

Wire Advice

As Of: 04/26/13 15:12:24 EDT



Account: *****29109

Wire Transfer Debit

Amount:	\$200,000.00
Sovereign Reference:	130426151217H200
Beneficiary:	Kevin Devine Law PLLC, Escrow Agent for PNE Energy Supply, LLC, f.b.b NHPUC, One Hampshire Ave, Ste 125 Portsmouth, NH 03801
Beneficiary Bank:	FIRST COLEBROOK BA / 011701314
Originator:	PNE ENERGY SUPPLY LLC 392 HOOKSETT RD STE 3 AUBURN, NH 03032-3991
Originator Bank:	SOVEREIGN BANK NEW / 011075150
Sender Reference:	For further ccredit to acct 9893 inthe name of Kevin Devine Law PLLC

Money Transfer Customer Service

Please contact us for further information about this or other funds transfers.
You may reach us at 877-495-3246 for information regarding domestic
or international transfers. When inquiring about this transaction,
please have the Sovereign Reference number (above) available.

Thank you for banking with Sovereign Bank, N.A.

Distributed 04/26/13 15:14:13 EDT

FIRST COLEBROOK BANK
132 Main Street
Colebrook, NH 03576
(888) 225-1782

ACCOUNT NUMBER 105019893

ACCOUNT OWNER(S) NAME & ADDRESS

KEVIN DEVINE LAW PLLC
KEVIN DEVINE, ESCROW AGENT FOR PNE
ENERGY SUPPLY LLC FBO NHPUC
ONE NEW HAMPSHIRE AVE STE 125
PORTSMOUTH NH 03801

OWNERSHIP OF ACCOUNT - PERSONAL PURPOSE
 INDIVIDUAL _____
 JOINT - WITH SURVIVORSHIP (and not as tenants in common)
 JOINT - NO SURVIVORSHIP (as tenants in common)
 TRUST - SEPARATE AGREEMENT:

 REVOCABLE TRUST DESIGNATION AS DEFINED IN THIS AGREEMENT
Name and Address of Beneficiaries:

NEW EXISTING
TYPE OF CHECKING SAVINGS
ACCOUNT MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____
This is your (check one): BULL MOOSE MONEY MKT
 Permanent Temporary account agreement.

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
 SOLE PROPRIETORSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 PARTNERSHIP
 Limited Liability Company
BUSINESS: LAW FIRM
COUNTY & STATE OF ORGANIZATION: ROCKINGHAM NH
AUTHORIZATION DATED: 04/26/13

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[
X
]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

DATE OPENED 04/26/13 BY NANCY SARNI
INITIAL DEPOSIT \$ _____
 CASH CHECK _____
HOME TELEPHONE # _____
BUSINESS PHONE # _____
DRIVER'S LICENSE # _____
E-MAIL kdevine@devine-law.com
EMPLOYER _____
MOTHER'S MAIDEN NAME _____
Name and address of someone who will always know your location: _____

- Deposit Account Funds Availability Truth in Savings
- Electronic Fund Transfers Privacy Substitute Checks
- Schedule of Fees

(1): [
X
] KEVIN DEVINE, ESCROW AGENT
I.D. # 12DEK51141 D.O.B. 12/14/51

(2): [
X
]
I.D. # _____ D.O.B. _____

(3): [
X
]
I.D. # _____ D.O.B. _____

(4): [
X
]
I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)
[
X
]
I.D. # _____ D.O.B. _____

BACKUP WITHHOLDING CERTIFICATIONS
TIN: 45-1968412
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.
SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).
x See Attached
(Date)