

Control Number: 49779



Item Number: 1062

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ELECTRICITY BROKER REGISTRATION FORMAMISCILA

PROJECT NO. 49779

1. Check the most appropriate box to describe this subn	nission	:		
☑ This is a new broker registration				
□ This supplies information for a pending broker registration				
☐ This amends an existing, completed broker registratio	n			
Provide an explanation of the amendment:				
2. Authorized Representative or Attorney to contact abo	out thi	s application		
Name OSCAR LLAQUE		Title		
Business Address 16344 COWBOY TR	AIL			
City JUSTIN State TX		76247		
Telephone Number 817-528 - 1432				
Email Address OLLAQUE @ SBCGLOBA	L.N	εT		
3 Registering Entity: List the registering entity's legal nat		siness address, and telephone number.		
Name ANTARES ENERGY				
Name ANTARES ENERGY Business address 16344 COWBOY TRA City JUSTIN State TX	1L			
City JUSTIN State TX	Zip	76247		
Telephone Number 817-528-1432				
4 Type of organization of registering entity				
Sole proprietor				
□ Corporation □ Limited Liability Company, L.L.C				
□ Limited Partnership				

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5. Description of the bi	rokerage services provided by th	e registering entity and type of customers served		
Description of Services: ENERGY SALES				
Types of Customers: Check all that apply				
□ Residential ⊠ Commercial	Industrial Municipalities	□ Other		
	1			
		g-business-as (d b a) names, other than the legal name		
	er which the registering entity if t be registered with the Secretary	tends to operate. Any name in which a corporation of State.		
1 st		2 nd		
3 rd	4 th	5 th		
7. Officers. Provide, a	< Attachment A. the names, but	smess addresses, email addresses, and phone numbers of		
the registering entity's officers, directors, and partners, as applicable				
Attachment A				
8. Customer Service Contact . List the telephone number and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the				
name, title, address, en		per of the customer service contact person.		
Customer Service Department	Telephone Number	Email Address		
Nt				
USCAR	LLAQUE	Title		
		TRAIL		
	LLAQUE 6344 COWBOY State Tx			
Business address City JUSTIN Telephone Number		TRAIL		
Business address City JUSTIN Telephone Number Email Address	6344 COWBOY - State Tx	TRAIL Zip 76247		
Business address City JUSTIN Telephone Number Email Address 9. Regulatory contact	6344 COWBOY State Tx 817-528-1432 PLLADUE SBCGUC person. List the name, physic	TRAIL Zip 76247		
Business address City JUSTIN Telephone Number Email Address 9. Regulatory contact for a regulatory contact Name	6344 COWBOY State Tx 817 - 528 - 1432 911AOUEC SBCGCC t person. List the name, physic t person	TRAIL Zip 76247 BBOL. NET I business address, telephone number, and email address		
Business address City JUSTIN Telephone Number Email Address 9. Regulatory contact for a regulatory contact Name OSCAG	6344 COWBOY State Tx 817 - 528 - 1432	TRAIL Zip 76247 OBAL. NET al business address, telephone number, and email address Title		
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Business address City JUSTIN Telephone Number Email Address 9. Regulatory contact for a regulatory contact Mame OSCAR Business address City JUSTIN	6344 COWBOY $State Tx$ $817 - 528 - 1432$ $PLLADUE C SBCGUC$ $t person. List the name, physice t person 2 LLADUE 16344 COWBDY State Tx$	TRAIL Zip 76247 OBAL. NET al business address, telephone number, and email address Title		
Business address City JUSTIN Telephone Number Email Address 9. Regulatory contact for a regulatory contact Name OSCAGE Business address	6344 COWBOY State Tx 817 - 528 - 1432	TRAIL Zip 76247 DBAL. NET il business address, telephone number, and email address Title TRAIL Zip 76247		

10. Secretary of State Record. Entities who must register with the Secretary of State must provide a copy of the certificate of status issued by the Texas Secretary of State certifying that the registering entity is authorized to transact business in Texas.

□ Copy of Secretary of State certificate of status is attached.

AFFIDAVIT

My name is OSCAR LLAQUE I am the OWNER of the Registering Entity.

I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that all statements made in the Registration Form are true, correct and complete and that any substantial changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the registering entity understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.

Signature of Registering Entity's Owner, Partner, or Officer

OSCAR LLADUE

Printed Name

ANTARES ENERGY

Name of Registering Entity

Sworn and subscribed before me this day of , Month Year **ROSALINDA V JONES Notary Public** STATE ÓF TEXAS Notary Public in and For the State of My Comm. Exp. 09-26-20 Notary ID # 86122-2 My commission expires on
