

Control Number: 49779



Item Number: 1296

Addendum StartPage: 0



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ELECTRICITY BROKER REGISTRATION FORM

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 Xavier Evans				Title President			
Business Address 107 Glen RD							
CityYonkers	State _{NY}		Zip ₁₀	0704			
Telephone Number (914) 363-5512							
Email Address yoursmultiservice1@gmail.com							
3. Registering Entity:	List the registerin	ig entity's legal na	me, bus	siness address, and telephone number.			
Name yours multiservice 1 inc							
Business address 107 Glen RD							
CityYonkers	State _{NY}		Zip ₁₀	0704			
Telephone Number							
4. Type of organization of registering entity:							
☐ Sole proprietor☑ Corporation☐ Limited Liability Co☐ Limited Partnership		☐ Other					



5. Description of the brokerage services provided by the registering entity and type of customers served.					
Description of Service Electricity	es:		_		
Types of Customers:	Check all that apply				
☑ Residential ☐ Industrial		□ Other			
□ Commercial	☐ Municipalities				
listed in #3 above, und		ing-business-as (d/b/a) names, other than the legal n intends to operate. Any name in which a corporationry of State. 2 nd			
3 rd	4 th	5 th			
☐ Attachment A 8. Customer Service (mber and email address of the customer service			
		ledicated customer service department, then provide an of the customer service contact person.	the		
			the		
name, title, address, en	nail address, and telephone nu	nber of the customer service contact person.	the		
name, title, address, en Customer Service Department	Telephone Number	nber of the customer service contact person. Email Address	the		
name, title, address, en Customer Service Department Name Xavier Evans	Telephone Number	nber of the customer service contact person. Email Address	the .		
Customer Service Department Name Xavier Evans Business address 107	Telephone Number Glen RD	Email Address Title President	the		
Customer Service Department Name Xavier Evans Business address City Yonkers Telephone Number	Telephone Number Glen RD	Email Address Title President	the		
Customer Service Department Name Xavier Evans Business address 107 City Yonkers Telephone Number Email Address yoursm	Telephone Number Glen RD State NY nultiservice1@gmail.com	Email Address Title President			
Customer Service Department Name Xavier Evans Business address 107 City Yonkers Telephone Number Email Address yoursm	Telephone Number Glen RD State NY nultiservice1@gmail.com	Title President Zip 10704			
Customer Service Department Name Xavier Evans Business address 107 City Yonkers Telephone Number Email Address yoursm 9. Regulatory contact for a regulatory contact	Telephone Number Glen RD State NY nultiservice1@gmail.com t person. List the name, physit person.	Title President Zip 10704 Zip saddress, telephone number, and email			
Customer Service Department Name Xavier Evans Business address 107 City Yonkers Telephone Number Email Address yoursm 9. Regulatory contact for a regulatory contact Name Xavier Evans	Telephone Number Glen RD State NY nultiservice1@gmail.com t person. List the name, physit person.	Title President Zip 10704 Zip saddress, telephone number, and email			
Customer Service Department Name Xavier Evans Business address 107 City Yonkers Telephone Number Email Address yoursm 9. Regulatory contact for a regulatory contact for a regulatory contact Same Xavier Evans Business address 107	Telephone Number Glen RD State NY nultiservice1@gmail.com t person. List the name, physit person. Glen RD State NY	Title President Zip 10704 Zip 10704 Title President Zip 10704			

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 Xavier Evans	. I am the president	of the Registering Entity.
competent to testify to them, and the registering entity. I further swear correct and complete and that any Utility Commission of Texas in a time.	nat I have the authority to so or affirm that all statement substantial changes in such imely manner. I swear or a ments of the applicable land	stated in the attached registration, that I am submit this application form on behalf of the ats made in the Registration Form are true, a information will be provided to the Public affirm that the registering entity understands w and rules, including customer protection for retail electric service.
	Signature of Registerin	g Entity's Owner, Partner, or Officer
	Xavier Evans	
	Printed Name	
	Yours multi service II	NC.
	Name of Registering E	ntity
Sworn a	nd subscribed before me	this 19th day of December, 2019 Month Year
LISA KHADER NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01KH6171834 Qualified in Westchester County Commission Expires July 30, 20	Notary Public in and Fo My commission expire	