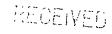


Control Number: 49779



Item Number: 1363

Addendum StartPage: 0





## 2020 FEB 24 AM 9: 22

## ELECTRICITY BROKER REGISTRATION FORM

## **PROJECT NO. 49779**

| 1. Check the most appropriate box to describe this submis-  | sion:            |  |  |
|---|------------------|--|--|
| ☐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 Anthonized Depresentative or Attorney to contest about  | this application |  |  |
| 2. Authorized Representative or Attorney to contact about   |                  |  |  |
| Name  |                  |  |  |
| Business Mailing Address  |                  |  |  |
| City State Z  | ip               |  |  |
| Telephone Number  |                  |  |  |
| Email Address   |                  |  |  |
| 3. Registering Entity: List the registering entity's legal business name, mailing address, telephone number, and email address. |                  |  |  |
| Business Name COBRA ENERGY LLC  Mailing address CC MARGARET AVR   |                  |  |  |
| Triaming actives B. 177/12 and 1970 (   |                  |  |  |
| City LAWRENCE State NY Z  | ip //559         |  |  |
| Telephone Number 5/6-458-1345   |                  |  |  |
| Email Address Richie Coup 22 ° 67711, Com   |                  |  |  |

| 4 Description of the brokerage services provide   | d by the regist                     | ering person and type of customers served         |  |
|---|-------------------------------------|---|--|
| Description of Services:  | · 11                                | 22:   |  |
| Lelp Clients secure to  | ANKABLE                             | Electric ons PRICES AT                            |  |
| Pix Koft for Budget   | (1/21/0127)                         | - Le Marshife Not lo wife the                     |  |
| Types of Customers: Check all that apply  |                                     |   |  |
| ☐Residential ☐Industrial  | □Ot                                 | ther  |  |
| ☑Commercial ☐Municipaliti   | es                                  |   |  |
| <b>5. Other Names</b> . 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 Richard ConferBoy   | 2 <sup>nd</sup>                     |   |  |
| 3 <sup>rd</sup>   | 4 <sup>th</sup>                     |   |  |
| <b>6. Customer Service Contact</b> . I ist 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 Department   | Telephone<br>Number<br>516-158-1545 | Richie Coll 22 one l'Cons                         |  |
| Name Report Colarbay  | Title                               |   |  |
| Business mailing address 65 MARCMET AVE.  |                                     |   |  |
| City LANK ENCE  | State<br>ノフ                         | Zip   |  |
| Telephone Number 5/6-458-1345   |                                     |   |  |
| Email Address Kichie Cold 22 OMn: / Com   |                                     |   |  |
| <b>7. Regulatory contact person</b> I ist the name, for a regulatory contact person   | business mail                       | ling address, telephone number, and email address |  |
| Name SRITE AS ABSLY   | Title                               |   |  |
| Business mailing address  |                                     |   |  |
| City  | State                               | Zip   |  |
| Telephone Number  |                                     |   |  |
| Email Address   |                                     |   |  |

## **AFFIDAVIT**

My name is Michael Collection. I am the owner, partner, or an officer (Circle One) of the Applicant.

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 the applicant is authorized to do business in Texas under all applicable laws and is in good standing with the Texas Secretary of State; that all statements made in the application are true, correct and complete; and that any material changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the applicant 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.

| <i>"</i>   |      |
|--|------|
|  | _    |
| Signature of Registering Entity's Owner, Partner, or Officer |      |
| Richard Coofee Berg<br>Printed Name                          | _    |
|  |      |
| CO BRA ENEXS, UC  Name of Registering Entity                 |      |
| Name of Registering Entity                                   | _    |
|  |      |
| Sworn and subscribed before me this day of                   | 2020 |
| Month  | Year |
| 2M   |      |
| Notary Public in and For the State of                        |      |
| My commission expires on                                     |      |

EDWARD I. KLAR

NOTARY PUBLIC-STATE OF NEW YORK

No. 02KL4654939

Qualified in Nassau County

My Commission Expires January 31, 20\_\_\_\_\_\_2\_\_\_\_