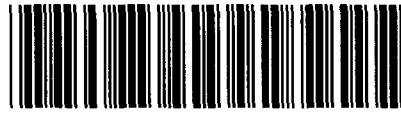




Control Number: 49779



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Addendum StartPage: 0



ELECTRICITY BROKER REGISTRATION FORM

RECEIVED
2019 SEP 12 AM 9:18
PUBLIC UTILITY COMMISSION
FILING CLERK

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:

- ☒ This is a new broker registration
- ☐ This supplies information for a pending broker registration
- ☐ This amends an existing, completed broker registration

Provide an explanation of the amendment:

2. Authorized Representative or Attorney to contact about this application:

Name	JOHN T RATZA	Title	SOLE PROPRIETOR
Business Address	992 SPANISH OAK DR		
City	KERRVILLE	State	TX
Zip	78028		
Telephone Number	832 264 3794		
Email Address	JTRATZA @ GMAIL.COM		

3. Registering Entity: List the registering entity's legal name, business address, and telephone number.

Name	CC ENERGY		
Business address	992 SPANISH OAK DR		
City	KERRVILLE	State	TX
Zip	78028		
Telephone Number	832 264 3794		

4. Type of organization of registering entity:

- ☒ Sole proprietor ☐ Other
- ☐ Corporation
- ☐ Limited Liability Company, L.L.C
- ☐ Limited Partnership

1074

5. Description of the brokerage services provided by the registering entity and type of customers served.

Description of Services:

Types of Customers: *Check all that apply*

☐ Residential

☒ Industrial

☐ Other

☒ Commercial

☒ Municipalities

6. **Other Names.** List any trade, commercial, and doing-business-as (d/b/a) names, other than the legal name listed in #3 above, under which the registering entity intends to operate. Any name in which a corporation intends to operate must be registered with the Secretary of State.

1 st	2 nd
3 rd	4 th
5 th	

7. **Officers.** Provide, as **Attachment A**, the names, business 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, email address, and telephone number of the customer service contact person.

Customer Service Department	Telephone Number 832 264 3794	Email Address JTRATZA@GMAIL.COM
Name JOHN T RATZA		Title SOLE PROPRIETOR
Business address 992 SPANISH OAK DR		
City KERRVILLE	State TX	Zip 78028
Telephone Number SAME		
Email Address SAME		

9. **Regulatory contact person.** List the name, physical business address, telephone number, and email address for a regulatory contact person.

Name JOHN T RATZA		Title SOLE PROPRIETOR
Business address 992 SPANISH OAK DR		
City KERRVILLE	State TX	Zip 78028
Telephone Number SAME		
Email Address SAME		

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.

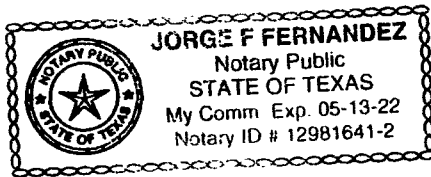
NA

SOLE PROPRIETORSHIP, BROKER IS
NOT PAID BY CLIENTS

AFFIDAVIT

My name is JOHN T. RATZA I am the SOLE PROPRIETOR 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.



JTR
John T. Ratz John T. Ratz
Signature of Registering Entity's Owner, Partner, or Officer

JOHN T. RATZA
Printed Name

CC ENERGY
Name of Registering Entity

Sworn and subscribed before me this 9th day of September, 2019.
Month Year

[Signature]
Notary Public in and for the State of TEXAS.
My commission expires on _____