

Fill in this information to identify the case:

Debtor 1 <u>CB Theater Experience LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Southern District of Florida</u>
Case number: <u>20-14699</u>

FILED
 U.S. Bankruptcy Court
 Southern District of Florida
 7/6/2020
 Joseph Falzone, Clerk

**Official Form 410
 Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Baldwin EMC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Baldwin County Electric Membership Corporation</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Baldwin EMC</u> Name 4317-A Midmost Dr. Mobile, AL 36609 Contact phone <u>251-338-1081</u> Contact email <u>agarrett@silvervoit.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<u>PO Box 220</u> Name Summerdale, AL 36580 Contact phone <u>251-989-6247</u> Contact email <u>DEllison@baldwinemc.com</u>
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	2001
<p>7. How much is the claim?</p>	\$ 20099.00	<p>Does this amount include interest or other charges?</p> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
<p>8. What is the basis of the claim?</p>	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. Utility Service Provided	
<p>9. Is all or part of the claim secured?</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. <p>Nature of property:</p> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: Security Deposit	
<p>Basis for perfection:</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p>		
<p>Value of property: \$ 31500.00</p>		
<p>Amount of the claim that is secured: \$ 20099.00</p>		
<p>Amount of the claim that is unsecured: \$ 0.00 (The sum of the secured and unsecured amounts should match the amount in line 7.)</p>		
<p>Amount necessary to cure any default as of the date of the petition: \$ 20099.00</p>		
<p>Annual Interest Rate (when case was filed) _____ %</p> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable		
<p>10. Is this claim based on a lease?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
<p>11. Is this claim subject to a right of setoff?</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property: Security Deposit	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 7/6/2020
MM / DD / YYYY

/s/ Alexandra K. Garrett

Signature

Print the name of the person who is completing and signing this claim:

Name Alexandra K. Garrett
First name Middle name Last name

Title _____

Company Silver Voit & Thompson, Attorneys at Law, PC

Address Identify the corporate servicer as the company if the authorized agent is a servicer

4317-A Midmost Dr.
Number Street
Mobile, AL 36609

City State ZIP Code

Contact phone 2513430800 Email agarrett@silvervoit.com

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA

In re:	*	
CB THEATER EXPERIENCE, LLC	*	Case No. 20-14699
Debtors.	*	

SUPPLEMENT TO PROOF OF CLAIM

As of the Petition Date, the Debtor owed the following amounts to Baldwin EMC:

March 9, 2020 Invoice

Past Due	\$8,287.00 (February 2020 Invoice)
Late Charge	\$124.31
Current Charges	<u>\$8,257.69</u> (For electricity used from 1/30/20 to 3/2/20)
Total	\$16,669.00

April 8, 2020 Invoice

Past Due	\$16,669.00
Payment	-\$8,287.00 (credit for February 2020 Invoice)
Collection Charge	\$20.00
Current Charges	<u>\$7,443.00</u> (For electricity used from 3/2/20 to 4/1/20)
Total	\$15,845.00

May 8, 2020 Invoice


Past Due	\$15,845.00
Late Charge Credit	-\$124.31
Current Charges	<u>\$4,383.31</u> (For electricity used from 4/1/20 to 4/26/20)
Subtotal	\$20,104.00
Membership Fee Credit	-\$5.00
Total	\$20,099.00

Summary:

March 9 Invoice	\$8,257.69
March Collection Fee	\$20.00
April Invoice	\$7,443.00
May Invoice	\$4,383.31
Membership Credit	<u>(\$5.00)</u>
Total	\$20,099.00



BALDWIN EMC

Your Touchstone Energy Cooperative 

P.O. Box 220
Summerdale, AL
38580-0220
(251) 989-8247
(800) 837-3374
www.baldwinemc.com

Electric Service Information Form

Please provide the following information as completely as possible. If we are uncertain of any details, we will attempt to contact you by phone for further information. The attached application for membership and for service must be completed in full and signed by the applicant. Baldwin County Electric Membership Corporation makes this information form and application available for the convenience of our members. We will not be responsible for providing electric service if the information given is incomplete or inaccurate. All documents must be completed and signed by the applicant and returned to Baldwin County EMC with applicable permits, fees and deposits.

Daytime Phone # 205-940-4404 (coop) Email address (optional) sharon@oddtheatres.com

Check one: New Service Existing Service If Existing - Meter # 119542108

Requested Date of Service, if existing meter start of billing cycle

Check One:

- House Condo Apartment Mobile Home RV Park Lot Temporary Service Water Pump
- Barn or Garage Retail Store Restaurant Motel/Hotel Church Sign Outdoor Lighting
- Commercial/Industrial Other (please specify) mobile theatre

Does this location have a 911 address?

No - Street Name Yes - 911 Address 3780 Gulf Breeze Pkwy

Building / Condo Name Odd Pinnacle 14 Cinemas Apt. # _____

Did you contact our office for assistance with this service? No Yes -- If Yes, please enter the name of the member service representative that assisted you Kenn & Gregor

Driving Directions

Comments/Additional Information only owner change to account - all services to remain the same

*Existing Outdoor Light? Yes No
If Yes: Leave light on Turn light off
If No: Install light (installation fees may apply)

*Monthly charges for an outdoor light range from \$7.70 to \$13.50 per month. More information is available on our website, or by calling our member service department at (800) 837-3374 or (251) 989-6247.

Return this form and completed application to Baldwin EMC

By fax: (251) 989-0133

By mail: Baldwin EMC
PO Box 220
Summerdale, AL 36580

Or deliver to one of our offices:

Summerdale (Headquarters)
19600 State Highway 59
Summerdale, Alabama

North Baldwin
47525 State Highway 59
Bay Minette, Alabama

South Baldwin
21801 University Lane
Orange Beach, Alabama

543412001

**BALDWIN COUNTY ELECTRIC MEMBERSHIP CORPORATION
APPLICATION FOR MEMBERSHIP AND FOR SERVICE
PARTNERSHIP OR CORPORATION**

Membership Name <u>CB Theater Experience, LLC</u> Fed. ID.No. <u>87-3260563</u>	
Account Name <u>Pinnacle 14 Cinemas</u> Business Phone* <u>205-940-440-1</u>	
Email Address <u>sharmid@cbtheatres.com</u> Fax No.* <u>205-802-7771</u>	
Billing Address <u>2000 B Southbridge Pkwy, Ste 100 Birmingham, AL 35209</u> <small>Route, Box, Street, Etc. Town or City State Zip</small>	
If Partnership, Name and Address of two (2): Type of Business _____	
Name _____ Address _____ Phone* _____	
Name _____ Address _____ Phone* _____	
If Corporation, What State <u>Delaware</u> When <u>10/2013</u> Type of Business <u>theatre</u>	
President <u>Ricardo Arce Castellanos</u> Address <u>Mexico</u>	
Vice President <u>Luis Catalazo Tinsco</u> Address <u>1100 S Miami Ave Miami FL 33130</u>	
Other Officer _____ Address _____	
If existing, Meter No. <u>119542108</u> Requested Date of Service <u>start of billing cycle</u>	
911 or Physical Address of Property _____ Telephone No. at Location* <u>251-923-0785</u>	
Have we served you before? If Yes, When <u>CB Theatres III</u> If No, Who <u>old owner</u>	
If renting, Name and Phone Number of Landlord <u>B.C. Ventures, LLC</u> <u>404-816-5454</u> <small>Previous Utility Company</small>	

LLC

* Your electric service is not contingent upon Baldwin EMC calling you at these phone numbers.

The above (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase electric service from Baldwin County Electric Membership Corporation (hereinafter called the "Cooperative") upon the following terms and conditions:

1. The Applicant will pay to the Cooperative a membership fee and the assigned deposit for this service.
2. The Applicant will, when energy becomes available, purchase from the Cooperative the electric energy used or agreed upon if other sources are used on the premises at rates to be determined from time to time in accordance with the By-Laws of the Cooperative and understands that electric service charges are due when rendered. The individual signing this application in a representative capacity agrees that he/she (in his/her individual capacity) shall be jointly and severally liable for all debts of the Applicant incurred pursuant to this membership.
3. In the event that it shall become necessary to resort to debt collection policies for the collection of any sum of money due the Cooperative under this membership, then the Applicant agrees to pay all reasonable expenses of collection including a reasonable attorney's fee in addition to the amount due the Cooperative.
4. The Applicant will cause the service entrance to be wired in accordance with the wiring specifications approved by the Cooperative.
5. The Applicant will comply with and be bound by the provisions of the Certificate of Incorporation and the By-Laws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.
6. The Applicant hereby agrees that \$8.00 of the amount paid for electricity each year is for a subscription to Alabama Living.
7. The Applicant, by paying a membership fee and deposit and becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under this law the Applicant's private property cannot be attached for any such debts or liabilities.
8. The Applicant agrees that a pole or poles and appurtenances thereto and/or any underground construction deemed necessary by the Cooperative may be placed on the premises so as to best render service to the Applicant and that ownership of such construction shall be vested in the Cooperative. The Applicant also agrees that employees of the Cooperative shall have the right to ingress and egress on said premises up to the location of the meter installation as long as any property of the Cooperative remains on said premises.
9. The Applicant agrees that in order for the Cooperative to service Applicant's account, provide information relating to Applicant's account, or collect any amounts which may be owed, the Cooperative may contact Applicant by telephone at any telephone number associated with Applicant's account at any time, including wireless and cellular telephone numbers, which could result in charges to Applicant. The Cooperative may also contact Applicant by sending text messages or emails, using any email address or telephone number provided to the Cooperative by Applicant at any time. Methods of contact may include using prerecorded or artificial voice messages and/or the use of an automatic dialing device, as applicable.
10. For value received, I/we, the undersigned, whether one or more, do hereby jointly and severally guarantee the full and prompt payment of all charges associated with the account identified above, including without limitation all charges for electrical service, installation charges, maintenance charges, line extensions, interest, costs and attorney's fees. The undersigned further agrees to pay all costs of collection, including a reasonable attorney's fee in an amount not to exceed 15% of the amount due. The undersigned further agrees that the Cooperative is under no duty to provide the undersigned with notice of default or other occurrences, and that the Cooperative may enforce any or all of its rights against the undersigned without first enforcing or attempting to enforce its rights against any other party.

THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR SERVICE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Steven Bankston
Signature of Partner or Officer
Steven Bankston
Printed Signature Name

10/10/18
Date

Official Title of Signer

DO NOT WRITE BELOW THIS LINE

Permit Number _____ Outdoor Lights _____ Meter Number 119542108 Employee kw
Member/Account No. 543412001 Deposit & Fees Amount 31,500.00 / 30/5

REV 03/18

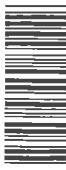
✓
Steven Bankston
10/10/18

BALDWIN



Your Touchstone Energy Cooperative

(251) 989-6247 or (800) 837-3374
 P.O. Box 220 • Summerville, AL 36580
 www.baldwinemc.com



CB THEATER EXPERIENCE LLC
 PINNACLE 14 CINEMAS
 2000B SOUTH BRIDGE PKWY STE 100
 BIRMINGHAM, AL 35209

**DID YOU FORGET?
 WE HAVE NOT RECEIVED YOUR PAYMENT.**

THIS NOTICE IS INTENDED AS A REMINDER BUT THE ACCOUNT IS SUBJECT TO DISCONNECTION ON THE DATE SPECIFIED. PLEASE GIVE THIS MATTER YOUR IMMEDIATE ATTENTION AND CONTACT THE OFFICE NEAREST YOU BY PHONE OR IN PERSON BEFORE 2:00 P.M. ON 03/14/20, TO ENSURE CONTINUATION OF YOUR ELECTRIC SERVICE.

IF THIS BILL IS NOT PAID BY THE DISCONNECTION DATE, SERVICE WILL BE DISCONTINUED WITHOUT FURTHER NOTICE AND ADDITIONAL CHARGES WILL BE ADDED AS FOLLOWS:

- \$20.00 FOR COLLECTION CHARGE
- \$20.00 FOR RECONNECTION DURING NORMAL WORKING HOURS MONDAY THRU FRIDAY 8:00 A.M - 4:30 P.M. (EXCEPT HOLIDAYS)
- \$100.00 FOR RECONNECTION AFTER NORMAL HOURS.

Summary Of Charges

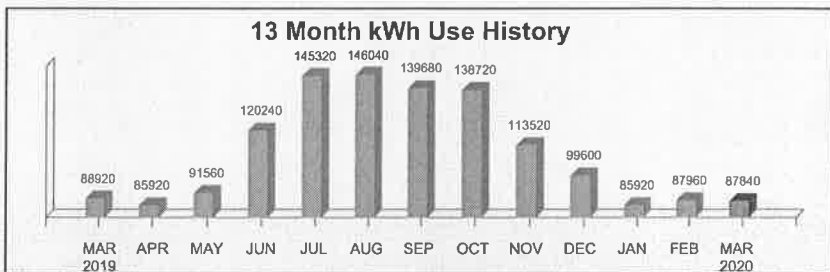
Account Number:	543412-001	Balance from Last Bill	\$8,287.00
		Payment - Thank You	\$0.00
Bill Date	03/09/20	Late Charge	\$124.31
Days Billed	32	Past Due Balance	\$8,411.31
Cycle Number	04	Past Due Balance Must Be Paid By	03/14/20
Electricity Used Includes:		Current Charges:	
PCA of 0.01748 per kWh		Electricity Used	\$6,069.12
		Demand Charge	\$1,701.54
		State Utility Taxes	\$481.78
		Underground Surcharge	\$5.25
Disconnect Notice		Current Charges	\$8,257.69
Past-Due Balance of \$8,411.31 must be paid by 2:00 PM on 03/14/20 or service may be disconnected without further notice.		Current Charges must be paid by	03/28/20

Detail of Current Use

Meter Number	Current Reading	Previous Reading	kWh Used	Multiplier	kWh*	Demand Reading
119542108	71255	70523	732	120	87840	276

Meter Reading from 01/30/20 to 03/02/20

*This field is kWh Used x Multiplier



Period	Days	kWh Used	Daily Use
Current Bill	32	87840	2745
Last Bill	30	87960	2932
One Year Ago	31	88920	2868

Please Return Lower Portion With Your Payment To Ensure Proper Credit to Your Account. Retain Upper Portion For Your Records.

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Your Touchstone Energy Cooperative

Baldwin EMC
 P.O. Box 220
 Summerville, AL 36580

DISCONNECT NOTICE

Cycle Number
04

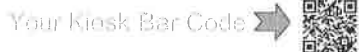
Bill Date:	03/09/20
Account Number:	543412-001
Past Due Balance:	\$8,411.31
Past Due Balance Due By:	03/14/20
Current Charges:	\$8,257.69
Current Charges Due By:	03/28/20
TOTAL AMOUNT DUE:	\$16,669.00

Past-Due Balance must be paid by 2:00 PM on 03/14/20 or service may be disconnected without further notice.

Amount Paid \$ _____

Please enter any address corrections in the spaces provided below:

Member Signature Required



3639628 00 00005986 00007613 I=1

CB THEATER EXPERIENCE LLC
 PINNACLE 14 CINEMAS
 2000B SOUTHBRIDGE PKWY STE 100
 BIRMINGHAM AL 35209-7723

05434120010016669004

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- \$20.00 FOR COLLECTION CHARGE
- \$20.00 FOR RECONNECTION DURING NORMAL WORKING HOURS MONDAY THRU FRIDAY 8:00 A.M - 4:30 P.M. (EXCEPT HOLIDAYS)
- \$100.00 FOR RECONNECTION AFTER NORMAL HOURS.

Summary Of Charges

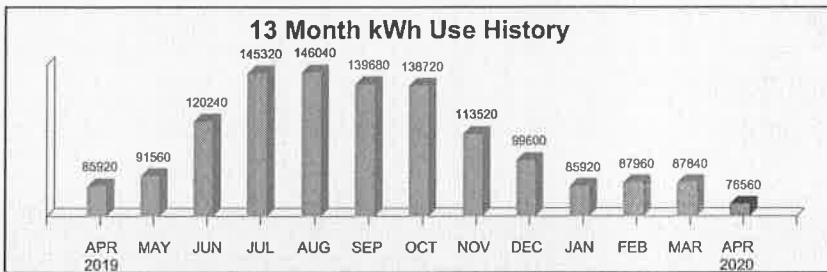
Account Number:	543412-001	Balance from Last Bill	\$16,669.00
		Payment - Thank You	\$8,287.00 CR
Bill Date	04/08/20	Collection Charge	\$20.00
Days Billed	30	Past Due Balance	\$8,402.00
Cycle Number	04	Past Due Balance Must Be Paid By	04/13/20
Electricity Used Includes:		Current Charges:	
PCA of 0.01748 per kWh		Electricity Used	\$5,301.11
		Demand Charge	\$1,701.54
		State Utility Taxes	\$434.17
		Underground Surcharge	\$5.25
		Operation Roundup	\$0.93
Disconnect Notice		Current Charges	\$7,443.00
Past-Due Balance of \$8,402.00 must be paid by 2:00 PM on 04/13/20 or service may be disconnected without further notice.		Current Charges must be paid by	04/28/20

Detail of Current Use

Meter Number	Current Reading	Previous Reading	kWh Used	Multiplier	kWh*	Demand Reading
119542108	71893	71255	638	120	76560	276

Meter Reading from 03/02/20 to 04/01/20

*This field is kWh Used x Multiplier



Period	Days	kWh Used	Daily Use
Current Bill	30	76560	2552
Last Bill	32	87840	2745
One Year Ago	30	85920	2864

Please Return Lower Portion With Your Payment To Ensure Proper Credit to Your Account. Retain Upper Portion For Your Records.

BALDWIN



Your Touchstone Energy Cooperative

Baldwin EMC
 P.O. Box 220
 Summerville, AL 36580

DISCONNECT NOTICE

Cycle Number
 04

Bill Date:	04/08/20
Account Number:	543412-001
Past Due Balance:	\$8,402.00
Past Due Balance Due By:	04/13/20
Current Charges:	\$7,443.00
Current Charges Due By:	04/28/20
TOTAL AMOUNT DUE:	\$15,845.00

Past-Due Balance must be paid by 2:00 PM on 04/13/20 or service may be disconnected without further notice.

Amount Paid \$ _____

Please enter any address corrections in the spaces provided below:

Member Signature Required

Your Kiosk Bar Code

3654379 00 00006019 00007632 I=1

CB THEATER EXPERIENCE LLC
 PINNACLE 14 CINEMAS
 2000B SOUTHBRIDGE PKWY STE 100
 BIRMINGHAM AL 35209-7723

05434120010015845001

BALDWIN



Your Touchstone Energy[®] Cooperative

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 www.baldwinemc.com

CB THEATER EXPERIENCE LLC
 PINNACLE 14 CINEMAS
 2000B SOUTH BRIDGE PKWY STE 100
 BIRMINGHAM, AL 35209



Summary Of Charges

Account Number:	543412-001	Balance from Last Bill	\$15,845.00
		Payment - Thank You	\$0.00
Bill Date	05/08/20	Late Charge	\$124.31 CR
Days Billed	25	Past Due Balance	\$15,720.69
Cycle Number	04	Past Due Balance Must Be Paid By	05/13/20
Electricity Used Includes:		Current Charges:	
PCA of 0.01748 per kWh		Electricity Used	\$2,420.50
		Demand Charge	\$1,701.54
		State Utility Taxes	\$255.56
		Underground Surcharge	\$5.25
Disconnect Notice		Operation Roundup	\$0.46
Past-Due Balance of \$15,720.69 must be paid by 2:00 PM on 05/13/20 or service may be disconnected without further notice.		Current Charges	\$4,383.31
		Current Charges must be paid by	05/28/20

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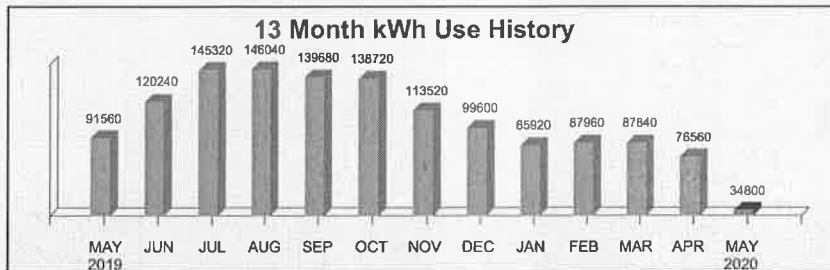
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- \$20.00 FOR RECONNECTION DURING NORMAL WORKING HOURS MONDAY THRU FRIDAY 8:00 A.M - 4:30 P.M. (EXCEPT HOLIDAYS)
- \$100.00 FOR RECONNECTION AFTER NORMAL HOURS.

Detail of Current Use

Meter Number	Current Reading	Previous Reading	kWh Used	Multiplier	kWh*	Demand Reading
119542108	72183	71893	290	120	34800	276

Meter Reading from 04/01/20 to 04/26/20

*this field is kWh Used x Multiplier



Period	Days	kWh Used	Daily Use
Current Bill	25	34800	1392
Last Bill	30	76560	2552
One Year Ago	29	91560	3157

Please Return Lower Portion With Your Payment To Ensure Proper Credit to Your Account. Retain Upper Portion For Your Records.

BALDWIN



Your Touchstone Energy[®] Cooperative

Baldwin EMC
 P.O. Box 220
 Summerville, AL 36580

DISCONNECT NOTICE

Cycle Number
04

Bill Date:	05/08/20
Account Number:	543412-001
Past Due Balance:	\$15,720.69
Past Due Balance Due By:	05/13/20
Current Charges:	\$4,383.31
Current Charges Due By:	05/28/20
TOTAL AMOUNT DUE:	\$20,104.00

Past-Due Balance must be paid by 2:00 PM on 05/13/20 or service may be disconnected without further notice.

Amount Paid \$ _____

Please enter any address corrections in the spaces provided below:

Member Signature Required

Your Kiosk Bar Code ➔

3668389 00 00006050 00007663 I=1

CB THEATER EXPERIENCE LLC
 PINNACLE 14 CINEMAS
 2000B SOUTHBRIDGE PKWY STE 100
 BIRMINGHAM AL 35209-7723

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