

Filing Receipt

Received - 2022-08-25 09:36:53 AM Control Number - 49779 ItemNumber - 2719



ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most app	propriate box to describe this	submission		
□This is a new brok				
☐This supplies info				
☑ This amends an ex				
Provide an explanate Updating company er				
2. Authorized Represe	entative or Attorney to contac	ct about this	s application:	
Name Tim Harrell Title Managing Partner				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Business Mailing Address 307 Mayo St				
City Howe	State TX	Zip 7	5459	
Telephone Number 21				
Email Address tsharrell66@gmail.com				
3. Registering Entity : email address.	List the registering entity's leg	al business r	name, mailing address, telej	phone number, and
Business Name Holden Harrell				
Mailing address 307 Mayo St				
City Howe	State TX	Zip <u>7</u>	5459	
Telephone Number 21				
Email Address tsharrell66@gmail.com				- 1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

4. Business structure	e. Select the form of bu	siness being re	egistered.		
☑ Sole proprietor	☐ Corporation	☐ Partnership			
☐ Limited Liability	Company (LLC)	□ Limite			
listed in #3 above, und intends to operate mus	t any trade, commercial der which the registering st be registered with the	g entity intend Texas Secreta	ls to operate. Any name i	other than the legal name in which a corporation	
1 st		2 nd	2 nd		
3 rd		4 th			
customer service depa	rtment. If the registering, title, business mailing	g entity does	business mailing address not have a dedicated cust I address, and telephone	s, and email address of the omer service department, number of the customer	
Name Tim Harrell		Title Man			
Business mailing add					
City Howe		State TX	Zip 75459		
Telephone Number 2					
Email Address tsharr					
7. Commission conta for a person who Com	ct person. List the nan mission Staff may conta	ne, business m	nailing address, telephone	and email address	
Name Tim Harrell		Title Managing Partner			
Business mailing add					
City Howe		State	Zip <u>75459</u>		
Telephone Number 2	214-755-4100	TX		1	
	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Email Address tsharr	епоофунан.сот				

AFFIDAVIT

My name is I'm Harrell . I am the owner, partner, or an officer (Circle One) of the Application	int.
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	1
registering entity. I further swear or affirm that the applicant is authorized to do business in Texas un	
all applicable laws and is in good standing with the Texas Secretary of State; that all statements made	
the application are true, correct and complete; and that any material changes in such information will	
provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the applic	
understands and will comply with all requirements of the applicable law and rules, including custor	nei
protection provisions, disclosure requirements, and marketing guidelines for retail electric service.	
r,	
Signature of Registering Entity's Owner, Partner, or Officer	
Tim Harrell	
Printed Name	
	The state of the s
Holden Harrell	
Name of Registering Entity	
Sworn and subscribed before me this 23 day of August 20	72
	1.
Month Market Mark	Y ea
Short fell "Illa	-
Cultivated Target	
Notary Public in and For the State of Texas	
My commission expires on August 21, 2024	-
	1
	j
BETH S. HARVILLE	
Notary Public, State of Texas	
Comm. Expires 08-21-2024	
Notary ID 12077094	-
7///W 1000/y 10 120//034	1