

# MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION

FOR Entire territory served  
 Community, Town or City \_\_\_\_\_  
 P.S.C. No. 23  
 (Original) Sheet No. 1  
 (Revised) \_\_\_\_\_  
 Cancelling P.S.C. No. 22  
 (Original) Sheet No. 1  
 (Revised) \_\_\_\_\_

Schedule 1	CLASSIFICATION OF SERVICE	RATE PER UNIT
	Residential, Farm and Non-Farm, Schools & Churches	
<u>Applicable:</u> Entire territory served.		
<u>Availability of Service:</u> Available to customers of the Cooperative located on its lines for service including lighting, incidental appliances, refrigeration, cooking, home heating, and power for motors up to and including seven and one-half horsepower (7½ H.P.); Corporation covering this service.		
<u>Character of Service:</u> Single phase, 60 hertz, at Seller's standard voltages.		
<u>Rates: Monthly</u>		
Customer Charge - No KWH usage		\$4.33
First 300 KWH per month		I .06924/KWH
Next 700 KWH per month		I .05506/KWH
All over 1,000 KWH per month		I .05102/KWH
State and Federal tax will be added to above rate where applicable.		
<u>Minimum Monthly Charge:</u> In no case shall the monthly minimum bill be less than \$4.33 per month.		
<u>Fuel Cost Adjustment:</u> In case the rate under which Seller purchases power at wholesale is adjusted in accordance with a fuel cost adjustment provision billed by Seller's wholesale power supplier, the foregoing energy charges shall be adjusted each month by the amount per KWH of sales by the Seller equal to the dollar amount of the above mentioned charge (plus or minus any adjustment for over or under collection) in the Cooperative's wholesale power cost for the next preceding month. The following formula shall apply:		
$\text{Adjustment Factor} = \frac{F \pm O}{S}$		

PUBLIC SERVICE COMMISSION  
 OF KENTUCKY  
 FEB 1 1989  
 PURSuant to KAR 9:011,  
 SECTION 9.41  
 BY *[Signature]*  
 PUBLIC SERVICE COMMISSION MANAGER

DATE OF ISSUE December 27, 1988  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 DATE EFFECTIVE February 1, 1989  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 ISSUED BY *Brandt H. Long* Manager--P. O. Box 367, Brandenburg, KY 40108  
 Name of Officer \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_  
 ISSUED BY AUTHORITY OF P.S.C. \_\_\_\_\_  
 ORDER NO. 10266 C-1-91