



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 Clay Sears Title Principal
Business Mailing Address 2146 Stone Gate
City Froderic Lasturg State Tx Zip 78624
Telephone Number 830- 456 - 4348
Email Address Clay 82 sears @ gmail. com
3. Registering Entity : I ist the registering entity's legal business name, mailing address, telephone number, and email address.
Business Name Upstroam Consulting Group, LCC
Mailing address 2146 Stone Gate
City Fredericks burg State Tx Zip 78624
Telephone Number 830-456 -43 48
Email Address Clay 82 Seas @ gmail. com

4. Business structure. Select the form of business being registered.			
☐ Sole proprietor ☐ Corporation	n 🗆 Partnership		
Limited Liability Company (LLC)	☐ Limited Partnership		
5. Other Names. I ist any trade, commercial, and doing-business-as (d b/a) names, other than the legal name fisted 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 st	2 nd		
3 rd	44		
6. Customer Service Contact . 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.			
Name Clay Sears	Title Principal		
Business mailing address 2146	Stone Gate		
City Fredericks burg	State Zip <u>78624</u>		
Telephone Number 830-454- 4548			
Email Address Coy Riens C gman 1.com			
7. Commission contact person—List to a person who Commission Staff ma	he name, business mailing address, telephone number, and email address y contact.		
Name Clay Seas	Title Principal		
Business mailing address 2146 Store Gate			
City Frederichsburg	State Zip 78624		
Telephone Number 80-456-4348			
Email Address Clay & Sear & gmail. com			

AFFIDAVIT

My name is I am the owner, partner, or an officer (Circle One) of the Applican	t.
I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I are 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 custome protection provisions, disclosure requirements, and marketing guidelines for retail electric service.	c r n c
Med	
Signature of Registering Entity's Owner, Partner, or Officer	
Clay Seria Printed Name	
Vostream Consulting Group, LLC Name of Registering Entity	
Sworn and subscribed before me this 24 day of June, 202	C
Notary Public in and For the State of Texas. My commission expires on 11-10-2021.	
HEATHER ORTIZ Notary Public, State of Texas Comm Expires 11-10-2021 Notary ID 125052128	