

Control Number: 49779



Item Number: 2071



2021 OCT 11 1M 8: 54

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 Reginsed Devos Davis Title Dearler
Business Mailing Address 2911 truxillost
City #o-sto_ State * Zip 77001
Telephone Number 852 3350854
Email Address Of 1475 Dejonc a Comail Com
3. Registering Entity : List the registering entity's legal business name, mailing address, telephone number, and email address.
Business Name Houston Uptoin Networking Mailing address 2917 Truxillo 54
City Horston State To Zip 7100 4
Telephone Number 85 355 CF 92
Email Address Ob/67) Degene a la mala Con

4. Business structure. Select the form of business being registered.		
Sole proprietor	□ 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 st	2 nd	
3 rd	4 th	
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 Residuel Davis		
Business mailing address 2917 truyillo 32		
City 10-16-	State Zip 77004	
Telephone Number 85 3350652		
Email Address		
7. Commission contact person. List the name, business mailing address, telephone number, and email address for a person who Commission Staff may contact.		
Name Kerinsid Dans	Title Owner) Lade	
Business mailing address 2417 tory 1/10 t		
City #0-52s	State Zip 77064	
Telephone Number 85 335 OF 94		
Email Address OF1875 Depose O	Convil, con	

AFFIDAVIT

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, Pariner, or Officer

Printed Name

Name of Registering Entity

Sworn and subscribed before me this

Month

Year

CYNTHIA CERVANTES
Notary Public, State of Texas
Comm. Expires 06-28-2025
Notary ID 129202968

Notary Public in and For the State of

My commission expires on ___