General Instructions

Each incorporated pipeline transmission company doing business in the State of Virginia will receive TWO copies of this form. The President, or other proper officer, will furnish the information asked for as soon as possible, but not later than, **APRIL FIFTEENTH**, and return both copies to the VIRGINIA DEPARTMENT OF TAXATION, P.O. BOX 565, RICHMOND, VIRGINIA 23218-0565.

Each question must be answered and SOME NOTATION must be made after every question to indicate that it has not been overlooked. References to returns of former years may not take the place of required

entries.

Name of Corporation		
Location of registered office in Virginia		
Name, title and address of person to whom correspondence regarding this report sh	ould be addressed: Telephone No.	
Name, Title	, Address	
Name, title and address of person to whom tax bills should be sent:	Telephone No.	
Name, Title	, Address	
	PRINCIPAL OFFICERS	
NAME	TITLE	ADDRESS
	OATH	
STATE OF		
County or City of	} to-wit:	
I,(Name)	, -	(Title)
of the corporation named above, on oath, do say that the following return has been prepared and I hereby acknowledge due service of notice that on		
subjects of taxation, for taxation according to the law for the current year.	•	
	· · · · · ·	
Subscribed and sworn to before me, this day of	` '	
(Month/Y	ear)	Notary Public
Form PL1G 1601170		