

Filing Receipt

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ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this sub-	nission:		
☐This is a new broker registration			
☐ This supplies information for a pending broker registra	ation		
☑ This amends an existing, completed broker registratio	n		
Provide an explanation of the amendment: renewing/updating your broker registration BR190476			
2. Authorized Representative or Attorney to contact about	out this application:		
Name Sandra Jackson	Title Operations Coordinator		
Business Mailing Address 4789 Rings Road Suite 100			
City Dublin State OH	Zip 43017		
Telephone Number 614-884-5300			
Email Address sjackson@aspenenergy.com			
3. Registering Entity: List the registering entity's legal business name, mailing address, telephone number, and email address.			
Business Name Aspen Energy Corporation			
Mailing address 4789 Rings Road Suite 100			
City Dublin State OH	Zip 43017		
Telephone Number 614-884-5300			
Email Address sjackson@aspenenergy.com			

4. Business structure. Select the form of business being registered.				
☐ Sole proprietor	☑ Corporation	□ Partners	ship	
☐ Limited Liability C	Company (LLC)	□ Limited	Partnership	
listed in #3 above, unde		entity intends	incss-as (d/b/a) names, other than the legal name to operate. Any name in which a corporation y of State.	
1 st		2 nd		
3 rd	· · · · · · · · · · · · · · · · · · ·	4 th		
customer service depart then provide the name, service contact person.	tment. If the registering title, business mailing a	cntity does neddress, email	usiness mailing address, and email address of the ot have a dedicated customer service department, address, and telephone number of the customer	
Name Sandra Jackson		Title Opera	Title Operations Coordinator	
Business mailing addr	ess 4789 Rings Road S	uite 100		
City Dublin	_	State OH	Zip 43017	
Telephone Number 61	14-884-5300			
Email Address informa	ation@aspenenergy.cor	n		
	t person. List the name		iling address, telephone number, and email address	
Name Jessica Stauss		Title Commissions Auditor		
Business mailing addr	ess 4789 Rings Road S	uite 100		
City Dublin		State OH	Zip 43017	
Telephone Number 61	14-844-5300			
Email Address jstauss@aspenenergy.com				

AFFIDAVIT

My name is Jonathan Peele .	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 starthe application are true, correct and c provided to the Public Utility Commis understands and will comply with all	knowledge of the facts stated in the attached registration, that I an 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 custome rements, and marketing guidelines for retail electric service.
	Signature of Registering Entity's Owner, Partner, or Officer
	Jonathan Peele
	Printed Name
	Aspen Energy Corporation
	Name of Registering Entity
Sworn and	subscribed before me this 25 day of August, 2022
	Notary Public in and For the State of Ohio My commission expires on 2-15-2027
	SANDRA JACKSON Notary Public, State of Ohio My Commission Expires February 15, 2027