



Control Number: 49779



Item Number: 1208

Addendum StartPage: 0

This filing is being made to amend the application of "Clear Electric Solutions LLC" received by the Commission as Item 888 in Project No. 49779 on September 3, 2019.

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05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

3	2	0	5	2	1	2	6	0	7	8	2	0	1	8
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You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name CLEAR ELECTRIC SOLUTIONS, LLC.		<input type="radio"/> Blacken circle if the mailing address has changed.	
Mailing address 1409 BELLAIRE BLVD.		Secretary of State (SOS) file number or Comptroller file number	
City ALVIN	State TX	ZIP code plus 4 77511	0801860531

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 1409 BELLAIRE BLVD., ALVIN, TX 77511
Principal place of business 1409 BELLAIRE BLVD., ALVIN, TX 77511

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!

This report must be signed to satisfy franchise tax requirements.



SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

3205212607818

Name JAMES D SHEPARD	Title PRESIDENT	Director <input checked="" type="radio"/> YES	Term expiration	m m d d y y
Mailing address 1409 BELLAIRE BLVD	City ALVIN	State TX	ZIP Code 77511	
Name	Title	Director <input type="radio"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="radio"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent: JAMES D. SHEPARD			
Office: 1409 BELLAIRE BLVD.	City ALVIN	State TX	ZIP Code 77511

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here) <i>James D. Shepard</i>	Title PRESIDENT	Date 09/10/2019	Area code and phone number (832) 494-6686
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Texas Comptroller Official Use Only

05-102|(Rev.9-15/33)|13196|32052126078|2018|Tue Sep 10 2019 08:
27:58 GMT-0500 (Central Daylight Time)|9997|0|

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Texas Franchise Tax No Tax Due Report

■ **Tcode** 13255 Annual Franchise

The law requires No Tax Due Reports originally due on or after Jan. 1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.

Taxpayer number										Report year				Due date		
3	2	0	5	2	1	2	6	0	7	8	2	0	1	8	05/15/2018	

Taxpayer name CLEAR ELECTRIC SOLUTIONS, LLC.				Secretary of State file number or Comptroller file number 0801860531							
Mailing address 1409 BELLAIRE BLVD.											
City ALVIN	State TX	Country USA	ZIP code plus 4 77511	Blacken circle if the address has changed <input type="checkbox"/>							
Blacken circle if this is a combined report <input type="checkbox"/>				NAICS code <table border="1"> <tr> <td>5</td> <td>4</td> <td>1</td> <td>6</td> <td>9</td> <td>0</td> </tr> </table>		5	4	1	6	9	0
5	4	1	6	9	0						
Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: <i>Upper tiered partnerships do not qualify to use this form.</i>) <input type="checkbox"/>											
Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? <input checked="" type="radio"/> Yes <input type="radio"/> No											

If any of the statements below are true, you qualify to file this No Tax Due Report (Blacken all circles that apply.):

1. **This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003.** *(See instructions.)*
(Passive income does NOT include rent.) 1. ☐
 2. **This entity's annualized total revenue is below the no tax due threshold.** 2. ☒
 3. **This entity has zero Texas Gross Receipts.** 3. ☐
 4. **This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in Texas Tax Code Sec. 171.0002(c)(4).** 4. ☐
 5. **This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005.** *(See instructions.)*
(Must have formed after Jan.1, 2016, and must be pre-qualified.) 5. ☐

6a. Accounting year begin date 6a.

	m	m	d	d	y	y
0	1	2	0	1	7	

 6b. Accounting year end date 6b.

	m	m	d	d	y	y
1	2	2	0	1	7	

7. TOTAL REVENUE (Whole dollars only)	7.									4	7	5	0	0	0	0
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Print or type name JAMES D SHEPARD		Area code and phone number (832) 494-6686
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348
sign here <i>James D. Shepard</i>	Date 7 October 2019	

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

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Daylight Time)|9997|0|0|0|0|0|

VE/DE	○					
PM Date						



