

Control Number: 49779



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## RECEIVED 2019 OCT 18 AM 10: 27

## ELECTRICITY BROKER REGISTRATION FORM

## PROJECT NO. 49779

1. Check the most ap	propriate box to describe this sub	mission	i:	
	oker registration formation for a pending broker regisexisting, completed broker registrati			
Provide an explana	ation of the amendment:		3.10	
2. Authorized Repres	sentative or Attorney to contact al	out thi	s applicatio	on:
Name Claudia Antonini			Title	President
Business Address	5590 Spring Valley Rd #H20	01		
City Dallas	State Texaa	Zip	75254	
Telephone Number	972-740-8724			
Email Address	nnovativeutilityservices@ho	tmail.c	om	
3. Registering Entity:	List the registering entity's legal na	ame, bu	siness addre	ess, and telephone number.
Name INNOVATIV	'E UTILITY SERVICES			
Business address	5590 Spring Valley Rd #H20	1		
City Dallas	State Texas	Zip	75254	
Telephone Number	469-242-2477			
4. Type of organization	on of registering entity:			
☐ Sole proprietor ☐ Corporation ☑ Limited Liability Co ☐ Limited Partnership				

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2 Pescription of the b	rokerage services provided by t	he registering entity and type of customers served.
Description of Service	es:	
Types of Customers:	Check all that apply	
⊠ Residential	☐ Industrial	□ Other
☑ Commercial	☐ Municipalities	
6. Other Names. List	t any trade, commercial, and do	ing-business-as (d/b/a) names, other than the legal name
listed in #3 above, und		intends to operate. Any name in which a corporation
1 <sup>st</sup>		2 <sup>nd</sup>
3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
7. Officers. Provide, a	as <b>Attachment A,</b> the names, b	ousiness addresses, email addresses, and phone numbers of
	s officers, directors, and partner	
☐ Attachment A		
department. If the reg	ustering entity does not have a d	mber and email address of the customer service ledicated customer service department, then provide the other of the customer service contact person.
Customer Service Department	Telephone Number	Email Address
Name		Title
Business address		
·······		
City	State	Zip
City Telephone Number	State	Zip
Telephone Number		Zip
Telephone Number Email Address 9. Regulatory contac	t person. List the name, physi	Zip  cal business address, telephone number, and email address
Telephone Number Email Address  9. Regulatory contactor a regulatory contactory	t person. List the name, physi	cal business address, telephone number, and email address
Telephone Number Email Address  9. Regulatory contactor a regulatory contactory contacto	t person. List the name, physi	
Telephone Number Email Address 9. Regulatory contac	t person. List the name, physi	cal business address, telephone number, and email address
Telephone Number Email Address  9. Regulatory contactor a regulatory contactor Name	t person. List the name, physi	cal business address, telephone number, and email address
Telephone Number Email Address  9. Regulatory contactor a regulatory contactor and a regulator and a regula	t person. List the name, physici person	cal business address, telephone number, and email address  Title
Telephone Number Email Address  9. Regulatory contactor a regulatory contactory contacto	t person. List the name, physici person	cal business address, telephone number, and email address  Title

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 Claudia Amonim. 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 ame 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 understand 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
Claudia Antonini
Printed Name
INNOVATIVE UTILITY SERVICES
Name of Registering Entity
Sworn and subscribed before me this 1 day of October, 2019  Month Year  Notary Public in and For the State of Texas  My commission expires on 12-11-2019
LAURA BARNES NOTARY PUBLIC-STATE OF TEXAS COMM. EXP. 12-11-2019 NOTARY ID 13046580-6