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Annual Certification for Renewable Energy Facility Registration

Facility Name: RED TOAD POWHATAN PHASE 2, LLC

Facility NCUC Docket No.: SP-5195 Sub 0

	,	antial compliance with all federal and state laws, ection of the environment and conservation of
	O renewable energy facility, or and the facility will be operated as O renewable energy facility, or O	s a
	I certify that 1) my organization is not simultaneously under contract with NC GreenPower to sell our RECs emanating from the same electricity production being tracked in NC-RETS; and 2) any renewable energy certificates (whether or not bundled with electric power) sold to an electric power supplier to comply with G.S. 62-133.8 have not, and will not, be remarketed or otherwise resold for any other purpose, including another renewable energy portfolio standard or voluntary purchase of renewable energy certificates in North Carolina (such as NC GreenPower) or any other state or country, and that the electric power associated with the certificates will not be offered or sold with any representation that the power is bundled with renewable energy certificates.	
V	the Public Staff insofar as those re electric power suppliers, and agre	ing of my organization's books and records by ecords relate to transactions with North Carolina to provide the Public Staff and the Commission wherever they are located and to the facility.

I certify that the information provided is true and correct for all years that the facility has earned RECs for compliance with G.S. 62-133.8.		
I certify that I am the owner of the renewable energy facility or am fully authorized to act on behalf of the owner for the purpose of this filing.		
Name (print) Reynaldo Rodriguez		
Title CEO		
Facility Owner Red Toad Inc.		
Phone Number(407) 620 6206		
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VERIFICATION		
STATE OF Florida COUNTY OF Seminole		
heynoldo Rodriguez , personally appeared before me this day and, being first duly sworn, says that the facts stated in the foregoing certification and any exhibits, documents, and statements thereto attached are true as he or she believes.		
WITNESS my hand and notarial seal, this day of, 20 17		
My Commission Expires: D3 29 2001		
Signature of Notary Public State of Florida		

My Commission Expires 03/29/2021 Commission No. GG 88354

Name of Notary Public – Typed or Printed

The name of the person who completes and signs the certification must be typed or printed by the notary in the space provided in the verification. The notary's name must be typed or printed below the notary's seal. This original verification must be affixed to the original certification, and a copy of this verification must be affixed to each of the 15 copies that are also submitted to the Commission at:

Chief Clerk's Office North Carolina Utilities Commission 4325 Mail Service Center Raleigh, North Carolina 27699-4300