



Filing Receipt

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AFFIDAVIT

My name is Philip D. Morris 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.

Philip D Morris
Signature of Registering Entity's Owner, Partner, or Officer

Philip D Morris
Printed Name

Philip D Morris
Name of Registering Entity

Sworn and subscribed before me this 7th day of October, 2025
Month Year

[Signature]
Notary Public in and For the State of Arkansas
My commission expires on 8-18-2033





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:

RENEWAL BR 220102

2. Authorized Representative or Attorney to contact about this application:

Name PHILIP D. MORRIS Title OWNER

Business Mailing Address 2 BEWCASTLE LN

City BEWA VISTA State ARKANSAS Zip 72714

Telephone Number 214-394-8952

Email Address morrisphil@aol.com

3. Registering Entity: List the registering entity's legal business name, mailing address, telephone number, and email address.

Business Name PHILIP D. MORRIS

Mailing address 2 BEWCASTLE LN

City BEWA VISTA State TX Zip 72714

Telephone Number 214-398-8952

Email Address morrisphil@aol.com

4. Business structure. Select the form of business being registered.

☒ Sole proprietor ☐ Corporation ☐ Partnership
☐ 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 <u>— NONE —</u>	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 <u>PHILIP D MORRIS</u>	Title <u>OWNER</u>
Business mailing address <u>2 BEWCASTLE CT</u>	
City <u>BEWA VISTA</u>	State <u>AR</u> Zip <u>72714</u>
Telephone Number <u>214-394-8952</u>	
Email Address <u>morrisphil@d@gmail.com</u>	

7. Commission contact person. List the name, business mailing address, telephone number, and email address for a person who Commission Staff may contact.

Name <u>PHILIP D MORRIS</u>	Title <u>OWNER</u>
Business mailing address <u>2 BEWCASTLE CT</u>	
City <u>BEWA VISTA</u>	State <u>AR</u> Zip <u>72714</u>
Telephone Number <u>214-394-8952</u>	
Email Address <u>morrisphil@d@gmail.com</u>	