

STATEMENT OF REVENUE
FY-2025 Mo. PSC Assessment

"Certificated or Registered IVoIP" UTILITY COMPANY NAME & ADDRESS

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission. Do not abbreviate. Include any Commission approved d/b/a or fictitious name, if applicable.)

I, _____, _____
NAME TITLE

_____, _____
E-MAIL ADDRESS TELEPHONE #

hereby certify that the GROSS INTRASTATE OPERATING REVENUE of the above-named Company in the State of Missouri, for the calendar year 2023, is:

NOTE: THE GROSS INTRASTATE OPERATING REVENUE REPORTED ON THIS STATEMENT MUST MATCH THE TOTAL MISSOURI JURISDICTIONAL OPERATING REVENUES REPORTED ON THE COMPANY'S ANNUAL REPORT.

****IF REPORTING ZERO REVENUE, DO YOU WISH TO RETAIN YOUR OPERATING CERTIFICATE? _____ YES _____ NO**

ELECTRIC OPERATING REVENUE _____
GAS OPERATING REVENUE _____
HEATING OPERATING REVENUE _____
WATER OPERATING REVENUE _____
SEWER OPERATING REVENUE _____
TELEPHONE/IVoIP OPERATING REVENUE _____

TOTAL _____

SIGNATURE

State of _____)
County of _____)

Sworn to and subscribed before me a Notary Public in and for said County and State this _____ day of _____, _____.
DATE MONTH YEAR

(SEAL)

NOTARY PUBLIC

My commission expires _____.