



Filing Receipt

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Control Number - 49779

Item Number - 4265



ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

Check the box that applies to describe this submission:		
<input type="checkbox"/> This is a new broker registration		
<input type="checkbox"/> This supplies information for a pending broker registration		
<input checked="" type="checkbox"/> This amends an existing, completed broker registration		
Provide an explanation of the amendment: <u>Renewal BR 190480</u>		
Authorized Representative of Agency in control about this application:		
Name <u>JACK LEWIS</u>	Title <u>MANAGER</u>	
Business Mailing Address <u>4564 Homestead Dr</u>		
City <u>Southlake</u>	State <u>TX</u>	Zip <u>76092</u>
Telephone Number <u>817 491 2599</u>		
Email Address <u>lehallp@gmail.com</u>		
Request the Broker to file a new application for a new license or to amend an existing license:		
Business Name <u>LONO LLC</u>		
Mailing address <u>4564 Homestead Dr</u>		
City <u>Southlake</u>	State <u>TX</u>	Zip <u>76092</u>
Telephone Number <u>817 491 2599</u>		
Email Address <u>lehallp@gmail.com</u>		

4. Business Structure - Select the type of business you are operating.			
<input type="checkbox"/> Sole proprietor		<input type="checkbox"/> Corporation	
<input checked="" type="checkbox"/> Limited Liability Company (LLC)		<input type="checkbox"/> Partnership	
		<input type="checkbox"/> Limited Partnership	
5. Other Names - List any other names used by the business, including "DBA" names, other than the legal name.			
1 st _____		2 nd _____	
3 rd <u>N/A</u>		4 th _____	
6. Contact Information - Provide the following information for the business. If the business is operated from a home, please indicate the address of the business.			
Name <u>JACK LEWIS</u>		Title <u>MANAGER</u>	
Business mailing address <u>4564 Homestead Dr</u>			
City <u>Southlake</u>		State <u>TX</u>	Zip <u>76092</u>
Telephone Number <u>817 491 2599</u>			
Email Address <u>loholp@gmail.com</u>			
7. Commission Contact Person - Provide the following information for the commission contact person.			
Name <u>JACK LEWIS</u>		Title <u>MANAGER</u>	
Business mailing address <u>4564 Homestead Dr</u>			
City <u>Southlake</u>		State <u>TX</u>	Zip <u>76092</u>
Telephone Number <u>817 491 2599</u>			
Email Address <u>loholp@gmail.com</u>			

AFFIDAVIT

My name is Jack Lewis. 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]
Signature of Registering Entity's Owner, Partner, or Officer

Jack Lewis
Printed Name

Lohelle BR 190480
Name of Registering Entity

Sworn and subscribed before me this 3rd day of December, 2024
Month Year

[Signature]
Notary Public in and For the State of Texas
My commission expires on 05/08/2027

