

Control Number: 49779



Item Number: 1190

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# RECEIVED 2019 OCT -7 AM 10: 55 ELECTRICITY BROKER REGISTRATION FORM FILING CLERK

## PROJECT NO. 49779

| 1. Check the most appropriate box to describe this submi   | ission:                                     |
|--|---|
| 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  | ut this application:                        |
| Name JOHN PAULSEN  | Title OWNER                                 |
| Business Address P.O. Box 132432   |   |
| THE WOODLANDS State TEXAS  | Zip 77393                                   |
| Telephone Number 281.734-9138  |   |
| Email Address Spavisene EWCSA  | vints, com                                  |
| 3. Registering Entity: List the registering entity's legal name  | ne, business address, and telephone number. |
| Name ENERBY & WASTE CONSUL   | TANTS, LLC                                  |
| Business address P. O. BOX 132432  |   |
| City WOODLANDS State TX  | Zip 77393                                   |
| Telephone Number 281-734-9138  |   |
| 4. Type of organization of registering entity:   |   |
| ☐ Sole proprietor ☐ Other ☐ Corporation ☐ Limited Liability Company, L.L.C ☐ Limited Partnership   |   |

| 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  Industrial  Municipalities | Other  |
| <b>6. Other Names.</b> 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 <sup>st</sup>  |  | 2 <sup>nd</sup>  |
| 3 <sup>rd</sup>  | 4 <sup>th</sup>                                  | 5 <sup>th</sup>  |
| <b>7. Officers</b> . Provide, as <b>Attachment A</b> , the names, business addresses, email addresses, and phone numbers of the registering entity's officers, directors, and partners, as applicable.   |  |  |
| ☐ Attachment A   |  |  |
| <b>8. Customer Service Contact</b> . 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<br>Department   | Telephone Number<br>28: -734-9138                | Email Address<br>Spavisene ewc Savings. com              |
| Name JOHN PAUL   | SEN  | Title OWNER  |
| Business address P.O. Box 132432   |  |  |
| City HIE WOODLANDS   | State  | Zip 77393  |
| Telephone Number 281.734-9138  |  |  |
| Email Address jpavisene ewcsavings. com  |  |  |
| 9. Regulatory contact for a regulatory contact   |  | al business address, telephone number, and email address |
| Name JOHN PAU  | isen   | Title OWNER  |
| Business address 53 N. BOOKENFERN DRIVE  |  |  |
| City WOODLANDS   | State TEXAS                                      | Zip 77380  |
| Telephone Number   | 281.734-9138                                     |  |
| Email Address JPaulsene ewc Savings.com  |  |  |

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 JOHN PAULSEN. 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

Sworn and subscribed before me this 444

day of \_

GRANT C. GONSOULIN Notary Public, State of Texas Comm. Expires 05-05-2021 Notary ID 12612785-5

Notary Public in and For the State of My commission expires on \_



# Office of the Secretary of State

### CERTIFICATE OF FILING **OF**

# ENERGY & WASTE CONSULTANTS, LLC

File Number: 800962788

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 04/08/2008

Effective: 04/08/2008

Phone: (512) 463-5555

Prepared by: Lynda Boots



Phil Wilson Secretary of State

Pholester