

NOTICE OF ELECTION OF USE OF ELECTRONIC FILING PROCEDURES

(Complete All Shaded Areas and Check Applicable Boxes)

In accordance with 807 KAR 5:001, Section 8, _____ gives notice of its intent to file an application for _____ with the Public Service Commission no later than _____ and to use the electronic filing procedures set forth in that regulation.

_____ further states that:

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

Name	Electronic Mail Address

- | | | |
|--|--------------------------|--------------------------|
| 6. It and its authorized representatives listed above have read and understand the procedures for electronic filing set forth in 807 KAR 5:001 and will fully comply with those procedures unless the Public Service Commission directs otherwise. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Signed

Name: ROBERT C. MOORE
 Title: ATTORNEY
 Address: P.O. BOX 634
 FRANKFORT KY 40602-0634
 Telephone Number: (502) 223-3477

RECEIVED

MAR 25 2021

**PUBLIC SERVICE
COMMISSION**