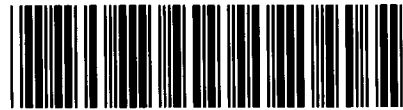




Control Number: 49779



Item Number: 1235

Addendum StartPage: 0



## ELECTRICITY BROKER REGISTRATION FORM

RECEIVED  
2019 NOV -1 AM 9:23  
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 Benjamin Sherr

Title CEO

Business Address 176 N. Main Street

City Spring Valley

State New York

Zip 10977

Telephone Number (845) 642-4374

Email Address Benjamin@uspowergroupinc.com

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

Name US Power Group LLC

Business address 176 N. Main Street

City Spring Valley

State New York

Zip 10977

Telephone Number

### 4. Type of organization of registering entity:

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

1235

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

Description of Services:

We broker electric and gas contracts

Types of Customers: *Check all that apply*

☒ Residential

☒ Industrial

☐ Other

☒ Commercial

☒ Municipalities

6. Other Names: List any trade names, nicknames or pseudonyms for any names other than the legal name listed in 3, have under which the registering entity intends to provide the services of such corporation, intends to operate, has the 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>

7. Officers: Provide Attachment A for names, business addresses, telephone numbers and email addresses of the registering entity's officers.

☐ Attachment A

8. Customer Service Contact: Provide the name, business address, telephone number and email address of the person who is responsible for customer service.

**Customer Service Department**

**Telephone Number**  
(845) 642-4374

**Email Address**  
benjamin@uspowergroupinc.com

**Name** Benjamin Sherr

**Title** CEO

**Business address** 176 N. Main Street

**City** Spring Valley

**State** New York

**Zip** 10977

**Telephone Number** 8456424374

**Email Address** benjamin@uspowergroupinc.com

9. Regulatory contact person: Provide the name, business address, telephone number and email address for regulatory purposes.

**Name** Benjamin Sherr

**Title** CEO

**Business address** 176 N. Main Street

**City** Spring Valley

**State** New York

**Zip** 10977

**Telephone Number** (845) 642-4374

**Email Address** benjamin@uspowergroupinc.com

ATTACHment A

Benjamin Sherr LEO

176 N. Main ST

SPRING Valley NY 10977

845- 642- 4374

Benjamin@USPowerGroupINC.com

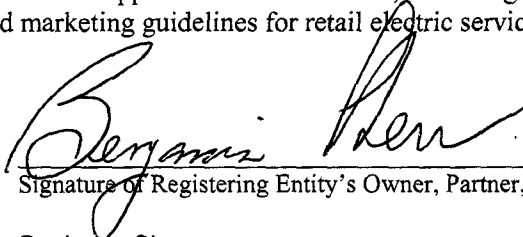
**10. Secretary of State Record.** Entities who must register with the Secretary of State must provide a copy of the certificate of status issued by the Secretary of State certifying that the registering entity is authorized to transact business in Texas.

☒ Copy of Secretary of State certificate of status is attached.

## AFFIDAVIT

My name is Benjamin Sherr. I am the CEO 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

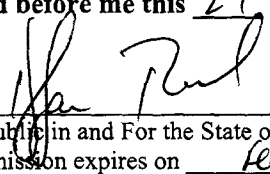
Benjamin Sherr

Printed Name

US Power Group

Name of Registering Entity

Sworn and subscribed before me this 29 day of October, 2019.  
Month Year

  
Notary Public in and For the State of New York  
My commission expires on Feb 21, 2023

DOUGLAS ROSENTHAL  
Notary Public, State of New York  
No. 02RO5039670  
Qualified in Rockland County  
Commission Expires Feb 21, 2023

23

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jose A. Esparza  
Deputy Secretary of State

Office of the Secretary of State  
Packing Slip

August 23, 2019

Page 1 of 1

Attn: benjamin Sherr  
benjamin Sherr  
176 N.Main St  
Spring Valley, NY 10977- 10977

Batch Number: 90884601

Batch Date: 08-22-2019

Client ID: 721267065

Return Method: Email

Document Number	Document Detail	Number / Name	Page Count	Fee
908846010002	Application for Registration	US Power Group LLC	2	\$750.00
908846010003	Convenience Fee			\$20.25
			<b>Total Fees:</b>	<b>\$770.25</b>

Payment Type	Payment Status	Payment Reference	Amount
Credit Card	Accepted	*****001	\$770.25
			<b>Total:</b> \$770.25

**Total Amount Charged to Client Account: \$0.00**  
(Applies to documents or orders where Client Account is the payment method)

*Note to Customers Paying by Client Account:* This is not a bill. Payments to your client account should be based on the monthly statement and not this packing slip. Amounts credited to your client account may be refunded upon request. Refunds (if applicable) will be processed within 10 business days.

User ID: WEBSUBSCRIBER