

## Officer, Authorized Representative, and Maintenance Manager Designation Form

As stated in Section 11.3.1 of the PJM Operating Agreement all PJM Members are required to complete and maintain accurate records including maintenance of correct and updated Member and Affiliate information, appropriate personnel contacts, PJM committee representatives, organizational structure, and other information as reasonably requested by the Office of the Interconnection to ensure the accuracy and completeness of Member records. This information must be supplied by an Officer, Authorized Representative or Maintenance Manager as designated on the Form of Secretary Certificate. Contact information for those individuals listed on the Form of Secretary Certificate should be supplied on this designation form.

## Officer Designation (\*designate 2 individuals at minimum):

	Officer 1	Officer 2	Officer 3
Action:			
First Name:			
Last Name:			
Title:			
Phone: (cell, office,			
other)			
Alternate phone:			
Email:			
Existing My PJM.com			
username: (if			
applicable)			

## Authorized Representative Designation (\*designate 2 individuals at minimum):

	Authorized	Authorized	Authorized
	Representative 1	Representative 2	Representative 3
Action:			
First Name:			
Last Name:			
Title:			
Phone: (cell, office,			
other)			
Alternate phone:			
Email:			
Existing My PJM.com			
username: (if			
applicable)			

## Maintenance Manager Designation (\*designate 2 individuals at minimum):

	Maintenance Manager 1	Maintenance Manager 2	Maintenance Manager 3
Action:			
First Name:			
Last Name:			
Title:			
Phone: (cell, office, other)			
Alternate phone:			
Email:			
Existing My PJM.com username: (if applicable)			

By completing this form, I\_\_\_\_\_\_ (Name), acknowledge that the above-named individuals are the Officer(s), Authorized Representative(s) and Maintenance Manager(s) for (Member Company Name) ("Member") until Member etherwise patifies P IM

(Member Company Name) ("Member") until Member otherwise notifies PJM
Interconnection, L.L.C. ("PJM") that such individual(s) are no longer serving in this role. I understand that in this role
the above-named individuals will provide PJM with Member information for the duration of Member's PJM
membership.

 (Name)
 (Signature)
 (Title)
 (Date)