COMMISSIONERS: NANCY ARGENZIANO, CHAIRMAN LISA POLAK EDGAR NATHAN A. SKOP ART GRAHAM RONALD A. BRISÉ

STATE OF FLORIDA



OFFICE OF COMMISSION CLERK ANN COLE COMMISSION CLERK (850) 413-6770

Public Service Commission

October 11, 2010

Rosalie Groendes Memorial City Bank Executive Vice President, Operations 820 Gessner Road, Suite 140 Houston, Texas 77024-4489

Attention: Phay Blanks

Re: Application for increase in water rates in Lee County by Ni Florida, LLC. (Docket No. 100149-WU)

Dear Ms. Blanks:

Enclosed please find an original Bankers Systems Signature Card (pages 1 and 2) and an Escrow Agreement, concerning the above-referenced docket, which I have executed this date.

If you have any questions, please feel free to contact me.

Very truly yours. Ann Cole

Ann Cole Commission Clerk Office of Commission Clerk

/ac

cc: Ralph Jaeger, Office of the General Counsel Benny Wilkinson, Ni Florida, LLC Marin S. Freedman, Rose Sundstrom and Bentley

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PSC Website: http://www.floridapsc.com

Internet E-mail: contact@psc.state.fl.us



RECEIVED-FPSC

10 OCT 11 AM 8: 36

COMMISSION CLERK

October 5, 2010

Ann Cole, Commission Clerk Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

REDACTED

RE: Docket No. 100149-WU; Ni Florida, LLC's Application for Increase in Water Rates in Lee County, Florida

Dear Ms. Cole:

This letter pertains to Issue 4 of the 8/31/10 Regular Agenda pertaining to interim rates, What is the appropriate security to guarantee the interim increase? Ni Florida, LLC has elected to set up an escrow account at Memorial City Bank and deposit \$9,807 into such account each month in order to provide the security required by the FPSC. This is the same action taken by Ni Florida, LLC in its Hudson rate filing when granted interim rates. Relating to this, I am including two (2) pages from Memorial City Bank requiring your signature in order to complete setting up this escrow account. Each page contains a sticker indicating where you need to sign. I have included a stamped, self-addressed envelope for you to return the pages to Phay Blanks at Memorial City Bank after you have signed them. Please make a copy for your records before mailing.

Should you have any questions regarding this matter, please do not hesitate to give me a call.

Very truly yours,

Benny Wilkinson

BENNY WILKINSON For Ni Florida, LLC

BFW

COOL HEAD AN MERCY CLASS

10913 Metronome • Houston, Texas 77043 0649 3 001 11 2 (713) 574-5952 • Fax: (713) 647-0277

FPSC-COMMISSION CLERK

| Memorial City Bank | ACCOUNT |
|---|---|
| 820 Gessner, Suite 140 | NUMBER |
| Houston TX 77024 | ACCOUNT OWNER(S) NAME & ADDRESS |
| | |
| 713-973-8000 | TAMIAMI ESCROW ACCOUNT HELD BY MEMORIAL CITY BANK |
| OWNERSHIP OF ACCOUNT - CONSUMER (Select one by placing your initials) | 10913 METRONOME DR |
| next to account selected.) | HOUSTON TX 77043 |
| UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM NOTICE: THE TYPE OF ACCOUNT YOU SELECT MAY DETERMINE HOW PROPERTY PASSES ON YOUR DEATH, YOUR WILL MAY NOT CONTROL THE DISPOSITION OF FUNDS HELD IN SOME OF THE | AN MONTANA AND AN ANA ANA ANA ANA ANA ANA ANA A |
| FOLLOWING ACCOUNTS. | DATE OPENED09/16/2010 BY PRB |
| SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (Payable on Death) DESIGNATION | INITIAL DEPOSIT \$N/A □ CASH □ CHECK □ |
| SINGLE-PARTY ACCOUNT WITH "P.O.D." (Payable on Death) DESIGNATION | HOME TELEPHONE # |
| MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF | E-MAIL |
| | BUSINESS PHONE #713-574-7772 |
| SURVIVORSHIP | Name and address of someone who will always know your location: |
| MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND "P.O.D." (Payable on Death) DESIGNATION | 2 SIGNATURES REQUIRED -1 SIGNATURE AMONG GROUP 1 AND 1 SIGN BEING ANN |
| | Number of signatures required for withdrawal |
| TRUST ACCOUNT (name beneficiaries below) | FACSIMILE SIGNATURE(S) ALLOWED? 🔲 YES 🛛 NO |
| TRUST ACCOUNT SUBJECT TO SEPARATE AGREEMENT | |
| DATED: | Lx |
| | SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The |
| | undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s): |
| OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE | |
| | (1): [xEdwarkhadan] |
| CORPORATION: FOR PROFIT NOT FOR PROFIT PARTNERSHIP | (1): X EDWARD R WALLACE DOB: 07/13/1955 I.D. # 07584634 Other SSN: 4 |
| BUSINESS: COUNTY & STATE | D. # 07564054 Other 3511.4 |
| OF ORGANIZATION: | B (2): × Benny J. Wilkinson |
| | (2): Lx Benny F. Wilkinson DOB: 09/29/1955 |
| | B I.D. # 01146202 Other SSN: |
| | [] [] [] []] |
| | (3): X MARKSDADAY |
| ACCOUNT NAME: Business Money Market Savings | I.D. # Other |
| This is a Temporary account agreement. | |
| BACKUP WITHHOLDING CERTIFICATIONS | (4): X ANN COLE DOB: 05/01/1952 |
| TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number. | I.D. # Other The person(s) named below are Convenience Signers only (not owners) |
| BACKUP WITHHOLDING - I arm 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 arm no longer subject to backup withholding. | [×] |
| EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations. | I.D. # Other |
| SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions). | x |
| x CO Wallens 9/27/10 (Date) | |

| AEDWARD R WALLACE x x x BBENNY F WILKINSON x Benny F.Wilkinson x x CMARK S DADAY x MARK S DADAY x DANN COLE x X X F X X X POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power.) X X Indicate A, B, C, Description of Power Indicate number Indicate number Indicate number | RMG | | | |
|---|---------------------|--|---|-------------------------------------|
| Referred to in this document as "Financial Institution" Referred to in this document as "Limited Liability Company" I | 82 Ho | emorial City Bank 0 Gessner, Suite 140 ouston TX 77024 | By: NI FLORIDA LLC TAMIAMI ESCROW ACCOUNT HELD BY MEMORIAL CITY BANK 10913 METRONOME DR | |
| Company organized under the laws of | | | Referred to in this documer | nt as "Limited Liability Company" |
| Company organized under the laws ofX | L EDWARD | R WALLACE | ertify that I am a Manager or Designated Member | , of the above named limited link |
| engaged in business under the trade name of NLFLORIDALLC TAMIAMI ESCROW ACCOUNT, and that the resolution this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or pe designated by the members of the Limited Liability Company as provided in the articles of organization operating agreement, duly and property called and held on | | | | |
| designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization operating agreement, duly and property called and held on | | under the trade name of NI FLORIDA LLC | C TAMIAMI ESCROW ACCOUNT | , and that the resolutions |
| operating agreement, duly and property called and held on | | | | |
| appear in the minutes of this meeting and have not been rescinded or modified. AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below: Name and Title or Position Signature A. EDWARD R WALLACE x B. BENNY F WILKINSON x C. MARK S DADAY x D. ANN COLE x E | | | | - |
| AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below: Name and Title or Position Signature AEDWARD R WALLACE X BBENNY F WILKINSON X CMARK S DADAY X DANN COLE X E | | | | (date). These resoluti |
| AEDWARD R WALLACE x Surroktorala x BBENNY F WILKINSON x Benny F.W. Walkinson x x CMARK S DADAY x Walkinson x x DANN COLE x Walkinson x x E | | - | | as indicated below: |
| AEDWARD R WALLACE x SurceAcheration x BBENNY F WILKINSON x Benny E-Wilkinson x | 1 | Name and Title or Position | Signature | Facsimile Signature (if used) |
| B. BENNY F WILKINSON x Berny F.W.I.KINSON x c. MARK S DADAY x MARK S DADAY D. ANN COLE x MARK S DADAY E. x x x F. x x x POWERS GRANTED [Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power indicate the number of Agent signatures required to exercise the power.) Indicate number of Agent signatures required to exercise the power.) Indicate A, B, C, Description of Power Indicate number of Agent signatures required to exercise the power.) Indicate number of Agent signatures required to exercise the power.) Indicate A, B, C, Description of Power Indicate number of Agent signatures required to exercise the power.) Indicate number of Agent signatures required to exercise the power.) Indicate A, B, C, Description of Power Indicate number of Agent signatures required to exercise the power.) Indicate number of Agent signatures required to exercise the power.) [1] Indicate A, B, C, D (1) Exercise all of the powers listed in this resolution. | | WALLACE | × Edurokhala, | x |
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| Indicate A, B, C, D, E, and/or F Indicate number signatures requires required for the powers listed in this resolution. Indicate number signatures required for the powers listed in this resolution. (2) Open any deposit or share account(s) in the name of the Limited Liability Company. | POWERS GRANTED | (Attach one or more Agents to each power | er by placing the letter corresponding to their n | |
| (2) Open any deposit or share account(s) in the name of the Limited Liability Company. (3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. (4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness. (5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, | Indicate A, B, C, D | | ••••••••••••••••••••••••••••• | Indicate number signatures requi |
| (3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. (4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness. (5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, | A,B,C,D (| 1) Exercise all of the powers listed in this re | solution. | 2 |
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| (5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, | (4 | | | and deliver |
| Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment. | (| bonds, real estate or other property now Company as security for sums borrowed, of all bills received, negotiated or discoun | owned or hereafter owned or acquired by the Lin and to discount the same, unconditionally guarar | nited Liability Intee payment |
| (6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution. | (6 | | of renting, maintaining, accessing and terminatin | g a Safe |
| A,B,C,D (7) Other 2 | A,B,C,D (7 | 7) Other | ····· | 2 |
| LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution. TWO SIGNATURES REQUIRED ANY 1 SIGNATURE AMONG GROUP 1, ED, BENNY OR MARK AND 1 SIGNATURE BEING ANN | TWO SIGNATUR | RES REQUIRED ANY 1 SIGNATURE | | |

CERTIFICATION OF AUTHORITY I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on <u>September 27, 2010</u> (date).

Manager or Designated Member

Attest by One Other Manager or Designated Member

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(page 1 of 2)