

Filing Receipt

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## **ELECTRICITY BROKER REGISTRATION FORM**

## **PROJECT NO. 49779**

1. Check the most appropriate box to describe this sub	mission		
☐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:  Registration number BR200020 - Existing license expired re	newing.	<u>.</u>	
2. Authorized Representative or Attorney to contact al	out this	s application:	
Name Jeffrey Jackson		Title N/A	
Business Mailing Address 4212 Windsor Parkway	,		
City Dallas State TX	Zip 75205		
Telephone Number 214-596-8599			
Email Address jeff.jackson5379@gmail.com			
3. <b>Registering Entity</b> : List the registering entity's legal business name, mailing address, telephone number, and email address.			
Business Name N/A			
Mailing address			
City State	Zip_		
Telephone Number			
Email Address			

4. Business structure.	Select the form of busin	ess being regi	stered.
☑ Sole proprietor	☐ Corporation	☐ Partnership	
☐ Limited Liability C	ompany (LLC)	☐ Limited Partnership	
listed in #3 above, unde	any trade, commercial, a er which the registering e be registered with the To	ntity intends t	ness-as (d/b/a) names, other than the legal name to 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>	
customer service depart then provide the name, service contact person.	ment. If the registering	entity does no ldress, email a	usiness mailing address; and email address of the of the st have a dedicated customer service department. address, and telephone number of the customer
Name Jeff Jackson		Title N/A	
Business mailing address 4212 Windsor Parkway			
City Dallas		State TX	Zip 75205
Telephone Number 21	4-596-8599	·	
Email Address jeff.jack	kson5379@gmail.com		
7. Commission contact for a person who Comm	t person. List the name, ission Staff may contact	business mai	iling address, telephone number, and email address
Name Jeff Jackson		Title N/A	
Business mailing addr	ess 4212 Windsor Parkw	ay	
City Dallas		State TX	Zip 75205
Telephone Number 21	4-596-8599		
Email Address jeff,jack	son5379@gmail.com		
	_	- 10	<del></del>

## **AFFIDAVIT**

My name is Jeffrey Jackson I am the owner, partner, or an 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
Jeffrey Jackson
Printed Name
Name of Registering Entity
Sworn and subscribed before me this day of day of day of day
VICKI TERRY  My Notary ID # 4238630  Expires February 8, 2026  My commission expire on 2 8 2026