

COMPLAINT
State of West Virginia
Public Service Commission
Charleston

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W VA PUBLIC SERVICE
COMMISSION
SECRETARY'S OFFICE

TYPE OR PRINT CLEARLY USING BLACK INK

CASE NO. 12-0885-EW-C (leave blank), Complainant

(Mr./Mrs./Ms.) Gary Ray Braithwaite (your name)

Rt 4 Box 511A2 Keyser W. Va 26726 (your full address)

Mineral (your county)

Please provide email address so that we may keep you informed electronically of filings in your case. email: No email

vs. Pinnacle Wind Farm, Defendant

The petition of the above-named complainant, respectfully shows:

1. That the above-named Pinnacle Wind Farm (name of defendant), is a public utility engaged in the business of Electric (state the public utility business of the defendant, i.e. gas, electric telephone, etc.) at Rt 4 Keyser W. Va Green Mt (their address), in the State of West Virginia, and as such is subject to the provisions of Chapter 24 (or 24A) of the Code of West Virginia, 1931, as amended, and the provisions thereof applicable to said class of public utilities.

2. That the said defendant has violated the laws of the State of West Virginia, governing said public utility business, in the following particulars, to-wit:

(a) [Here state concisely the matters complained of.] Constant Noise
Light Flicker

DO NOT WRITE ON BACK OF PAGES - attach a sheet of paper

(b) Here state the remedy you seek

Shut down Wind Turbines
until Noise can be STOP

Wherefore, the complainant prays that the said defendant Pinnacle Wind Farm (defendant's name) be required to answer the charges herein above set out, and that, after due investigation, an order may be made commanding the said defendant to cease and desist from the wrongful conduct aforesaid, and for such other and further order as the Public Service Commission of West Virginia may deem necessary, reasonable and just in the premises.

[Prayer may ask for the ascertainment of lawful rates of practices, and an order requiring the defendant to conform thereto.]

Dated this 17 day of June, 20012

(Signed) Gary Ray Brault, Signature of Complainant

(Your Full Address) Rt 4 Box 511A2 Keyser W. Va 26726

(Phone) 304-355-2745 (Fax)

(Email) _____

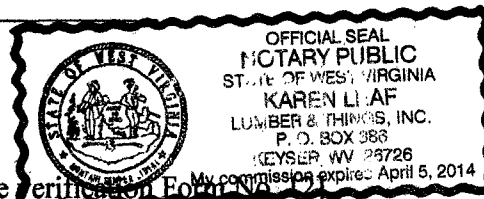
(If you have an attorney, his/her name) _____, Attorney, if applicable.

Attorney's Address: _____

THIS FORM MUST BE NOTARIZED

Subscribed and sworn before me this 18th day of June, 2012

Karen Leaf
(Official signature and official seal of notary)



[If Complainant is signing out-of-state, please use Verification Form VA-101]

PLEASE NOTE:

It is extremely important to notify the PSC of any changes to your contact information and to promptly retrieve Certified Mail upon notification of such.