

VERIFICATION

STATE OF INDIANA

)

) SS:

COUNTY OF PORTER

)

The undersigned, Emily Bytnar, being duly sworn, deposes and says that she is a Principal, Rates & Regulatory for Kentucky-American Water Company, that she has personal knowledge of the matters set forth in the accompanying data responses for which she is identified as the responsible witness, and that the answers contained therein are true and correct to the best of her information, knowledge and belief.

*Emily Bytnar*  
\_\_\_\_\_  
Emily Bytnar

Subscribed and sworn to before me, a Notary Public in and before said County and State, this 4<sup>th</sup> day of June, 2026.

*Christina M Coleman*  
\_\_\_\_\_  
Notary Public

My Commission Expires:

3/6/2030

