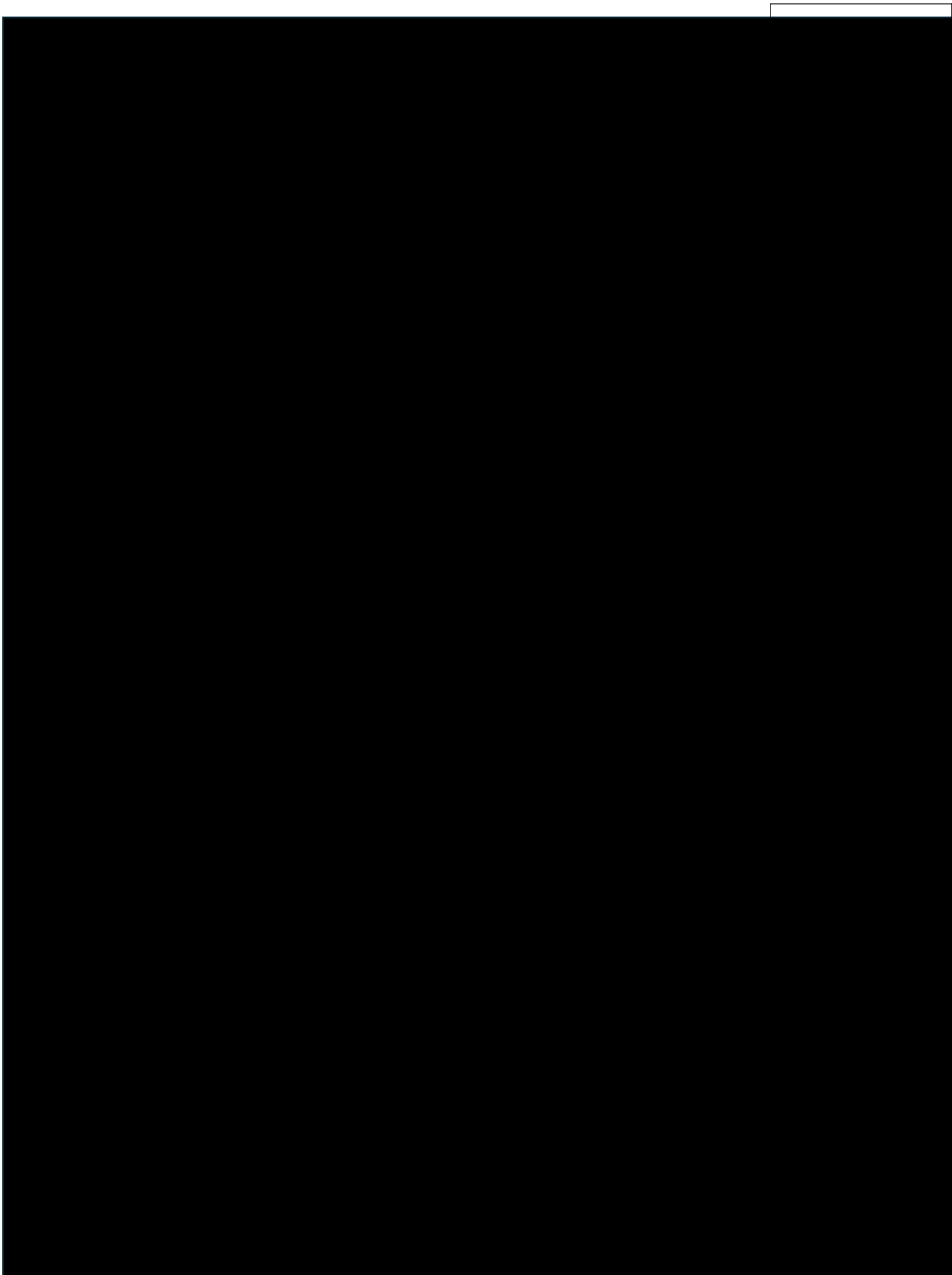




[The following text is a dense, handwritten manuscript, likely a letter or a page from a book. It is written in a cursive script and covers the majority of the page. Due to the image quality and the nature of the handwriting, the specific words and sentences are largely illegible. The text appears to be organized into several paragraphs, with some lines indented. There are some markings that could be interpreted as initials or section markers, but they are not clear enough to transcribe accurately.]

The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The methodology section describes the research design and the data collection process. The results section presents the findings of the study, and the conclusion section summarizes the main findings and provides recommendations for future research.

The study was conducted in a laboratory setting, and the data were collected using a series of experiments. The results of the experiments were analyzed using statistical methods, and the findings were compared with the results of previous studies. The study found that the research objectives were achieved, and the results were consistent with the findings of previous research.

The study has several limitations, and there are some areas that need to be explored in future research. The study was limited to a specific population, and the results may not be generalizable to other populations. The study also had a limited sample size, and the results may be affected by sampling error.

In conclusion, the study found that the research objectives were achieved, and the results were consistent with the findings of previous research. The study has several limitations, and there are some areas that need to be explored in future research.

The first of these is the *Journal of the American Medical Association* (JAMA), which has been a leading voice in the medical profession for over a century. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The second is the *New England Journal of Medicine* (NEJM), which is a leading journal in the field of internal medicine. The third is the *Lancet*, which is a leading journal in the field of general practice. The fourth is the *British Medical Journal* (BMJ), which is a leading journal in the field of general practice. The fifth is the *Medical Record*, which is a leading journal in the field of general practice. The sixth is the *Medical News*, which is a leading journal in the field of general practice. The seventh is the *Medical Record*, which is a leading journal in the field of general practice. The eighth is the *Medical News*, which is a leading journal in the field of general practice. The ninth is the *Medical Record*, which is a leading journal in the field of general practice. The tenth is the *Medical News*, which is a leading journal in the field of general practice.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) and the number of people in the private sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) (Department of Health 1999).

There is a growing emphasis on the need to improve the quality of care in the public sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which sets out the framework for the regulation of health care. The Act requires health care providers to ensure that they meet certain standards of quality and safety. It also requires them to have in place a system of monitoring and evaluation to ensure that they are meeting these standards.

In addition to the Health Care Act 1999, there are a number of other initiatives that are aimed at improving the quality of care in the public sector. These include the introduction of the Clinical Governance Framework, which sets out the framework for the monitoring and evaluation of clinical performance. It also requires health care providers to have in place a system of monitoring and evaluation to ensure that they are meeting these standards.

There is a growing emphasis on the need to improve the quality of care in the private sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which sets out the framework for the regulation of health care. The Act requires health care providers to ensure that they meet certain standards of quality and safety. It also requires them to have in place a system of monitoring and evaluation to ensure that they are meeting these standards.

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the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office of National Statistics 2000).

There is a growing awareness of the need to address the needs of older people in the community. The Department of Health (1999) has published a strategy for older people, which sets out a vision for the future of older people's health and care. The strategy is based on the following principles: older people should be able to live independently and actively; older people should be able to access the services they need; and older people should be able to participate in decisions about their care and services.

The strategy also sets out a number of key objectives for the future of older people's health and care. These include: to improve the health and well-being of older people; to ensure that older people have access to the services they need; to ensure that older people are able to participate in decisions about their care and services; and to ensure that older people are able to live independently and actively.

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the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported to be the most common serotype of *S. flexneri* isolated from children with acute colitis [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1970s, *S. flexneri* was the most commonly isolated serotype of *S. flexneri* from patients with acute colitis in the United Kingdom [12]. In the 1980s, *S. flexneri* was the most commonly isolated serotype of *S. flexneri* from patients with acute colitis in the United Kingdom [13].

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the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion. The number of people aged 65 and over has increased from 150 million to 250 million. The number of people aged 15–64 years has increased from 1.5 billion to 2.0 billion.

There are a number of factors which have contributed to the increase in the number of people in the world who are under 15 years of age. These include a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

The decline in the death rate has been the most significant factor. This has been due to a number of factors, including improvements in medical care, a decline in the incidence of infectious diseases, and a decline in the incidence of non-communicable diseases.

The decline in the birth rate has also been a significant factor. This has been due to a number of factors, including a decline in the number of children born to each woman, a decline in the age at which women first become mothers, and a decline in the number of women who are mothers.

The decline in the rate of migration has also been a significant factor. This has been due to a number of factors, including a decline in the number of people who are migrating, a decline in the number of people who are being migrated, and a decline in the number of people who are being migrated to.

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the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There are a number of reasons why the world population is ageing. One of the main reasons is that the number of people who are surviving to old age has increased. This is due to a number of factors, including improved medical care, better nutrition, and a decline in the number of people who are dying from infectious diseases. Another reason is that the number of people who are having children is decreasing. This is due to a number of factors, including a decline in the number of people who are having children at a young age, and a decline in the number of people who are having children at all.

The ageing of the world population has a number of implications. One of the main implications is that the number of people who are dependent on others is increasing. This is because people who are aged 65 and over are more likely to be dependent on others than people who are younger. This has a number of implications for society, including a need for more social services, and a need for more people to work to support the dependent population.

Another implication of the ageing of the world population is that the number of people who are working is decreasing. This is because people who are aged 65 and over are less likely to be working than people who are younger. This has a number of implications for the economy, including a need for more people to work to support the dependent population, and a need for more people to work to support the economy.

The ageing of the world population is a major challenge for the world. It is a challenge that requires a number of solutions, including a need for more social services, a need for more people to work, and a need for more people to work to support the dependent population. It is a challenge that requires the attention of the world's leaders, and it is a challenge that requires the attention of the world's people.

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The first of these is the *Journal of the Royal Society of Medicine*, which was founded in 1849 and is the oldest of the three. It is a peer-reviewed journal that covers a wide range of medical topics, including clinical medicine, public health, and medical law. The journal is published by the Royal Society of Medicine, which is a professional body that represents the interests of the medical profession in the United Kingdom. The journal is known for its high quality and its focus on original research.

The second of the three journals is the *British Medical Journal*, which was founded in 1844. It is a peer-reviewed journal that covers a wide range of medical topics, including clinical medicine, public health, and medical law. The journal is published by the British Medical Association, which is a professional body that represents the interests of the medical profession in the United Kingdom. The journal is known for its high quality and its focus on original research.

The third of the three journals is the *Lancet*, which was founded in 1823. It is a peer-reviewed journal that covers a wide range of medical topics, including clinical medicine, public health, and medical law. The journal is published by the Lancet Publishing Group, which is a professional body that represents the interests of the medical profession in the United Kingdom. The journal is known for its high quality and its focus on original research.

All three journals are highly respected in the medical community and are considered to be the leading journals in their respective fields. They are all published in English and are available to a wide range of readers, including medical professionals, researchers, and the general public.

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The strategy also sets out a number of key objectives for the future of older people's health and care. These include: to improve the health and well-being of older people; to ensure that older people have access to the services they need; to ensure that older people are able to participate in decisions about their care; and to ensure that older people are able to live independently and actively.

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There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the elderly. This paradigm is based on the principle of 'active ageing', which is the process of maintaining and enhancing the functional abilities of older people so that they can live independently and participate in society. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting healthy ageing; (2) preventing and managing illness and disability; (3) supporting independence and participation; and (4) providing a range of care and support services.

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The first of these is the fact that the system is not a simple one. It is a complex system, and as such, it is not possible to understand it by looking at its parts in isolation. The system is a whole, and its behavior is determined by the interactions between its parts. This is a fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

The second of these is the fact that the system is dynamic. It is not a static system, and its behavior changes over time. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

The third of these is the fact that the system is open. It is not a closed system, and it interacts with its environment. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

The fourth of these is the fact that the system is self-organizing. It is not a system that is controlled from the outside, and it is not a system that is designed from the top down. It is a system that organizes itself from the bottom up, and it is a system that adapts to its environment. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

The fifth of these is the fact that the system is resilient. It is not a system that is fragile, and it is not a system that is easily disrupted. It is a system that is able to withstand change, and it is a system that is able to recover from setbacks. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

The sixth of these is the fact that the system is sustainable. It is not a system that is unsustainable, and it is not a system that is doomed to fail. It is a system that is able to continue to exist, and it is a system that is able to thrive. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

The seventh of these is the fact that the system is equitable. It is not a system that is unfair, and it is not a system that is biased. It is a system that is fair, and it is a system that is just. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

The eighth of these is the fact that the system is inclusive. It is not a system that is exclusive, and it is not a system that is discriminatory. It is a system that is open to all, and it is a system that is welcoming. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

The ninth of these is the fact that the system is transparent. It is not a system that is opaque, and it is not a system that is secretive. It is a system that is open, and it is a system that is honest. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

The tenth of these is the fact that the system is accountable. It is not a system that is irresponsible, and it is not a system that is unaccountable. It is a system that is responsible, and it is a system that is answerable. This is another fundamental principle of systems thinking, and it is one that is often overlooked in traditional approaches to problem-solving.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.5 billion (United Nations, 1999).

There are a number of reasons why the world population is ageing. One of the main reasons is that the number of people who are surviving to old age has increased. This is due to a number of factors, including improvements in medical care, better nutrition, and a decline in the number of people who are dying from infectious diseases. Another reason is that the number of people who are having children is decreasing. This is due to a number of factors, including a decline in the number of people who are having children at a young age, and a decline in the number of people who are having children at all.

The ageing of the world population has a number of implications. One of the main implications is that there will be a need for more people to work in order to support the growing number of people who are retired. This will require a number of changes, including a decline in the number of people who are retiring, and an increase in the number of people who are working. Another implication is that there will be a need for more people to provide care for the growing number of people who are aged and infirm.

The ageing of the world population is a major challenge for the world. It is a challenge that will require a number of changes in order to be met. These changes will include a decline in the number of people who are retiring, an increase in the number of people who are working, and a decline in the number of people who are having children. It is a challenge that will require the cooperation of all people in the world.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–2000) and is projected to increase by a further 1.5 million by 2020 (Office for National Statistics 2001). The number of people aged 65 and over is projected to increase from 10.5 million in 1990 to 12.5 million in 2020.

There is a growing awareness of the need to address the health care needs of the ageing population. The Department of Health (2000) has identified the need to develop a new approach to health care for the ageing population. This approach should be based on the principles of prevention, early intervention, and the promotion of independence. The Department of Health (2000) has identified the need to develop a new approach to health care for the ageing population. This approach should be based on the principles of prevention, early intervention, and the promotion of independence.

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the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 15.5 million by 2020, and the number of people aged 75 and over to 8.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of older people, and to ensure that they are able to live independently and actively in their own homes for as long as possible. This has led to a number of initiatives, including the development of age-friendly communities, and the establishment of local authority age-friendly networks.

One of the key challenges in developing age-friendly communities is to ensure that the needs of older people are taken into account in all aspects of community planning. This includes the design of public spaces, the provision of transport, and the availability of social and health services.

One of the key strategies for developing age-friendly communities is to promote the active participation of older people in community life. This can be achieved through a number of measures, including the establishment of older people's groups, and the provision of opportunities for older people to volunteer and participate in community activities.

Another key strategy is to ensure that older people have access to the services and facilities that they need to live independently and actively in their own homes. This includes the provision of home care services, and the availability of accessible housing.

Finally, it is important to ensure that older people are able to live in safe and secure environments. This includes the provision of measures to prevent crime and anti-social behaviour, and the availability of services to support older people who are at risk of falling victim to crime.

By taking these measures, it is possible to create age-friendly communities that are able to meet the needs of older people, and to ensure that they are able to live independently and actively in their own homes for as long as possible.

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the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There are a number of reasons why the world population is increasing. One of the main reasons is that the number of children born to each woman has increased. This is due to a number of factors, including improved medical care, increased access to contraception, and a shift in cultural values. In many parts of the world, women are now having children at a younger age than in the past, and they are having more children than ever before.

Another reason why the world population is increasing is that the number of people who are surviving into old age has increased. This is due to a number of factors, including improved medical care, increased access to health care, and a shift in cultural values. In many parts of the world, people are now living longer than in the past, and there are more people in the world who are aged 65 and over than ever before.

The increase in the world population has a number of implications. One of the main implications is that there will be a need for more resources to support the growing population. This includes food, water, and shelter. It also includes education and health care. The world's resources are finite, and it is important to ensure that they are used wisely to support the growing population.

Another implication of the increase in the world population is that there will be a need for more jobs. As the population grows, there will be more people who need to work to support themselves and their families. This means that there will be a need for more jobs in all sectors of the economy, including agriculture, industry, and services.

The increase in the world population also has implications for the environment. As the population grows, there will be more people who are using natural resources. This can lead to the depletion of these resources, which can have a negative impact on the environment. It is important to ensure that natural resources are used sustainably to support the growing population.

There are a number of ways to address the challenges posed by the increase in the world population. One way is to improve the efficiency of resource use. This can be done by using less water, less energy, and less land. Another way is to increase the production of food, water, and shelter. This can be done by using more advanced agricultural techniques and by building more housing.

It is important to ensure that the world's resources are used wisely to support the growing population. This means that we need to take action now to address the challenges posed by the increase in the world population. If we do not, the world will be a much poorer place in the future.

the 1990s, the number of people in the United States who are obese has increased by 50% (Flegal et al. 2002). In the United Kingdom, the prevalence of obesity has increased from 10% in 1980 to 15% in 1997 (Health Survey for England 1997). In the United States, the prevalence of obesity has increased from 15% in 1980 to 23% in 1994 (Flegal et al. 2002).

Obesity is a complex condition, with many causes and consequences. It is a major risk factor for a number of chronic diseases, including heart disease, diabetes, and certain types of cancer. Obesity is also associated with a number of psychological and social problems, including depression, low self-esteem, and discrimination. The causes of obesity are complex, involving a combination of genetic, environmental, and behavioral factors. The consequences of obesity are also complex, involving a combination of physical, psychological, and social factors.

There is a growing body of research on the causes and consequences of obesity. This research has shown that obesity is a complex condition, with many causes and consequences. It is a major risk factor for a number of chronic diseases, including heart disease, diabetes, and certain types of cancer. Obesity is also associated with a number of psychological and social problems, including depression, low self-esteem, and discrimination.

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There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for the ageing population, which sets out the government's commitment to improve the health and social care of older people. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

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There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the elderly. This paradigm is based on the principle of 'active ageing', which is the process of maintaining and enhancing the functional ability of older people to live independently and to participate in society. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting healthy ageing; (2) preventing and managing illness and disability; (3) supporting independence and participation; and (4) providing a range of care and support services.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting healthy ageing; (2) preventing and managing illness and disability; (3) supporting independence and participation; and (4) providing a range of care and support services. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting healthy ageing; (2) preventing and managing illness and disability; (3) supporting independence and participation; and (4) providing a range of care and support services.

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The first of these is the *Journal of the American Medical Association* (JAMA), which has been a leading voice in the medical profession for over a century. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The second is the *New England Journal of Medicine* (NEJM), which is a leading journal in the field of internal medicine. The third is the *Lancet*, which is a leading journal in the field of general practice. The fourth is the *British Medical Journal* (BMJ), which is a leading journal in the field of general practice. The fifth is the *Medical Record*, which is a leading journal in the field of general practice. The sixth is the *Medical and Surgical Reporter*, which is a leading journal in the field of general practice. The seventh is the *Medical and Surgical Reporter*, which is a leading journal in the field of general practice. The eighth is the *Medical and Surgical Reporter*, which is a leading journal in the field of general practice. The ninth is the *Medical and Surgical Reporter*, which is a leading journal in the field of general practice. The tenth is the *Medical and Surgical Reporter*, which is a leading journal in the field of general practice.

The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The methodology section describes the research design and the data collection process. The results section presents the findings of the study, and the conclusion section summarizes the main findings and provides recommendations for future research.

The study was conducted in a laboratory setting. The participants were recruited from a local university and were assigned to two groups: the experimental group and the control group. The experimental group received the intervention, while the control group did not. The data were collected over a period of six weeks.

The results of the study show that the intervention had a significant positive effect on the outcome variable. The experimental group showed a significant improvement in the outcome variable compared to the control group. The findings suggest that the intervention is effective in improving the outcome variable.

The conclusion of the study is that the intervention is effective in improving the outcome variable. The findings suggest that the intervention is a promising approach for improving the outcome variable. Further research is needed to confirm the findings and to explore the long-term effects of the intervention.

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office of National Statistics 2000).

There is a growing awareness of the need to address the needs of older people in the community. The Department of Health (1999) has published a strategy for older people, which sets out a vision for the future of older people's health and care. The strategy is based on the following principles:

- Older people should be able to live independently and actively in the community.
- Older people should be able to access the services and support they need.
- Older people should be able to participate in decisions about their care and support.

The strategy also sets out a number of objectives, including the following:

- To improve the health and well-being of older people.
- To ensure that older people have access to the services and support they need.
- To ensure that older people are able to participate in decisions about their care and support.

The strategy is a key document for the development of services for older people in the UK. It provides a framework for the development of services and for the evaluation of their effectiveness.

The strategy also sets out a number of key areas for action, including the following:

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the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There are a number of reasons why the world population is ageing. First, the number of people who are under 15 years of age has decreased from 1.1 billion in 1990 to 0.9 billion in 2000. This is due to a decline in the birth rate, which has been caused by a number of factors, including a decline in the number of children per woman, a decline in the number of women who are having children, and a decline in the number of women who are having children at a young age.

Second, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Third, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Fourth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Fifth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Sixth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Seventh, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

Eighth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who are dying from infectious diseases, a decline in the number of people who are dying from non-infectious diseases, and a decline in the number of people who are dying from accidents.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998 (Department of Health 1999). The number of people employed in the health sector has increased by 1.2 million, from 2.2 million in 1980 to 3.4 million in 1998.

There is a growing emphasis on the need to improve the quality of care and services provided by the public sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which sets out a framework for the regulation of health care providers. The Act also introduces a new system of accreditation for health care providers, which will require them to meet certain standards of quality and safety.

In addition, there is a growing emphasis on the need to improve the efficiency of the public sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which sets out a framework for the regulation of health care providers. The Act also introduces a new system of accreditation for health care providers, which will require them to meet certain standards of quality and safety.

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The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The methodology section describes the research design and the data collection process. The results section presents the findings of the study, and the conclusion section summarizes the main findings and provides recommendations for future research.

The study was conducted in a laboratory setting. The participants were recruited from a local university and were assigned to two groups: the experimental group and the control group. The experimental group received the intervention, while the control group did not. The data was collected over a period of six weeks.

The results of the study show that the intervention had a significant positive effect on the outcome variable. The experimental group showed a significant improvement in the outcome variable compared to the control group. The findings suggest that the intervention is effective in improving the outcome variable.

The conclusion of the study is that the intervention is effective in improving the outcome variable. The findings suggest that the intervention is a promising approach for improving the outcome variable. Further research is needed to confirm the findings and to explore the long-term effects of the intervention.

the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported to be the most common serotype of *Shigella* isolated from patients with shigellosis [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1980s, *S. flexneri* was the most commonly isolated *Shigella* serotype from patients with shigellosis in the United Kingdom [12]. In the 1990s, *S. flexneri* was the most commonly isolated *Shigella* serotype from patients with shigellosis in the United Kingdom [13].

The purpose of this study was to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 3.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to address the needs of older people in the community. The Department of Health (1999) has published a strategy for older people, which sets out a vision for a society in which older people are able to live independently and actively, and to participate in the life of the community. The strategy also sets out a number of key objectives, including: to improve the health and well-being of older people; to support older people to live independently; to promote social inclusion; and to protect the rights of older people.

One of the key challenges facing the health and social care system is how to meet the needs of older people in the community. This is a complex task, as older people have a wide range of needs, and these needs can change over time. In addition, older people often have multiple needs, and these needs can be interrelated. For example, an older person may have a physical health problem, a mental health problem, and a social isolation problem. These needs may all be related to each other, and they may all need to be addressed in order for the older person to live independently and actively.

One of the key ways in which the health and social care system can meet the needs of older people is by providing a range of services that are tailored to their needs. This can include a range of services, including: health care services; social care services; housing services; and financial services. These services can be provided in a range of ways, including: through the health and social care system; through voluntary organizations; and through the private sector.

Another key way in which the health and social care system can meet the needs of older people is by promoting social inclusion. This can be done by providing opportunities for older people to participate in the life of the community. This can include a range of activities, including: volunteering; taking part in community events; and joining a club or group. These activities can help older people to build relationships with other people, and to feel a sense of belonging to the community.

Finally, another key way in which the health and social care system can meet the needs of older people is by protecting their rights. This can be done by ensuring that older people are able to make their own decisions about their care and services. This can include a range of services, including: health care services; social care services; housing services; and financial services. These services can be provided in a way that respects the older person's autonomy and dignity.

There are a number of challenges facing the health and social care system in meeting the needs of older people. One of the key challenges is how to fund the services that are needed. This is a complex task, as the costs of these services can be high. In addition, the costs of these services can vary over time, as the needs of older people change. Another key challenge is how to ensure that the services are of high quality. This can be done by ensuring that the services are delivered by trained and qualified staff, and that the services are monitored and evaluated regularly.

There are a number of ways in which the health and social care system can meet the needs of older people. This can be done by providing a range of services that are tailored to their needs, by promoting social inclusion, and by protecting their rights. These services can be provided in a range of ways, including: through the health and social care system; through voluntary organizations; and through the private sector. By doing so, the health and social care system can help older people to live independently and actively, and to participate in the life of the community.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 3.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to address the needs of older people, and a number of initiatives have been launched to improve the lives of older people. The Department of Health has launched the 'Age Friendly' initiative, which aims to make the UK a more age-friendly country. The initiative is based on the World Health Organization's (WHO) 'Age Friendly' framework, which identifies six key areas for action: (1) physical environment, (2) social environment, (3) health services, (4) employment, (5) housing, and (6) transport (WHO 2002).

The 'Age Friendly' initiative is a cross-departmental effort, involving the Department of Health, the Department of the Environment, Transport and the Regions, the Department of Social Security, and the Department of Education and Skills. The initiative is based on the principle that older people should be able to live independently, safely, and with dignity. The initiative aims to improve the lives of older people by addressing the needs of older people in all areas of life.

The 'Age Friendly' initiative is a long-term effort, and it is important that it is supported by all sectors of society. The initiative is based on the principle that older people should be able to live independently, safely, and with dignity. The initiative aims to improve the lives of older people by addressing the needs of older people in all areas of life.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 10.5 million by 2026, and the number of people aged 75 and over to 5.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for the ageing population, which sets out the government's commitment to improve the health and social care of older people. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are treated with respect and dignity; and (3) to ensure that older people are able to live independently and actively.

The strategy also sets out a number of specific objectives, including: (1) to reduce the number of older people who are in long-term care; (2) to improve the quality of care for older people; (3) to ensure that older people have access to the services they need; (4) to ensure that older people are treated with respect and dignity; and (5) to ensure that older people are able to live independently and actively.

The strategy is a key document for the development of services for older people. It sets out the government's commitment to improve the health and social care of older people, and provides a framework for the development of services. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are treated with respect and dignity; and (3) to ensure that older people are able to live independently and actively.

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GOBIERNO DE PUERTO RICO

Junta Reglamentadora de Servicio Público
Negociado de Energía de Puerto Rico

NEPR

Received:

Feb 13, 2025

3:49 PM

FORMULARIO

INFORMACIÓN PERSONAL COMPAÑÍAS DE SERVICIO ELÉCTRICO

☐ Información Nueva ☐ Actualización de Información

Instrucciones:

- Al cumplimentar este formulario, examine las disposiciones de la Sección 2.01 del Reglamento Núm. 8701 y asegúrese de ofrecer la información requerida.
- Complete todos los encasillados e indique N/A donde no aplique.
- Provea una Hoja Complementaria para Entidades Afiliadas y Subsidiarias (NEPR-B02) por cada entidad afiliada y subsidiaria que posea.
- De necesitar espacio adicional para sus respuestas, utilice la Hoja Complementaria (NEPR-Z01).
- Incluya los documentos requeridos, conforme al Reglamento Núm. 8701, enumerados en la sección de Anejos.
- Al momento de entregar este Formulario, presente una copia de la evidencia de pago.

A. Información General de la Compañía de Servicio Eléctrico

1. Nombre de la Compañía: PRIP Three, LLC
2. Forma de Organización: ☐ Corporación ☒ Compañía de Responsabilidad Limitada
☐ Sociedad ☐ Otro: _____
3. Jurisdicción en que se organizó: Delaware, USA
4. Fecha de Inicio del Año Fiscal: [REDACTED]
5. Fecha de Cierre del Año Fiscal: [REDACTED]

B. Oficinas de la Compañía en Puerto Rico

1. Oficina Principal

a. Dirección Física:

[REDACTED]

b. Dirección Postal:

[REDACTED]

2. Oficinas Secundarias

a. Dirección Física:



Edificio World Plaza, 268 Ave. Muñoz Rivera, Suite 202 (Nivel Plaza), Hato Rey P.R. 00918

Tel. 787.523.6262 • www.energia.pr.gov

NEPR- B01 (Rev. Enero 2019) "Información Personal de Compañías de Servicio Eléctrico"

Referencia: Enmienda al Reglamento Núm. 8618, sobre Certificaciones, Cargos Anuales y Planes Operacionales de Compañías de Servicio Eléctrico en Puerto Rico.

b. Dirección
Postal:

Oficinas Secundarias

a. Dirección
Física:

b. Dirección
Postal:

Oficinas Secundarias

a. Dirección
Física:

b. Dirección
Postal:

C. Direcciones para el Recibo de Notificaciones

(Indique las direcciones donde desea recibir notificaciones de asuntos ante el Negociado de Energía.)

1. Dirección Física: 416 Ponce de León Ave
Union Plaza, Suite 311
San Juan, P.R. 00918-3430
2. Persona autorizada a recibir notificaciones personalmente: Rafael Mullet Sánchez, Esq.
3. Dirección 416 Ponce de León Ave
Postal: Union Plaza, Suite 311
San Juan, P.R. 00918-3430
4. Correo Electrónico: rem@tcm.law

D. Información de la Persona Designada como Representante Autorizado

1. Nombre: 2. Puesto:
3. Dirección Física del Trabajo:
4. Dirección Postal del Trabajo:
5. Teléfono Oficina: 6. Teléfono Celular:
7. Correo Electrónico:

E. Información del Agente Residente de la Compañía

1. Nombre: Jorge González López-Cepero
416 Ponce de León Ave
2. Dirección Física: Union Plaza, Suite 311
San Juan, P.R. 00918-3430

3. Dirección P.O. Box 19299
Postal: San Juan, P.R. 00910
4. Teléfono Oficina: 787-751-8999 x 3080 5. Teléfono Celular: _____
6. Correo Electrónico: [REDACTED]

F. Información de Miembros de Junta de Directores o Cuerpo Rector y Principales Ejecutivos

1. Nombre: Ver Supplemental Attachment II-1 Puesto: _____

Dirección Física: _____

Dirección Postal: _____

Teléfono Oficina: _____ Teléfono Celular: _____

Correo Electrónico: _____

2. Nombre: _____ Puesto: _____

Dirección Física: _____

Dirección Postal: _____

Teléfono Oficina: _____ Teléfono Celular: _____

Correo Electrónico: _____

3. Nombre: _____ Puesto: _____

Dirección Física: _____

Dirección Postal: _____

Teléfono Oficina: _____ Teléfono Celular: _____

Correo Electrónico: _____

4. Nombre: _____ Puesto: _____

Dirección Física: _____

Dirección Postal: _____

Teléfono Oficina: _____ Teléfono Celular: _____

Correo Electrónico: _____

**SUPPLEMENTAL ATTACHMENT II-1:
PRIP Three, LLC BOARD MEMBERS AND CORPORATE STRUCTURE**

1. Board Members and Principal Executive Officers

a. Board Members

[REDACTED]

b. Puerto Rico Island Power US Corp. Board Members

[REDACTED]

Corporate Address: 1013 Centre Rd. Suite 403-A
Wilmington, DE 19805

Physical Address 416 Ponce de Leon Ave
Designated Office: Union Plaza, Suite 311
San Juan, P.R. 00918-3430

Postal Address: 416 Ponce de Leon Ave
Union Plaza, Suite 311
San Juan, P.R. 00918-3430

Phone: [REDACTED]
Email: jgonzalez@787fund.com

2. Shareholders or Company Owners

[REDACTED]

[REDACTED]

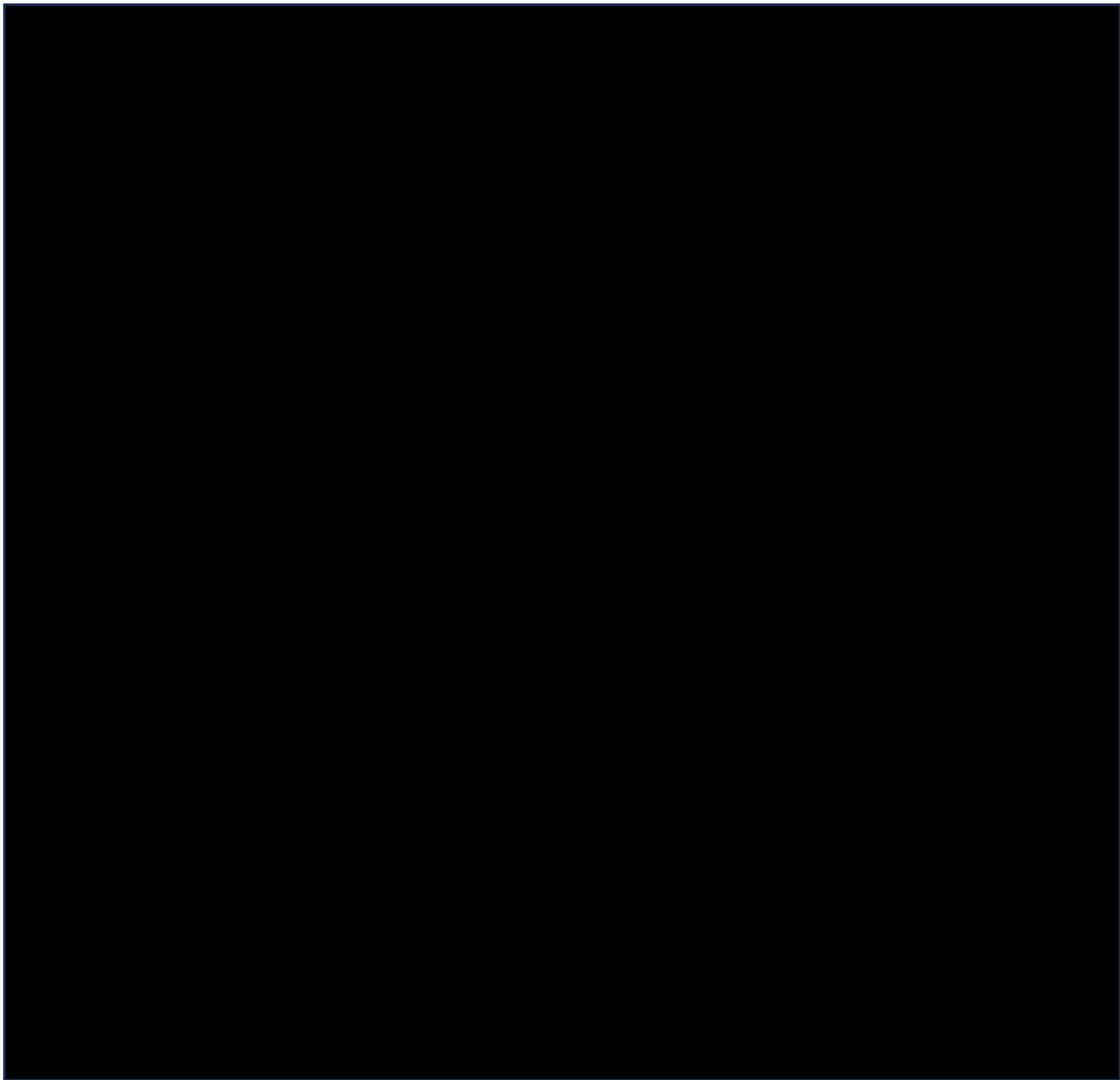
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



3. Exhibits

- Exhibit II-1.1: Incorporation/Formation Certificate
- Exhibit II-1.2: Good Standing Certificate
- Exhibit II-1.3: Authorization to Conduct Business in Puerto Rico

EXHIBIT II-1.1: Incorporation/Formation Certificate

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:51 PM 06/12/2024
FILED 02:51 PM 06/12/2024
SR 20242854185 - File Number 3922718

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is PRIP Three LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 1013 Centre Rd. Suite 403-A (street),
in the City of Wilmington, DE, Zip Code 19805. The
name of the Registered Agent at such address upon whom process against this limited
liability company may be served is American Incorporators Ltd.

By:

Authorized Person

Name:

Print or Type



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8757369
PICO ADVISORS
PO BOX 270445
SAN JUAN, PR 00928

06-12-2024

ATTN: KARLA CARRILLO

DESCRIPTION	AMOUNT
3922718 - PRIP THREE LLC 0102Y LLC	
Formation Fee	\$70.00
Court Municipality Fee, Wilm.	\$40.00
Expedite Fee, 24 Hour	\$50.00
TOTAL CHARGES	\$160.00
TOTAL PAYMENTS	\$160.00
BALANCE	\$0.00

Department of State: Division of Corporations

[Allowable Characters](#)[HOME](#)

Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

[File Number:](#) 3922718 [Incorporation Date / Formation Date:](#) 6/12/2024 (mm/dd/yyyy)

[Entity Name:](#) PRIP THREE LLC

[Entity Kind:](#) Limited Liability Company [Entity Type:](#) General

[Residency:](#) Domestic State: DELAWARE

[REGISTERED AGENT INFORMATION](#)

Name: AMERICAN INCORPORATORS LTD.

Address: 1013 CENTRE ROAD SUITE 403-A

City: WILMINGTON County: New Castle

State: DE Postal Code: 19805

Phone: 302-421-5752

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like ☐ Status ☐ Status, Tax & History Information

For help on a particular field click on the Field Tag to take you to the help area.

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EXHIBIT II-1.2: Good Standing Certificate

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PRIP THREE LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE SECOND DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIP THREE LLC"
WAS FORMED ON THE TWELFTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



3922718 8300

SR# 20243849583

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204539313

Date: 10-02-24

EXHIBIT II-1.3: Authorization to do Business in Puerto Rico



CERTIFICATE OF AUTHORIZATION TO DO BUSINESS IN PUERTO RICO

I, **Omar J. Marrero Díaz**, **Secretary of State** of the Government of Puerto Rico;

CERTIFY: That **PRIP THREE LLC**, register number **533426**, is a **Foreign For Profit Limited Liability Company** organized under the laws of Delaware duly authorized to do business in Puerto Rico on this **27th of June, 2024 at 07:07 PM**.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **June 27, 2024**.

A handwritten signature in blue ink, which appears to read "Omar J. Marrero Díaz", is placed above the printed name and title.

Omar J. Marrero Díaz
Secretary of State



GOBIERNO DE PUERTO RICO

Junta Reglamentadora de Servicio Público
Negociado de Energía de Puerto Rico

NEPR

Received:

Feb 13, 2025

3:49 PM

FORMULARIO

INFORME OPERACIONAL COMPAÑÍAS DE SERVICIO ELÉCTRICO



Informe Nuevo: Año 2025



Actualización de Informe: Año _____

Instrucciones:

- Al cumplimentar este Formulario, examine las disposiciones de la Sección 2.02 del Reglamento Núm. 8701 y asegúrese de ofrecer la información requerida.
- Complete todos los encasillados e indique N/A donde no aplique.
- De necesitar espacio adicional para sus respuestas, utilice la Hoja Complementaria (NEPR-Z01).
- Incluya los documentos requeridos, conforme al Reglamento Núm. 8701, enumerados en la sección de Anejos.
- Al momento de presentar este Formulario, asegúrese de incluir evidencia de pago del cargo correspondiente.

A. Información General de la Compañía de Servicio Eléctrico

1. Nombre de Compañía: PRIPThree, LLC

2. Tipo de
Servicio
Eléctrico:

- ☒ Generadores por medio de combustibles fósiles o energía renovable con capacidad agregada de cien (100) MW o menos
- ☐ Generadores Distribuidos con capacidad agregada de un (1) MW o más
- ☐ Almacenamiento de Energía
- ☐ Reventa de Energía

- ☐ Generadores por medio de combustibles fósiles o energía renovable con capacidad agregada mayor a cien (100) MW
- ☐ Facturación de Energía
- ☐ Traspaso

B. Información General sobre el Informe Operacional

☒ Este informe **ha sido referido** al Programa de Política Pública Energética del Departamento de Desarrollo Económico para su revisión y comentarios previo a su presentación ante el Negociado de Energía de Puerto Rico.

☐ Este informe **no ha sido referido** al Programa de Política Pública Energética del Departamento de Desarrollo Económico para su revisión y comentarios previo a su presentación ante el Negociado de Energía de Puerto Rico. (Explique las razones por las cuáles no fue sido referido.)



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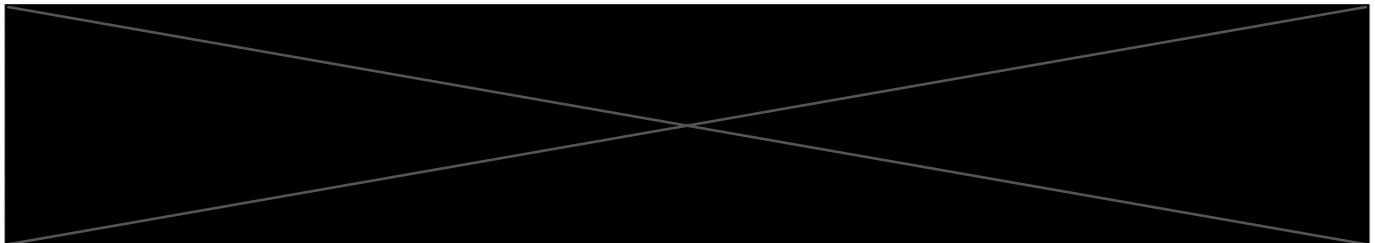
NEPR-B03 (Rev. Febrero 2019) "Informe Operacional de Compañías de Servicio Eléctrico"

Referencia: Enmienda al Reglamento Núm. 8618, sobre Certificaciones, Cargos Anuales y Planes Operacionales de Compañías de Servicio Eléctrico en Puerto Rico.

Anejos: (Indique los documentos que se incluyen con el Informe Operacional)

- Generadores Distribuidos con capacidad agregada de un (1) MW o más, y generadores por medio de combustibles fósiles o energía renovable con capacidad agregada cien (100) MW o menos:
 - ☒ Proyección del por ciento del total de la demanda que se propone satisfacer en Puerto Rico (Sección 2.02 (A)(1)(a)).
 - ☒ Información sobre cargos y tarifas, y los esfuerzos de la compañía para orientar a clientes y fomentar el consumo eficiente del servicio eléctrico (Sección 2.02 (A)(1)(b)).
 - ☒ Proyección de Inversiones de capital el próximo año luego de la presentación del Informe (Sección 2.02 (A)(1)(c)).
 - ☒ Información de contacto y credenciales de la entidad a ser contratada en caso de que la operación del sistema sea contratada (Sección 2.02 (A)(1)(d)).
- Informe sobre generación de energía:
 - ☐ Generación Total, en MWh, producida por el sistema de generación durante el periodo anterior a la presentación del Informe Operacional.
 - ☐ Generación Neta (Generación Total – Consumo), en MWh, producida por el sistema de generación durante el periodo anterior a la presentación del Informe Operacional.
- Informe sobre la disponibilidad del sistema de generación de energía:
 - ☐ Horario de operación durante el periodo anterior a la presentación del Informe Operacional.
 - ☐ Factor de Capacidad, durante el periodo anterior a la presentación del Informe Operacional.
- Informes sobre interrupciones del sistema de generación de energía:
 - ☐ Interrupciones Programadas, debe especificar fecha, hora, duración y propósito de las interrupciones que hayan ocurrido en el equipo eléctrico de la compañía, durante el periodo anterior a la presentación del Informe Operacional.
 - ☐ Interrupciones No Programadas, debe especificar fecha, hora, duración y causa de las interrupciones que hayan ocurrido en el equipo eléctrico de la compañía, durante el periodo anterior a la presentación del Informe Operacional.
- Generadores por medio de combustibles fósiles o energía renovable con capacidad agregada mayor a cien (100) MW:
 - ☐ Información requerida en la Sección 2.02 (A)(2)(a).
 - ☐ Presupuesto operacional para el año fiscal en curso (Sección 2.02 (A)(2)(b)).
 - ☐ Informe sobre los cambios que prevea, planifique o vislumbre en sus presupuestos operacionales de los próximos tres (3) años (Sección 2.02 (A)(2)(c)).
 - ☐ Estudios sobre el costo de servicios eléctricos que provee (Sección 2.02 (A)(2)(d)).
 - ☐ Estudios e informes sobre la frecuencia (hertz) promedio del sistema eléctrico durante los tres (3) años fiscales anteriores a la presentación del Informe (Sección 2.02 (A)(2)(e)).
 - ☐ Informes sobre operación y mantenimiento durante los tres (3) años fiscales anteriores a la presentación del Informe (Sección 2.02 (A)(2)(f)).
 - ☐ Informes sobre interrupciones del sistema eléctrico, programadas y no programadas, que hayan ocurrido durante los tres (3) años fiscales anteriores a la presentación del Informe (Sección 2.02 (A)(2)(g)).
 - ☐ Informes sobre solicitudes para trasbordo de energía (Sección 2.02 (A)(2)(h)).
 - ☐ Información de contacto y credenciales de la entidad a ser contratada en caso de que la operación del sistema sea contratada (Sección 2.02 (A)(2)(i)).
- Informe sobre generación de energía:
 - ☐ Generación Total, en MWh, producida por el sistema de generación durante el periodo anterior a la presentación del Informe Operacional.

- ☐ Generación Neta (Generación Total – Consumo), en MWh, producida por el sistema de generación durante el periodo anterior a la presentación del Informe Operacional.
- Informe sobre la disponibilidad del sistema de generación de energía:
 - ☐ Horario de operación durante el periodo anterior a la presentación del Informe Operacional.
 - ☐ Factor de Capacidad, durante el periodo anterior a la presentación del Informe Operacional.
- Almacenamiento de Energía:
 - ☐ Proyección de Inversiones de capital en los próximos tres (3) años luego de la presentación del Informe (Sección 2.02 (A)(3)(a)).
 - ☐ Informe sobre mejoras en el comportamiento del sistema eléctrico (Sección 2.02 (A)(3)(b)).
- Facturación o Reventa de Energía:
 - ☐ Descripción del servicio y estimado de la cantidad de clientes a quienes el servicio será provisto (Sección 2.02 (A)(4)(a)).
 - ☐ Información sobre cargos y tarifas de la compañía (Sección 2.02 (A)(4)(b)).
 - ☐ Información de contacto y credenciales de la entidad a ser contratada en caso de que la operación del sistema sea contratada (Sección 2.02 (A)(4)(c)).
- Traspordo:
 - ☐ Proyección del por ciento del total de la demanda que se propone satisfacer en Puerto Rico (Sección 2.02 (A)(5)(a)).
 - ☐ Proyección de Inversiones de capital en los próximos tres (3) años luego de la presentación del Informe (Sección 2.02 (A)(5)(b)).
 - ☐ Informes sobre solicitudes para traspordo de energía (Sección 2.02 (A)(5)(c)).
- ☐ Hoja Complementaria (NEPR-Z01).
- ☒ Otros: Supplemental Attachment II-2



**SUPPLEMENTAL ATTACHMENT II-2:
ANNEXES TO OPERATIONAL REPORT; FORM NO. NEPR-B03**

Annex 1: Demand Projection for first year of operation (Section 2.02(A)(1)(a))

According to the 2023 Fiscal Plan for the Puerto Rico Electric Power Authority, the expected load forecast for Fiscal Year 2026 is approximately 13,900 GWh.¹

The expected maximum yearly system sales under the Power Purchase Agreement are [REDACTED].²

Therefore, the forecasted percentage of the total demand of electric power PRIP Three, LLC will satisfy in Puerto Rico during the first year of operation is:

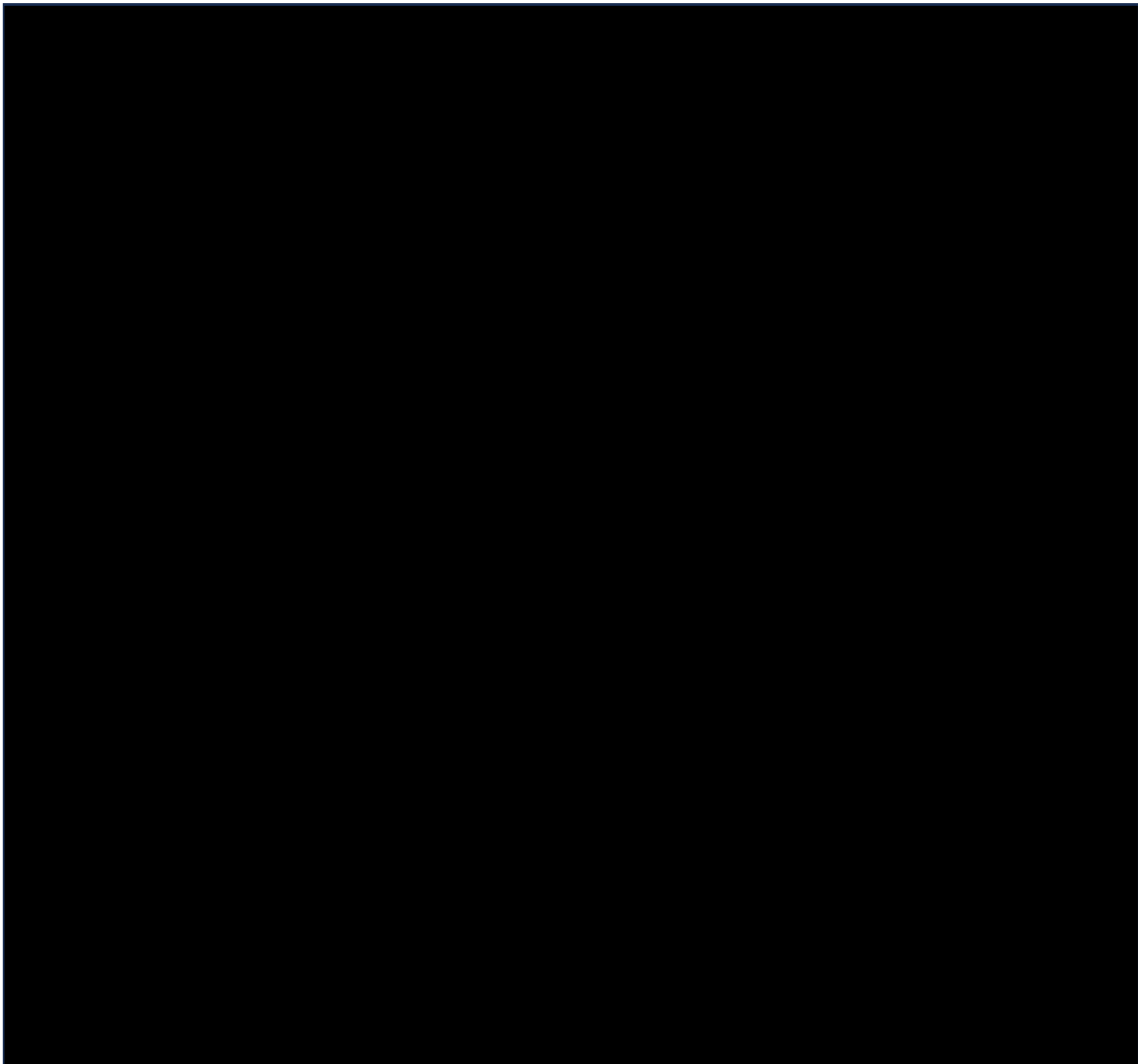
[REDACTED]

Annex 2: Rate and Charges Information (Section 2.02(A)(1)(b))

[REDACTED]

¹ 2023 Certified Fiscal Plan for the Puerto Rico Electric Power Authority, as certified by the Financial Oversight and Management Board for Puerto Rico on June 23, 2023, Exhibit 32, p. 117.

² [REDACTED].



Annex 3: Projected Capital Investments (Section 2.02(A)(1)(c))



Annex 4: Credentials of Contracted Entities (Section 2.02(A)(1)(d))



Annex 5: Letter to EPPP (Section 2.02(E))

On January 21, 2025, this Operational Report was referred to the Energy Public Policy Program at the Puerto Rico Economic and Commerce Development Department (“EPPP”) for its revision and comments prior to its submission to the Puerto Rico Energy Bureau. To the date in which the Motion was filed with the Energy Bureau, the EPPP hadn’t submitted its comments.



21 de enero de 2025

Lcda. Jenny Mar Cañón Feliciano
Directora
Programa de Política Pública Energética
Departamento de Desarrollo Económico y Comercio de Puerto Rico

Vía correo electrónico: jennymar.canon@ddec.pr.gov; gerardo.rodriguez@ddec.pr.gov

Asunto: PRESENTACIÓN INFORME OPERACIONAL PRIP Three, LLC

Anejo: (1) Informe Operacional Inicial – PRIP Three, LLC
(2) Supplemental Attachment II-2

Estimada Directora Cañón Feliciano,

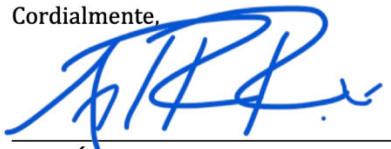
A handwritten signature in blue ink, appearing to be "Al".

Saludos. De acuerdo con las disposiciones del párrafo (E) de la Sección 2.02 del Reglamento Núm. 8701, *Enmienda al Reglamento Núm. 8618, sobre Certificaciones, Cargos Anuales y Planes Operacionales de Compañías de Servicio Eléctrico en Puerto Rico*, según enmendado ("Reglamento 8701"), por la presente, y a través de la representación legal que suscribe, PRIP Three, LLC somete para la revisión y comentarios de parte del Programa de Política Pública Energética adscrito al Departamento de Desarrollo Económico y Comercio de Puerto Rico ("PPPE"), el Informe Operacional requerido por el párrafo (A)(1) de la referida Sección 2.02. La presentación de dicho Informe Operacional ante el PPPE es parte de los requisitos del proceso de certificación de PRIP Three, LLC como Compañía de Servicio Eléctrico, según establecido en el Reglamento 8701.

De otra parte, debido a la naturaleza de la información contenida en el Informe Operacional Inicial que se incluye como Anejo (1) y en el *Supplemental Attachment II-2* que se incluye como Anejo (2) de este comunicado, PRIP Three, LLC respetuosamente solicita se le otorgue trato confidencial, de acuerdo con las disposiciones del *Memorando de Entendimiento entre la Junta Reglamentadora de Servicio Público de Puerto Rico (Negociado de Energía) y el Departamento de Desarrollo Económico y Comercio (Programa de Política Pública Energética) para Garantizar el Carácter Confidencial del Contenido de los Informes Operacionales Sometidos al Programa de Política Pública Energética por las Compañías de Servicio Eléctrico en Puerto Rico*, Contrato 2024-0010-JRSP-MOU de 17 de enero de 2024.

Estamos disponibles para proveer cualquier información adicional o contestar las preguntas que el PPPE pueda tener respecto a este o cualquier otro asunto relacionado. A esos fines, puede contactar al suscribiente mediante correo electrónico a arrivera@nuenergypr.com o por teléfono al 787-470-4863. Muchas gracias por su atención a este asunto.

Cordialmente,



Lcdo. Ángel R. Rivera de la Cruz, P.E.
RUA Núm. 19,647
Principal y CEO
Nu Energy Consulting Group, LLC

NEPR

Received:

Feb 13, 2025

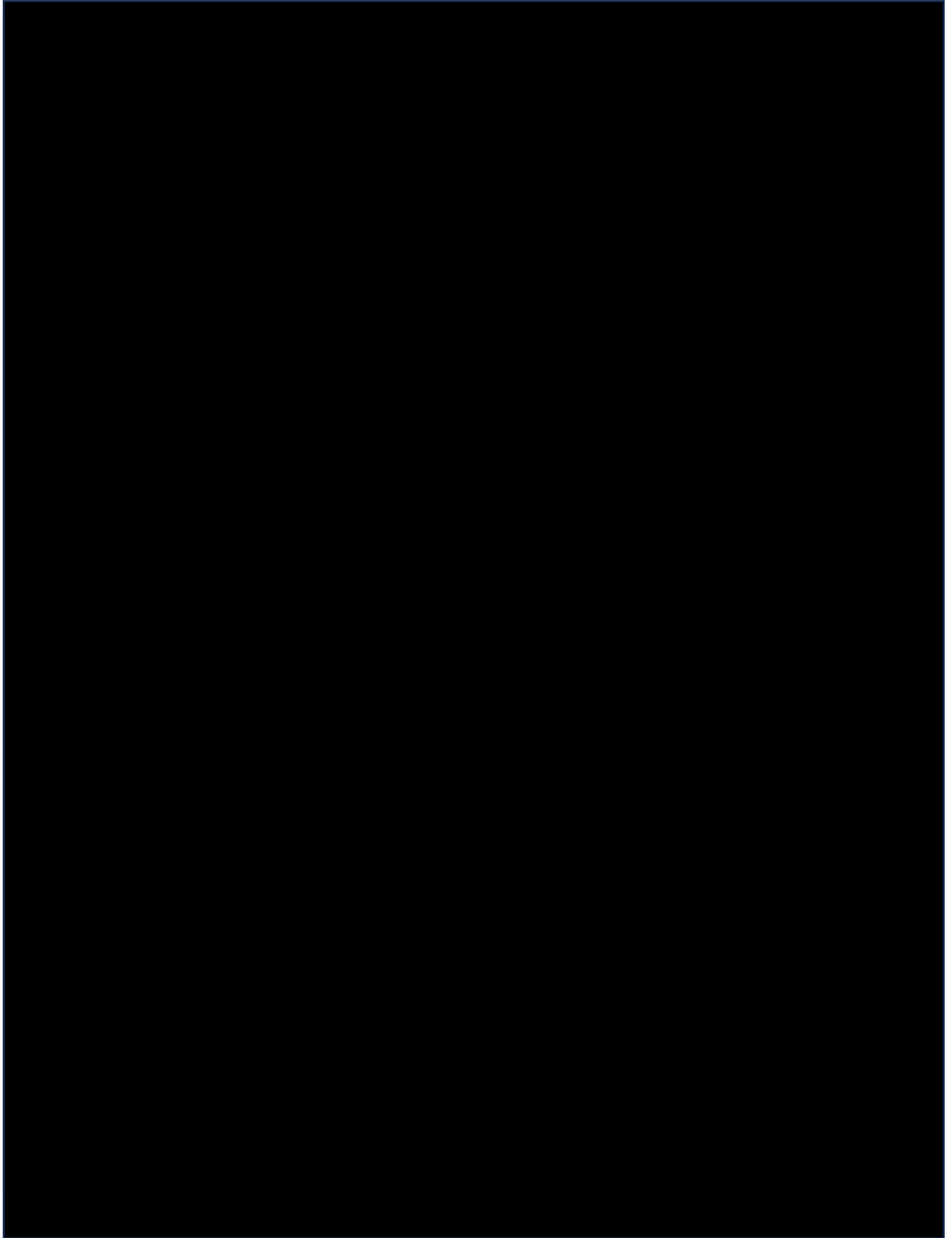
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**SUPPLEMENTAL ATTACHMENT II-3:
ANNEXES TO REQUEST FOR CERTIFICATION; FORM NO. NEPR-B04**

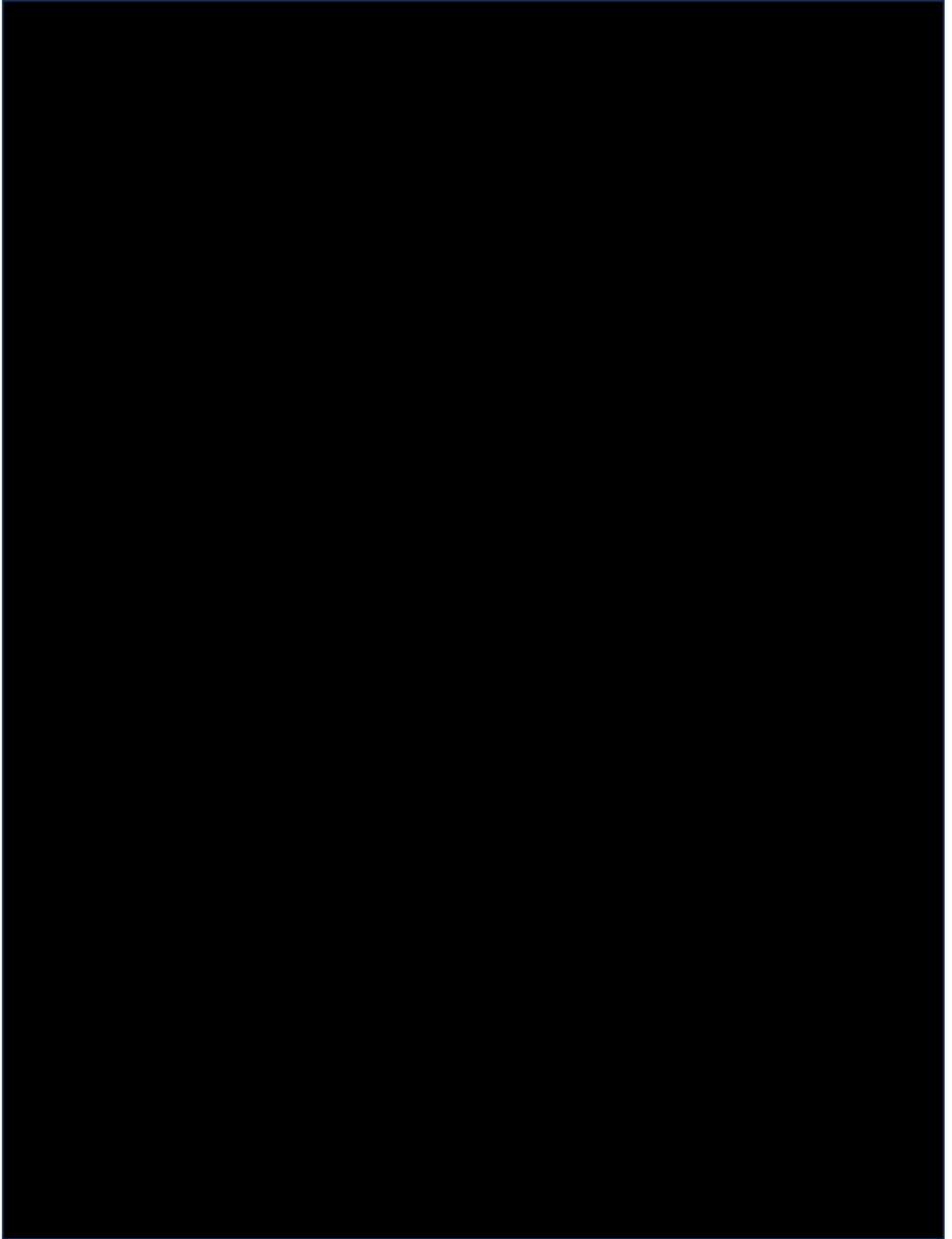
**Annex 1: Information with respect to contracts with the Puerto Rico Electric Power
Authority (Section 3.03(A)(2))**

PRIP Three, LLC currently does not have contracts or any other similar agreements with the Puerto Rico Electric Power Authority.

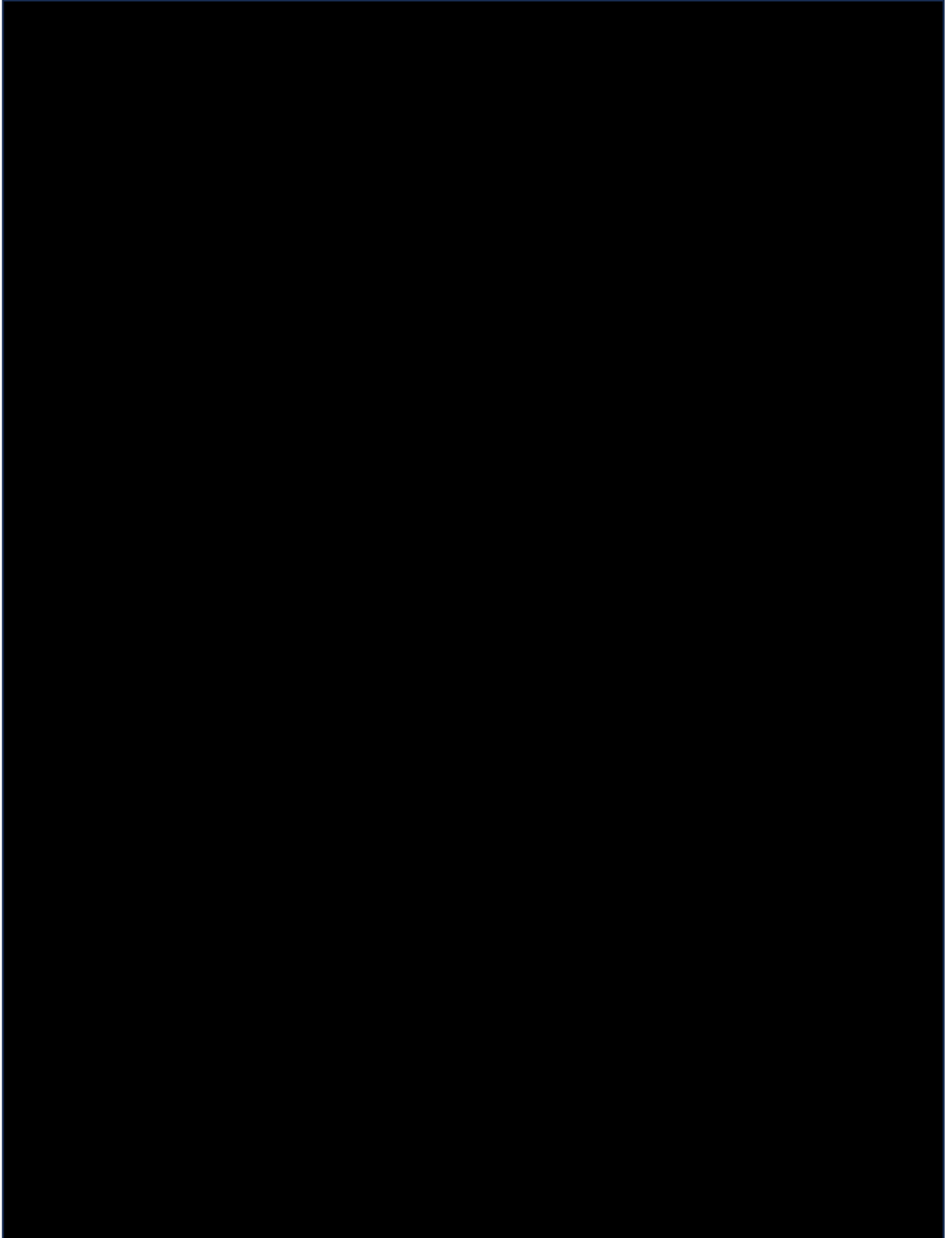
Annex 2: CPA Certification (Section 3.03(A)(3))



Annex 3: Human Resources Certification (Section 3.03(A)(4))



Annex 4: Certification of Economic Capacity and Solvency (Section 3.03(B)(1)(b))



Annex 5: Generation System Description (Section 3.03(B)(1)(c))

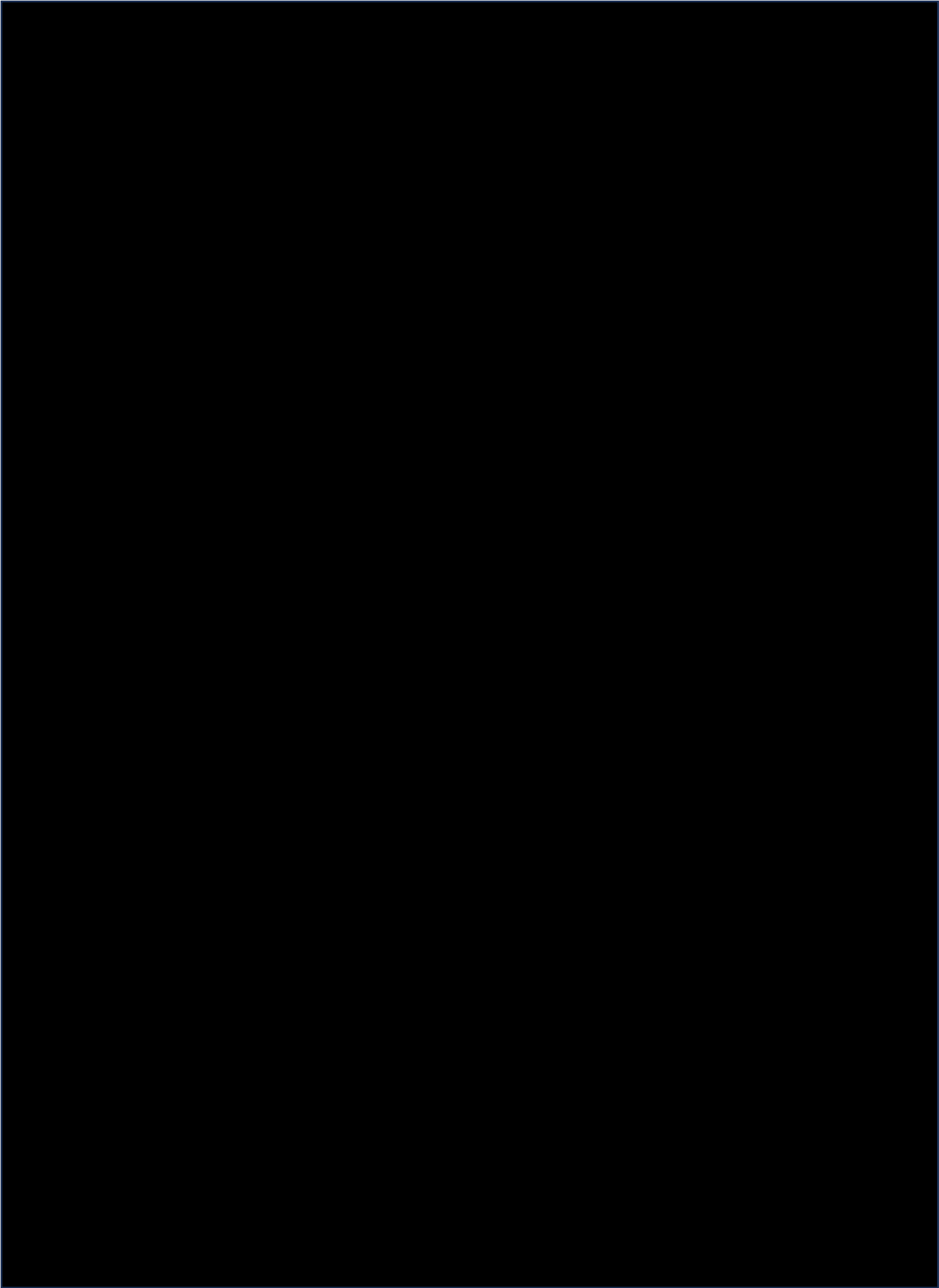
[REDACTED]

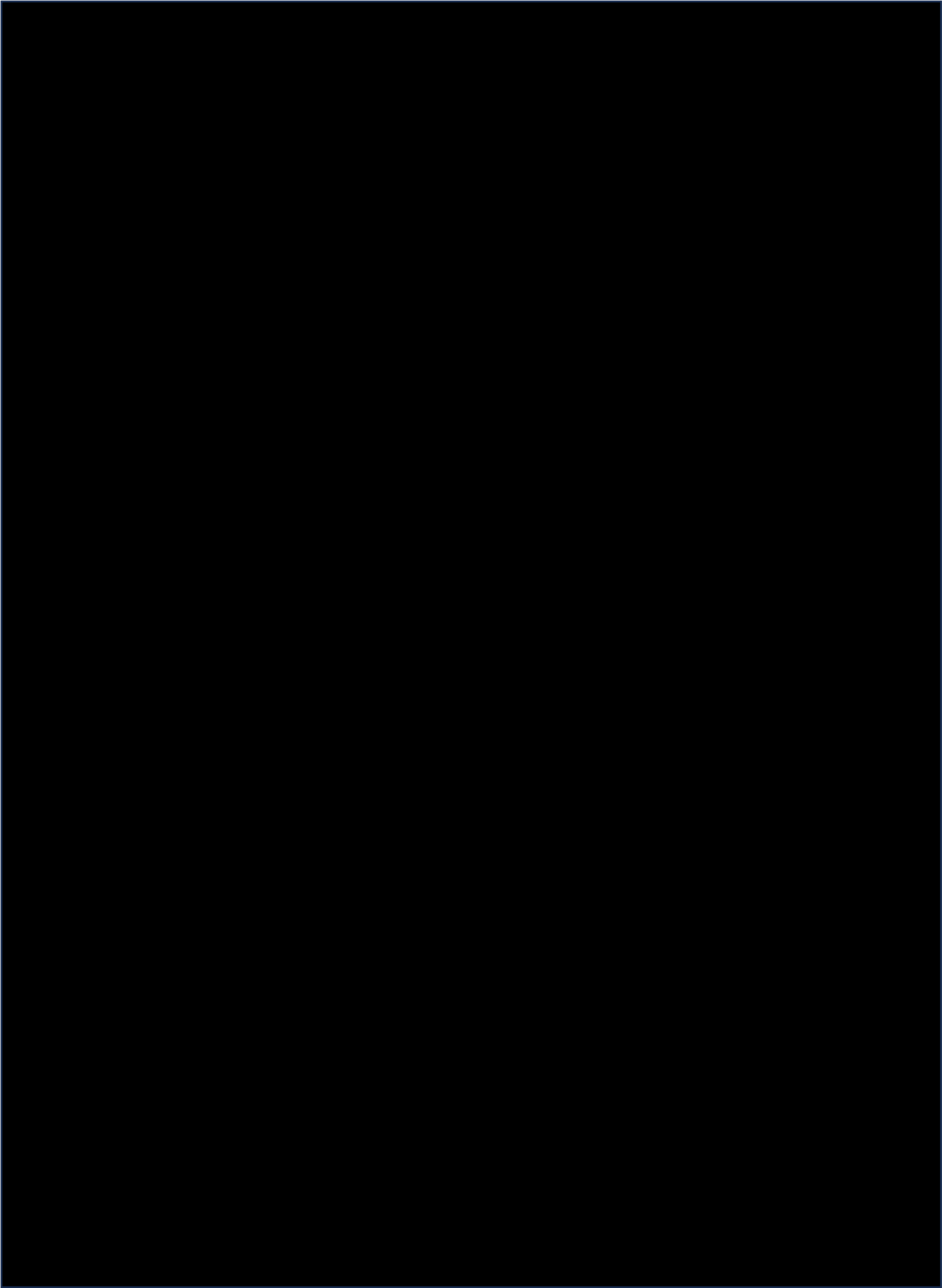
[REDACTED]

[REDACTED]

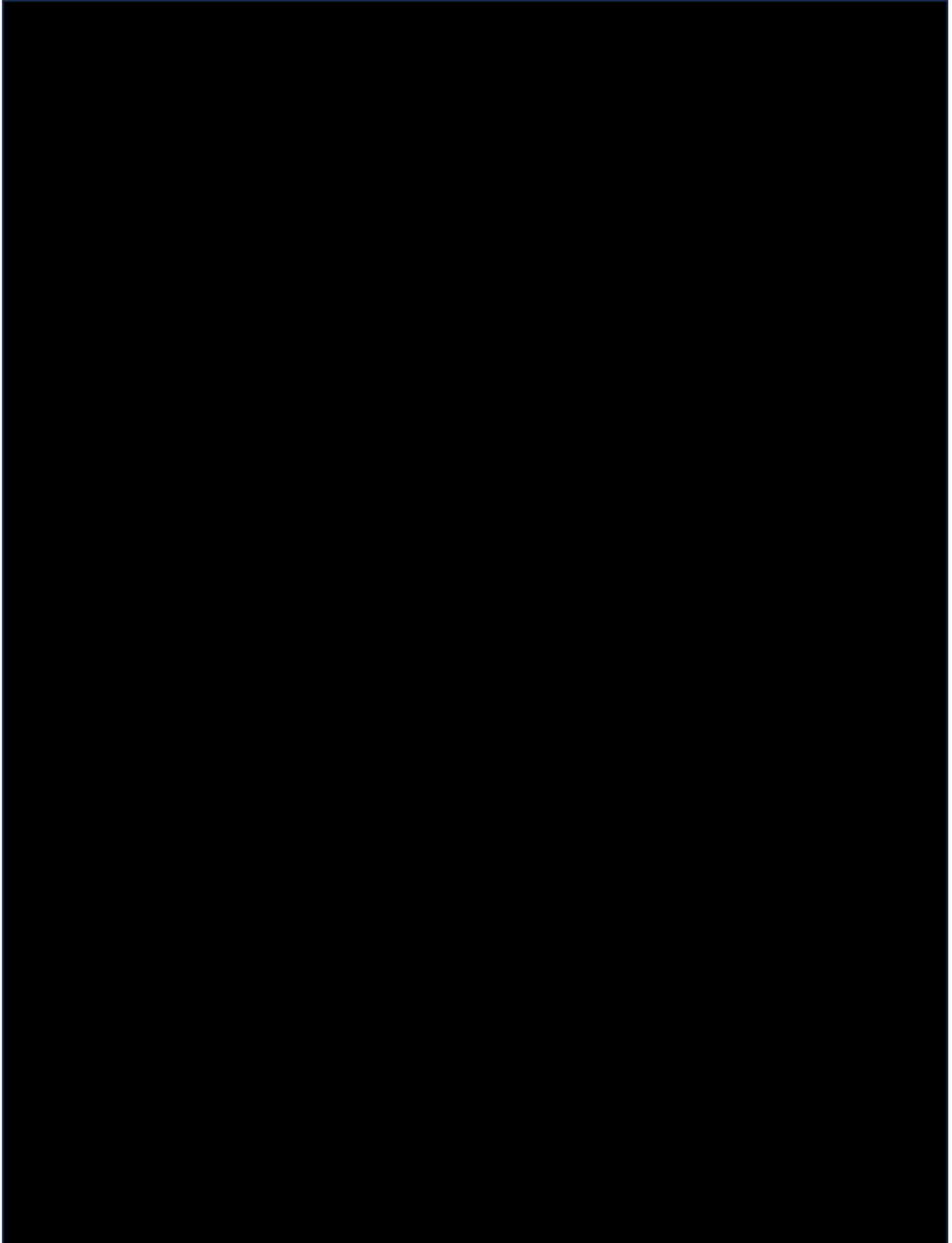
[REDACTED]

[REDACTED]

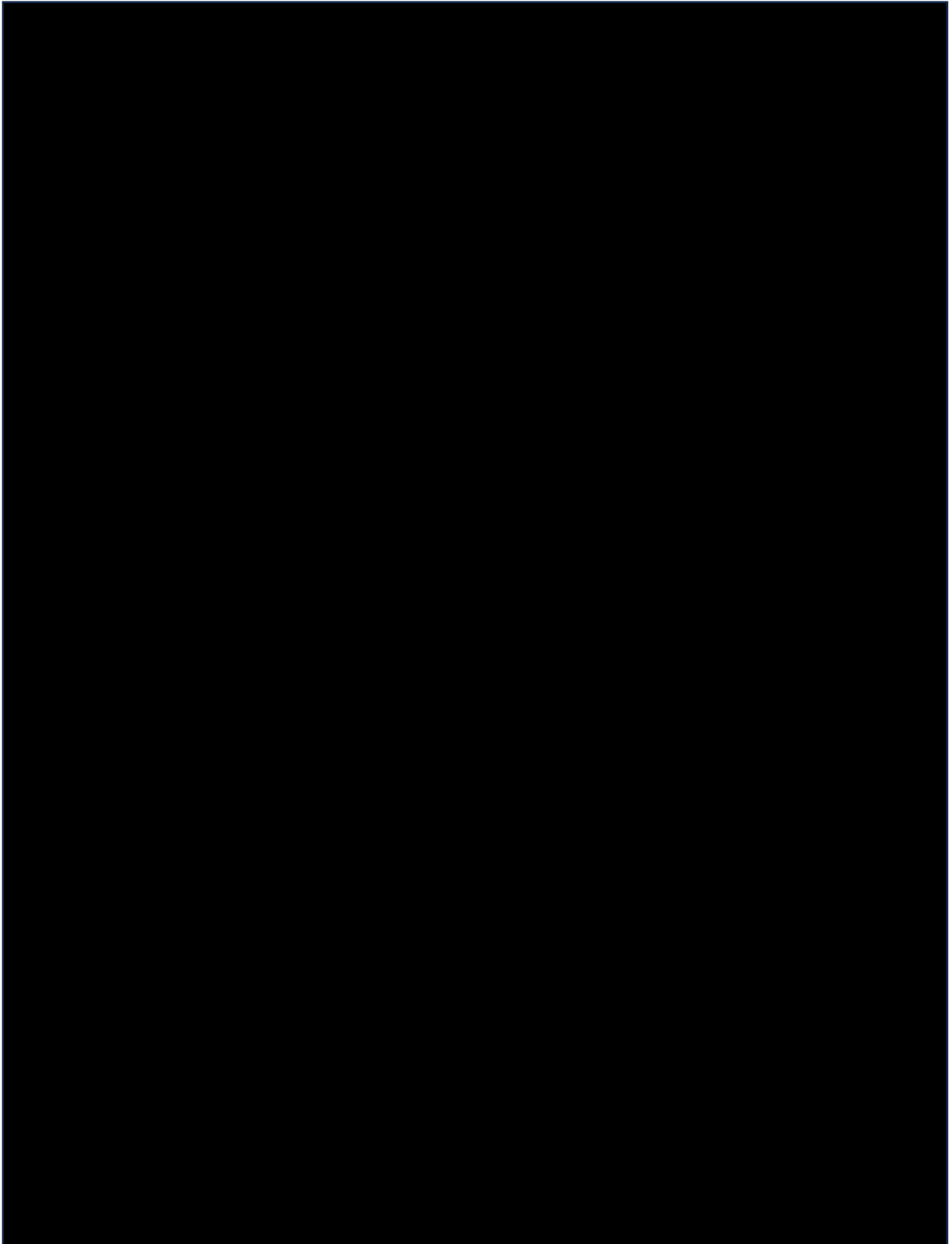




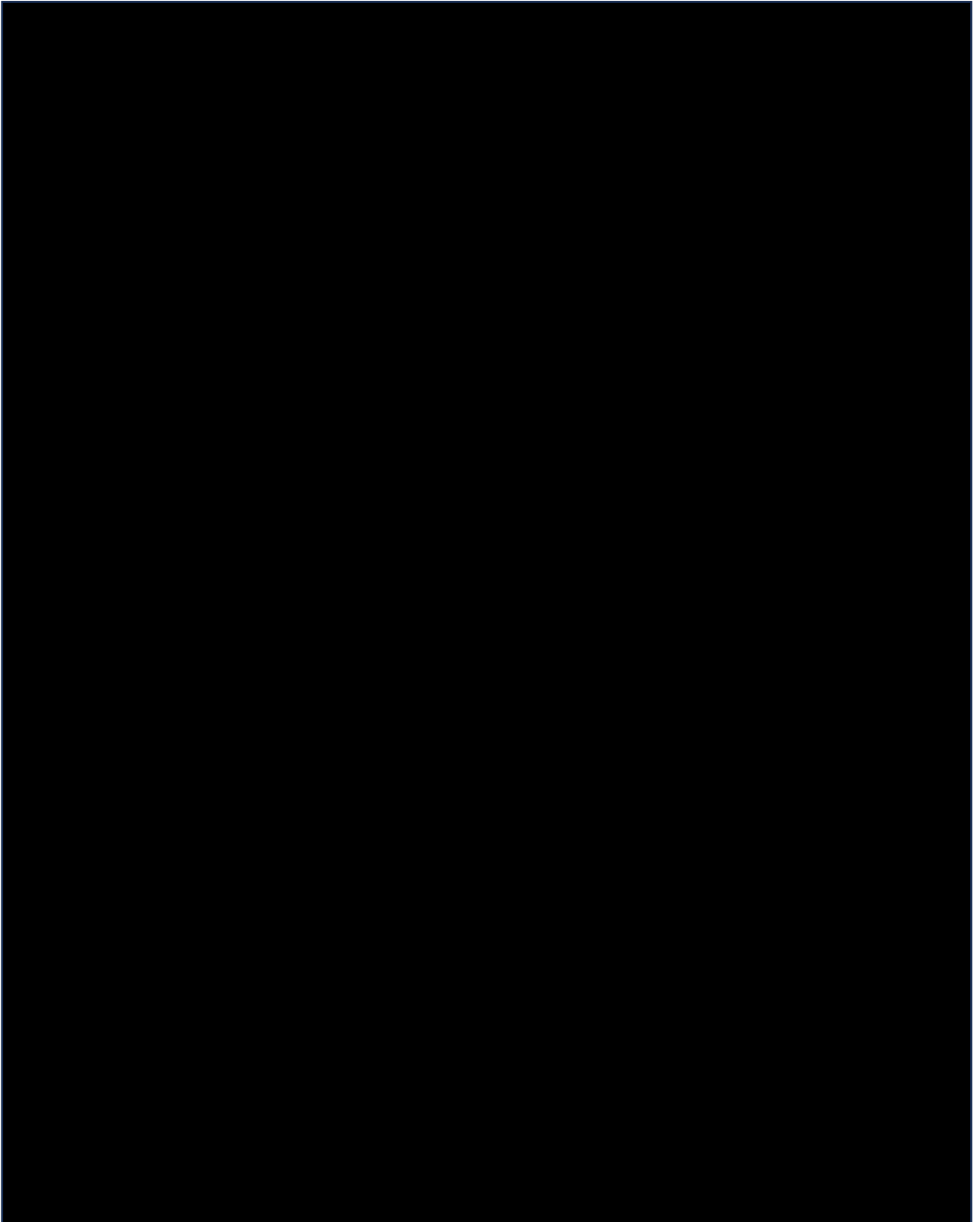
Annex 6: [REDACTED] (Section 3.03(B)(1)(c))

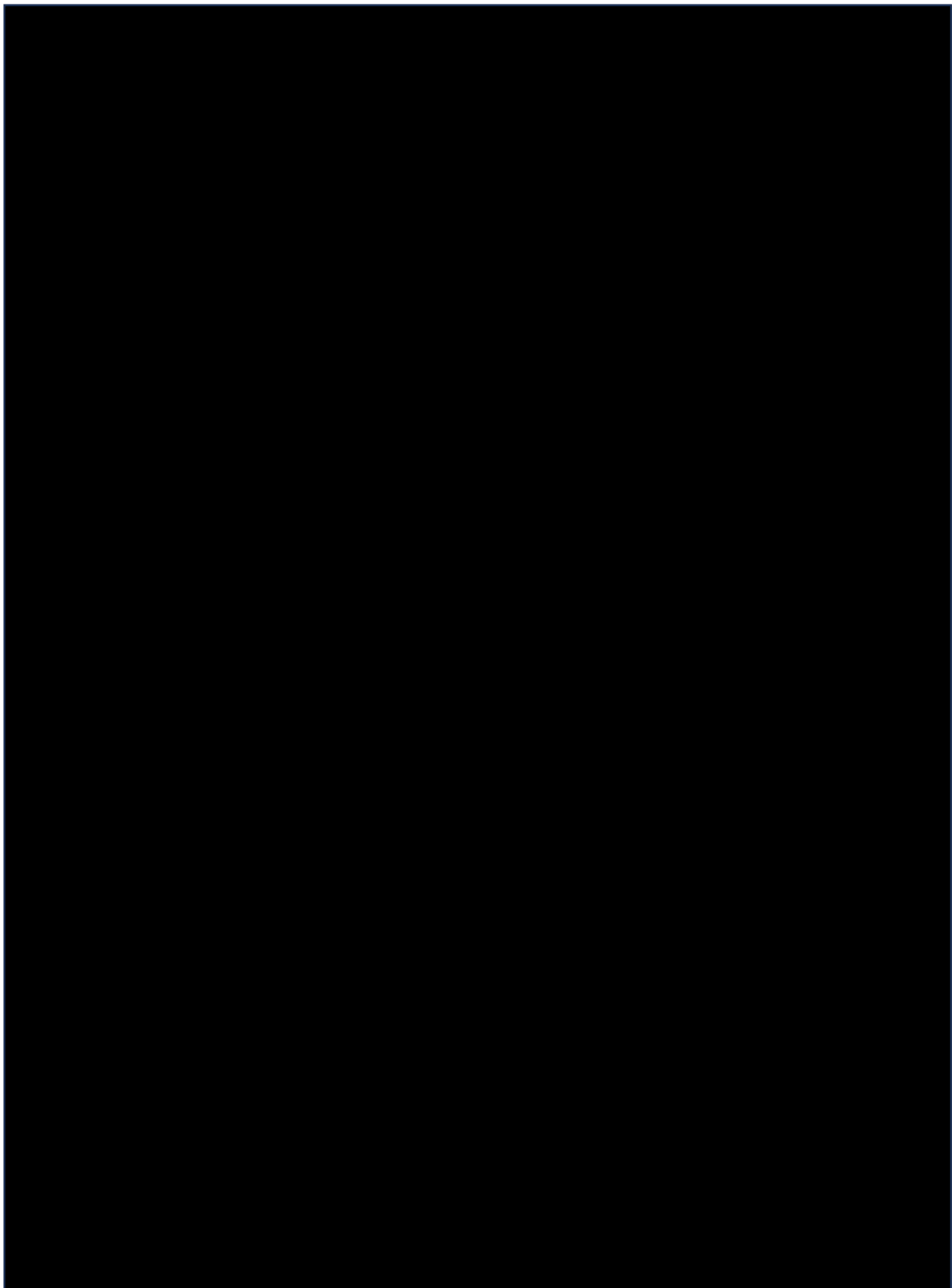


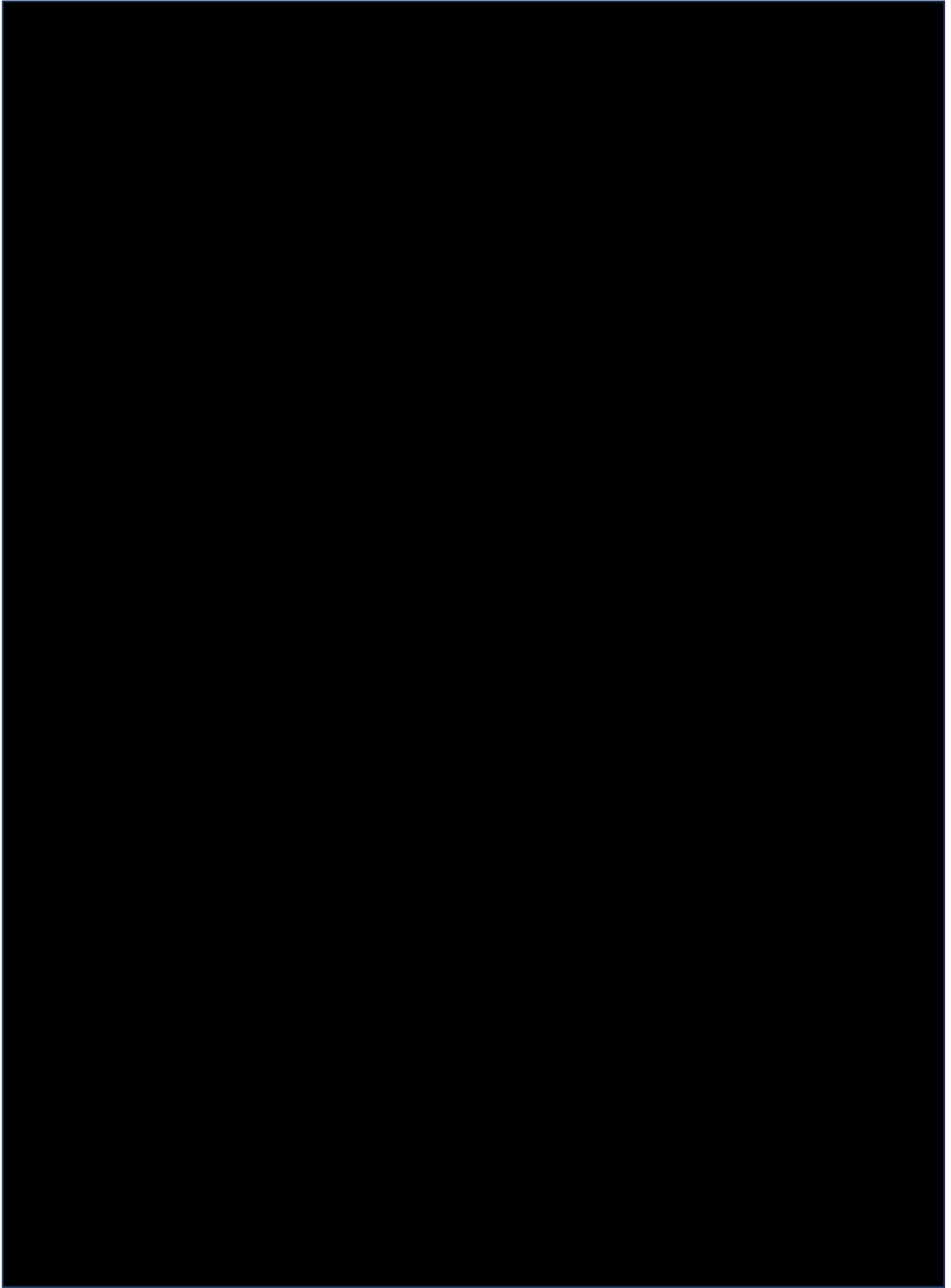
Annex 7: [REDACTED] (Section 3.03(B)(1)(c))

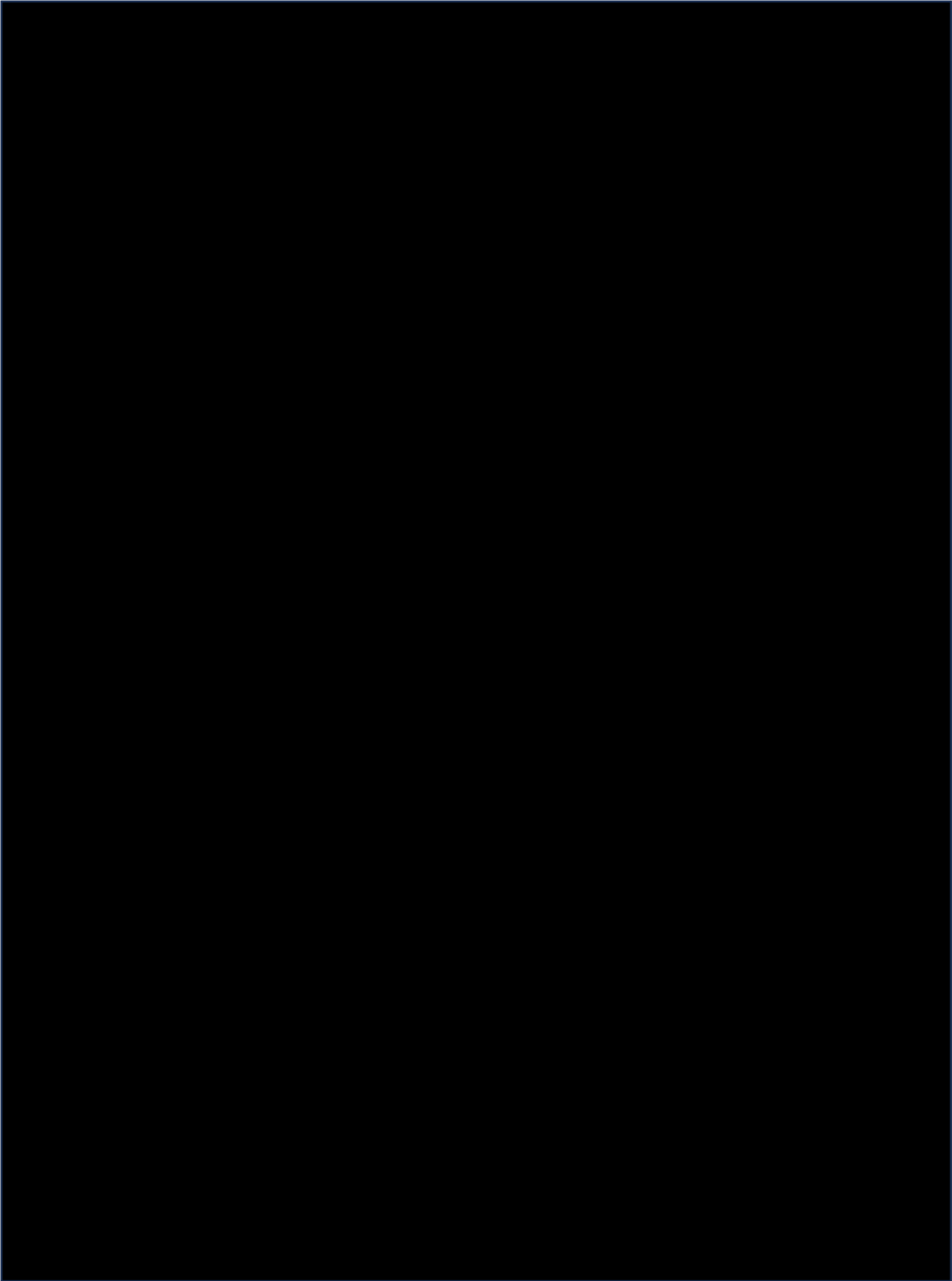


Annex 8: [REDACTED] (Section
3.03(B)(1)(c))



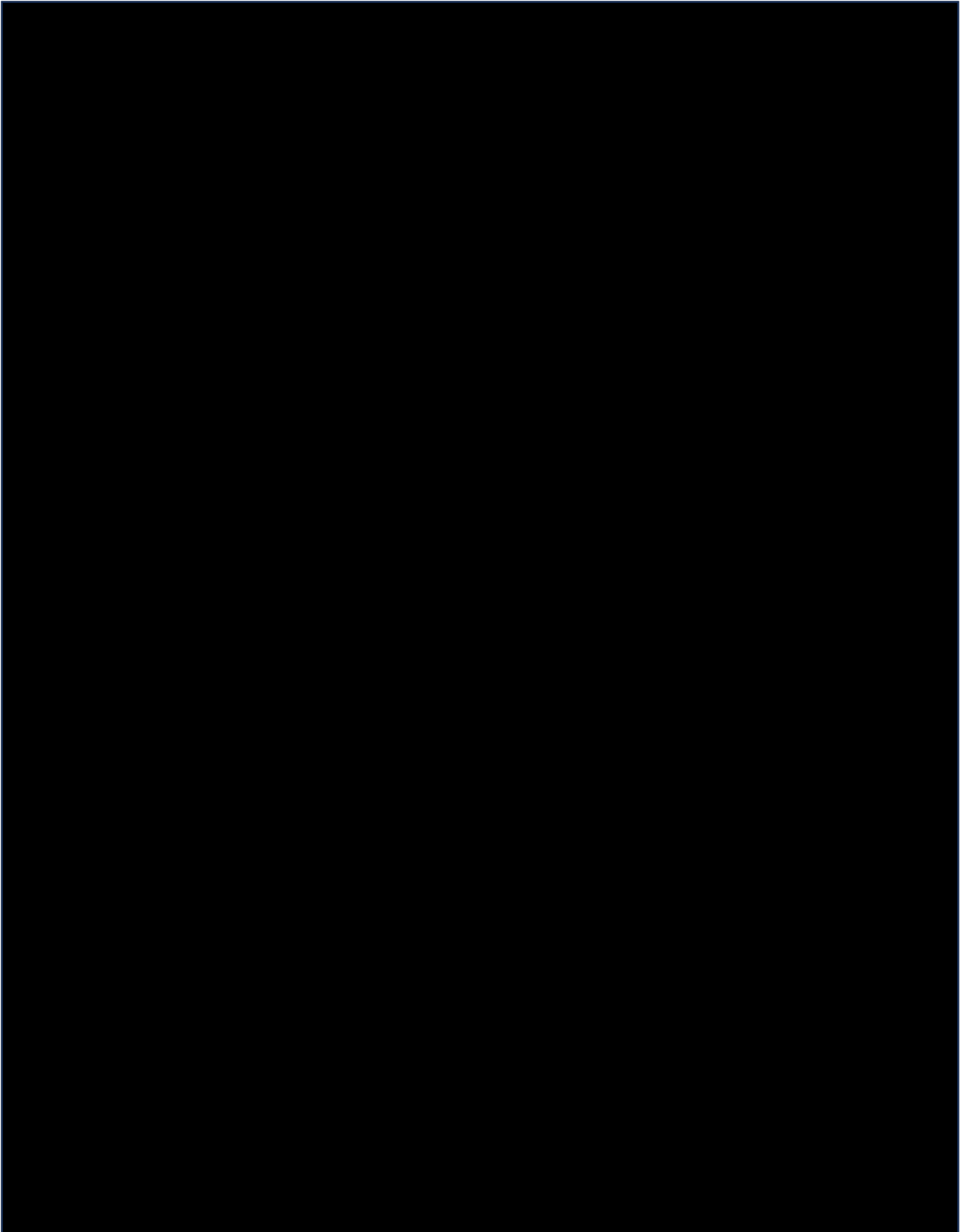


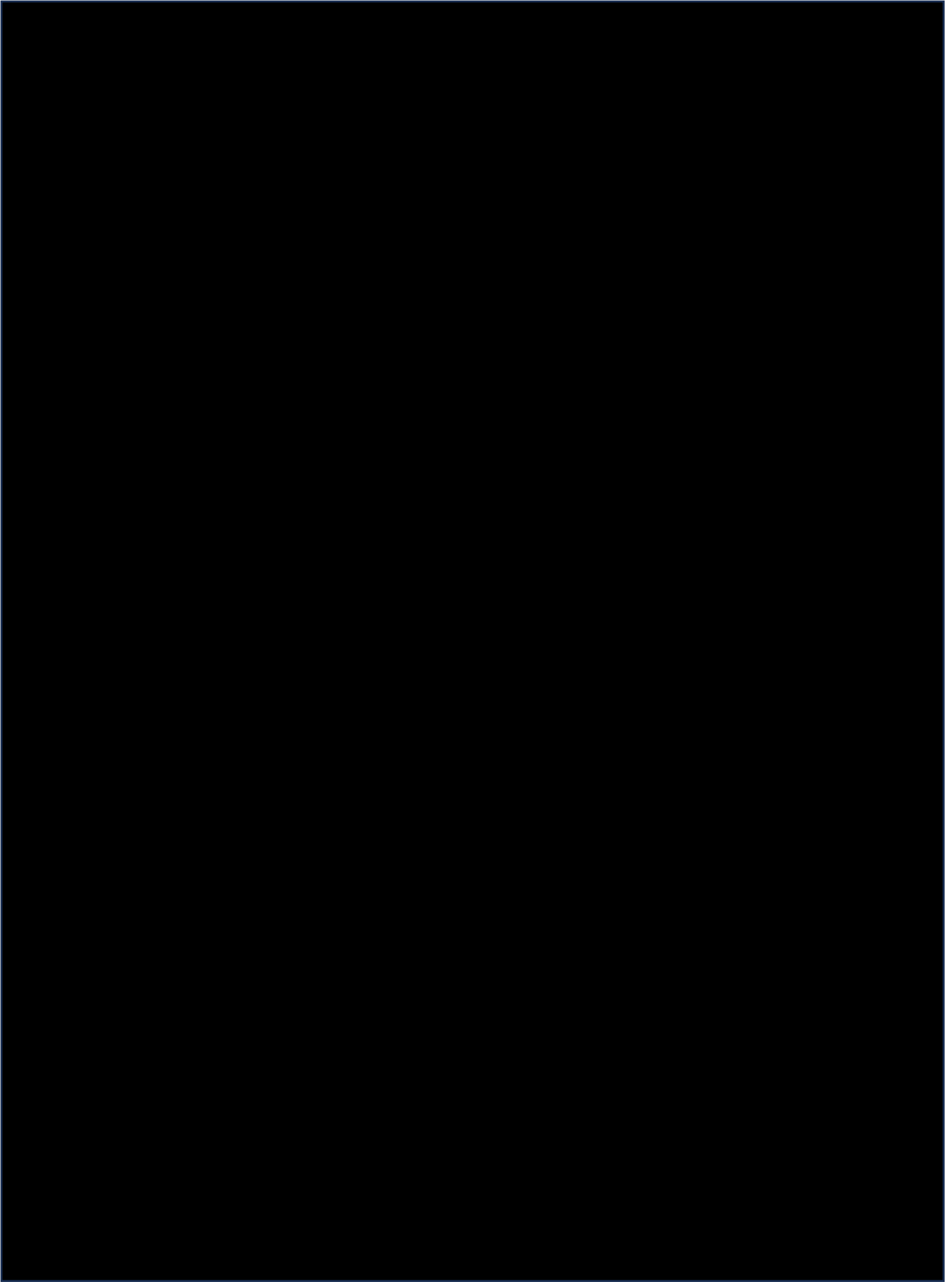




Annex 9:

Sheet (Section 3.03(B)(1)(c))







GOBIERNO DE PUERTO RICO

Junta Reglamentadora de Servicio Público
Negociado de Energía de Puerto Rico

NEPR

Received:

Feb 13, 2025

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FORMULARIO

SOLICITUD DE CERTIFICACIÓN COMPAÑÍAS DE SERVICIO ELÉCTRICO

☐

Solicitud Nueva

☐

Solicitud Enmendada

☐

Solicitud de Enmienda

Instrucciones:

- Al cumplimentar este formulario, examine las disposiciones de la Sección 3.03 del Reglamento Núm. 8701 y asegúrese de ofrecer la información requerida.
- Complete todos los encasillados e indique N/A donde no aplique.
- De necesitar espacio adicional para sus respuestas, utilice la Hoja Complementaria (NEPR-Z01).
- Incluya los documentos requeridos, conforme al Reglamento Núm. 8701, enumerados en la sección de Anejos.
- Al momento de entregar este Formulario, presente una copia de la evidencia de pago.

A. Información General de la Compañía de Servicio Eléctrico

1. Nombre de Compañía: PRIP Three, LLC

☐

Generadores por medio de combustibles fósiles o energía renovable con capacidad agregada cien (100) MW o menos

☐

Generadores por medio de combustibles fósiles o energía renovable con capacidad agregada mayor a cien (100) MW

2. Tipo de Servicio Eléctrico:

☐

Generadores Distribuidos con capacidad agregada de un (1) MW o más

☐

Almacenamiento de Energía

☐

Reventa de Energía

☐

Facturación de Energía

☐

Trasbordo

3. Capacidad agregada de generación de la compañía (MW):

4. Energía anual facturada (MWh):

5. Energía anual revendida (MWh):

6. Fuentes de energía utilizadas en las instalaciones:

B. Información sobre Instalaciones de Servicio Eléctrico

(Complete la siguiente información sobre cada una de las instalaciones en que prestará sus servicios.)

1. Tipo de Instalación:

☐

Nueva

☐

Existente

☐

Existente Bajo Renovación

Dirección Física de la Instalación:

Dirección Postal de la Instalación:



Edificio World Plaza, 268 Ave. Muñoz Rivera, Suite 202 (Nivel Plaza), Hato Rey P.R. 00918

Tel. 787.523.6262 • www.energia.pr.gov

NEPR- B04 (Rev. Enero 2019) "Solicitud de Certificación de Compañías de Servicio Eléctrico"

Referencia: Enmienda al Reglamento Núm. 8618, sobre Certificaciones, Cargos Anuales y Planes Operacionales de Compañías de Servicio Eléctrico en Puerto Rico.



Indique si la compañía es titular de la Instalación: ☐ Sí ☐ No
Especifique el título o negocio jurídico en virtud del cual está en posesión: _____ Will built to own and operate by virtue of a signed PPOA

Impacto Territorial: Municipio: Toa Baja Barrio: _____
Sector: _____ Otro: _____

2. Tipo de Instalación: ☐ Nueva ☐ Existente ☐ Existente Bajo Renovación

Dirección Física de la Instalación: _____

Dirección Postal de la Instalación: _____

Indique si la compañía es titular de la Instalación: ☐ Sí ☐ No
Especifique el título o negocio jurídico en virtud del cual está en posesión: _____

Impacto Territorial: Municipio: _____ Barrio: _____
Sector: _____ Otro: _____

3. Tipo de Instalación: ☐ Nueva ☐ Existente ☐ Existente Bajo Renovación

Dirección Física de la Instalación: _____

Dirección Postal de la Instalación: _____

Indique si la compañía es titular de la Instalación: ☐ Sí ☐ No
Especifique el título o negocio jurídico en virtud del cual está en posesión: _____

Impacto Territorial: Municipio: _____ Barrio: _____
Sector: _____ Otro: _____

4. Tipo de Instalación: ☐ Nueva ☐ Existente ☐ Existente Bajo Renovación

Dirección Física de la Instalación: _____

Dirección Postal de la Instalación: _____

☐ Sí ☐ No

Indique si la compañía es titular de la Instalación: Especifique el título o negocio jurídico en virtud del cual está en posesión:

Impacto Territorial: Municipio: Barrio: Sector: Otro:

5. Tipo de Instalación: ☐ Nueva ☐ Existente ☐ Existente Bajo Renovación

Dirección Física de la Instalación:

Dirección Postal de la Instalación:

Indique si la compañía es titular de la Instalación: ☐ Sí ☐ No Especifique el título o negocio jurídico en virtud del cual está en posesión:

Impacto Territorial: Municipio: Barrio: Sector: Otro:

6. Tipo de Instalación: ☐ Nueva ☐ Existente ☐ Existente Bajo Renovación

Dirección Física de la Instalación:

Dirección Postal de la Instalación:

Indique si la compañía es titular de la Instalación: ☐ Sí ☐ No Especifique el título o negocio jurídico en virtud del cual está en posesión:

Impacto Territorial: Municipio: Barrio: Sector: Otro:

7. Tipo de Instalación: ☐ Nueva ☐ Existente ☐ Existente Bajo Renovación

Dirección Física de la Instalación:

Dirección Postal de la Instalación:

Indique si la compañía es titular de la Instalación: ☐ Sí ☐ No Especifique el título o negocio jurídico en virtud del cual está en posesión:

Municipio: Barrio:

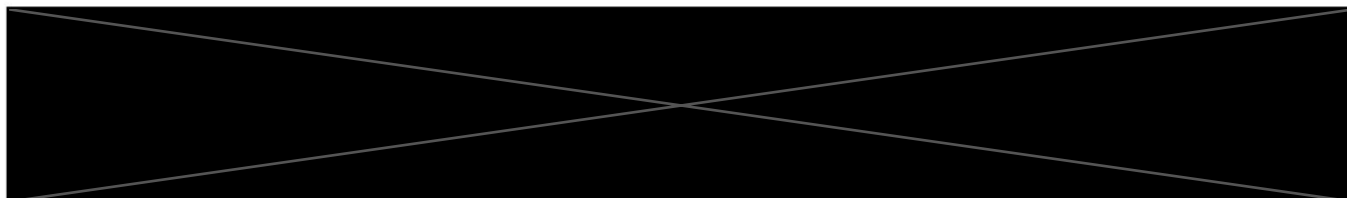
Impacto
Territorial:

Sector:

Otro:

Anejos: (Indique los documentos que incluye con la Solicitud de Certificación)

- ☒ Información sobre contratos o negocios jurídicos con la Autoridad de Energía Eléctrica u otra compañía de servicio eléctrico (Sección 3.03 (A)(2)).
- ☒ Declaración certificada por un Contador Público Autorizado que acredite la disposición de recursos mínimos financieros de la compañía (Sección 3.03 (A)(3)).
- ☒ Declaración de suficiencia de recursos humanos de la compañía (Sección 3.03 (A)(4)).
- ☒ Copia de permisos, autorizaciones y endosos obtenidos para operar, hacer negocios y proveer servicios en Puerto Rico (Sección 3.03 (A)(5)).
- ☒ Certificación de que ha obtenido los permisos de las entidades públicas correspondientes para la construcción de obras nuevas (Sección 3.03 (B)(1)(b)).
- ☒ Certificación que acredite que la compañía tiene capacidad y solvencia económica para financiar la construcción y operación de instalaciones nuevas o bajo renovación (Sección 3.03 (B)(1)(b)).
- ☒ Descripción que incluya especificaciones técnicas de las unidades y equipo, entre otros, que utilice para la prestación del servicio (Sección 3.03 (B)(1)(c)).
- ☐ Cantidad de sistemas instalados, capacidad y número de clientes por región de servicio eléctrico (Sección 3.03 (B)(2)(b)).
- ☐ Listado de equipos utilizados para la prestación del servicio (Sección 3.03 (B)(2)(c)).
- ☐ Hoja Complementaria (NEPR-Z01).
- ☒ Otros: Supplemental Attachment II-3; Supplemental Attachment II-4



PARA USO OFICIAL

NEPR-CT- _____ - _____

Determinación: Se ha evaluado esta solicitud y sus anejos y se ha determinado que ha sido:

- ☐ Aprobada
- ☐ Requiere Enmiendas

- ☐ Condicionada a: _____
- ☐ Denegada

Observaciones:

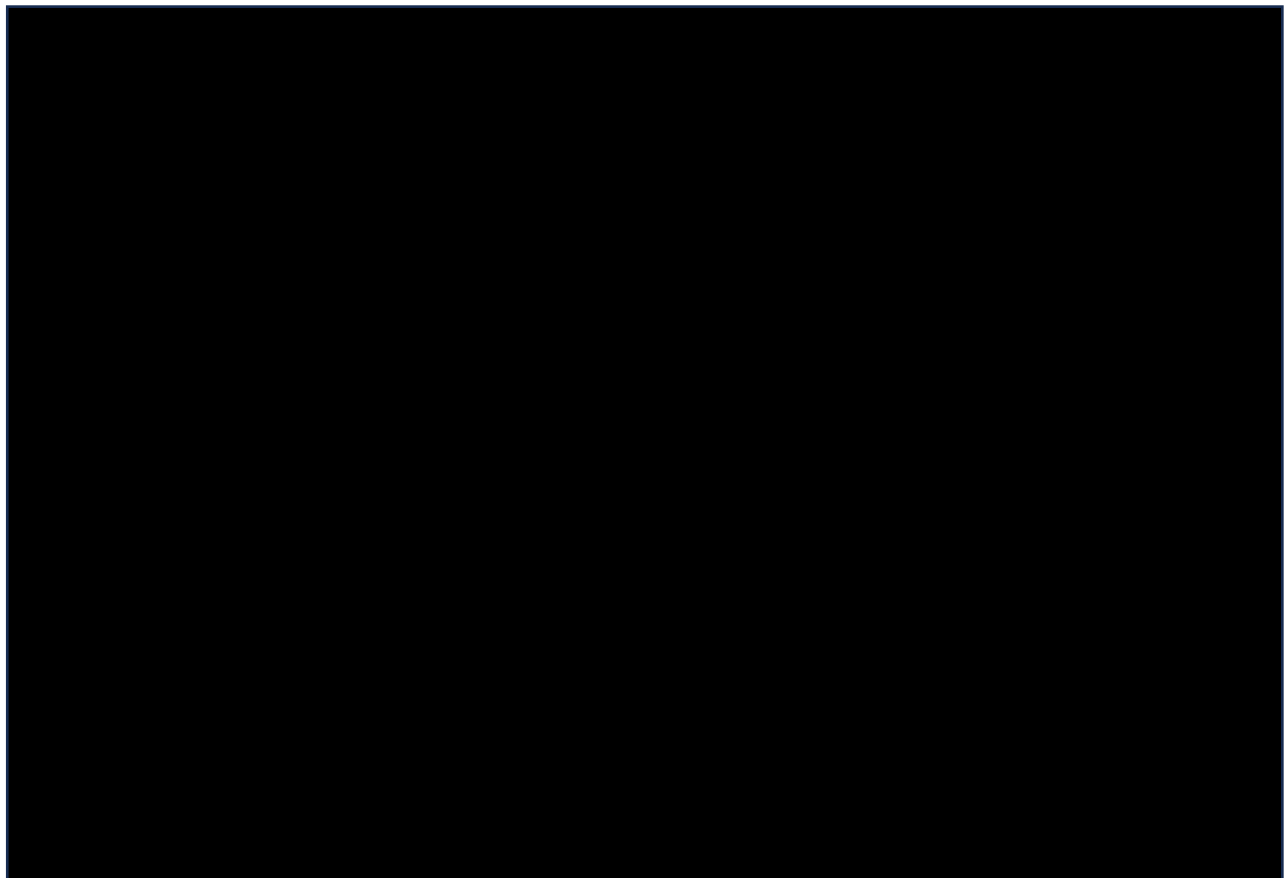
Nombre	Puesto	Firma	Fecha
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**SUPPLEMENTAL ATTACHMENT II-4:
PERMITS, AUTHORIZATIONS AND ENDORSEMENT**

1. General Information

Table 1 contains a description of the permits, authorizations, and federal, state and municipal endorsements PRIP Three, LLC has obtained or is in the process of obtaining.

Table 1: Permits Status PRIP Three, LLC



ATTACHMENT III-1: HIGHLY EFFICIENT GENERATION DISCUSSION

As described in Annex 5 of Supplemental Attachment II-3, during normal operations of the CHP system PRIP Three, LLC will use as generation assets [REDACTED] 3 of 49 PM

[REDACTED] will operate with [REDACTED]. Its technical specification sheets are contained in Annex 6 and Annex 7 of Supplemental Attachment II-3. [REDACTED] is contained in Annex 8 of Supplemental Attachment II-3. [REDACTED] is contained in Annex 9 of Supplemental Attachment II-3

As stated in the November 16, 2021, Resolution in Docket No. CEPR-MI-2016-0001, In Re: Highly Efficient Fossil Generation Definition ("November 16 Resolution"), for systems operating with [REDACTED], the current emission standard requires that the average annual rate of CO₂ emissions be less than [REDACTED] lbs CO₂/MWh. [REDACTED]. Therefore, [REDACTED].¹

To meet the operational requirement, a CHP system must comply with the efficiency standard stated in 18 C.F.R. § 292.205(a)(2)(i) and (d)(1) to (d)(3).²

According to the applicable paragraphs of 18 C.F.R. § 292.205, for topping-cycle systems which useful thermal energy output is equal or greater than 15% of the total energy output, the yearly useful power output plus one half of the useful thermal energy output must be no less than 42.5% of the total energy input. If the useful thermal energy output less than 15% of the total energy output, the yearly useful power output plus one half of the useful thermal

¹ [REDACTED]

[REDACTED] See https://www.eia.gov/environment/emissions/co2_vol_mass.php, visited for the last time on January 21, 2025. [REDACTED]

² In addition, the thermal energy output must be used in a productive and beneficial manner. The total energy output (i.e., electric, thermal, chemical, and mechanical) must be used fundamentally for, among others, industrial and commercial purposes and is not intended fundamentally for sale to an electric utility. The total energy output is considered used fundamentally for industrial and commercial purposes, if at least 50% of the total output is used for such industrial and commercial purposes. [REDACTED]

energy output must be no less than 45% of the total energy input. In addition, the CHP system cannot be designed for the purposes of selling electricity to the main grid.

1. Emissions Standard

Based on the technical data contained in Annexes 6 and 7 of Supplemental Attachment II-3, [REDACTED] is rated to deliver [REDACTED] of electricity on a fuel input of [REDACTED]. Similarly, [REDACTED] is rated to deliver [REDACTED] of electricity on a fuel input of [REDACTED]. Therefore, the system's fuel input (in MMBTU/hr) is:

[REDACTED]

It follows that, under designed conditions, the CHP system will have a projected yearly emission rate (in lbs CO₂/MWh) equal to:³

[REDACTED]

[REDACTED]

[REDACTED]

Therefore, the CHP system meets the Emission Standard portion of the Highly Efficient Generation Definition.

2. Operational Standard

a. Thermal Output and Applicable Efficiency Standard

As shown in Annex 8 of Supplemental Attachment II-3, the [REDACTED] [REDACTED] is designed to deliver [REDACTED] of [REDACTED]. Moreover, as per Annex 9 of Supplemental Attachment II-3, [REDACTED] is designed to produce [REDACTED] in the [REDACTED].

Therefore, the total useful thermal output is:

[REDACTED]

³ As stated before, according to the most recent Carbon Dioxide Emissions Coefficients published by the U.S. Energy Information Administration, the emission factor for [REDACTED]. See https://www.eia.gov/environment/emissions/co2_vol_mass.php, visited for the last time on January 21, 2025.

Thus, considering the electrical output [REDACTED], the designed useful thermal output in relation to the total system output is:

[REDACTED]

[REDACTED]

Therefore, in accordance with the provisions of paragraph (a)(2)(i)(A) of 18 C.F.R. § 292.205, the applicable Efficiency Standard would be [REDACTED]

[REDACTED]

b. Efficiency Standard Analysis

As stated before, [REDACTED] of electricity on a fuel input of [REDACTED]. Similarly, [REDACTED] of electricity on a fuel input of [REDACTED]. Moreover, the CHP system is expected to deliver [REDACTED] of useful thermal output. Therefore, the power input (in kW) is:

[REDACTED]

It follows that the designed efficiency rate for the purposes of the Highly Efficient Generation Definition is:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Therefore, the CHP system meets the Efficiency Standard portion of the term Highly Efficient Generation for the purposes of Act 60-2019.

c. Cogeneration Criteria, 18 C.F.R. § 292.205(d)(1)-(d)(3)



d. Conclusion

As presented above, the CHP system meets the emissions and operational standards of the definition of the term *Highly Efficient Generation* for the purposes of Act 60-2019, as established by the Energy Bureau in the November 16 Resolution.

NEPR

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PM

ATTACHMENT V-1: ACH Confirmation

