

Control Number: 49779



Item Number: 2520





## **PROJECT NO. 49779**

| 1. Check the most app   |               |                       |         |  |  |  |
|---|---------------|-----------------------|---------|--|--|--|
| ☐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:  Renewal of current broker registration for Cost Control Associates, Inc. (BR190928)           |               |                       |         |  |  |  |
| 2. Authorized Representative or Attorney to contact about this application:   |               |                       |         |  |  |  |
| Name Darren Misar   |               | Title General Counsel |         |  |  |  |
| Business Mailing Address 796 Meeting Street   |               |                       |         |  |  |  |
| City Charleston   | State SC      | Zip <u>29403</u>      |         |  |  |  |
| Telephone Number (843) 627-4259   |               |                       |         |  |  |  |
| Email Address dmisar@aboutsib.com   |               |                       |         |  |  |  |
| 3. <b>Registering Entity</b> : List the registering entity's legal business name, mailing address, telephone number, and email address. |               |                       |         |  |  |  |
| Business Name Cost Control Associates, Inc.   |               |                       |         |  |  |  |
| Mailing address 175 Broad Street, Ste 166   |               |                       |         |  |  |  |
| City Glens Falls  | State NY      | Zip 12801             |         |  |  |  |
| <b>Telephone Number</b> (843) 627-4259  |               |                       |         |  |  |  |
| Email Address dmisar  | @aboutsib.com |                       | <b></b> |  |  |  |

| 4. Business structure.   | Select the form of busine                          | ess being regi                        | stered.  |         |  |
|--|--|---------------------------------------|--|---------|--|
| ☐ Sole proprietor  | ☑ Corporation                                      | □ Partnersh                           | nip  |         |  |
| ☐ Limited Liability Company (LLC)  |  | ☐ Limited Partnership                 |  |         |  |
| listed in #3 above, unde   |  | ntity intends to                      | ness-as (d/b/a) names, other than the legal nation of operate. Any name in which a corporation of State. |         |  |
| 1 <sup>st</sup>  |  | 2 <sup>nd</sup>                       |  |         |  |
| 3 <sup>rd</sup>  |  | 4 <sup>th</sup>                       |  |         |  |
| <b>6. Customer Service Contact</b> . 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 Allison Levin   |  | Title Vice President                  |  |         |  |
| Business mailing address 175 Broad Street, Ste 166   |  |                                       |  |         |  |
| City Glens Falls   |  | State<br>NY                           | Zip 12801  |         |  |
| <b>Telephone Number</b> (518) 824-0314 ext 314   |  |                                       |  |         |  |
| Email Address allison  | @aboutsib.com                                      | · · · · · · · · · · · · · · · · · · · |  |         |  |
|  | t person. List the name, nission Staff may contact |                                       | ling address, telephone number, and email a  | address |  |
| Name Darren Misar  |  | Title General Counsel                 |  |         |  |
| Business mailing addr  | ess 796 Meeting Street                             |                                       |  | _       |  |
| City Charleston  |  | State<br>SC                           | Zip 29403  |         |  |
| Telephone Number (843) 627-4259  |  |                                       |  |         |  |
| Email Address dmisar@aboutsib.com  |  |                                       |  |         |  |
|  |  |                                       |  |         |  |

## **AFFIDAVIT**

| My name is Darren Misar . I am the owner, partner, or at 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  |
| Darren Misar Printed Name   |
| Cost Control Associates, Inc.  Name of Registering Entity   |
| Sworn and subscribed before me this 4th day of August ,2022.  |
| Notary Public in and For the State of 500th Carolina.  My commission expires on 12/30/29  |
| NOTARY PUBLIC   |
| E OUBLIC CAROLINATION CAROLINATION  |