|  | FOR          | All Territory Served |    |
|--|--------------|----------------------|----|
| S.   | P.S.C. No.   | 7                    |    |
|  | 1st Revised  | _SHEET NO            | 28 |
| Shelby Energy Cooperative, Inc. helbyville, Kentucky | CANCELLING F | P.S.C. NO.           | 7  |
| Name of Issuing Corporation                          |              |                      |    |
|  | Original     | SHEET NO.            | 28 |
| RULES AND REGULATIONS                                |              |                      |    |

## 49. **COOPERATIVE BILLING STATEMENT**

| Shelby Energy Cooperative, Inc. A Touchstone Energy Partner P.O. Box 309 Shelbyville KY 40066-0309 |
|--|
| Shelbyville KY 40066-0309  |

| Account #          |  |
|--------------------|--|
| NET AMOUNT DUE [4] |  |
|                    |  |
| DUE DATE           |  |
| AFTER DUE DATE PAY |  |

RETURN THIS PORTION WITH PAYMENT

Account #:

Reading

From

To

STATEMENT IS PAYABLE UPON RECEIPT

Used Last Yr

| Acc                       | count #:       | D  | ates:        |                     |                    | •                                 |              |          |   |
|---------------------------|----------------|--|--------------|---------------------|--------------------|-----------------------------------|--------------|----------|---|
|                           | Meter Num      | ber  | Cycle        | Previous<br>Reading | Present<br>Reading | Multiplier                        | KWH<br>Usage | \$Amount |   |
|                           |                |  |              |                     |                    |                                   |              |          |   |
|                           |                |  |              |                     |                    |                                   |              | ,        |   |
| 34.                       | Map Location   | Pas  | st Due Al    | ter .               | Gr                 | oss Amount                        |              | Nei Duê  | PUBLIC SERVICE COMMISSION<br>OF KENTUCKY<br>EFFECTIVE         |
| g                         | Billing Date   | Payments must be disconnection of ele  | ectrical ser | rvice for nonpi     | nyment.            |                                   |              |          |   |
| PFORM                     | Bill Type:     | The gross amount is<br>due date, the gross   | s 10% hig    | her than the n      |                    |                                   | 51           |          | APR 01 1999   |
| CADP FORM 819000 19990119 | Rate Schedule: | Account is consider<br>NIGHT DEPOSITO<br>If service is interrup<br>Please report promp | RY & DF      | RIVE UP WING        | DOW are ava        | ilable for your<br>rers. Check to | convenience. |          | PURSUANT TO 807 KAR 5:011,<br>SECTION 8 (1)<br>SKONWA (1) BUT |
|                           |                | <u> </u>   |              |                     |                    |                                   |              |          | SECHETARY OF THE COMMISSION                                   |

| п | Δ | т | = | $\mathbf{c}$     | IS | C | 11 | E |   |
|---|---|---|---|------------------|----|---|----|---|---|
| u |   |   |   | $\mathbf{\circ}$ | 10 | J | U  | _ | 4 |

**EFFECTIVE DATE:** 

April 1, 1999

ISSUED BY:

President and CEO

Shelbyville, KY 40065

Title

Address