

INFORMATION SHEET

PRESIDING: Commissioner Brown-Bland, Commissioners Bailey, Dockham, Patterson, Gray
PLACE: Government Center, Statesville, North Carolina
DATE: August 25, 2016
TIME: 7:00 p.m. to 7:05 p.m.
DOCKET NO.: G-5, Sub 565
COMPANY: Public Service Company of North Carolina, Inc.
DESCRIPTION: Application of Public Service Company of North Carolina, Inc.,
for a General Increase in its Rates and Charges

APPEARANCES

FOR PUBLIC SERVICE COMPANY OF NORTH CAROLINA, INC
Mary Lynne Grigg, Esq.
B. Craig Collins, Esq.

FOR THE USING AND CONSUMING PUBLIC
Antoinette R. Wike, Esq.

WITNESSES

(No witnesses.)

EXHIBITS

(No exhibits.)

FILED

SEP 02 2016

Clerk's Office
N.C. Utilities Commission

COPIES ORDERED: Email:- (No orders.)
REPORTED BY: Marianne S. Aguirre
TRANSCRIBED BY: Marianne S. Aguirre
DATE TRANSCRIBED: September 1, 2016

TRANSCRIPT PAGES: 7
PREFILED PAGES: 0

NORTH CAROLINA UTILITIES COMMISSION
PUBLIC STAFF - APPEARANCE SLIP

DATE 8-25-16 DOCKET # : G-5 Sub 565

PUBLIC STAFF MEMBER Antoinette R. Wike

ORDER FOR TRANSCRIPT OF TESTIMONY TO BE EMAILED TO THE
PUBLIC STAFF - PLEASE INDICATE YOUR DEPARTMENT AS WELL AS
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Antoinette R. Wike
Signature of Public Staff Member

NORTH CAROLINA UTILITIES COMMISSION
APPEARANCE SLIP

DATE 8-25-16 DOCKET #: G-5 Sub 565
NAME AND TITLE OF ATTORNEY Mary Lynne Grigg
FIRM NAME McGuire Woods LLP
ADDRESS 2600 Two Hannover Square
CITY Raleigh ZIP 27601

APPEARING FOR: PSNC

APPLICANT <input checked="" type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	INTERVENER <input type="checkbox"/>
PROTESTANT <input type="checkbox"/>	RESPONDENT <input type="checkbox"/>	DEFENDANT <input type="checkbox"/>

ARE YOU THE COMPANY OR REPRESENTED COMPANY PAYING FOR COURT REPORTING SERVICES Yes / No (Circle one)

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(SIGNATURE OF PARTY OR ATTORNEY ORDERING TRANSCRIPT)

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Signature of Attorney

NORTH CAROLINA UTILITIES COMMISSION
APPEARANCE SLIP

DATE 8-25-16 ~~8-29-16~~ CASE NO: G-5 SUB 565
NAME AND TITLE OF ATTORNEY CRAIG COLLINS, ASSOC. GEN. COUNSEL
FIRM NAME SCANA
ADDRESS MC 222 220 OPERATION WAY
CITY CAYCE, SC ZIP 29033

APPEARING FOR: _____

APPEARING FOR: <input checked="" type="checkbox"/>	BY: <input type="checkbox"/>	INTERVIEW: <input type="checkbox"/>
DEPOSITION: <input type="checkbox"/>	TESTIMONY: <input type="checkbox"/>	INTERVIEW: <input type="checkbox"/>

PLEASE NOTE: The undersigned certifies that the foregoing information is true and correct to the best of his knowledge and belief, and that he is duly qualified to practice law in the State of North Carolina.

Signature of the undersigned: _____
Name: _____
Address: _____
City: _____
State: _____
Zip: _____

Witness to the signature of the undersigned: _____
Name: _____
Address: _____
City: _____
State: _____
Zip: _____

Name: _____
Phone #: _____
Email: _____

Signature: Craig Collins

***PLEASE SIGN BELOW IF YOU HAVE SIGNED A
CONFIDENTIALITY AGREEMENT. CONFIDENTIAL PORTIONS OF
TRANSCRIPT WILL ONLY BE PROVIDED UPON REQUEST.***

Signature: _____