State of Delaware
The Public Service Commission

Annual Gross Revenue Return
And
Statement of Assessment Due
For the Year 2021

Company Name

On or before March 31 of each year, each public utility subject to the Provisions of Title 26, Delaware Code, shall file this Annual Gross Revenue Return and Statement of Assessment Due for such Calendar year accompanied by a check in payment thereof with This Commission at the following address:

DELAWARE PUBLIC SERVICE COMMISSION
861 SILVER LAKE BLVD. SUITE 100
DOVER, DE 19904
PHONE (302) 736-7500
The Delaware Public Service Commission

Annual Gross Revenue Return
And
Statement of Assessment Due
For the Year 2021

1. Name of business: ________________________________
   Federal ID number: ________________________________

2. Address: _______________________________________

3. Type of Public Utility Furnished: __________________

4. Did you operate in Delaware during the whole year? __________________
   If not, show operating period: ________________________

NOTE: No assessment is imposed on a utility having Delaware gross operating intrastate revenues of less than $10,000 in a calendar year.

5. GROSS DELAWARE INTRASTATE OPERATING REVENUES
   (Revenues from utility services in Delaware) $______________
   Company must provide backup financial data to support this figure;
   show computation on pg. 4.

REGULATORY ASSESSMENT CALCULATION:

6. If the amount on Line 5 is Less Than $10,000 enter Zero (0) on Line 9. $______________

7. If the Amount on Line 5 is Greater than $10,000, multiply Line 5 by .003 (3 mils) $______________

8. If the Company made a partial payment pursuant to 26 Del. C. §115 (e) last September, than enter the amount of the payment here. If, not enter Zero (0). $______________

9. Net Regulatory Assessment Due. $______________
   Deduct Line 8 from Line 7.
AFFIDAVIT

Subscribed and sworn to before me this

__________ Day of _______________

20 _______.

Signature

NOTARY SEAL

CERTIFICATION

The information reported above is true and correct.

____________________________________
Signature of Individual or Officer

____________________________________
Name of Signee (print or type)

____________________________________
Title of Signee (print or type)

____________________________________
Telephone Number of Signee

____________________________________
Address of Signee

PREPARER INFORMATION:

____________________________________
Signature of Preparer (if other than above)

____________________________________
Name of Preparer (print or type)

____________________________________
Title of Preparer (print or type)

____________________________________
Telephone Number of Preparer