DATE: Bill Webb 7-29-19

OK  
BW

OT 15

*Payroll total 7/28/19 - 7/11/19*

#CIPO-01 Citipower LLC

*21*

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	80	7							Fed 0.00 M State 0.00 M D50 Direct Dep ---	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	61	28.5			19				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep ---	
Perry Diadena 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	10							D50 Direct Dep ---	
Ross Lorice 29 S0/S0 09/27/2017 Rate #1 [redacted] Department 1									D50 Direct Dep ---	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	80	22							Fed 0.00 M State 0.00 M D50 Direct Dep ---	

Freq Emp Total: 5

Salaries Paid: 0

Report Totals	Hours	Dollars							

Page Totals	Hours	Dollars							

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Bill Webb

Pay Per From 7/28/2019 To 8/11/2019

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.				4.5	2	2			6	8		9	5		
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office		10		6	8	6	3		4	1.5	8		5	6	
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
prison meter															
v day			8												
H day															
KGA															
		10	8	10.5	10	8	3		10	9.5	8	9	10	6	<b>TOTAL 102</b>

OT 22

SIGN AND DATE:

*Bill Webb*

8-11-2019



Timecard

Name: Adam Puy

Pay Period: From 7-28-19 To: 8-10-19

CITIPOWER	S	M	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance				2					1					3
Worley Compressor Work														
Tennessee Pipeline Work														
Reclamation (dist. Lines)														
Repair Leaks (dist. Lines)														
Plogging lines														
Meter hook-up & removal		9	1											10
Redamation (meters)														
Read Meters														
Comp work. Airport, Scheelck camp														
Spot Live		8	7	6					1:5					22.5
Weed eat			2	4				9	6	10	9			37
Paint					9									9
Blowing Drips														
Well Maint. & Repairs														
Changing Charts														
Other: (CALL OUT)														
Reclamation														
Office				8.5						8.5+				8.5

Sign and Date: Adam Puy 9 9 9 9 9 9 9 8.5 8.5 10 9 80 Puy  
10 OT

Timecard

Name: Jimmy D

Pay Period: From 7-28-19 To: 8-11-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance					2					1	3				6
<sup>linepressor</sup> Worley Compressor Work							3 1/2	3 1/2						3 1/2	10.5
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Piggings															
Meter hook-up & removal			1												1
Reclamation (meters)															
Read Meters		5													5
Cond work. Airport. Schedek cond															
Spot Live			8	7	6					1 1/2	6				28.5
Weed eating				2	1				9	6		10			28
Blowing Dris															
Well Maint. & Repairs															
Changing Charts	8 1/2														8.5
Other (CALL OUT)							2		1						2
Reclamation															
Personal		3				8							8		19

Sign and Date:

*Jimmy D*

8 1/2 8 9 9 9 8 5 1/2 3 1/2 9 8 1/2 9 10 8 3 1/2

8-11-19

108 1/2

Timecard

Name: *Regina Allen*

Pay Period: From *7-28-19* To: *8-11-19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	<del>8.5</del>	8.5	8.5		8.5	8.5	8.5	8.5	8.5	8.5		
Post Office						1.0							1.0		
Personal Day				8.0											
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

*80 Pereg  
650T*

Sign and Date: *Regina Allen 8-12-19*

Payroll Dtd. 8/11/19 - 8/24/19

#CIPO-01 Citipower LLC

RS

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Eams & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	72	8			8				Fed 0.00 M State 0.00 M D50 Direct Dep	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	64 29	29	1/4						Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep -	
Perry Diadena 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	29.5							D50 Direct Dep -	
Ross Lonnie 29 S0/S0 09/27/2017 Rate #1 [redacted] Department 1									D50 Direct Dep -	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	80	19.5							Fed 0.00 M State 0.00 M D50 Direct Dep -	

Freq Emp Total: 5

Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

Page Emp Total: 5

SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

**Timecard**

Name: Bill Webb

Pay Per From 8/11/2019 To 8/24/2019

CTIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.					2	2			5	6					
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)		8	8												
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line											9				
Compressor Work															
Office		2	2		8	6			4	4			8		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
prison meter	2							2							2
v day															
H day															
KGA					8							11.5			
	2	10	10	8	10	8		2	9	10	9	11.5	8	2	<b>TOTAL 99.5</b>

**OT 19.5**

SIGN AND DATE:

*Bill Webb* 8-24-19

Timecard

Name: Regina Allen

Pay Period: From 8-11-19 To: 8-24-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	10.0	8.5	8.5		8.5	8.5	8.5	6	8.5			
Part Office						1.0							1.0		
Sick Time											8.0				
Blowing Drips															
Well M air & Repar															
Change Charts															
Other( )															
Reclamation															
															88

Sign and Date: Regina Allen 8-26-19

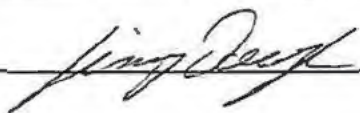
**Timecard**

Name: jimmy douglas

Pay Per From 8-11-19 to 8-25-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.				3.5					2.5			2.5			8.5
Line pressor work.	3.5													3.5	7
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal		10							3.5						13.5
valve inspection															
Read Meters															
Call Out					2										2
Spot Line				5.5								6.5			12
compressor															
Office			9												9
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Armor shield															
Weed Eat					9.5				3.5						13
Bell County										14	14				28
shop work															
freeze ups															
personal day								8						8	16
holida															
Total															109

SIGN AND DATE: jimmy douglas



Timecard

8 24 - 19

time sheet Diadana Perry

Pay I From 11-Aug

To #####

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.			1	7											
Line pressor work.							3.5	3.5							
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
call out															
Pigging Lines															
Meter hook-up & removal				2					2						
Reclamtion (meters)															
Read Meters															
sick															
Spot Line						1			2				3		
fibrotex		9.5													
Office												9			
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
classroom			8						6						
Weed Eat													5.5		
Bell County										14	14				
prison meter		0.5													
Armorshield															
hand outs						8									
bush hog					10										
road Maintence															

10 9 9 10 9 3.5 3.5 10 14 14 9 8.5

SIGN AND DATE:

Diadana Perry 8-24-19

80-29.5



Witness: Adam Forsberg

Roll Dtd: 8-25-17/19 6-19

BA

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Eams & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	80	7							Fed 0.00 M State 0.00 M D50 Direct Dep -	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	72	35.5		0	8				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep -	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	19							D50 Direct Dep -	
<del>Ross</del> 29 S0/S0 09/27/2017 Rate #1 [redacted] Department 1									D50 Direct Dep -	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	76	9.5			4				Fed 0.00 M State 0.00 M D50 Direct Dep -	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars							

Page Totals	Hours	Dollars							

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- P	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Regina Allen

Pay Period: From 8-25-19 To: 9-6-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Plugging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	8.5	8.5	8.5	8.5		
Post Office						1.0							1.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87

Sign and Date: Regina 9-9-19

Timecard

9-6-19

Name: Diadana Perry

Pay Per From 25-Aug To #####

CITIPOWER	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.												2.5		
Line pressor work.													3.5	
Tennessee Pipline Work														
Reclamtion (dist. Lines)														
Repair Leaks (dist. Liners)														
Pigging Lines														
Meter hook up & removal				4					8			8		
Reclamtion (meters)														
Read Meters		9	5		5									
Call Out														
Spot Line			4		3					4				
Compressor Work														
Office				1.5	8.5									
Blowing Drips														
Well Maint. & Repairs														
Changing Charts				5										
holiday								8						
Weed Eat										5				
Bell County											15			
prison meter														
Armorshield														
odor test														
KGA														
	9	9	9	9.5	8.5			8	8	9	15	10.5	3.5	80-19

SIGN AND DATE:

Diadana Perry ~~9-25-19~~ 9-9-19

Blw  
OK

**Timecard**

Name: jimmy douglas

Pay Per From 8-25-19 To 9-8-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.											6.5		2.5		9
Line pressor work.	3.5						3.5	3.5	3.5						14
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal				4	5					8	2.5		8		27.5
valve inspection															
Read Meters		9.5	5												14.5
Call Out						4				2					6
Spot Line			4		3										7
compressor															
Office					1.5										1.5
Blowing Drips															
Well Maint. & Repairs															
Changing Charts				5											5
Armor shield															
Weed Eat															
Bell County												15			15
shop work															
freeze ups															
personal day						8									8
holida									8						8
<b>Total</b>															<b>115.5</b>

3.5 9.5 2.5 9 9.5 12 3.5 3.5 11.5 10 9 15 10.5

SIGN AND DATE: jimmy douglas

*[Handwritten Signature]*  
9-9-19  
BLW  
OK

**Timecard**

Name: Bill

Pay Per From 8/25/19 To 9/6/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.		8		4	4	4				4	8		3		
Line pressor work.															
Champ Line									8			8			
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out					2	2									
Spot Line															
Compressor Work															
Office					4	4									
Blowing Drips													5		
Well Maint. & Repairs			8												
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
prison meter	2.5							2	1						
v day				4						4					
H day															
Hand outs															
	2.5	8	8	8	10	10		2	1	8	8	8	8	8	<b>TOTAL 89.5</b>

**OT9.5**

SIGN AND DATE: Bill Welch 9-6-19

*DA* Payroll Dtd 9-22-19 / 10-6-17

# WPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [Redacted] Department 1	64	7	14						Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [Redacted] Department 1	72	28.5			8				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [Redacted] Department 1	80	19							D50 Direct Dep --	
Ross Lorilee 29 S0/S0 09/27/2017 Rate #1 [Redacted] Department 1									D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [Redacted] Department 1	80	24							Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours								
Dollars									

Page Totals	Hours								
Dollars									

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Jimmy

Pay Period: From 9-22-19 To: 10-6-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance			8	1	2				1	4 1/2		6 1/2	8		
<del>line pressur</del> Worley Compressor Work		3 1/2													3 1/2
Tennessee Pipe line Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal										1 1/2	10 1/2	2 1/2	1 1/2		
Reclamation (meters)															
Read Meters				8	4 1/2										
Compressor work		5								2 1/2					
Spot Line			2		2 1/2				2						
Weed ermit		3 1/2													
Cleaned roads out		1							6 1/2						
Blowing Drips															
Well Mai. nt& Repair s									8						
Changing Charts															
Other (Call out)															1
Reclamation															
Personal day								8							

Sign and Date: *Jimmy [Signature]* 10-6-19 3 1/2 9 1/2 10 9 9 8 8 8 1/2 8 1/2 10 1/2 9 9 1/2 4 1/2 108 1/2

Timecard

Name: Regina Allen

Pay Period: From 9-22-19 To: 10-6-19

C OPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5	8.5			8.5	9.0	9.0				
Post Office						1.0							1.0		
Vacation Day												8.0	8.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

87

Sign and Date: Regina Allen 10-6-19



Timecard

time sh: Diadena Perry

Payl From 22-Sep

To #####

10-6-19

CITiPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.															
Line pressor work.							3.5	3.5							
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
call out															
Pigging Lines															
Meter hook-up & removal			2		1					3	10				
Reclamtion (meters)															
Read Meters				9	5										
sick															
Spot Line			2		2	1			2	4	1				
fibrotex															
Office					1							8.5	8.5		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
class room															
Weed Eat		9	6			8									
Bell County															
prison meter															
road Maintenance									7	2					
Drug Screen															
bush hog															
road Maintenance															

SIGN AND DATE:

*Diadena Perry*

10-6-19

9 9 9 9 9 3.5 3.5 9 9 11 8.5 8.5 80-19

**Timecard**

Name: Bill Webb Pay Per From 9/22/19 To 10/5/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.				6	4					2	2				14
Line pressor work.															
Champ Line											6.5	4.5			11
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out			3				2	2							7
Spot Line															
Compressor Work													9.5		9.5
Office		8		4	4	8				6	2.5	4			36.5
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County			10						14						24
prison meter		2													2
v day															
H day															
Hand outs															
		10	13	10	8	8	2	2	14	8	11	8.5	9.5		<b>TOTAL 104</b>

OT 24

SIGN AND DATE: *Bill Webb* 10-5-19

Witness: Adam Forsberg

Payroll Dtd: 10-10-17/10-20-19

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

#CIPO-01 Citipower LLC

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [Redacted] Department 1	11.5	11	11.5						Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [Redacted] Department 1	80	38			2				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [Redacted] Department 1	72	20	8						D50 Direct Dep --	
Ross Lorilee 29 S0/S0 09/27/2017 Rate #1 [Redacted] Department 1									D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [Redacted] Department 1	80	51.5							Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars							

Page Totals	Hours	Dollars							

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Regina Allen

Pay Period: From 10-16-19 To: 10-20-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist Line s)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		9.0	9.0	10.0		10.0		8.5	8.5	8.5	9.0	5.0			
Post Office						1.0							1.0		
Days Off					8.0								3.5		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

80. Reg  
11 OT

Sign and Date: Regina Allen 10/20/19

Ti mecard

Name: Jimmy Douglas

Pay Period: From 10-6-19 To: 10-20-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance								6	3 1/2	4	3				
Worley <del>Compressor</del> <sup>line press</sup> Work	3 1/2						3 1/2	3 1/2							
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pi ggi nes															
Meter hook-up & removal		3	2 1/2	2 1/2	1 1/2	3		1 1/2	4 1/2	2 1/2	1 1/2	2 1/2			
Reclamation (meters)															
R. ad Meters															
COMPRESSOR WORK				8 1/2	8	7	2 1/2	3 1/2	2 1/2	3 1/2	1 1/2	3 1/2			
Corbin		2 1/2	4									2 1/2			
Spot line		3 1/2	3												
SumerSet.						2 1/2									
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other (Call out)	2				2		1 1/2	2							
Reclamation															
Personal	5 1/2											2			

5 9 9 1/2 11 11 1/2 12 1/2 7 1/2 5 1/2 11 10 1/2 8 9 1/2 9

Sign and Date: Jimmy Douglas 10-20-19

120<sup>00</sup>  
119 1/2

**Timecard**

Name: Bill Webb

Pay Per From 10/6/19 To 10/19/19

CITYPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.															
Line pressor work.															
Champ Line		11	11	12	12.5	13.5	11.5	4	13	4	9.5	12	11.5		125.5
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work											6				6
Office															
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
prison meter	2														2
v day															
H day															
Hand outs															
	2	11	11	12	12.5	13.5	11.5	4	13	10	9.5	12	11.5		<b>TOTAL 131.5</b>

OT 51.5

SIGN AND DATE: *Bill Webb* 10-19-19

Timecard

Name: A. Madena Perry

Pay Period: From 10-6-19 To: 10-19-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance		2	1						6	3.5		4	3		
<del>Welder</del> Compressor Work			2						3.5	2.5	3.5	3.5		3.5	
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal		3	3.5	8.5					1.5	4.5	9.5	1.5	2		
Reclamation (meters)															
Read Meters															
office					8.5								3.5	<del>6.5</del>	
Callout													2	1.5	
Spot line		3.5	3												
Carbin.											2				
Blowing Drips															
Well Maint. & Repairs															
Changing Charts		1		1					1		1				
Other (Vacation)															8
Reclamation															

Sign and Date: A. Madena Perry

9.5 9.5 9.5 8.5 8  
10-19-19

11 10.5 9 9 10.5 5

Reg OT  
80-20

Witness: Adam Forsberg

*Payroll Dtd. 10/20/19 - 11/3/19*

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

*PA*

#CIPO-01 Citipower LLC

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	80	9							Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	80	15.5							Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	25							D50 Direct Dep --	
<del>Ross Chaloe</del> 29 Sherry Hatfield S0/S0 09/27/2017 Rate #1 [redacted] Department 1									D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	86	36.5							Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM



Timecard

Name: Regina Allen

Pay Period: From 10/20/19 To: 11/3/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	9.0	9.0	8.5	8.5		8.5	9.0	9.0	8.5	8.5			
Post Office						1.0							1.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															79

Sign and Date: Regina Allen 11/3/19

Timecard

Name: Jimmy Douglas

Pay Period: From 10-20-19 To: 10-31-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance				1	3					2 1/2	5 1/2	2 1/2			
<del>Work</del> Compressor Work		1 1/2		2											
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal		7	9	3	4 1/2					3		3	4 1/2		
Reclamation (meters)															
Read Meters						9			2 1/2	2					
Spot Line				3 1/2	1 1/2										
Compressor Work										1 1/2	3	3 1/2	4	3 1/2	
Fibratex														1 1/2	
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other (Call out)								2	60						
Reclamation															

Sign and Date: *Jimmy Douglas* 11-3-19

8 1/2 9 9 1/2 9 9 2 8 1/2 9 8 1/2 9 8 1/2 5 95 1/2

Timecard

Name:

*Dustin Perry*

Pay Period: From

*10-20-11 To: 11-3-11*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance				1.5	3					2.5	5.5	2.5			
Worley Compressor Work		1.5		2						1.5	3	3.5	4		
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal		7	9	3	4.5					3		3	4.5		
Reclamation (meters)															
Read Meters						9			2.5	2					
<i>line pressure</i>	3.5		1				3.5	3.5						3.5	
<i>scat line</i>				3.5	1						1				
<i>call out</i>							2								
Blowing Drips															
Well Maint. & Repairs															
Changing Charts									1.6						
Other															
Reclamation															

Sign and Date: *Dustin Perry* 8.5 10 9 9 3.5 3.5 8.5 9 9.5 9 8.5 3.5 80-25

Timecard

Name: Bill Webb

Pay Per From

20-Oct To

#####

11-13-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.						8			8						
Line pressor work.							3.5	3.5							
Champ Line		10	5	6											
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out								2							
Spot Line															
Compressor Work							2								
Office			6.5	4.5	6								8		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts												14			
Reclamtion															
Weed Eat															
Bell County															
prison meter	2														
v day															
H day															
KGA										10	8				
	2	10	11.5	10.5	8	8	5.5	5.5	8	10	8	14	8		<b>TOTAL 109</b>

OT 29

SIGN AND DATE: Bill Webb 11-13-19

*Payroll Dtd 11/3/19 - 1/6/19*

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earns & Deds	Notes
Alien Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	64	7.5	16						Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	72	36.5			8				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadena 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	64	11.5	16						D50 Direct Dep --	
<del>Priscilla</del> 29 Sherr Hatfield S0/S0 09/27/2017 Rate #1 [redacted] 8.50 Department 1	78								D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	40	16			40				Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5

Salaries Paid: 0

Report Totals	Hours	Dollars							

Page Totals	Hours	Dollars	Page Emp Total: 5						
			SB Rep: Brittany Newsome Team: Payroll Processing						

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc

phone: 336-885-5056

fax: 336-885-5080

e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Jimmy Douglas

Pay Period: From 10-3-19 To: 11-17-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Compressor Work			4 1/2		5 1/2	4 1/2		3 1/2	4 1/2	5		4 1/2	5	3 1/2	
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal		9	4		3	3 1/2			3 1/2			2			
Reclamation (meters)															
Read Meters															
Time Pressor						4	6 1/2		1	1		1 1/2	1	1 1/2	
Freeze ups										3 1/2	10	2	4		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other (CALL OUT)				2			1 1/2	1 1/2						2	
Reclamation															
Personal day				8											

Sign and Date: Jimmy Douglas 11-17-19

116 1/2

Name: Diane Perry Timecard Pay Period: From 11-3-19 To 11-10-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work			4	4.5	5.5			4.5	3.5			4.5			
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging Lines															
Meter hook-up & removal		9	4		3			3.5	2			2			
Reclamation (meters)															
Read Meters															
Freeze ups line pressure split line			1		1			3.5	10	2.5					
Blowing Drips				5											
Well Maint. & Repairs															
Changing Charts				.5											
Other( )															
Reclamation															
Vacation															

Sign and Date: Diane Perry 9 9 10 9.5 8 9 9 10 10 8 80.00 4.5.00 91.5

Timecard

Name: Regina Allen

Pay Period: From 11/3/19 To: 11/16/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	9.0	8.5	8.5					9.0	9.0	8.5	8.5		
Post Office					1.0								1.0		
Vacation Day						8.			8.						
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															87.5

Sign and Date: Regina Allen

11-18-19



**Timecard**

Name: Bill Webb

Pay Per From 2-Nov To 11/16/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.		8		8							4				
Line pressor work.		2				4					6				
Champ Line															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office				2											
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County			12		8										
prison meter	2														
S Day						8		8	8			8	8		
H day															
Hand outs															
	2	10	12	10	12	8			8	8	10	8	8		<b>TOTAL 96</b>

OT 19

SIGN AND DATE: Bill Webb 11-16-19

Timecard

Name: *Sherry Hatfield*

Pay Period From *11-3-19* To: *11-16-19*

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
<i>Office Work</i>		<i>7 1/2</i>	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>		<i>8</i>	<i>7</i>	<i>8</i>	<i>7 1/2</i>	<i>8</i>			
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
															<i>78</i>

Sign and Date:

*Sherry Hatfield*

*11-18-2019*

Witness: Adam Forsberg

*PA* - Payroll Dtd 11/17/19 - 11/30/19

#CIP0-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	<del>11/16/17</del> TO 12/06/17
Frequency :	Bi-Weekly
Call in Date	12/04/19

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Schd/ Earns & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	80	7							Fed 0.00 M State 0.00 M D50 Direct Dep -	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	56	38.5			24				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep -	
Perry Diadena 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80.	14							D50 Direct Dep -	
<i>Sherry Hatfield</i> Rate #1 [redacted] Department 1	65								D50 Direct Dep -	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	80	29.5							Fed 0.00 M State 0.00 M D50 Direct Dep -	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours									
	Dollars									

Page Totals	Hours									
	Dollars									
Page Emp Total: 5										
SB Rep: Brittany Newsome										
Team: Payroll Processing										

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

**Timecard**

Name: Regina Allen

Pay Per From 11/1/19 To 11/30/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.															
Line pressor work.															
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office															
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County															
Other ( <u>office work</u> )		8.5	8.5	8.5	8.5	8.5			8.5	8.5	8.5	8.5	8.5		
Other ( <u>Sick Time</u> )	<u>Time</u>						1.0						1.0		
Other ( <u>vacati</u> )	<u>Obs</u>														
															87

SIGN AND DATE: Regina Allen 11/30/19

Timecard

Name: *Bill Webb*

Pay Per From 17-Nov To #####

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.		6		8						2	6				
Line pressor work.		2.5	4				3.5	3.5							
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal															
Reclamtion (meters)															
Read Meters															
Call Out			2	2						2					
Spot Line															
Compressor Work															
Office			4			8			8						
Blowing Drips															
Well Maint. & Repairs															
Changing Charts												4			
Fibrotex merer	2				10		2	2	2		2				
Weed Eat															
Bell County										6					
prison meter						2									
v day															
H day												8	8		
Hand outs															
	2	8.5	10	10	10	10	5.5	5.5	10	10	8	12	8		<b>TOTAL 109.5</b>
															<b>OT 29.5</b>

SIGN AND DATE:

Timecard

Name: Diadema Perry

Pay Period: From 11-17-19 To: 11-30-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance											2				
<del>Workday</del> Compressor Work			4	4	4	3				4	3.5				
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)					4										
Pigging lines															
Meter hook-up & removal		3	2.5	2.5		5					3				
Reclamation (meters)															
Read Meter is			2.5	2.5					10	4					
line pressure		2			1	1				1.5	1				
Holiday												8	8		
Blowing Drips		<del>4</del> 4													
Well Maint. & Repairs															
Changing Charts												4			
Other (Vacation)															
Reclamation															

Sign and Date: Diadema Perry 9 9 9 9 9 12-2-19

10 9.5 9.5 12 8

80 Re  
140

Timecard

Name: Jimmy Douglas

Pay Period: From 11-17-19 To: 11-30-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance											2				
Compressor Work	3 1/2				4	3	3 1/2	3 1/2	1 1/2	4	3 1/2		3 1/2	3 1/2	
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal					4	5					3				
Reclamation (meters)															
Read Meters									8 1/2	4					
Line Pressor					1	1		1 1/2		1 1/2	1	1 1/2	1 1/2	1 1/2	
Call out							2								
Holiday												8	8		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts												6			
Other( )															
Reclamation															
Sick day's		8	8	8											

3 1/2 8 8 8 9 9 5 1/2 5 10 9 1/2 9 15 13 5

Sign and Date: Jimmy Douglas 11/30/19

118 1/2

Timecard

Name: Sherry Hatfield

Pay Period: From 11-17-19 To: 11-30-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
<u>Office</u>		8	8	8	8.5	8		8	8	8.5					
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date:

Sherry Hatfield

8 8 8 8.5 8

12/2/19

65 hrs.



*PA* Payroll dtd 12/1/19 - 12/14/19

#CIP0-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	<del>11/19/2017 TO 12/02/2017</del>
Frequency :	Bi-Weekly
Call in Date	<del>12/04/17</del>

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earnings & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [redacted] Department 1	40	4.5	40						Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [redacted] Department 1	64	4.9			16				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadana 28 S0/S0 01/01/2015 Rate #1 [redacted] Department 1	80	18.5							D50 Direct Dep --	
<del>Rosa Cortez</del> [redacted] 8.50 S0/S0 09/27/2017 Department 1	40								D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [redacted] Department 1	72	24.5			8				Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars							

Page Totals	Hours	Dollars							

Page Emp Total: 5  
SB Rep: Brittany Newsome  
Team: Payroll Processing

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance- A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollsolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Regina Allen

Pay Period: From 12-1-19 To: 12-15-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Plugging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work								8.5	9.0	8.5	9.0	8.5			
Days Off		8	8	8	8	8									
Post Office													1.0		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: Regina Allen 12-16-19

Timecard

Name:  Diadena Perry

Pay Per From DEC 1 19 To DEC 14 2019

	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
<b>CITIPOWER</b>														
Equipment Repair and Maint.	1													
Line Pressure work	4		1	2				1	3	1	1	2		
Tennessee Pipeline Work														
Reclamtion (dist. Lines)														
Repair Leaks (dist. Liners)														
Pigging Lines														
Meter hook-up & removal			6	6	2			8		7.5	8			
Reclamtion (meters)														
Read Meters														
Call Out													3	
Spot Line				2				1						
Compressor Work			3		3				7	1	1	1		
Office														
Blowing Drips	4				6							6		
Well Maint. & Repairs														
Changing Charts			0.5							0.5				
holiday														
Weed Eat														
Bell County														
prison meter														
Drug Screen														
Leslies tires			3	3										
Vacation														
	9	9	10.5	9	9			10	10	10	10	9	3	

SIGN AND DATE: Diadena Perry 12-14-19

98.50

Timecard

Name: *Sherry Hatfield*

Pay Period: From *12-2-19* To: *12-13-19*

CITYPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
<i>Office</i>		8	8	8	8	8									40 hrs
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other: ( )															
Reclamation															

Sign and Date: *Sherry Hatfield* *12/14/19* *40 hrs*

Timecard

Name: Jimmy Douglas

Pay Period: From 12-1-19 To: 12-15-19

CITIPOWER

	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance		1													
Compress & Work	3 1/2	5 1/2	4 1/2	1 1/2	3		3 1/2	3 1/2	3	8 1/2		1 1/2		3 1/2	
Tennessee Pipeli & Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Pigging lines															
Meter hook-up & removal				8 1/2	3 1/2				5 1/2		10	8 1/2			
Reclamation (meters)															
Read Meters															
Live Pressor	1 1/2	1	1 1/2			1 1/2	1 1/2	2		1 1/2			1 1/2	1 1/2	
Spot Line		2	3		3 1/2				1 1/2						
CALL OUT			2								3 1/2	2	1 1/2	2	
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															
Personal day							8							8	

5 9 11 10 10 9 5 5 10 10 13 12 11 11

Sign and Date: Jimmy Douglas 12-15-19

129  
reg-80  
overTime-49  
129

**Timecard**

Name:

Pay Per From 1-Dec To #####

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.	4			4	2	2			4	3		4	6		
Line pressor work.					2										
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal					4										
Reclamtion (meters)															
Read Meters															
Call Out													2		
Spot Line											2				
Compressor Work															
Office				6					6		8		2		
Blowing Drips										6		4			
Well Maint. & Repairs						6									
Changing Charts															
Reclamtion															
Weed Eat															
Bell County		11													
prison meter								2	3.5		1			2	
S Day			8												
H day															
Hand outs															
	4	11	8	10	8	8	2	3.5	10	10	10	8	10	2	<b>TOTAL 104.5</b>
															<b>OT 24.5</b>

SIGN AND DATE: *Bill Webb* 12/14/19

Witness: Adam Forsberg  
12/15/19 to 12-28 -A

#CIPO-01 Citipower LLC

Input Worksheet (S351)	
Check Date :	12/06/2017
Period Range :	11/19/2017 TO 12/02/2017
Frequency :	Bi-Weekly
Call in Date	12/04/17

Contact Name: Adam Forsberg

Phone Number: 336-379-0800 Ext. 103

Employee Name, Status Emp #, SSN, Hire Date	Regular E01	Overtime E02	Vacation E04	Holiday E05	Sick E06	Bonus E10	Advance D01	Misc Deduction	Fed & State Tax Over. Sched/ Earnings & Deds	Notes
Allen Regina 25 S1/M1 12/04/2000 Rate #1 [Redacted] Department 1	72	9.0		8.0					Fed 0.00 M State 0.00 M D50 Direct Dep --	
Douglas James E. 27 M1/M2 07/24/2006 Rate #1 [Redacted] Department 1	72	28			8.0				Fed 0.00 M State 0.00 M D50 Direct Dep 160.00 D51 Direct Dep --	
Perry Diadena 28 S0/S0 01/01/2015 Rate #1 [Redacted] Department 1	80	16.5							D50 Direct Dep --	
Ross Lorite 29 S0/S0 09/27/2017 Rate #1 [Redacted] Department 1 <i>Sh Hatfield</i>	64								D50 Direct Dep --	
Webb Bill R. 22 M0/M0 07/24/2000 Rate #1 [Redacted] Department 1	80	25							Fed 0.00 M State 0.00 M D50 Direct Dep --	

Freq Emp Total: 5  
Salaries Paid: 0

Report Totals	Hours	Dollars								

Page Totals	Hours	Dollars								

D06 401(K) Employer Ma	D21 Simple Match	E01 Regular	E02 Overtime	E03 Salary	E04 Vacation	E05 Holiday
E06 Sick	E07 Retro Pay	E10 Bonus	E11 Commission	D01 Advance	D02 Loan	D03 Child Support
D04 Misc Deduction	D05 401(K) Employee De	D07 401k Catch up	D08 Medical Insurance	D09 Medical Insurance A	D12 Garnishment	D15 Child Support 2
D16 Child Support 3	D20 Simple	D22 Simple Catch up				

Payroll Solutions Inc  
phone: 336-885-5056  
fax: 336-885-5080  
e-mail: info@payrollolutions.com

Date Printed: 12/04/2017 10:45:04 AM

Timecard

Name: Regina Dyer

Pay Period: From 12/15/19 To: 12/28/19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair & Maintenance															
Worley Compressor Work															
Tennessee Pipeline Work															
Reclamation (dist. Lines)															
Repair Leaks (dist. Lines)															
Plugging lines															
Meter hook-up & removal															
Reclamation (meters)															
Read Meters															
Office Work		8.5	8.5	8.5	8.5	8.5		8.5	8.5	8.5	9.5	9.5			
Post Office													1.0		
Blowing Drrips															
Well Maint. & Repairs															
Changing Charts															
Other( )															
Reclamation															

Sign and Date: Regina Dyer 12/28/19



time sheet Diadena Perry

Pay I From ~~12-15-19~~ To #####

Timecard

12-28-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.															
Line pressor work.	3.5														
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
call out															
Pigging Lines															
Meter hook-up & removal		7		5		6									
Reclamtion (meters)															
Read Meters															
sick															
Spot Line		2	5	4.5	2	3									
fibrotex															
Office												3	8.5		
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
classroom															
Weed Eat			4		7					9	6	6			
Bell County									12						
prison meter															
Armorshield															
Drug Screen											3				
bush hog															
road Maintence															

SIGN AND DATE: *Diadena Perry* 12-28-19

3.5 9 9 9.5 9 9 0 0 12 9 9 9 8.5 96.5

3.5 9 9 9.5 9 9 0 0 12 9 9 9 8.5 96.5

**Timecard**

Name: jimmy douglas

Pay Per From 12.15<sup>19</sup> to 12.28-19

CITIPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.		2.5				3.5							0.5		
Line pressor work.							3.5	3.5						3.5	
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal		7	8	6								1	6		
valve inspection															
Read Meters															
Call Out					2										
Spot Line			2	3	10	6					2.5	1.5	2.5		
compressor															
Office															
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Armor shield															
Weed Eat											6.5	7			
Bell County									12						
shop work															
freeze ups															
personal day										8					
holida															
<b>Total</b>		9.5	10	11	10	9.5	3.5	3.5	12	8	9	9.5	9	3.5	<b>108</b>

SIGN AND DATE: jimmy douglas

12.28-19

**Timecard**

Name: Bill Webb

Pay Per From 12/15/19 To 12/28/19

CITYPOWER	S	M	T	W	TH	F	SA	S	M	T	W	TH	F	SA	TOTAL
Equipment Repair and Maint.	4		4.5	4	2				8				8		
Line pressor work.					2										
Tennessee Pipeline Work															
Reclamtion (dist. Lines)															
Repair Leaks (dist. Liners)															
Pigging Lines															
Meter hook-up & removal					4										
Reclamtion (meters)															
Read Meters															
Call Out															
Spot Line															
Compressor Work															
Office			5	6								8			
Blowing Drips															
Well Maint. & Repairs															
Changing Charts															
Reclamtion															
Weed Eat															
Bell County		11				12.5									
prison meter								2	2	2				2	
S Day															
H day										8	8				
Hand outs															
	4	11	9.5	10	8	12.5		2	2	10	8	8	8	10	2
	<b>TOTAL 105</b>														
	<b>OT 25</b>														

SIGN AND DATE: Bill Webb 12-28-19



**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

21. Provide job titles, job descriptions, and pay rates for each employee on December 31 for calendar years 2016-2020.

**Response:**

Please see attached.

## Job Titles and Descriptions of Work

Randall Gilliam job titles Field tech

### Job descriptions

Does vehicle and equipment repairs and maintenance

Does yard maintenance and weed eating and mowing at office and other facilities

Does paperwork and manual updates

Location of Customer Meters and Regulators

Specific Requirements for Service Regulators

Installation of Customer Meters and Service Regulators

Meter Valves

Meter Handling

Turn off, Removing or Rotating Meters

Installing Service Lines

Testing Service Lines

Operation of Service Lines

Maintenance of Service Lines

Line Markers

Maintenance of Mains

Regulator Inspection

Pressure Regulator

Relief Valves

Emergency Valve Inspection

Sampling for odorant

Purging

Leakage Survey

**JOB TITLE :**

**OFFICE MANAGE**

**JOB DESCRIPTION :**

**TO BE RESPONSIBLE FOR ALL DUTIES OF THE OFFICE**

**CUSTOMER SERVICE**

**TAKING PAYMENTS AND MAKING DAILY DEPOSITS**

**RESPONSIBLE FOR ACCOUNTS RECEIVABLE AND PAYBLE**

**ANSWERING PHONES**

**GOING TO THE POST OFFICE**

**PAYROLL**

**FILING**

**PREPARING PURCHASE ORDERS AND WORK ORDERS**

**PROCESSING 811 CALL INS**

**ORDERING OFFICE SUPPLIES**

**MISCELLANEOUS WORK FROM DAY TO DAY**

## Job Titles and Descriptions of Work

Diadena Perry job Title Field Tech

### Job descriptions

Does vehicle and equipment repairs and maintenance  
Does yard maintenance and weed eating and mowing at office and other facilities  
Does vehicle and equipment repairs and maintenance  
Location of Customer Meters and Regulators  
Specific Requirements for Service Regulators  
Installation of Customer Meters and Service Regulators  
Meter Valves  
Meter Handling  
Turn off, Removing or Rotating Meters  
Excess Flow Valves  
Installing Service Lines  
Testing Service Lines  
Operation of Service Lines  
Maintenance of Service Lines  
Atmospheric Corrosion Control  
Line Markers  
Maintenance of Mains  
Tapping Under Pressure  
Regulator Inspection  
Pressure Regulator  
Relief Valves  
Emergency Valve Inspection  
Odorization  
Sampling for odorant  
Purging  
Leakage Survey  
Grading Leaks  
Join plastic pipe with mechanical coupling  
Officework



## Job Titles and Descriptions of Work

Bill Webb field supervisor

### Job descriptions

Does vehicle and equipment repairs and maintenance

Does yard maintenance and weed eating and mowing at office and other facilities

Does paperwork and manual updates

Location of Customer Meters and Regulators

Specific Requirements for Service Regulators

Installation of Customer Meters and Service Regulators

Meter Valves

Meter Handling

Turn off, Removing or Rotating Meters

Excess Flow Valves

Installing Service Lines

Testing Service Lines

Operation of Service Lines

Maintenance of Service Lines

Atmospheric Corrosion Control

Line Markers

Maintenance of Mains

Tapping Under Pressure

Regulator Inspection

Pressure Regulator

Relief Valves

Emergency Valve Inspection

Odorization

Sampling for odorant

Purging

Leakage Survey

Grading Leaks

Join plastic pipe with heat fusion

Join plastic pipe with mechanical coupling

## Job Titles and Descriptions of Work

Jimmy Douglas Job Title Field Tech

### Job descriptions

Does vehicle and equipment repairs and maintenance  
Does yard maintenance and weed eating and mowing at office and other facilities  
Join plastic pipe with heat fusion  
Location of Customer Meters and Regulators  
Specific Requirements for Service Regulators  
Installation of Customer Meters and Service Regulators  
Meter Valves  
Meter Handling  
Turn off, Removing or Rotating Meters  
Excess Flow Valves  
Installing Service Lines  
Testing Service Lines  
Operation of Service Lines  
Maintenance of Service Lines  
Atmospheric Corrosion Control  
Line Markers  
Maintenance of Mains  
Tapping Under Pressure  
Regulator Inspection  
Pressure Regulator  
Relief Valves  
Emergency Valve Inspection  
Odorization  
Sampling for odorant  
Purging  
Leakage Survey  
Grading Leaks  
Join plastic pipe with mechanical coupling

**Citipower, LLC  
Case No. 2020-00342**

**Commission Staff's First Request for Information issued December 17, 2020**

22. a. Using a table format, provide the following actual full-year salary information for each employee, identified by employee number and job title, for the years 2017 through 2020 (in gross dollars – not hourly or monthly rates). The employee salary information for each year shall be provided in a separate table.
- (1) Regular salary or pay.
  - (2) Overtime pay.
  - (3) Vacation payout.
  - (4) Standby/Dispatch pay.
  - (5) Bonus pay.
  - (6) Other amounts paid and reported on the employees' W-2 (specify)
- b. Using a table format, provide the regular hours and overtime hours for each employee identified in Citipower's response to Item 22a. for the years 2012 through 2016 providing the employee salary information for each year in a separate table.

**Response:**

Please see attached.

2017								
		Gross Annual \$						
Employee	Title	Regular	Overtime	Vacation	Holiday	Sick	Bonus	Total
		29,886.06	4,536.00	2,048.00	0.00	1,592.00	216.57	38,278.63
		24,850.28	12,168.80	637.50	412.50	900.00	216.57	39,185.65
		20,808.33	1,780.17	404.00	0.00	525.20	216.57	23,734.27
		654.50	25.50	0.00	0.00	0.00	108.28	788.28
		32,948.23	7,920.00	1,152.00	0.00	896.00	216.57	43,132.80
<b>Total</b>		<b>109,147.40</b>	<b>26,430.47</b>	<b>4,241.50</b>	<b>412.50</b>	<b>3,913.20</b>	<b>974.56</b>	<b>145,119.63</b>

2018								
		Gross Annual \$						
Employee	Title	Regular	Overtime	Vacation	Holiday	Sick	Bonus	Total
		30,128.00	4,056.00	2,816.00	0.00	384.00	216.57	37,600.57
		24,600.00	12,543.80	800.00	0.00	600.00	216.57	38,760.37
		20,220.20	2,014.99	101.00	0.00	676.70	216.57	23,229.46
		2,418.25	6.38	0.00	0.00	0.00	108.28	2,532.91
		30,784.00	12,108.00	1,984.00	0.00	512.00	216.57	45,604.57
<b>Total</b>		<b>108,150.45</b>	<b>30,729.17</b>	<b>5,701.00</b>	<b>0.00</b>	<b>2,172.70</b>	<b>974.56</b>	<b>147,727.88</b>

2019								
		Gross Annual \$						
Employee	Title	Regular	Overtime	Vacation	Holiday	Sick	Bonus	Total
		30,664.00	4,884.00	2,232.00	0.00	1,664.00	216.57	39,660.57
		25,037.50	18,975.07	300.00	0.00	1,562.50	216.57	46,091.64
		909.50	0.00	0.00	0.00	0.00	0.00	909.50
		72.25	0.00	0.00	0.00	0.00	0.00	72.25
		2,099.50	0.00	0.00	0.00	0.00	108.28	2,207.78
		20,886.80	5,719.18	727.20	0.00	202.00	216.57	27,751.75
		21,536.00	9,216.00	1,664.00	0.00	832.00	216.57	33,464.57
<b>Total</b>		<b>101,205.55</b>	<b>38,794.25</b>	<b>4,923.20</b>	<b>0.00</b>	<b>4,260.50</b>	<b>974.56</b>	<b>150,158.06</b>

2020								
		Gross Annual \$						
Employee	Title	Regular	Overtime	Vacation	Holiday	Sick	Bonus	Total
		32,024.00	4,961.25	1,864.00	0.00	512.00	216.57	39,577.82
		25,055.50	17,550.79	1,494.50	0.00	570.00	216.57	44,887.36
		6,591.75	44.63	0.00	0.00	0.00	0.00	6,636.38
		11,200.00	5,167.50	0.00	0.00	0.00	216.57	16,584.07
		12,682.50	313.50	0.00	0.00	0.00	0.00	12,996.00
		20,502.80	3,770.44	1,173.00	0.00	452.20	216.57	26,115.01
		32,124.00	13,602.00	2,276.00	0.00	0.00	216.57	48,218.57
<b>Total</b>		<b>140,180.55</b>	<b>45,410.11</b>	<b>6,807.50</b>	<b>0.00</b>	<b>1,534.20</b>	<b>1,082.85</b>	<b>195,015.21</b>

2017								
		# of Hours						
Employee	Title	Regular	Overtime	Vacation	Holiday	Sick	Bonus	Total
		1,852.50	189.00	128.00	0.00	99.50	0.00	2,269.00
		1,924.00	649.00	51.00	33.00	72.00	0.00	2,729.00
		1,966.50	117.50	40.00	0.00	52.00	0.00	2,176.00
		77.00	2.00	0.00	0.00	0.00	0.00	79.00
		1,984.00	330.00	72.00	0.00	56.00	0.00	2,442.00
<b>Total</b>		<b>7,804.00</b>	<b>1,287.50</b>	<b>291.00</b>	<b>33.00</b>	<b>279.50</b>	<b>0.00</b>	<b>9,695.00</b>

2018								
		# of Hours						
Employee	Title	Regular	Overtime	Vacation	Holiday	Sick	Bonus	Total
		1,883.00	169.00	176.00	0.00	24.00	0.00	2,252.00
		1,968.00	669.00	64.00	0.00	48.00	0.00	2,749.00
		2,002.00	133.00	10.00	0.00	67.00	0.00	2,212.00
		284.50	0.50	0.00	0.00	0.00	0.00	285.00
		1,924.00	504.50	124.00	0.00	32.00	0.00	2,584.50
<b>Total</b>		<b>8,061.50</b>	<b>1,476.00</b>	<b>374.00</b>	<b>0.00</b>	<b>171.00</b>	<b>0.00</b>	<b>10,082.50</b>

2019								
		# of Hours						
Employee	Title	Regular	Overtime	Vacation	Holiday	Sick	Bonus	Total
		1,916.50	203.50	139.50	0.00	104.00	0.00	2,363.50
		2,003.00	1,012.00	24.00	0.00	125.00	0.00	3,164.00
		107.00	0.00	0.00	0.00	0.00	0.00	107.00
		8.50	0.00	0.00	0.00	0.00	0.00	8.50
		247.00	0.00	0.00	0.00	0.00	0.00	247.00
		2,068.00	377.50	72.00	0.00	20.00	0.00	2,537.50
		1,346.00	384.00	104.00	0.00	52.00	0.00	1,886.00
		<b>7,696.00</b>	<b>1,977.00</b>	<b>339.50</b>	<b>0.00</b>	<b>301.00</b>	<b>0.00</b>	<b>10,313.50</b>

2020								
		# of Hours						
Employee	Title	Regular	Overtime	Vacation	Holiday	Sick	Bonus	Total
		1,936.00	199.50	112.00	0.00	32.00	0.00	2,279.50
		1,919.00	897.00	117.00	0.00	44.00	0.00	2,977.00
		775.50	3.50	0.00	0.00	0.00	0.00	779.00
		1,120.00	344.50	0.00	0.00	0.00	0.00	1,464.50
		667.50	11.00	0.00	0.00	0.00	0.00	678.50
		1,928.00	236.00	110.00	0.00	42.00	0.00	2,316.00
		1,944.00	550.00	136.00	0.00	0.00	0.00	2,630.00
<b>Total</b>		<b>10,290.00</b>	<b>2,241.50</b>	<b>475.00</b>	<b>0.00</b>	<b>118.00</b>	<b>0.00</b>	<b>13,124.50</b>

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

23. Using a table format, provide the following actual full-year benefit information for each employee, identified by employee number and job title, for the years 2012-2016. Provide the employee benefit information for each year in a separate table.

**Response:**

Please see attached.

<b>2017</b>				
<b>Employee</b>	<b>Title</b>	<b>Wages</b>	<b>Insurances</b>	<b>Total</b>
		38,278.63	12,368.78	50,647.41
		39,185.65	9,295.92	48,481.57
		23,734.27	232.12	23,966.39
		788.28	0.00	788.28
		43,132.80	9,295.40	52,428.20
		145,119.63	31,192.22	176,311.85
<b>2018</b>				
		<b>Wages</b>	<b>Insurances</b>	<b>Total</b>
		37,600.57	15,387.18	52,987.75
		38,760.37	11,526.18	50,286.55
		23,229.46	254.72	23,484.18
		2,532.91	0.00	2,532.91
		45,604.57	11,525.52	57,130.09
		<b>147,727.88</b>	<b>38,693.60</b>	<b>186,421.48</b>
<b>2019</b>				
		<b>Wages</b>	<b>Insurances</b>	<b>Total</b>
		39,660.57	16,636.30	56,296.87
		46,091.64	12,448.78	58,540.42
		909.50	0.00	909.50
		72.25	0.00	72.25
		2,207.78	0.00	2,207.78
		27,751.75	6,695.95	34,447.70
		33,464.57	12,448.78	45,913.35
		<b>150,158.06</b>	<b>48,229.81</b>	<b>198,387.87</b>
<b>2020</b>				
		<b>Wages</b>	<b>Insurances</b>	<b>Total</b>
		39,577.82	13,231.14	52,808.96
		44,887.36	12,951.33	57,838.69
		6,636.38	0.00	6,636.38
		16,584.07	0.00	16,584.07
		12,996.00	0.00	12,996.00
		26,115.01	13,323.04	39,438.05
		48,218.57	12,944.70	61,163.27
<b>Total</b>		<b>195,015.21</b>	<b>52,450.21</b>	<b>247,465.42</b>

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

24. Provide a listing of all health care plan categories available to Citipower's employees, i.e., single, married no dependents, single parent with dependents, family, etc. For each employee listed in Citipower's response to Item 23, identify the type of health insurance coverage that they are provided.
- a. Healthcare benefit cost for each employee.
    - (1) Amount paid by Citipower.
    - (2) Amount paid by each employee.
  - b. Dental benefits cost for each employee.
    - (1) Amount paid by Citipower.
    - (2) Amount paid by each employee.
  - c. Vision benefits cost for each employee.
    - (1) Amount paid by Citipower.
    - (2) Amount paid by each employee.
  - d. Life insurance cost for each employee.
    - (1) Amount paid by Citipower.
    - (2) Amount paid by each employee.
  - e. Accidental death and disability benefits for each employee.
    - (1) Amount paid by Citipower.
    - (2) Amount paid by each employee.
  - f. Defined Contribution – 401(k) or similar plan cost for each employee. Provide the amount paid by Citipower.
  - g. Defined Benefit Retirement cost for each employee.
    - (1) Amount paid by Citipower.
    - (2) Amount paid by each employee.
  - h. Cost of any other benefit available to an employee (specify).
    - (1) Amount paid by Citipower.
    - (2) Amount paid by each employee.

**Response:**

Please see attached for items a through d. Citipower does not offer items e through h.





GRANGE LIFE INSURANCE COMPANY SUMMARY 2020

					TOTALS
JANUARY	16.71	11.5	11.5	23.41	63.12
FEBRUARY	16.71	11.5	11.5	23.41	63.12
MARCH	16.71	11.5	11.5	23.41	63.12
APRIL	16.71	11.5	11.5	23.41	63.12
MAY	16.71	11.5	11.5	25.11	64.82
JUNE	16.71	11.5	11.5	25.11	64.82
JULY	16.71	11.5	11.5	25.11	64.82
AUGUST	16.71	11.5	11.5	25.11	64.82
SEPTEMBER	16.71	11.5	11.5	25.11	64.82
OCTOBER	16.71	11.5	12.25	25.11	65.57
NOVEMBER	17.76	12.25	12.25	25.11	67.37
DECEMBER	17.76	12.25	12.25	25.11	67.37
<b>TOTAL</b>					<b>776.89</b>

GRANGE LIFE INSURANCE COMPANY SUMMARY 2019

					TOTALS
JANUARY	15.7	10.85	10.85	21.82	59.22
FEBRUARY	15.7	10.85	10.85	21.82	59.22
MARCH	15.7	10.85	10.85	21.82	59.22
APRIL	15.7	10.85	10.85	21.82	59.22
MAY	15.7	10.85	10.85	23.41	60.81
JUNE	15.7	10.85	10.85	23.41	60.81
JULY	15.7	10.85	10.85	23.41	60.81
AUGUST	15.7	10.85	10.85	23.41	60.81
SEPTEMBER	15.7	10.85	10.85	23.41	60.81
OCTOBER	15.7	10.85	10.85	23.41	60.81
NOVEMBER	16.71	11.5	11.5	23.41	63.12
DECEMBER	16.71	11.5	11.5	23.41	63.12
<b>TOTALS</b>					<b>727.98</b>

GRANGE LIFE INSURANCE COMPANY SUMMARY 2018

					TOTALS
JANUARY	14.83	10.19	10.19	20.04	55.25
FEBRUARY	14.83	10.19	10.19	20.04	55.25
MARCH	14.83	10.19	10.19	20.04	55.25
APRIL	14.83	10.19	10.19	21.82	57.03
MAY	14.83	10.19	10.19	21.82	57.03
JUNE	14.83	10.19	10.19	21.82	57.03
JULY	14.83	10.19	10.19	21.82	57.03
AUGUST	14.83	10.19	10.19	21.82	57.03
SEPTEMBER	14.83	10.19	10.85	21.82	57.03
OCTOBER	15.7	10.85	10.85	21.82	59.22
NOVEMBER	15.7	10.85	10.85	21.82	59.22
DECEMBER	15.7	10.85	10.85	21.82	59.22
<b>TOTALS</b>					<b>681.62</b>

GRANGE LIFE INSURANCE COMPANY SUMMARY 2017

					TOTALS
JANUARY	14.04	9.67	9.67	17.95	51.33
FEBRUARY	14.04	9.67	9.67	17.95	51.33
MARCH	14.04	9.67	9.67	17.95	51.33
APRIL	14.04	9.67	9.67	20.04	53.42
MAY	14.04	9.67	9.67	20.04	53.42
JUNE	14.04	9.67	9.67	20.04	53.42
JULY	14.04	9.67	9.67	20.04	53.42
AUGUST	14.04	9.67	9.67	20.04	53.42
SEPTEMBER	14.04	9.67	10.19	20.04	53.94
OCTOBER	14.83	10.19	10.19	20.04	55.25
NOVEMBER	14.83	10.19	10.19	20.04	55.25
DECEMBER	14.83	10.19	10.19	20.04	55.25
<b>TOTALS</b>					<b>636.86</b>

**Citipower, LLC**  
**Case No. 2020-00342**  
**Commission Staff's First Request for Information issued December 17, 2020**

25. Provide the minutes from the board of director meetings for the calendar years 2018, 2019, and 2020.

**Response:**

Citipower does not have any minutes from the board of director meetings for the years 2018, 2019 or 2020. Attached are the only documents for those years.

## Citipower, LLC

### Consent of Board to Act Without Meeting

**Whereas**, CitiEnergy, LLC, being the sole Member of Citipower, LLC, having consented to action without meeting for purposes of electing two Directors pursuant to Section 5.2 of the Operating Agreement of Citipower, LLC;

**It is hereby Resolved**, that Daniel R. Forsberg and Adam Forsberg are elected as Directors of Citipower, LLC effective January 1, 2018.

**It is hereby further Resolved**, that Daniel R. Forsberg and Adam Forsberg shall serve as Directors until the next annual meeting of Members, unless they resign or are otherwise replaced pursuant to the provisions of the Operating Agreement.

A handwritten signature in black ink that reads "Daniel R. Forsberg". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Daniel R. Forsberg

CitiEnergy Managing Member and Manager of  
Citipower, LLC

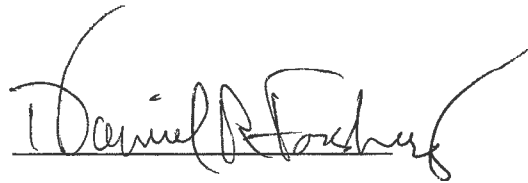
## Citipower, LLC

### Consent of Board to Act Without Meeting

**Whereas**, CitiEnergy, LLC, being the sole Member of Citipower, LLC, having consented to action without meeting for purposes of electing two Directors pursuant to Section 5.2 of the Operating Agreement of Citipower, LLC;

**It is hereby Resolved**, that Daniel R. Forsberg and Adam Forsberg are elected as Directors of Citipower, LLC effective January 1, 2019.

**It is hereby further Resolved**, that Daniel R. Forsberg and Adam Forsberg shall serve as Directors until the next annual meeting of Members, unless they resign or are otherwise replaced pursuant to the provisions of the Operating Agreement.

A handwritten signature in black ink, appearing to read "Daniel R. Forsberg", written over a horizontal line.

Daniel R. Forsberg

CitiEnergy Managing Member and Manager of  
Citipower, LLC

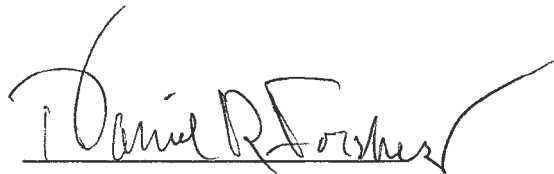
## Citipower, LLC

### Consent of Board to Act Without Meeting

**Whereas**, CitiEnergy, LLC, being the sole Member of Citipower, LLC, having consented to action without meeting for purposes of electing two Directors pursuant to Section 5.2 of the Operating Agreement of Citipower, LLC;

**It is hereby Resolved**, that Daniel R. Forsberg and Adam Forsberg are elected as Directors of Citipower, LLC effective January 1, 2020.

**It is hereby further Resolved**, that Daniel R. Forsberg and Adam Forsberg shall serve as Directors until the next annual meeting of Members, unless they resign or are otherwise replaced pursuant to the provisions of the Operating Agreement.

A handwritten signature in black ink that reads "Daniel R. Forsberg". The signature is written in a cursive style with a long, sweeping flourish extending to the right.

Daniel R. Forsberg

CitiEnergy Managing Member and Manager of  
Citipower, LLC

## Citipower, LLC

### Consent of Board to Enter Into a Purchase and Sale Agreement – Herbert White Pipeline

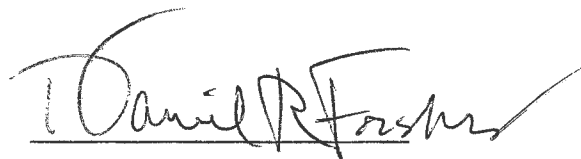
**Whereas**, Herbert White Gas Company has a 69 mile pipeline (Herbert White Pipeline) in McCreary and Whitley Counties, Kentucky;

**Whereas**, the Herbert White Pipeline connects Citipower to Delta Natural Gas, the pipeline would be of great importance to Citipower to ensure access to adequate gas volumes at market rates;

**Whereas**, Herbert White Gas Company has agreed to a price of \$1,500,000 for its pipeline system;

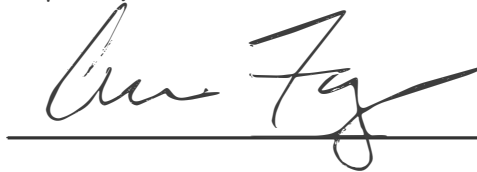
**It is hereby Resolved**, that the Board consents to enter into a Purchase and Sale Agreement with Herbert White Gas Company for the transaction.

**Executed** as of this 24<sup>th</sup> day of February, 2020.



Daniel R. Forsberg

CitiEnergy Managing Member and Manager of  
Citipower, LLC



Adam Forsberg

Citipower Director

Witness: Adam Forsberg and Vernon Smith

**Citipower, LLC**  
**Case No. 2020-00342**

**Commission Staff's First Request for Information issued December 17, 2020**

26. Refer to the Annual Report of Citipower, LLC. To the Public Service Commission for the Calendar Year Ended December 31, 2019 (2019 Annual Report), page 29.
- a. In calendar year 2019, Citipower reports meter reading labor of \$110,638. Describe the manner in which Citipower performs meter reading, including the number of meter readers and whether they are Citipower employees or outside contractors. If they are Citipower employees, provide their annual or hourly compensation rates, or both, and identify and describe the job duties they perform other than meter reading.
- b. In calendar year 2019, Citipower reports customer records and collection expenses of \$42,766. Describe in detail the manner in which Citipower performs the customer billing and collections and how it maintains the customer records. Explain whether customer billing and collections is performed by Citipower employees, by outside contractors, or by CitiEnergy employees with costs allocated to Citipower.
- c. In calendar year 2019, Citipower reports administrative and general salaries of \$147,513. Provide an itemized schedule listing each item that is recorded in this expense account, and include a detailed description for each item listed.

**Response:**

- a. Meter reading is conducted by Citipower employees. The hourly rates for each of these employees was provided in Responses 21 and 22 above. Each month the Office Manager will print the meter sheets. Citipower uses three employees each month to read customer meters. These three employees will pick up the meter sheets from the office and over a two-day period (on average) the customer meters will be read. The Office Manager and one of the meter readers will then key the readings into the system which usually takes one business day. If any of the readings appear to be out of the ordinary, one of the meter readers will go back out and re-read any of the meters that were flagged. The re-reading of the meters usually averages around two hours each month. The wages from each of the three meter readers is included in the \$110,638 figure.
- b. Please see attached.
- c. Please see attached.



**REGINA ALLEN**

**OFFICE MANAGER**

**PREPARING CUSTOMER BILLING:**

PRINT METER READING DATA SHEETS AND GIVE TO FIELD TECHS. WHEN THEY GET THROUGH READING METERS THEY RETURN THE SHEETS TO ME AND I KEY THE DATA IN FOR EACH CUSTOMER. AFTER KEYING IN DATA, I PRINT REPORTS AND CHECK ALL NUMBERS TO ASSURE ACCURACY. IF THERE ARE ANY ACCOUNTS THAT ARE IN QUESTION I HAVE THE TECHS GO TO THAT SERVICE AND CHECK THE METER READING. AFTER I HAVE CHECKED ALL REPORTS FOR ACCURACY I PRINT A CUSTOMER BILLING REPORT THAT I CHECK THE AMOUNT BILLED TO EACH CUSTOMER. THEN I PRINT AN AGED CUSTOMER REPORT...ONE TO SEND GREENSBORO AND ONE FOR ME. NOW THAT ALL NUMBERS HAVE BEEN CHECKED AND RECHECKED I AM ABLE TO PROCESS THE BILLING. I HAVE TO GO INTO THE BILLING PROGRAM AND CHANGE DATES TO COINCIDE WITH MONTHLY READING DATES. WHEN CUSTOMER BILLING RATE CHANGES I THEN HAVE TO CHANGE THE RATES IN THE SYSTEM AND CALCULATE THEM TO MAKE SURE IT IS CORRECT. NOW I AM READY TO PRINT CUSTOMER BILLING. AFTER PRINTING THE BILLS I PREPARE THEM FOR MAILING, TYPE A CHECK FOR POSTAGE AND TAKE TO POST OFFICE. I THEN PRINT BILLING REPORTS TO SEND TO GREENSBORO. NOW I CLOSE OUT THE BILLING MONTH AND FILE REPORTS. CUSTOMER RECORDS ARE FILED IN FOLDERS BY CUSTOMER NAME. I ALSO PREPARE AN END OF MONTH OPERATION REPORT THAT IS SENT TO GREENSBORO.

**TYPES OF REPORTS SENT TO GREENSBORO:**

CUSTOMER BILLING  
AGED CUSTOMER REPORT  
BILLING SUMMARY  
USAGE SUMMARY  
END OF MONTH OPERATION REPORT

## **COLLECTIONS:**

I RECEIVE PAYMENTS THROUGH MAIL BY CHECKS OR MONEY ORDERS. I ALSO RECEIVE PAYMENTS THAT HAVE BEEN MADE THROUGH UNITED CUMBERLAND BANK. THE BANK COLLECTS MONIES DUE FOR PAYMENT, SENDS CITIPOWER THE RECEIPT THE NEXT MORNING, THEN PAYMENT IS IPOSTED TO CUSTOMERS ACCOUNTS AND RECEIPT IS KEPT AT CITIPOWER. I ALSO RECEIVE PAYMENTS AT THE OFFICE BY CASH OR CHECK ONLY.

FOR ALL ACCOUNTS PAST DUE THE BILLING SYSTEM GENERATES LATE CHARGES TO SUCH ACCOUNTS. NOTICES ARE THEN PRINTED AND MAILED TO EACH CUSTOMERS. AFTER SAID DUE DATE HAS PASSED WITH NO PAYMENT, LETTERS OF INTENT TO DISCONNECT ARE MAILED. CUSTOMERS WILL HAVE A SPECIFIED AMOUNT OF DAYS TO MAKE ARRANGEMENTS TO SATISFY ACCOUNT. CUSTOMERS CAN COME TO OUR OFFICE AND MAKE ARRANGEMENTS TO WORK OUT A PAYMENT THAT IS CONVENIENT FOR THEM. IF PAYMENT IS NOT MADE, A SERVICE TECH WILL BE SENT TO DISCONNECT SERVICE

Clitpover, L. L. C.  
Transaction Detail By Account  
January through December 2019

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
401 - Operation Expense								
92X - Admin. and General Expenses								
920 - Admin & General Salaries (920)								
920.2 - Mgt. Consulting Expense								
Bill	01/02/2019	20181215C	Paddock Oil & Gas, Inc.	2018 MGMT 12/1/18 - 12/15/18		232 - Accounts Payable	2,500.00	2,500.00
Bill	01/02/2019	20181231C	Paddock Oil & Gas, Inc.	2018 MGMT 12/16/18 - 12/31/18		232 - Accounts Payable	2,500.00	5,000.00
Bill	01/30/2019	2019115C	Paddock Oil & Gas, Inc.	2019 MGMT 1/1/19 - 1/15/19		232 - Accounts Payable	3,031.10	8,031.10
Bill	02/03/2019	2019131C	Paddock Oil & Gas, Inc.	2019 MGMT 1/16/19 - 1/31/19		232 - Accounts Payable	3,023.10	11,054.20
Bill	02/25/2019	2019215C	Paddock Oil & Gas, Inc.	2019 MGMT 2/1/19 - 2/15/19		232 - Accounts Payable	2,635.95	13,690.15
Bill	03/05/2019	2019228C	Paddock Oil & Gas, Inc.	2019 MGMT 2/16/19 - 2/28/19		232 - Accounts Payable	3,062.00	16,752.15
Bill	03/29/2019	2019315C	Paddock Oil & Gas, Inc.	2019 MGMT 3/1/19 - 3/15/19		232 - Accounts Payable	3,022.75	19,774.90
Bill	04/02/2019	2019331C	Paddock Oil & Gas, Inc.	2019 MGMT 3/16/19 - 3/31/19		232 - Accounts Payable	3,024.35	22,799.25
Bill	04/25/2019	2019415C	Paddock Oil & Gas, Inc.	2019 MGMT 4/1/19 - 4/15/19		232 - Accounts Payable	3,019.35	25,818.60
Bill	05/06/2019	2019430C	Paddock Oil & Gas, Inc.	2019 MGMT 4/16/19 - 4/30/19		232 - Accounts Payable	3,034.05	28,852.65
Bill	05/25/2019	2019515C	Paddock Oil & Gas, Inc.	2019 MGMT 5/1/19 - 5/15/19		232 - Accounts Payable	3,033.65	31,886.30
Bill	06/02/2019	2019531C	Paddock Oil & Gas, Inc.	2019 MGMT 5/16/19 - 5/31/19		232 - Accounts Payable	3,171.70	35,058.00
Bill	06/23/2019	2019615C	Paddock Oil & Gas, Inc.	2019 MGMT 6/1/19 - 6/15/19		232 - Accounts Payable	3,046.70	38,104.70
Bill	06/30/2019	2019630C	Paddock Oil & Gas, Inc.	2019 MGMT 6/16/19 - 6/30/19		232 - Accounts Payable	3,023.85	41,128.55
Bill	07/30/2019	2019715C	Paddock Oil & Gas, Inc.	2019 MGMT 7/1/19 - 7/15/19		232 - Accounts Payable	3,074.35	44,202.90
Bill	07/31/2019	2019731C	Paddock Oil & Gas, Inc.	2019 MGMT 7/16/19 - 7/31/19		232 - Accounts Payable	3,183.80	47,386.70
Bill	08/15/2019	2019815C	Paddock Oil & Gas, Inc.	2019 MGMT 8/1/19 - 8/15/19		232 - Accounts Payable	3,124.00	50,510.70
Bill	09/02/2019	2019831C	Paddock Oil & Gas, Inc.	2019 MGMT 8/16/19 - 8/31/19		232 - Accounts Payable	3,233.85	53,744.55
Bill	09/15/2019	2019915C	Paddock Oil & Gas, Inc.	2019 MGMT 9/1/19 - 9/15/19		232 - Accounts Payable	3,099.00	56,843.55
Bill	10/01/2019	2019930C	Paddock Oil & Gas, Inc.	2019 MGMT 9/16/19 - 9/30/19		232 - Accounts Payable	3,024.00	59,867.55
Bill	10/20/2019	20191015C	Paddock Oil & Gas, Inc.	2019 MGMT 10/1/19 - 10/15/19		232 - Accounts Payable	3,134.20	63,001.75
Bill	10/31/2019	20191031C	Paddock Oil & Gas, Inc.	2019 MGMT 10/16/19 - 10/31/19		232 - Accounts Payable	3,325.55	66,327.30
Bill	11/19/2019	20191115C	Paddock Oil & Gas, Inc.	2019 MGMT 11/1/19 - 11/15/19		232 - Accounts Payable	3,136.35	69,463.65
Bill	12/03/2019	20191130C	Paddock Oil & Gas, Inc.	2019 MGMT 11/16/19 - 11/30/19		232 - Accounts Payable	3,024.40	72,488.05
Bill	12/16/2019	20191215C	Paddock Oil & Gas, Inc.	2019 MGMT 12/1/19 - 12/15/19		232 - Accounts Payable	3,024.90	75,512.95
Total 920.2 - Mgt. Consulting Expense							75,512.95	75,512.95
Total 920 - Admin & General Salaries (920)							75,512.95	75,512.95
Total 92X - Admin. and General Expenses							75,512.95	75,512.95
Total 401 - Operation Expense							75,512.95	75,512.95
<b>TOTAL</b>							<b>75,512.95</b>	<b>75,512.95</b>

Citipower, L. L. C.  
Transaction Detail By Account  
January through December 2019

401 - Operation Expense  
 92X - Admin. and General Expenses  
 920 - Admin & General Salaries (920)  
 920.4 - Management fees  
  
 Total 920.4 - Management fees  
 Total 920 - Admin & General Salaries (920)  
 Total 92X - Admin. and General Expenses  
 Total 401 - Operation Expense  
**TOTAL**

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
General Journal	02/21/2019	JE486		MANAGEMENT FEES		-SPLIT-	18,000.00	18,000.00
Check	04/11/2019	1758	CitiEnergy, LLC	MANAGEMENT FEE		131.7 Capital Bank Operating	6,000.00	24,000.00
Check	07/22/2019	1809	CitiEnergy, LLC	MANAGEMENT FEE		131.7 Capital Bank Operating	0.00	24,000.00
Check	08/15/2019	1820	CitiEnergy, LLC	MANAGEMENT FEE		131.7 Capital Bank Operating	0.00	24,000.00
General Journal	09/30/2019	JE543		MGT FEE ACCRUAL		232 - Accounts Payable	30,000.00	54,000.00
Check	10/07/2019	1847	CitiEnergy, LLC	MANAGEMENT FEE		131.7 Capital Bank Operating	0.00	54,000.00
General Journal	12/31/2019	JE571		YE19 MANAGEMENT FEES		232 - Accounts Payable	18,000.00	72,000.00
							<u>72,000.00</u>	<u>72,000.00</u>
							<u>72,000.00</u>	<u>72,000.00</u>
							<u>72,000.00</u>	<u>72,000.00</u>
							<u>72,000.00</u>	<u>72,000.00</u>
							<u>72,000.00</u>	<u>72,000.00</u>