



DESIGNATED REPRESENTATIVE FORM

NAME OF ORGANIZATION _____

MAILING ADDRESS _____

TYPE OF ORGANIZATION _____

NAMES AND TITLES OF OFFICERS AND PRINCIPAL OWNERS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THIS IS TO CERTIFY THAT _____

(NAME)

Who holds the office of _____ with the above organization has been duly authorized by the Board of Directors, General Partners, or other governing body of said organization to represent the above named organization at the Annual Membership Meeting of INN ELECTRIC COOPERATIVE, INC. As designated representative, the individual above named is empowered to cast the member's vote in director elections, bylaw changes and any other business as may lawfully come before the membership. The designated representative is also authorized to request and terminate electric service in the member's name and to conduct any and all business with INN on behalf of the member.

This authorization is valid until such time as revoked in writing by the member.

(DATE)

BY:

(SIGNATURE)

(TITLE)

Iliamna • Newhalen • Nondalton Electric Cooperative, Inc.

PO Box 210 Iliamna, AK 99606 Phone: (907) 571-1259 Fax: (907) 571-1752