

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

E-03964A

Noble Americas Energy Solutions, LLC
401 W. A St., Ste. 500
San Diego, CA 92101-3017

RECEIVED
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ACC UTILITIES DIRECTOR

ANNUAL REPORT
Electric

FOR YEAR ENDING

| | | |
|----|----|------|
| 12 | 31 | 2012 |
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FOR COMMISSION USE

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4-11-13

COMPANY INFORMATION

| | | | |
|--|-----------------------------|------------------------------|--|
| Company Name (Business Name) <u>Noble Americas Energy Solutions LLC</u> | | | |
| Mailing Address <u>401 West A Street, Suite 500</u> | | | |
| (Street) | | | |
| <u>San Diego</u> | <u>CA</u> | <u>92101</u> | |
| (City) | (State) | (Zip) | |
| <u>1-877-273-6772</u> | <u>1-619-684-8355</u> | | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Include Area Code) | |
| Email Address <u>Email@NobleSolutions.com</u> | | | |
| Local Office Mailing Address <u>401 West A Street, Suite 500</u> | | | |
| (Street) | | | |
| <u>San Diego</u> | <u>CA</u> | <u>92101</u> | |
| (City) | (State) | (Zip) | |
| <u>1-619-684-8000</u> | <u>1-619-684-8355</u> | | |
| Local Office Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Include Area Code) | |
| Email Address <u>Email@NobleSolutions.com</u> | | | |

MANAGEMENT INFORMATION

| | | | |
|--|-----------------------------|------------------------------|--------------|
| <input checked="" type="checkbox"/> Regulatory Contact: | | | |
| <input checked="" type="checkbox"/> Management Contact <u>Greg Bass</u> <u>Director – Retail Commodity Operations</u> | | | |
| (Name) (Title) | | | |
| <u>401 West A Street, Suite 500</u> | <u>San Diego</u> | <u>CA</u> | <u>92101</u> |
| (Street) | (City) | (State) | (Zip) |
| <u>1-619-684-8199</u> | <u>1-619-684-8355</u> | | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Include Area Code) | |
| Email Address <u>GBass@NobleSolutions.com</u> | | | |
| On Site Manager: _____ | | | |
| (Name) | | | |
| _____ | _____ | _____ | _____ |
| (Street) | (City) | (State) | (Zip) |
| _____ | _____ | _____ | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Include Area Code) | |
| Email Address _____ | | | |

Statutory Agent Corporation Service Company

(Name)

2338 W. Royal Palm Road, Suite J

(Street)

Phoenix

(City)

AZ

(State)

85021

(Zip)

1-800-536-0852

Telephone No. (Include Area Code)

602-252-4810

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Attorney: Lawrence V. Robertson, Jr., of Counsel to Munger Chadwick, P.L.C.

(Name)

P.O. Box 1448

(Street)

Tubac

(City)

AZ

(State)

85646

(Zip)

520-398-0411

Telephone No. (Include Area Code)

520-398-0412

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor (S) | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input checked="" type="checkbox"/> STATEWIDE | | |

SERVICES AUTHORIZED TO PROVIDE

Check the following box/es for the services that you are authorized to provide:

- Electric**
- Investor Owned Electric
 - Rural Electric Cooperative
 - Utility Distribution Company
 - Electric Service Provider
 - Transmission Service Provider
 - Meter Service Provider
 - Meter Reading Service Provider
 - Billing and Collection
 - Ancillary Services
 - Generation Provider
 - Aggregator/Broker

Other (Specify) _____

STATISTICAL INFORMATION

| | | |
|------------------------------------|-------|-------------|
| Total number of customers | | |
| Residential | _____ | 0 |
| Commercial | _____ | 0 |
| Industrial | _____ | 0 |
| Public Street and Highway lighting | _____ | 0 |
| Irrigation | _____ | 0 |
| Resale | _____ | 0 |
| Total kilowatt-hours sold | | _____ 0 kWh |
| Residential | _____ | 0 |
| Commercial | _____ | 0 |
| Industrial | _____ | 0 |
| Public Street and Highway lighting | _____ | 0 |
| Irrigation | _____ | 0 |
| Resale | _____ | 0 |
| Maximum Peak Load | _____ | 0 MW |

COMPANY NAME: Noble Americas Energy Solutions LLC

UTILITY SHUTOFFS / DISCONNECTS

| MONTH | Termination without Notice R14-2-211.B | Termination with Notice R14-2-211 | OTHER |
|-----------------|---|--------------------------------------|----------|
| JANUARY | 0 | 0 | 0 |
| FEBRUARY | 0 | 0 | 0 |
| MARCH | 0 | 0 | 0 |
| APRIL | 0 | 0 | 0 |
| MAY | 0 | 0 | 0 |
| JUNE | 0 | 0 | 0 |
| JULY | 0 | 0 | 0 |
| AUGUST | 0 | 0 | 0 |
| SEPTEMBER | 0 | 0 | 0 |
| OCTOBER | 0 | 0 | 0 |
| NOVEMBER | 0 | 0 | 0 |
| DECEMBER | 0 | 0 | 0 |
| TOTALS → | 0 | 0 | 0 |

OTHER (description):

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

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APR 09 2013
ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF California

I, THE UNDERSIGNED

OF THE

| |
|--|
| COUNTY OF (COUNTY NAME) San Diego |
| NAME (OWNER OR OFFICIAL) TITLE William B. Goddard, VP – Commodity Supply and Ops |
| COMPANY NAME Noble Americas Energy Solutions LLC |

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

| | | |
|-------|-----|------|
| MONTH | DAY | YEAR |
| 12 | 31 | 2012 |

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

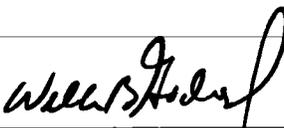
SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2012 WAS:

| |
|---|
| Arizona Intrastate Gross Operating Revenues Only (\$) |
| \$ 0 |

**(THE AMOUNT IN BOX ABOVE
INCLUDES \$0
IN SALES TAXES BILLED, OR COLLECTED)**

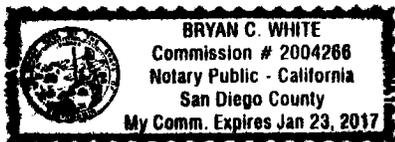
****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**



SIGNATURE OF OWNER OR OFFICIAL
1-619-684-8174

TELEPHONE NUMBER

Subscribed and sworn to (or affirmed) before me on this 8th day of April, 2013 by William B. Goddard, proved to me on the basis of satisfactory evidence to be the person who appeared before me.





SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES January 23, 2017.

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY**

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APR 09 2013
ACC UTILITIES DIRECTOR

STATE OF California

| | |
|---|--|
| COUNTY OF (COUNTY NAME) San Diego | |
| NAME (OWNER OR OFFICIAL) William B. Goddard | TITLE VP - Commodity Supply & Ops |
| COMPANY NAME Noble Americas Energy Solutions LLC | |

I, THE UNDERSIGNED
OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

| | | |
|-------|-----|------|
| MONTH | DAY | YEAR |
| 12 | 31 | 2012 |

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SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2012 WAS:

| |
|--|
| ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ <u>0</u> |
|--|

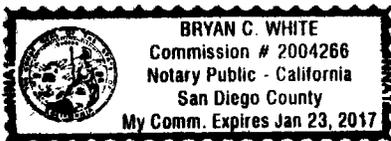
(THE AMOUNT IN BOX AT LEFT INCLUDES \$0 IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

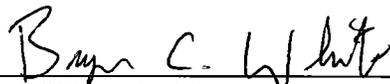
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SIGNATURE OF OWNER OR OFFICIAL

1-619-684-8174
TELEPHONE NUMBER



MY COMMISSION EXPIRES January 23, 2017.


SIGNATURE OF NOTARY PUBLIC

FINANCIAL INFORMATION

Attach to this annual report a copy of the Company year-end (Calendar Year 2012) financial statements. If you do not compile these reports, the Utilities Division will supply you with blank financial statements for completion and filing. **ALL INFORMATION MUST BE ARIZONA-SPECIFIC AND REFLECT OPERATING RESULTS IN ARIZONA.**

N/A