

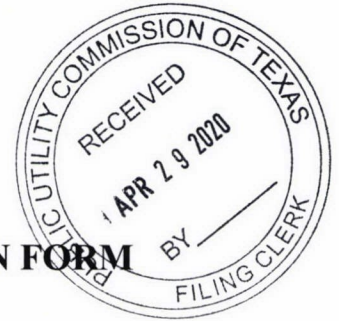


Control Number: 49779



Item Number: 1434

Addendum StartPage: 0



## 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:

Have been a Broker for approximately ten years.

### 2. Authorized Representative or Attorney to contact about this application:

Name Marey Armbrust Title Broker

Business Mailing Address 10306 Morado CV Apt 146

City Austin State TX Zip 78759

Telephone Number 469-660-8657

Email Address m.armbrust@gmail.com

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

Business Name Marey Armbrust

Mailing address 10306 Morado CV Apt 146

City Austin State TX Zip 78759

Telephone Number 469-660-8657

Email Address m.armbrust@gmail.com

1434

4. Description of the brokerage services provided by the registering person and type of customers served.

Description of Services:

~~I provide advice or procure services for, or act on behalf of, a retail electric customer regarding the selection of a retail electric provider.~~

Types of Customers: *Check all that apply*

☒ Residential

☒ Industrial

☐ Other

☒ Commercial

☒ Municipalities

**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.

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

**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 Department**

Marey Armbrust

**Telephone Number**

469-660-8657

**Email Address** m.armbrust@gmail.com

**Name** Marey Armbrust

**Title** Owner

**Business mailing address** 10306 Morado CV Apt 146

**City** Austin

**State**  
TX

**Zip** 78759

**Telephone Number** 469-660-8657

**Email Address** m.armbrust@gmail.com

**7. Regulatory contact person.** List the name, business mailing address, telephone number, and email address for a regulatory contact person.

**Name** Marey Armbrust

**Title** Owner

**Business mailing address** 10306 Morado CV Apt 146

**City** Austin

**State**  
TX

**Zip** 78759

**Telephone Number** 469-660-8657

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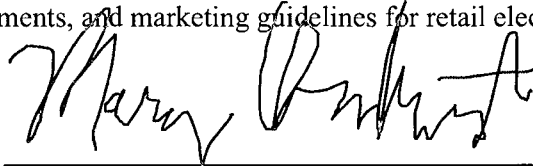
**Telephone Number** 469-660-8657

**Email Address** m.armbrust@gmail.com

## AFFIDAVIT

My name is Marey Armbrust. 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.



\_\_\_\_\_  
Signature of Registering Entity's Owner, Partner, or Officer

Marey Armbrust

\_\_\_\_\_  
Printed Name

Marey Armbrust

\_\_\_\_\_  
Name of Registering Entity

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Month Year

\_\_\_\_\_  
Notary Public in and For the State of \_\_\_\_\_.  
My commission expires on \_\_\_\_\_.

## JURAT CERTIFICATE

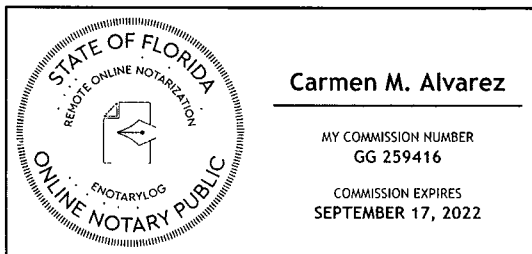
State of Florida

County of Hillsborough

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☒ online

notarization, this 24TH day of APRIL, 2020,  
(Date) (Month) (Year)

by Marey Armbrust,  
(Printed Name of Person Making Statement)



(Signature of Notary Public, State of Florida)

Carmen M Alvarez

(Printed Name of Notary Public)

☐ Personally Known ☒ Produced Identification

Type of Identification Produced:

TX-DL 783fc398-c325-4f10-9bbd-6aa3d9d60129