

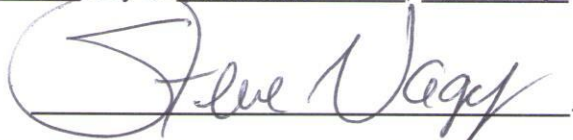
**AFFIDAVIT OF INSERTION  
WISCONSIN – OUTAGAMIE COUNTY**

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified and authorized by law to administer oaths, personally appeared STEPHEN W NAGY, Who being first duly sworn, deposes and says: that he is a REPRESENTATIVE of CUSTOM BUSINESS SYSTEMS (CBS) in said County and State; that he is authorized to make this affidavit and sworn statement; that the insert titled:

**RATE CASE FILING LETTER**

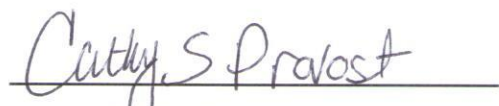
was inserted in billing statements in production between the dates 09/05/2017 and 09/29/2017 per the specific instructions of the INSERT AUTHORIZATION FORM (IAF) executed and provided by NEW RIVER LIGHT AND POWER to CBS and titled with insert code EZ4H1, a copy of which is attached to this affidavit.

This 2nd day of November, 2017



Sworn to and subscribed before me, this

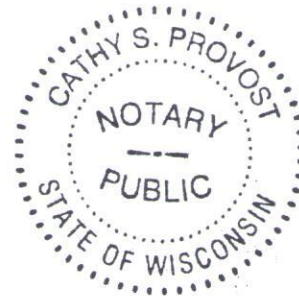
2nd day of November, 2017



Notary Public, State of Wisconsin

Outagamie County

My Commission Expires 09-11-2020



## Insert Authorization Form (IAF)



Please contact Custom Business Systems prior to printing your inserts to receive your unique insert code. All inserts should ship to Custom Business Systems c/o API at 317 Raemisch Rd. Waunakee, WI 53597.



Please ensure that this form is filled out correctly and any corresponding inserts are received at our mailing facility **no later than the 5 days prior** to the start of the intended production run! CBS will not guarantee insertion with statements or timeliness of statement delivery if inserts, packaging and/or the IAF are not received on time or accurately filled out. Inserts received prior to one month of actual usage may incur storage fees.

**Please contact CBS with any questions or concerns. Thank You!**

### CBS CONTACT INFORMATION

Submit your IAF via email, fax or mail.

E-mail: [diane@cbs-ideas.com](mailto:diane@cbs-ideas.com) or [gary@cbs-ideas.com](mailto:gary@cbs-ideas.com)

Phone Number: (920) 830-0850

FAX Number: (920) 830-0875

### CUSTOMER INFORMATION

Customer Name:	New River Light and Power
Contact Name:	Diana Wilcox
Contact E-mail:	wilcoxdc@appstate.edu
Contact Number:	828-264-3671 x 140

### INSERT INFORMATION

<b>INSERT 1</b> <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Electronic (email) <b>Application:</b> <u>billing statements</u> <i>Please specify which application to apply insert. (Invoices, Statements, Subscriptions, Circulation, Letters, Advertising, etc.)</i> Contact your Client Care specialist for a unique Insert Code, the code must print on the box and insert itself. Insert Code: <u>EZ4HI</u> Insert Description: <u>rate case filing letter</u> Start Date: <u>09/05/2017</u> End Date: <u>09/29/2017</u> <input type="checkbox"/> use until depleted Quantity Shipped: <u>5750</u> Insert to be used in: <input type="checkbox"/> All Print Records <input checked="" type="checkbox"/> Selective based on Criteria Contact CBS with details. <input type="checkbox"/> Selective based on File Name File Name: _____ Production Information: Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Hold Production if inserts are not available <input type="checkbox"/> <input checked="" type="checkbox"/> Hold Production if inserts become depleted <input type="checkbox"/> <input checked="" type="checkbox"/> Remove insert if weight is over 2 oz. Residual Inserts: <input type="checkbox"/> Destroy <input checked="" type="checkbox"/> Return	<b>INSERT 2</b> <input type="checkbox"/> Paper <input type="checkbox"/> Electronic (email) <b>Application:</b> _____ <i>Please specify which application to apply insert. (Invoices, Statements, Subscriptions, Circulation, Letters, Advertising, etc.)</i> Contact your Client Care specialist for a unique Insert Code, the code must print on the box and insert itself. Insert Code: _____ Insert Description: _____ Start Date: _____ End Date: _____ or <input type="checkbox"/> use until depleted Quantity Shipped: _____ Insert to be used in: <input checked="" type="checkbox"/> All Print Records <input type="checkbox"/> Selective based on Criteria Contact CBS with details. <input type="checkbox"/> Selective based on File Name File Name: _____ Production Information: Yes No <input type="checkbox"/> <input type="checkbox"/> Hold Production if inserts are not available <input type="checkbox"/> <input type="checkbox"/> Hold Production if inserts become depleted <input type="checkbox"/> <input type="checkbox"/> Remove insert if weight is over 2 oz. Residual Inserts: <input type="checkbox"/> Destroy <input type="checkbox"/> Return
Special Instructions: <u>Only 1 letter in group sorted bill - i.e. multiple bills in 1 envelope get 1 letter. thanks</u>	
Return Address: <u>PO Box 1130, Boone, NC 28607</u>	

Submit

Print

Clear Form