Exhibit C

Indiana Utility Regulatory Commission (IURC)
Gas Customer Choice Marketer Registration
For the Northern Indiana Public Service Company
Service Territory

SUBMIT COMPLETED FORM TO:

Jerry L. Webb, Director of Gas/Water/Sewer Division, via

E-mail: JLWEBB@URC.STATE.IN.US
Or
FAX: 317-233-1981
Or
US Mail:
Jerry L. Webb, Director of Gas/Water/Sewer Division
Indiana Utility Regulatory Commission
302 West Washington Street, Room E-306
Indianapolis IN 46204

1. Marketer Information
   - Legal Name-STAND ENERGY CORPORATION
   - Doing Business Name (if applicable) N/A
   - Business Address1077 CELESTIAL ST. STE 110, CINCINNATI, OH 45202-1629
   - Telephone Number 513-621-1113
   - Fax Number 513-621-3773
   - Web Site Address www.standenergy.com
   - List all names under which the applicant does business in the United States or Canada n/a
   - Parent Company Name; address and phone number (if applicable)n/a
   - Form of ownership (sole proprietorship; partnership; limited liability partnership; limited liability company; corporation; or other)S CORPORATION
   - Years in business-21
   - Federal Employer Identification Number[redacted]

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2. Contact Information
   - Contact Person for Regulatory or Emergency matters:
     Name MARK T. WARD
     Title VP REGULATORY AFFAIRS
     Business Address 1077 CELESTIAL ST. STE 110, CINCINNATI, OHIO 45202-1629
     Telephone Number 513-621-1113
     Cell Number 513-254-4710
     Fax Number 513-621-3773
     E-mail Address mward@stand-energy.com
   - Contact Person for Commission Staff use in investigating customer complaints:
     Name STEVE ETSLER
     Title EXECUTIVE VP
     Business Address 1077 CELESTIAL ST. STE 110, CINCINNATI, OH 45202-1629
     Telephone Number 513-621-1113
     Cell Number 513-254-4682
     Fax Number 513-621-3773
     E-mail Address setsler@stand-energy.com
   - Contact Person and Address for customer service and complaints:
     Name STEVE ETSLER
     Title EXECUTIVE VP
     Business Address 1077 CELESTIAL ST. STE 110, CINCINNATI, OH 45202-1629
     Telephone Number 513-621-1113
     Cell Number 513-254-4682
     Fax Number 513-621-3773
     E-mail Address setsler@stand-energy.com

3. Identify the types of customers you intend to enroll and supply with natural gas (residential, general service or both). GENERAL SERVICE

4. Identify each State or Province in the United States or Canada in which you are currently providing service or intend to provide service. IND, ILL, KY, MD, MI, NY, OH, PA, VA, WVA

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5/10/2006

5. Provide an outline of staffing and procedure for responding to customer inquires and customer complaints. Stand has only been serving the commercial and industrial market and each is contacted through a sales affiliate. As such we have only received one complaint in 2 ½ years that has been sent to either NiPSCO or the Commission. Should a complaint arise, the customer will first contact their sales respresentative or the billing office whose phone number is on their invoice. The sales representative has the resources of our marketing, billing, operations or regulatory offices at Stand to address the customers concern.

6. Provide proof that Northern Indiana Public Service Company (NIPSCO) has performed the necessary creditworthiness evaluation and that you are approved to participate in the Choice Program. (see attached)

7. Supply proof of registration with the Indiana Secretary of State's Office. (see attached)

Marketer shall notify the IURC of any changes to the above information.

Marketer shall, upon request, provide additional information not listed in this Registration form if requested by the IURC Staff.

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5/10/2006

A NISource Company

Intercompany Communication

Date: November 6, 2003
Subject: Supplier Aggregation Service Agreement

From: John Caldwell
Dept.: Sales and Sales Support

To: Mr. Mark T. Ward
Stand Energy Corp.
1077 Celestial Street
Rookwood Bldg., Suite 110
Cincinnati, OH 45202-1629

Dear Mr. Ward:

I am happy to welcome you as a new qualified supplier in the NIPSCO Choice program. Enclosed please find a signed copy of the Supplier Aggregation Service Agreement and Accounts Receivables Purchase Agreement, which has become effective this month.

Thank you for choosing to participate in our program. I am confident that Stand Energy Corporation will be a very successful NIPSCO Choice supplier, and look forward to working with you and other representatives of your company.

Sincerely,

John W. Caldwell

John W. Caldwell
Program Manager
NIPSCO Choice
NIPSCO

NOV 1 0 2003

SEC
STAND ENERGY
CORPORATION

1077 Celestial Street • Rookwood Bldg. • Suite 110
Cincinnati, Ohio 45202-1629
(513) 621-1113
(800) 598-2046
(513) 621-3773 Fax

November 23, 2005

Northern Indiana Public Service Company
801 E. 86th St.
Merrillville, IN 46410

Attention: Thomas A. Payne

In reference to the Supplier Aggregation Service Agreement between Northern Indiana Public Service Company (NIPSCO) and Stand Energy Corporation date October 1, 2003, this letter serves as Stand Energy Corporation's request that this agreement be extended for an additional twelve months.

If you need additional information or have questions, please contact me. My email address at Stand is mward@stand-energy.com.

Sincerely,

Mark T. Ward
V.P. Regulatory Affairs

cc: S. Etsler, J. Dosker

APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN CORPORATION

State Form 38784 (R9 / 12-02) Corporate Form 112
Approved By State Board Of Accounts, 1995

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

Indiana Code 23-1-49-1 et seq.
23-1-49-3

Filing Fee: $90.00

NOTES:

1. *An Original Certificate of Existence duly authenticated by the proper authority from corporation's domiciliary state within the last sixty (60) days must be submitted with this application.*
2. *A Registered Agent with an Indiana street address (not a PO BOX) must be listed in ARTICLE III.*

INSTRUCTIONS:

- *Use 8 1/2" x 11" white paper for attachments.*
- *Present original and one copy to address in the upper right corner of this form.*
- *Please TYPE or PRINT.*
- *Please visit our office on the web at www.sos.in.gov.*

APPLICATION FOR CERTIFICATE OF AUTHORITY
OF

STAND ENERGY CORPORATION

A FOREIGN CORPORATION
TO TRANSACT BUSINESS IN THE STATE OF INDIANA

The undersigned officer of the above corporation which was formed as:

☑ A general business corporation ☐ A professional corporation

desiring to effectuate the admittance of the Corporation to transact business in the State of Indiana, certifies the following facts:

ARTICLE I: Name

Name of Corporation (*Must be identical to name shown in Articles of Incorporation and Amendments thereto*)

STAND ENERGY CORPORATION

ARTICLE II: Address of Corporation

Address of the principal office of corporation *(Number and street, city, state and ZIP code)*

1077 CELESTIAL STREET, SUITE 110, CINCINNATI, OHIO 45202-1629

ARTICLE III: Registered Office and Registered Agent

Name of the Registered Agent of the corporation *(cannot be the corporation itself)*

CT CORPORATION SYSTEM

Indiana address of the registered office of corporation *(Number and street, city; P.O. Box not accepted)*	INDIANA	ZIP code
251 EAST OHIO ST, SUITE 1100, INDIANAPOLIS		46204

ARTICLE IV: Date and State of Incorporation and Duration of Existence

Date of incorporation in domiciliary state:	State of incorporation
DECEMBER 28, 1984	KENTUCKY

Expected period of duration listed in the Articles of Incorporation *(perpetual, term of years or date certain e.g. December 31, 2050)*

PERPETUAL

ARTICLE V: Corporate Officers

The names and business addresses of the officers of the Corporation:

Name	Title	Address *(Number, street, city state and ZIP code)*
MATTH TOEBBEN	CHAIRMAN	1077 CELESTIAL ST. STE 110, CINCINNATI
JUDITH PHILLIPS	PRESIDENT	" " " " "

ARTICLE VI. Board of Directors

The names and business addresses of the Board of Directors of the Corporation are as follows:

Name	Address (Number, street, city, state and ZIP code)
MATTH TOEBBEN	1077 CELESTIAL ST. STE 110, CINCINNATI, OHIO 45202
JUDITH PHILLIPS	" " " " "

In witness whereof, the undersigned being the _____ (Title: officer or Chairman of Board) of said Corporation executes this Application For Certificate Of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this 10th day of May, 20 06.

Signature	Printed name
Judith A. Phillips	Judith A. Phillips

BK APPD 5/10/06