

Control Number: 49779



Item Number: 1209

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## ELECTRICITY BROKER REGISTRATION FORM OMMISSION FILING CLERK

## PROJECT NO. 49779

1. Check the most ap	propriate box to describe	this submission:				
☐ This is a new bro	oker registration					
☐ This supplies int	formation for a pending bro	ker registration				
☑ This amends an	existing, completed broker	registration				
Provide an explan	ation of the amendment:					
2. Authorized Repre	sentative or Attorney to co	ontact about this application:				
Name JARED KOCUIPO	CHYK	Title PRESIDENT				
Business Address 27	700 POST OAK BLVD,	21ST FLOOR				
City HOUSTON	State TEXAS	Zip 77056				
Telephone Number	346 932 2025					
Email Address JAR	EDKOCUIPCHYK@GN	MAIL.COM				
3. Registering Entity	: List the registering entity'	s legal name, business address, and telephone number.				
Name H V RESOU	RCES INC					
Business address 27	00 POST OAK BLVD, 2	21ST FLOOR				
City HOUSTON	State TEXAS	Zip 77056				
Telephone Number	346 932 2025					
4. Type of organizati	on of registering entity:					
☐ Sole proprietor	□ Other					
☑ Corporation						
☐ Limited Liability C☐ Limited Partnership						
Limited I didicionip						

5. Description of the br	okerage services provided by the	ne registering entity and type of customers served.
Description of Services	3:	
Types of Customers: (	Check all that apply	
☐ Residential	✓ Industrial	☐ Other
☑ Commercial	☐ Municipalities	
listed in #3 above, unde		ng-business-as (d/b/a) names, other than the legal name ntends to operate. Any name in which a corporation y of State.
1 <sup>st</sup>		2 <sup>nd</sup>
3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
the registering entity's	s <b>Attachment A</b> , the names, brofficers, directors, and partners	usiness addresses, email addresses, and phone numbers of , as applicable.
☐ Attachment A		
department. If the regi	stering entity does not have a d	mber and email address of the customer service edicated customer service department, then provide the ober of the customer service contact person.
Customer Service Department	Telephone Number 832 530 2944	Email Address KJACKSONHE@GMAIL.COM
Name KHAMIL JAC		Title PROJECT MANAGER
Business address 270	00 POST OAK BLVD, 21S	T FLOOR
City HOUSTON	State TEXAS	Zip 77056
Telephone Number S	SAME AS ABOVE	
Email Address		
9. Regulatory contact for a regulatory contact		cal business address, telephone number, and email address
Name CHRIS BUTT	ΓON	Title SENIOR REGIONAL MANAGER
Business address SA	ME AS ABOVE	
City	State	Zip
Telephone Number 3	46 303 4524	
Email Address CHR	IS.BUTTON55@GMAIL.C	OM

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**

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My name is <u>Tared</u>	Kocul. I am the	President	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	
Jared Kocsipehyk	
Printed Name	
HU Resource /10 Name of Registering Entity	
Sworn and subscribed before me this 10th day of October, 20	
Month Y	l ez
Notary Public in and For the State of IEXAS	
My commission expires on 11 · 28 · 2020	

