ACCOUNT NO.	TELEPHONE NUMBER

## APPLICATION REGARDING MEMBER NO LONGER IN EXISTENCE

The person (or entity) submitting this application (the undersigned "Applicant") must be either: (a) entitled to receive the requested payment; (b) authorized by all those entitled to receive the payment; or (c) authorized to submit this Application by the appropriate member or former member ("Entity") of GreyStone Power Corporation ("GREYSTONE").

By submitting this Application, Applicant is warranting to GREYSTONE the following: (1) there are no claims, bankruptcy or legal proceedings involving Entity; and (2) there are no creditors or other persons who have, or could make, a claim that is contrary to the actions requested by this Application.

Detailed instructions are included at the end of this Application.

1.	Entity name:									
2.	Name of individual Applicant(s):									
	Social Security Number: Address: Phone Number:									
3.	Requested action (check all that apply):									
	Assign Entity's Patronage Capital Account as follows:									
	(List <u>all</u> assignees and the percentage applicable to each)									
Refund deposit or credit balance as follows:										
	(List all persons entitled to this refund and the percentage applicable to each)									
	Reissue check. Make new check payable to:									
	(You must attach the original uncashed check.)									
	Other:									
4.	Address(es) of persons listed in Item 3 above:									

5.	Entity 7	Entity Type and Title of Applicant (Check only one type. Check applicant's (former) title.):												
	□ co	orporation.												
		Check Applicant's title:	☐ Officer ☐ Receiver ☐ Trustee	□ Director	☐ Incorporator ☐ Shareholder									
	☐ Limited Liability Company													
		Check Applicant's Title:	☐ Manager	☐ Attorney ☐ Receiver o	☐ Organizer or Trustee									
	☐ Partnership, Limited Liability Partnership or Limited Partnership													
		Circle Applicant's Title:	□ Limited Pa	☐ General Partner ☐ Attorney ☐ Or ☐ Limited Partner ☐ Receiver or Trust☐ Other:										
	□ Ot	her (Provide type of entity and a												
6.	Check <u>one</u> ).	k the appropriate box, and <u>attach the proper documents</u> as indicated. <i>(Check only</i>												
☐ A) The Entity was <b>dissolved.</b> Attach a copy of the Certificate of Dissortermination, or a printout of the Secretary of State's webpage showing Entity has been dissolved.														
	□ в)	B) The Applicant warrants that the Entity was an <b>unincorporated</b> busine association (e.g., an organization, partnership or limited partnership) which here properly dissolved or terminated pursuant to applicable laws and a agreements controlling the Entity's ownership or governance. A copy of Certificate of Cancellation of Certificate of Authority issued by the Secretary State is <a href="attached">attached</a> hereto. If not available, EXPLA												
	□ c)	Other. EXPLAIN: The Appl GREYSTONE take the action												

7.	Ple	ease ch	eck <u>only</u>	one of t	he follo	owing	:										
		□ A)	busines	o its diss ss opera ts transfe	tions, r												
	☐ B) The Entity liquidated all its customers.				all its	s assets in the regular course of business to ordinary								ordinary			
		□ C)	sale of party).	ntity sold entire be Check cot, bill of s	usines: only <u>on</u>	s or s <u>e</u> of th	ale one fo	of inv	entory	y/eq t ap	uipm plies,	ent u and	sed	in bu	ısine	ess to	a third
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		□ D)		ck or othe											<u>atta</u>	ch a	copy of
	8.	8. In consideration of GREYSTONE taking the actions requested by this Application, the undersigned Applicant agrees to permit GREYSTONE: (i) to deduct from any current of future payment all amounts owed GREYSTONE by the Entity; and (ii) to deduct from an such current or future payment all amounts owed GREYSTONE by the Applicant successor(s) or other payee(s) identified herein.											rrent or om any				
	9.	Applicant warrants and covenant and does, after being duly sworn, depose and say that all of the information provided in this Application is true and correct.															
OR GR HA AN TA FR (iii) DO	RIC AN RM D T KIN OM CU	ON OR EGHTS (COME TED, COME TED) (COME TED)	EVENT IN THE CLAIME GREYSTOST AND CONTROL OF THE AN	ANT FUR EXISTS I ENTITY D OR A TONE FI ID EXPI ON REQ 'S RELIA APPLICA AND (iv	WHER WITH AWARI ROM A ENSE UESTI ANCE	EIN T GRE' DED; NY C OF I ED IN UPOI HAS	HE YST (ii) LAI DEF I TH N IN	PATE ONE APE M OI ENDI IIS A IFOR	RONA HAVE LICA R DEN NG S PPLIC MATIC	GE E BE NT MAN SAM CAT ON Y	CAP EEN SHA D M/ E, B ION, PRO PRO	TAL TRAN LL <u>I</u> ADE A Y VII OR VIDE VIDE	OR ( ISFE NDE AGA RTU ARI D B'	OTH ERRI MNI INS E O SING Y TH ALL	ER A ED, I FY T GF F G IN IE A	ACCO PROI <u>AND</u> REYS REYS I AN' LPPLI EQUI	DÜNTS MISED HOLD STONE STONE Y WAY ICANT ESTED
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the year and date above written.				ddres													
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## INSTRUCTIONS FOR SERVICE REQUEST REGARDING MEMBER NO LONGER IN EXISTENCE

This Application is used to request that GREYSTONE take an action that affects the rights of a former member entity which has been dissolved or otherwise no longer exists under Georgia law (referred to as "Entity"). Examples of entities are corporations, limited liability companies and unincorporated associations like community associations or partnerships. GREYSTONE may deny any or all actions requested in this Application.

## Directions:

- Print legibly in blue or black ink.
- Item 1: list the full legal name of the former member Entity. (This should be the exact legal name as listed in the records of the Georgia Secretary of State, at <a href="http://sos.georgia.gov">http://sos.georgia.gov</a>. If this name differs from the name on the utility account, please explain.)
- Item 2: List the full legal name, address, and phone number of the person(s) or entity making the application, referred to as "Applicant."
- Item 3: Check the box(es) indicating all actions which are requested.
- **Item 4:** Provide a current address for each person or entity listed in response to Item 3.
- Item 5: Check the Entity's type of organization. (This should also match the records of the Secretary of State.) If not listed, check box (Other) and state the organization type. Also, check the (former) office or capacity in which Applicant served for the Entity.
- Item 6: Indicate the circumstances

surrounding the Entity's dissolution or termination. Check ONLY <u>ONE</u> box in Item 6. Refer to the Secretary of State's website for assistance determining the description and for copies of the required documentation.

- Check if Entity was o Item A: dissolved. An entity can be dissolved administratively (when the company fails to maintain current filings with the Secretary of voluntarily (when the State). company requests to be dissolved), or judicially (when a court orders dissolution). You MUST ATTACH a of the Certificate copy Dissolution or Termination, or a printout from the Secretary of State's website showing the corporation was dissolved.
- o **Item B:** Check if Entity was an unincorporated association (*e.g.*, partnership or limited partnership) which has been terminated. ATTACH a copy of the <u>Certificate of Cancellation of Certificate of Authority OR explain why this is unavailable</u>. It is a valid explanation that the Entity never filed anything with the Secretary of State.
- Item C: Check if no other selections in Item 6 apply. Explain why the Entity no longer exists & provide supporting documents, if available.
- Item 7: This item asks information about the Entity's sale of assets or stock as a way of transferring ownership of the business. If the Entity sold all its assets or the entire business, you MUST ATTACH a copy of the sales contract or bill of sale or other appropriate documents. Also indicate whether the Entity sold all assets or just a portion of assets in items 7-C (i) and (ii).

## NOTE:

Where more than one person or entity is to receive a payment under the Application, GREYSTONE may issue a single check so long as the total payment is under \$2,000.00.

GREYSTONE may, in its discretion, submit this Application to the Cooperative's legal counsel for approval or counsel.