Annual Certification for

Renewable Energy Facility Registration

Docket No:	SP-5239 Sub 0
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Facility Owner: ESA Kinston NC, LLC

X YES	NO	I certify that the facility is in s	ubstantial compliance with all federal and state laws, regulations,	
A 1115	L		of the environment and conservation of natural resources.	
		I certify that the facility sat Renewable Energy Fa	tisfies the requirements of G.S. 62-133.8(a)(5) or (7) as a: acility X or New Renewable Energy Facility	
XYES	NO	and that the facility will be ope Renewable Energy Fa	rated as a: scility X or New Renewable Energy Facility	
X YES	NO	our RECs emanating from the s renewable energy certificates power supplier to comply with resold for any other purpose, in purchase of renewable energy other state or country, and tha	is not simultaneously under contract with NC GreenPower to sell same electricity production being tracked in NC-RETS; and 2) any (whether or not bundled with electric power) sold to an electric G.S. 62-133.8 have not, and will not, be remarketed or otherwise acluding another renewable energy portfolio standard or voluntary certificates in North Carolina (such as NC GreenPower) or any at the electric power associated with the certificates will not be resentation that the power is bundled with renewable energy	
X YES	NO	I certify that I consent to the auditing of my organization's books and records by the Public Staff insofar as those records relate to transactions with North Carolina electric power suppliers, and agree to provide the Public Staff and the Commission access to our books and records, wherever they are located, and to the facility.		
XYES	NO	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.		
XYES	NO	I certify that I am the owner of the renewable energy facility or am duly authorized to act on behalf of the owner for the purpose of this filing.		
XII	1KV)		Manager	
Lindsay Herold		d	(Tille) 05/27/2016	
(Name - Printed or Typed)			(Date)	

VERIFICATION

STATE OF Florida	COUNTY OF	Seminole	2		
Lindsay Herold	, personally appeared	before me this day	and, being first		
duly sworn, says that the facts stated in the foregoing application and any exhibits, documents,					
and statements thereto attached are true as he or she believes.					
WITNESS my hand and notarial seal, this	3 <u>27</u> day of _	May	_, 20 <u>]6</u>		
VERONICA VALENCIA Commission # FF 964128 My Commission Expires February 24, 2020 Signature of Notary Public	My Commission Ex	apires: <u>Feb 2</u> 1	1,2020_		
Veronica Valencia					

The name of the person who completes and signs the annual 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 annual certification, and a copy of this verification must be affixed to each of the 15 copies that are also submitted to the Commission at:

Name of Notary Public - Typed or Printed

Chief Clerk North Carolina Utilities Commission 4325 Mail Service Center Raleigh, North Carolina 27699-4325