



Control Number: 49779



Item Number: 1608

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2020 OCT -6 AM 9:13

## 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	PETER SOUTHDARA	Title	EXECUTIVE DIRECTOR
Business Mailing Address	10716 GALVESTON PL		
City	MCKINNEY	State	TX
Zip	75071		
Telephone Number	972-689-8212		
Email Address	PETERSOUTHDARA1@GMAIL.COM		

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

Business Name	DFW LAO HERITAGE		
Mailing address	10716 GALVESTON PL		
City	MCKINNEY	State	TX
Zip	75071		
Telephone Number	682-331-7779		
Email Address	DFWLAOHERITAGE@GMAIL.COM		

11/6/18

**4. Business structure.** Select the form of business being registered.

☐ Sole proprietor      ☒ Corporation      ☐ Partnership  
☐ Limited Liability Company (LLC)      ☐ Limited Partnership

**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.

Name <u>SAMMI LAM</u>	Title <u>PROGRAM MANAGER</u>
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Business mailing address 10716 GALVESTON PL

City <u>MCKINNEY</u>	State <u>TX</u>	Zip <u>75071</u>
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Telephone Number 682-888-8168

Email Address SAMMI1289@ICLOUD.COM

**7. Commission contact person.** List the name, business mailing address, telephone number, and email address for a person who Commission Staff may contact.

Name <u>HOANG LAM</u>	Title <u>COMMISSION MANAGER</u>
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Business mailing address 10716 GALVESTON PL

City <u>MCKINNEY</u>	State <u>TX</u>	Zip <u>75071</u>
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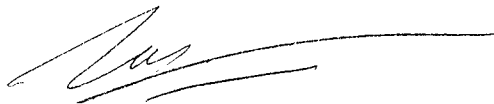
Telephone Number 682-321-0818

Email Address ALDILONG12@GMAIL.COM

## AFFIDAVIT

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

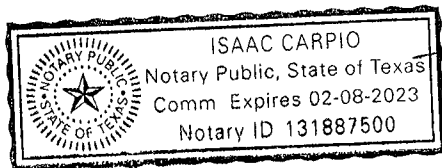
I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that the applicant is authorized to do 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.

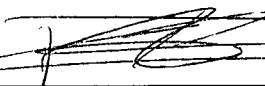
  
\_\_\_\_\_  
Signature of Registering Entity's Owner, Partner, or Officer

SAMMI LAM  
\_\_\_\_\_  
Printed Name

DFW LAO HERITAGE  
\_\_\_\_\_  
Name of Registering Entity

Sworn and subscribed before me this 9 day of September, 2020  
Month Year



  
\_\_\_\_\_  
Notary Public in and For the State of Texas  
My commission expires on 02/08/2023