

Control Number: 49779

Item Number: 4101



ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:					
☑This is a new brok	er registration				
☐This supplies information for a pending broker registration					
☐ This amends an existing, completed broker registration					
Provide an explanation of the amendment:					
2. Authorized Represe	entative or Attorney to contact abo	out this	s application:		
Name Colby Howell			Title Member		
Business Mailing Add	ress 5900 Balcones Dr Ste 100				
City Austin	State TX	Zip <u>7</u>	8731		
Telephone Number 21	4-310-0723				
Email Address colby@	gbreakfreepower.com				
	List the registering entity's legal but		name, mailing address, telephone number, and		
Business Name Break	Free Power LLC				
Mailing address 5900	Balcones Dr Ste 100				
City Austin	State TX	Zip <u>7</u>	8731		
Telephone Number 214-310-0723					
Email Address suppor	t@breakfreepower.com				

4. Business structure. Select the form of business being registered.				
☐ Sole proprietor	☐ Corporation	□ Partnership		
Limited Liability Co	mpany (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 Energy Ethos		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 Colby Howell		Title Membe	Title Member	
Business mailing address 5900 Balcones Dr Ste 100				
City Austin		State TX	Zip 78731	
Telephone Number 214-310-0723				
Email Address support@breakfreepower.com				
7. Commission contact person . List the name, business mailing address, telephone number, and email address for a person who Commission Staff may contact.				
Name Colby Howell		Title Member		
Business mailing address 5900 Balcones Dr Ste 100				
City Austin		State TX	Zip 78731	
Telephone Number 214-310-0723				
Email Address support@breakfreepower.com				

AFFIDAVIT

My name is Colby Howell	. 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 all applicable laws and is in good stathe application are true, correct and opprovided to the Public Utility Commisunderstands and will comply with all	knowledge of the facts stated in the attached registration, that I am 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 nding with the Texas Secretary of State; that all statements made in complete; and that any material changes in such information will be ssion of Texas in a timely manner. I swear or affirm that the applicant I requirements of the applicable law and rules, including customer irements, and marketing guidelines for retail electric service.
	Signature of Registering Entity's Owner, Partner, or Officer Colby Howell Printed Name
	Break Free Power LLC Name of Registering Entity
Sworn and	I subscribed before me this of day of July , 2024 . Month Year
	Notary Public in and For the State of Texas My commission expires on Tropic CRYSTAL NUNO CRYSTAL NUNO Notary Public, State of Texas Comm. Expires 07-06-2027 Notary ID 134440540