**EXPRESSION OF INTEREST FORM**

**DUE 12 PM (NOON) ON APRIL 20, 2016**

The Public Utilities Commission of Ohio (“PUCO” or “Commission”) issued an Opinion and Order in Case No. 16-247-EL-UNC regarding the implementation of Sections 4928.54 and 4928.544 of the Revised Code on March 2, 2016 (“PIPP Order”). The Commission in its PIPP Order requires AEP Ohio to issue a request for proposals (“RFP”) to be held on an annual basis to select suppliers to serve that load of PIPP customers available for bid.

The Expression of Interest Form requires that you identify the Applicant as a potential bidder in the upcoming auction under the PIPP RFP, that you provide necessary contact information, and that you provide evidence that you are certified as a CRES provider by the Commission and registered in AEP Ohio’s territory. Before completing the Credit Application, please review the PIPP Rules and the PIPP Agreement so that you understand the conditions under which the auction will be conducted. Terms not explicitly defined in the Credit Application are defined in the PIPP Rules, or the PIPP Agreement. These documents are posted to the PIPP RFP page of the website, [www.AEPOhioCBP.com](http://www.AEPOhioCBP.coma), as they become available.

This Expression of Interest Form is a required part of the Qualification Materials and Proposal for the Applicant to be qualified and for the Applicant to be able to continue in the proposal submission process. The exclusive method for the Applicant to submit its Expression of Interest is by completing the form below, signing and scanning the form, and submitting it with all supporting documents via email to PIPP-RFP@nera.com. No late Expressions of Interest will be accepted under any circumstances.

The Auction Manager and AEP Ohio will endeavor, using commercially diligent efforts, to notify bidders of any deficiencies in their Qualification Materials, including this Expression of Interest Form, no later than twenty-four hours before the Cure Deficiency Deadline for Qualifications. If such notification is provided to you, you must respond by the Cure Deficiency Deadline for Qualifications for the Applicant to be qualified and for the Applicant to be able to continue in the proposal submission process.

*Name of Applicant*

**EXPRESSION OF INTEREST FORM**

## Expression of Interest

**Please check the box to confirm your interest in bidding in the auction under the PIPP RFP.**

[ ]  The Applicant confirms its interest, on a non-binding basis, to bid in the auction under the PIPP RFP. The Applicant agrees to all rules and conditions associated with the auction process as provided in the PIPP Rules. The Applicant agrees that it will hold AEP Ohio and the Auction Manager harmless of and from all damages and costs, including but not limited to legal costs, in connection with all claims, expenses, losses, proceedings or investigations that arise in connection with the auction process or the award of a bid pursuant to the auction process under the PIPP RFP.

*Name of Applicant*

## Contact Information

*First Item*: **Company** Information

*Name of Applicant (company name)*

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| --- |
|       |

*Street Address*

|  |
| --- |
|       |
|       |

*City State Zip Code*

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*Second Item*: Main **Representative** Information

The Representative is the main person of contact for the Applicant. **Please provide all contact information below.** By providing this information, you represent that the Representative is authorized to act on behalf of the Applicant.

*Given Name(s) Last Name*

|  |  |  |
| --- | --- | --- |
|       |  |       |

*Title*

|  |
| --- |
|       |

*Street Address*

|  |
| --- |
|       |
|       |

*City State Zip Code*

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|       |  |       |  |       |

*Telephone No. Cell Phone No. Email Address*

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| --- | --- | --- | --- | --- |
|       |  |       |  |       |

*Third Item*: Additional **Representatives** Information

You may name up to three Additional Representatives by providing the contact information below. **By providing this information, you confirm that each Additional Representative is authorized to act on behalf of the Applicant.**

Additional Representative #1

*Given Name(s) Last Name*

|  |  |  |
| --- | --- | --- |
|       |  |       |

*Title*

|  |
| --- |
|       |

*Telephone No. Cell Phone No. Email Address*

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| --- | --- | --- | --- | --- |
|       |  |       |  |       |

*Name of Applicant*

Additional Representative #2

*Given Name(s) Last Name*

|  |  |  |
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|       |  |       |

*Title*

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*Telephone No. Cell Phone No. Email Address*

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Additional Representative #3

*Given Name(s) Last Name*

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|       |  |       |

*Title*

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|       |

*Telephone No. Cell Phone No. Email Address*

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*Fourth Item*: **Officer** Information

**Please name an individual below who is authorized to execute contracts and bind the Applicant.** The named individual must be the individual who will execute the PIPP Agreement and the Confirmation should the Applicant have Winning Bids.

*Given Name(s) Last Name*

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| --- | --- | --- |
|       |  |       |

*Title*

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*Fifth Item*: **Legal Representative in Ohio** Information

The legal representative in Ohio is authorized to accept service of process on behalf of the bidder. The legal representative may be legal counsel or a representative agent. The legal representative must have an address in Ohio. **Please provide information regarding the Applicant’s legal representative below.**

*Given Name(s) Last Name*

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| --- | --- | --- |
|       |  |       |

*Title*

|  |
| --- |
|       |

*Company Name*

|  |
| --- |
|       |

*Name of Applicant*

*Street Address*

|  |
| --- |
|       |
|       |

*City State Zip Code*

|  |  |  |  |  |
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*Telephone No. Fax No. Email Address (optional)*

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*Name of Applicant*

## 3. CRES Provider Status

*First Item*: **Documentation** of CRES provider status

To participate in the auction under the PIPP RFP, an Applicant must (1) provide evidence of its certification as a CRES provider registered in AEP Ohio’s territory and (2) show that such certification remains valid until July 31, 2016.

**Please provide the docket number of your application to be certified as a CRES provider with the Commission:**

|  |
| --- |
|       |

**Please provide the expiration date of the Commission’s approval:**

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*Second Item*: **Certification** of Good Standing and Continuing CRES provider Status

**One of the Representatives or the Officer named above must make the following certification.**

I certify that:

* The Applicant is a CRES provider in good standing. The Applicant’s certification as a CRES provider registered in AEP Ohio’s territory has not been revoked or suspended. To the best of my knowledge and belief, the Applicant is not under any investigation that could lead to the revocation or suspension of the Applicant’s certification as a CRES provider from now until the end of the supply period.
* Should the Applicant become the Winning Bidder, the Applicant undertakes to maintain its certification as a CRES provider registered in AEP Ohio’s territory during the entire supply period.
* The Applicant is and will remain in compliance with all undertakings under any agreements it has signed in connection with being a CRES provider registered in AEP Ohio’s territory.

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* The authorized representative must be named above in the Expression of Interest Form

Name of Authorized Representative *(print)*:

Title of Authorized Representative *(print)*:

Date Signed:

***End of Expression of Interest***