

UPDATE FORM

FOR GAS UTILITY COMPANIES

TO REVISE OR CHANGE INFORMATION CONTAINED IN THE INITIAL
REGISTRATION FORM

The update form can be filled out from this page. Use your Tab key to navigate between fields or click on the field you would like to enter information. Once you have filled out the update form you may print the form.

Mail completed forms to: Wyoming Public Service Commission
Docketing Section
2515 Warren Avenue, Suite 300
Cheyenne, WY 82002

HEADQUARTERS (H): (Name of the business as registered with the Wyoming Secretary of State (SOS))					
Name:		Address:		Telephone () _ _ _ - _ _ _ _	
		City State		Fax () _ _ _ - _ _ _ _	
		ZIP		E-mail	
REGISTERED WITH THE WYOMING SECRETARY OF STATE (Person affirming that business is registered with the (SOS))					
Name:				Title:	
Signature:				Date:	
LIST ALL PREVIOUS BUSINESS NAMES AND D.B.A.s THAT REGISTRANT HAS USED IN WYOMING					
REGULATORY AFFAIRS CONTACT (R): (The person responsible for overall regulatory matters)					
Name:		Address:		Telephone () _ _ _ - _ _ _ _	
				Fax () _ _ _ - _ _ _ _	
City State		State ZIP		E-mail	
ASSESSMENT CONTACT (S): (The person responsible for processing the payment of the Wyoming PSC assessment)					
Name:		Address:		Telephone () _ _ _ - _ _ _ _	
				Fax () _ _ _ - _ _ _ _	
City State		ZIP		E-mail	
ANNUAL REPORT CONTACT (N): (The person responsible for Annual Report Filings)					
Name:		Address:		Telephone () _ _ _ - _ _ _ _	
				Fax () _ _ _ - _ _ _ _	
City State		ZIP		E-mail	
CUSTOMER COMPLAINTS CONTACT (P): (The person responsible for resolving customer complaint issues)					
Name:		Address:		Telephone () _ _ _ - _ _ _ _	
				Fax () _ _ _ - _ _ _ _	
City State		ZIP		E-mail	

REGISTERED AGENT (G): (The person or firm officially registered as the Registrant's agent in Wyoming)			
Name:		Address:	
		Telephone () _ _ _ - _ _ _ _	
		Fax () _ _ _ - _ _ _ _	
City	State	ZIP	E-mail

ARE YOUR TARIFFS and RULES AND REGULATIONS ATTACHED?

YES Tariffs and rules and regulations are attached (One original and seven copies)
My company understands that it cannot commence gas services until tariffs and rules and regulations have been filed with the Wyoming PSC for such services.

SIGNATURE OF REGISTRANT

Signature: _____
Title: _____ **Date:** _____

STATE OF _____)
COUNTY OF _____)

Subscribed and sworn to before me, this _____ day of _____ ,

Witness my hand and official seal.

(Signed) _____
Notary Public

(SEAL)

(Print or type name)

My Commission Expires: