

Control Number: 49779



Item Number: 1335

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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 info	☐This supplies information for a pending broker registration				
☐ This amends an existing, completed broker registration					
Provide an explana	Provide an explanation of the amendment:				
2 Authorized Repres	entative or Attorney to contact ab	out this	annlication:		
Name Tamela Armstro			Title Operations Manager		
			Title operations manager		
Business Mailing Add	dress 811 6th Street				
City Wichita Falls	State Texas	Zip <u>76</u>	301		
Telephone Number 940-500-4533					
Email Address tamelaa@alliance-power.com					
3. Registering Entity: email address.	List the registering entity's legal bu	isiness na	ame, mailing address, telephone number, and		
Business Name APC C	onsulting, LLC	-·· <u> </u>			
Mailing address 811 6th Street, Suite 206					
City Wichita Falls	State Texas	Zip <u>76</u>	301		
Telephone Number 940-500-4534					
Email Address csr@apcconsulting.net					

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4. Description of the brokerage services provided by the registering person and type of customers served.					
Description of Services:					
Residential, Commercial, C&I Electricity Broker in the State of Texas					
Types of Customers: Check all that apply					
☑Residential ☑Commercial	☑Industrial □Municipaliti	□Ot es	ther		
5. Other Names . List any trade, commercial, and doing-business-as (d/b/a) names, other than the legal name listed in #3 above, under which the registering entity intends to operate. Any name in which a corporation intends to operate must be registered with the Texas Secretary of State.					
1st NONE		2 nd			
3 rd		4 th			
6. Customer Service Contact . List the telephone number, business mailing address, and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the name, title, business mailing address, email address, and telephone number of the customer service contact person.					
Customer Service Departmen	t	Telephone Number	Email Address		
Name Bethany Kuykendall		Title Customer Service Rep			
Business mailing address 811 6th Street, Suite 206					
City Wichita Falls		State TX	Zip 76301		
Telephone Number 940-500-4534					
Email Address csr@apcconsulting.net					
7. Regulatory contact person. for a regulatory contact person.		business mail	ling address, telephone number, and email address		
Name Tamela Armstrong		Title Operations Manager			
Business mailing address 811 6th Street Suite 206					
City Wichita Falls		State TX	Zip 76301		
Telephone Number 940-500-4533					
Email Address tamelaa@alliance-power.com					

AFFIDAVIT

My name is Tom Stephens	. I am the owner, partner, or an officer (Circle One) of the Applicant.
competent to testify to them, and registering entity. I further swea all applicable laws and is in goo the application are true, correct provided to the Public Utility Co- understands and will comply wi	sonal knowledge of the facts stated in the attached registration, that I am I that I have the authority to submit this application form on behalf of the ar or affirm that the applicant is authorized to do business in Texas under d standing with the Texas Secretary of State; that all statements made in and complete; and that any material changes in such information will be minission of Texas in a timely manner. I swear or affirm that the applicant ith all requirements of the applicable law and rules, including customer requirements, and marketing guidelines for retail electric service.
	Signature of Registering Entity's Owner, Partner, or Officer
	Tom Stephens
	Printed Name APC Consulting, LLC
	Name of Registering Entity
Sworn	and subscribed before me this 29 th day of January, 2020
	Notary Public in and For the State of Texas. My commission expires on Z-1-2020.
	CINDY J WALKER Notary Public - State of Texas Commission N: 712599-7 Commission expires 02/01/2024