

Filing Receipt

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Control Number - 49779

Item Number - 4309



ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this su	bmission:
☐This is a new broker registration	
☐This supplies information for a pending broker regis	stration
☑This amends an existing, completed broker registrat	
Provide an explanation of the amendment: I am renewing/updating our broker registration number 800	
2. Authorized Representative or Attorney to contact a	bout this application:
Name Marilyn J, Fox	Title President
Business Mailing Address 3812 Cherrywood Road	
City Austin State Texas	Zip_78722
Telephone Number 512-426-5167	
Email Address fox@foxsmolen.com	
3. Registering Entity : List the registering entity's legal be email address.	usiness name, mailing address, telephone number, and
Business Name Fox, Smolen & Associates, Inc.	
Mailing address 3812 Cherrywood Road	
City Austin State Texas	Zip_78722
Telephone Number 512-426-5167	
Email Address fox@foxsmolen.com	

Limited Liability Company (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. 1st	☐ Sole proprietor ☑ Corpor	ation 🗆 Parti	nership	
intends to operate must be registered with the Texas Secretary of State. 1st	☐ Limited Liability Company (L	LC) Lim	ted Partnership	
2nd 4th				
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 Paul N. Smolen Title Vice President Business mailing address 3812 Cherrywood Road City Austin State Texas Telephone Number 512-619-5314 Email Address smolen@foxsmolen.com 7. Commission contact person. List the name, business mailing address, telephone number, and email address or a person who Commission Staff may contact. Name Marilyn J. Fox Title President State Zip 78722 Title President State Zip 78722	1 st			
then provide the name, title, business mailing address, email address, and telephone number of the customer service contact person. Name Paul N. Smolen Title Vice President Business mailing address 3812 Cherrywood Road City Austin State Texas Telephone Number 512-619-5314 Email Address smolen@foxsmolen.com 7. Commission contact person. List the name, business mailing address, telephone number, and email address or a person who Commission Staff may contact. Name Marilyn J. Fox Title President Business mailing address 3812 Cherrywood Road City Austin State Ty Title President State Ty Title President State Ty Title President	3 rd	4 th	4 th	
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City Austin State TX Zip 78722	Telephone Number 512-619-5314 Email Address smolen@foxsmolen 7. Commission contact person. Lis	I.com		
TX Zip 10122	Telephone Number 512-619-5314 Email Address smolen@foxsmolen 7. Commission contact person. Listor a person who Commission Staff	n.com st the name, business may contact.	mailing address, telephone number, and email addres	
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	Telephone Number 512-619-5314 Email Address smolen@foxsmolen T. Commission contact person. Listor a person who Commission Staff of Name Marilyn J. Fox Business mailing address 3812 Chemisters	st the name, business may contact. Title Preserrywood Road State	nailing address, telephone number, and email addres	

AFFIDAVIT

My name is Marilyn J. Fox . I am	the owner, partner, or an officer (Circle One) of the Applicant.
registering entity. I further swear or affirm all applicable laws and is in good standing the application are true, correct and complete provided to the Public Utility Commission of understands and will comply with all requirements.	vledge of the facts stated in the attached registration, that I ame the authority to submit this application form on behalf of the that the applicant is authorized to do business in Texas under with the Texas Secretary of State; that all statements made in the and that any material changes in such information will be af Texas in a timely manner. I swear or affirm that the applicant irements of the applicable law and rules, including customer and that any guidelines for retail electric service.
Ma Prin Fox	nature of Registering Facility's Owner, Partner, or Officer rilyn J. Fox ated Name C. Smolen & Associates, Inc. are of Registering Entity
Nota	ribed before me this day of
	DESTANIE MARSHALL MY COMMISSION EXPIRES NOVEMBER 7, 2028 NOTARY ID: 134052460