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Control Number - 49779

Item Number - 4756



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 infor	mation for a pending broker registra	tion			
This amends an e	existing, completed broker registration	i .			
	ion of the amendment:				
Renewal Registration	Application				
2. Authorized Representative or Attorney to contact about this application:					
Name Megan McLaughlin			Title Operations Manager		
Business Mailing Add	ress 5 Dartmouth Drive, Suite 301.	Aubum	, NH 03032		
City Auburn	State NH	Zip <u>0</u>	3032		
Telephone Number 60	03-625-2244				
Email Address regulatory@felpower.com					
3. Registering Entity: email address.	List the registering entity's legal bu	siness n	name. mailing address, telephone number, and		
Business Name Freedo	om Energy Logistics LLC				
Mailing address 5 Dartmouth Drive, Suite 301, Auburn, NH 03032					
City Auburn	State NH	Zip 0	3032		
Telephone Number 603-625-2244					
Email Address regulat	orv@felpower.com				

4. Business structure. Select the form of busine	ess being regi	stered.			
☐ Sole proprietor ☐ Corporation	☐ Partnership				
☐ Limited Liability Company (LLC)	☐ Limited Partnership				
5. Other Names. List any trade, commercial, ar listed in #3 above, under which the registering e intends to operate must be registered with the Te	ntity intends	to operate. Any name in which a corporation			
- 1'	2 nd				
3rd	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 Megan McLaughlin	Title Operations Manager				
Business mailing address 5 Dartmouth Drive.	Suite 301				
City Auburn	State NH	Zip <u>03032</u>			
Telephone Number <u>603-625-2244</u>					
Email Address info@felpower.com		_			
7. Commission contact person. List the name, for a person who Commission Staff may contact		ling address, telephone number, and email address			
Name Megan McLaughlin	Title Operations Manager				
Business mailing address 5 Dartmouth Drive.	Suite 301				
City Auburn	State NH	Zip <u>03032</u>			
Telephone Number <u>603-625-2244</u>					
Email Address regulatorv@felpower.com					

AFFIDAVIT

My name is HOWANO	MANU am the owner, partner, or an officer (Circle One) of t	he 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.

	Hour M. Plan
SHLYNNE	Signature of Registering Entity's Owner, Partner,
NOTANTE	HOWARD M. PONTE
19 100 0 12 128	Printed Name
BLIC	Fuldim LOGISTICS LLC Name of Registering Entity
Ch 23.2	Name of Registering Entity
MASHIK	
Sv	worn and subscribed before me this /////day of //

Broker Registration Form Last Updated September 22, 2021 Month

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