

SUPPLIER REGISTRATION

PLEASE NOTE: A comprehensive list of registration information to be included with this form is provided in Section 3 of MidAmerican's Illinois Choice Supplier's Handbook

Applicable to Alternative Retail Electric Suppliers "ARES" and utilities serving as alternate suppliers.

PLEASE FORWARD TO:

MidAmerican Energy Company
One RiverCenter Place
P. O. Box 4350
Davenport, IA 52801-4350
Attn: Sr. Transmission Analyst – DAV8
PHONE: (563) 333-8165
FAX: (563) 333-8244

DATE SUBMITTED: _____

CORPORATE NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PRIMARY CONTACT PERSON: _____

JOB TITLE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

DUN & BRADSTREET IDENTIFICATION NUMBER: _____

ILLINOIS COMMERCE COMMISSION
CERTIFICATION NUMBER: _____

DATE LAST CERTIFIED: _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

STATE TAX IDENTIFICATION NUMBER: _____

COMPARABLE DELIVERY SERVICE ACCESS AREAS

IF any areas of reciprocal delivery service access have been identified subject to the requirements of 220 ILCS 5/16-115 (d),(5) please describe the location of the service areas and identify the applicable utility or utilities._____
