

Control Number: 49779



Item Number: 1448

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ELECTRICITY BROKER REGISTRATION FORMUG CLE

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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 THOMAS A. ANANDAM Title BROKER | | | |
| Business Mailing Address 12307 JERSEY MERDOW DR. | | | |
| City State IX Zip 77777 | | | |
| Telephone Number | | | |
| Email Address Arult @ Nelzevo, net | | | |
| 3. Registering Entity: List the registering entity's legal business name, mailing address, telephone number, and email address. | | | |
| Business Name Thomas Anandam | | | |
| Mailing address 12307 Sersey Meadour Br. | | | |
| City 5+140 State 1X Zip 77477 | | | |
| Telephone Number 7/3 - 679 - 02.28 | | | |
| Email Address Arult @ Nefzero. hef | | | |

| 4. Description of the brokerage services provided by the registering person and type of customers served. | | | |
|---|---------------------|---|--|
| Description of Services: | | | |
| | | | |
| Types of Customers: Check all that apply | | | |
| □Residential □Industrial □Municipalitie | □Ot es | her | |
| 5. Other Names. List any trade, commercial, and doing-business-as (46/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 | 2 nd | N. Dr. e | |
| 3rd | 4 th | | |
| 6. Customer Service Contact. List the telephocustomer service department. If the registering of then provide the name, title, business mailing adservice contact person. | entity does no | | |
| Customer Service Department | Telephone Number | Email Address | |
| Name Abzal Shekhani | | Presicent | |
| Business mailing address 11 501 70 | INNER. | 52 | |
| City BloustoN | State | Zip | |
| Telephone Number 713 . 256 - 5202 | | | |
| Email Address Abzal Shekhani @ Gol. Com | | | |
| 7. Regulatory contact person. List the name, for a regulatory contact person. | | ling address, telephone number, and email address | |
| Name 6+12 BERT DROYONKWO | | Other of Sales | |
| Business mailing address 5847 San felipe st. 51e. 3100 | | | |
| City forhston | State | Zip | |
| Telephone Number 713-375 2761(0) / 913- 906-5117 (c) Email Address 9 0 k pron k w @ Shammer energy - Com | | | |
| Email Address G. UKEVON KWI @ | Samme | renexes . Com | |

AFFIDAVIT

My name is Iramas Ananda Jam 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.

| Arama Am |
|---|
| Signature of Registering Entity's Cwner, Partner, or Officer |
| THOMAS ANANDAM Printed Name |
| Name of Registering Entity |
| Sworn and subscribed before me this 28 day of APRIL, 2026 |
| Worth Year Worth |
| Notary Public in and For the State of $TE \times AS$. My commission expires on $CA / 08 / 2022$. |
| WAY E OF TEXT |
| 12430 CO |