



Form 99B - Quarterly Fiscalies

Summary Information Overview

Form Name:	Form 99B - Quarterly Fiscalies
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Operator Information

Operator Number: **5**
Operator Name: **ENERGY & CARBON MANAGEMENT COMMISSION**
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Operator State: **CO**
Operator Zip: **80203**
First Name: **Ian**
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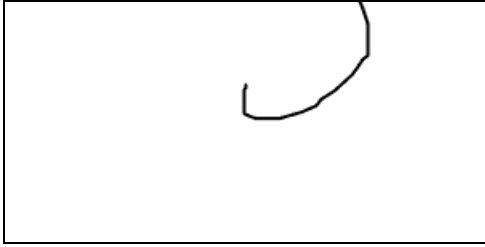
Quarterly Federal Whatever

Selected Option:
Total Amount: **\$5.00**

Signature and Certification

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments:
Name: **Ian Witherow**
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Signature:



Associated Documents

404381946 - FORM 99B SUBMITTED

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