

Filing Receipt

Filed Date - 2025-10-01 08:24:21 AM

Control Number - 49779

Item Number - 5018



ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this s	submission:
☑This is a new broker registration	
☐This supplies information for a pending broker reg	gistration
☐This amends an existing, completed broker registr	ration
Provide an explanation of the amendment:	
2. Authorized Representative or Attorney to contact	t about this application.
Name Justin Sigman	Title CEO
Business Mailing Address 2810 Crossroads Dr	
City Madison State AZ	Zip_53718
Telephone Number (773) 697-8625	
Email Address justin@trnkey.com	
and the second s	of a state of the
3. Registering Entity: List the registering entity's legation and address:	al business name, mailing address, telephone number, and
Business Name trnkey, inc.	
Mailing address 2810 Crossroads Dr. Ste 2600	
City Madison State WI	Zip 53718
Telephone Number (877) 4 TRNKEY	
Email Address legal@trnkey.com	

4. Business structure. Select the form of business being registered.				
☐ Sole proprietor	☑ Corporation	□ Partnership		
☐ Limited Liability C	Company (LLC)	☐ Limited Partnership		
listed in #3 above, und	any trade, commercial, ar er which the registering e t be registered with the Te	ntity intends t	ness-as (d/b/a) names, other than the legal name o operate. Any name in which a corporation 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 Nic Wehrwein		Title Operations Manager		
Business mailing address 2810 Crossroads Dr, Ste 2600				
City Madison		State AZ	Zip 53718	
Telephone Number (773) 242-6960				
Email Address nicw@trnkey.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 Kristin Busch		Title CFO		
Business mailing address 2810 Crossroads Dr, Ste 2600				
City Madison		State AZ	Zip <u>53718</u>	
Telephone Number (480) 889-7288				
Email Address ar@tm	nkey.com			
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AFFIDAVIT

My name is Justin Sigman . 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 of Registering Entity's Owner, Partner, or Officer Justin Sigman Printed Name
trnkey, inc.
Name of Registering Entity
Sworn and subscribed before me this 30 day of Soptember, 2025
Month Year
Notary Puldio in and For the State of Illinois My commission expires on May 16, 2029.
Official Seal SYDNEY CHAR BOWIE Notary Public, State of Illinois Commission No. 1010389 My Commission Expires May 16, 2029