



Control Number: 49779



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ELECTRICITY BROKER REGISTRATION FORM

RECEIVED
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PUBLIC UTILITY COMMISSION

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 Nat Estrada Title Owner

Business Mailing Address 27527 Gracefield Ln.

City Fulshear State TX Zip 77441

Telephone Number 713-254-4398

Email Address estrategasolutions@gmail.com

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

Business Name Estratega Company

Mailing address 27527 Gracefield Ln

City Fulshear State TX Zip 77441

Telephone Number 713-254-4398

Email Address estrategasolutions@gmail.com

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

Our brokerage sells electricity plans for commercial and residential end users. We assist with both new service and renewals of contract. We currently work with several REPs in Texas.

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.

1st N/A

2nd _____

3rd _____

4th _____

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
N/A

Telephone
Number _____

Email Address _____

Name Nate Estrada

Title Owner

Business mailing address 27527 Gracefield Ln.

City Fulshear

State
TX

Zip 77441

Telephone Number 713-254-4398

Email Address estrategasolutions@gmail.com

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

Name N/A

Title _____

Business mailing address _____

City _____

State

Zip _____

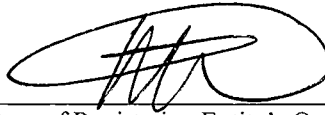
Telephone Number _____

Email Address _____

AFFIDAVIT

My name is Nate Estrada. 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

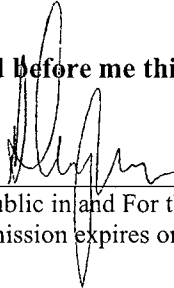
Nate Estrada

Printed Name

Estratega Company

Name of Registering Entity

Sworn and subscribed before me this 4th day of March, 2020
Month Year



Notary Public in and For the State of TX
My commission expires on 1-17-2024

