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## ELECTRICITY BROKER REGISTRATION FORM 2021 FEB -2 AM 9: 07

PUBLIS CHELITY COMMISSION FILING CLERK

## 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 Repres	entative or Attorney to co	ntact about thi	s application:		
Name Charles	Farr		Title owner		
Business Mailing Address 1900 SW 6th Ave					
City Mineral Wells	State TX	Zip _	76067		
Telephone Number 909-644-5195					
Email Address sandy.hefner73103@gmail.com					
3. Registering Entity: List the registering entity's legal business name, mailing address, telephone number, and email address.					
Business Name Newto	n Energy				
Mailing address 1900 SW 6th Ave					
City Mineral Wells	State TX	Zip 7	6067		
Telephone Number 909-644-5195					
Email Address sandy.hefner73103@gmail.com					

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>				
3rd	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 Charles Farr	Title_owner				
Business mailing address 1900 SW 6th Ave					
City Mineral Wells	State TX	Zip _76067			
Telephone Number 909-644-5195					
Email Address sandy.hefner73103@gmail.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 Charles Farr	Title owner				
Business mailing address 1900 SW 6th Ave					
City Mineral Wells	State TX	<b>Zip</b> _ 76064			
Telephone Number 909-644-5195					
Email Address sandy.hefner73103@gmail.com					

## **AFFIDAVIT**

	My name is Charles Farr	I am the owner partner, or an officer (Circle One) of the Applicant.
	competent to testify to them, and that registering entity. I further swear or a all applicable laws and is in good start the application are true, correct and coprovided to the Public Utility Commissunderstands and will comply with all	knowledge of the facts stated in the attached registration, that I am I have the authority to submit this application form on behalf of the affirm that the applicant is authorized to do business in Texas under adding with the Texas Secretary of State; that all statements made in complete; and that any material changes in such information will be sion of Texas in a timely manner. I swear or affirm that the applicant requirements of the applicable law and rules, including customer rements, and marketing guidelines for retail electric service.
		Signature of Registering Entity's Owner, Partner, or Officer
		Charles Farr
		Printed Name
		Newton Energy
		Name of Registering Entity
	Sworn and	subscribed before me this 26 day of January, 2001.
A Section	DUSTY D. PUTMAN  My Notary ID # 129552580  Expires September 9, 2021	Notary Public in and For the State of Texas  My commission expires on 9/9/2
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