PSC NO: 9 GAS
NATIONAL FUEL GAS DISTRIBUTION CORPORATION
INITIAL EFFECTIVE DATE: 05/31/2016

SECTION: 0 LEAF: 91 **REVISION:** 0 SUPERSEDING REVISION:

GENERAL INFORMATION (Cont'd)

II.22. – Conťd

D. CREDIT INFORMATION

1.	Existing	and/or	Previous	Gas	Accounts
1.	LAISting	anu/01	1100003	0037	locounts

Home Address

Add	ress	Zip	Account Number	Balance
Acco	ount 2 Account N	Name:		-
Add	ress	Zip	Account Number	Balance
-	ou desire to sched hat date and on wł		on of service for these acc	counts?YesNo. If <u>yes</u> , ·
Ident	tification of Busines	SS.		
a.	Describe the ty	pe of busines	S	
b.	ls it aco other		partnership,	_proprietorship, or
C.	For Corporatior	(describe) ns- State of Ir	ncorporation, Cou Number	nty where certificate is
d.	For Partnership	/Proprietorsh	ip-County where certifica	ate of authority is filed
Princ	cipal Officers, partn	ers or Owner	of Business.	
(a) _				
. ,	Name		Position/Title	
	Home Address	;	Home Telephone	 !
(b) _	Name		Position/Title	
	Home Address	;	Home Telephone	
(c) _	Name		Position/Title	

Home Telephone

Issued by C. M. Carlotti, President, 6363 Main Street, Williamsville, NY 14221 (Name of Officer, Title, Address)

Cancelled by supplement No. 4 effective 04/24/2017 Suspended to 04/28/2017 by order in Case 16-G-0257. See Supplement No. 3. The supplement filing date was 03/16/2017 Suspended to 03/28/2017 by order in Case 16-G-0257. See Supplement No. 2. The supplement filing date was 09/10/2016 Suspended to 09/28/2016 by order in Case 16-G-0257. See Supplement No. 1. The supplement filing date was 05/24/2016