

Control Number: 49779



Item Number: 4948





ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:					
☑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:					
2. Authorized Representative or Attorney to contact about this application:					
Name Cynthia Rodriguez Title Owner					
Business Mailing Address 319 S Peking St. C.					
City McAllen State Texas Zip 78501					
Telephone Number 95688592					
Email Address Cynthia @ezutilitypros. Com					
3. Registering Entity : List the registering entity's legal business name, mailing address, telephone number, and email address.					
Business Name Utility Pros UC					
Mailing address 319 S. Peking St. C.					
City McAllen State Texas Zip 78501					
Telephone Number 9568788592					
Email Address Cynthia (a) utility pros. Com					

4. Business structure. Select the form of business being registered.					
☐ Sole proprietor	☑ Corporation	☐ Partners	hip		
☐ 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.					
1 st		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 Cynthia	•	Title OWNEY			
Business mailing address 319 5 PCKing St.					
City McAllen		State TX	Zip 78507		
Telephone Number 9568788592					
Email Address Cynthia @ezutility pros.com					
	t person. List the name nission Staff may contac		iling address, telephone number, and email address		
Name CYNTHIG	Rodriguez	Title <u>OW</u>	ner		
Business mailing addr	ess 319 S PCK	ing st			
City MCA-Hen		State <u>TX</u>	Zip 78501		
Telephone Number 956-878-8592					
Email Address	nthia@ czut	ility py	US, com		

AFFIDAVIT

My name is Cynthia Rodnguz 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.

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Signature of Registering Entity's Owner, Partner, or Officer Cynthia Rodnguez Printed Name	
Name of Registering Entity	
Sworn and subscribed before me this 1 day of September, 25 Month Yea Notary Public in and For the State of Texas My commission expires on 03/03/27	
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