



Control Number: 49779



Item Number: 551

Addendum StartPage: 0



ELECTRICITY BROKER REGISTRATION FORM

RECEIVED
2019 AUG 26 AM 10:00

PUBLIC UTILITY COMMISSION
FILING CLERK

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 Greg Allen

Title VP

Business Address 711 South Carson Street, Suite 4

City Carson City

State NV

Zip 89701

Telephone Number 800-270-7007

Email Address gallen@AvivaEnergy.com

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

Name AVIVA ENERGY CORP.

Business address 711 South Carson Street, Suite 4

City Carson City

State NV

Zip 89701

Telephone Number

4. Type of organization of registering entity:

- ☐ Sole proprietor ☐ Other
- ☒ Corporation
- ☐ Limited Liability Company, L.L.C
- ☐ Limited Partnership

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5. Description of the brokerage services provided by the registering entity and type of customers served.

Description of Services:

Types of Customers: *Check all that apply*

- ☐ Residential
 ☒ Industrial
 ☐ Other
☒ Commercial
 ☒ Municipalities

6. 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 Secretary of State.

1st n/a 2nd n/a

3rd n/a 4th n/a 5th n/a

7. Officers. Provide, as **Attachment A**, the names, business addresses, email addresses, and phone numbers of the registering entity's officers, directors, and partners, as applicable.

☒ Attachment A

8. Customer Service Contact. List the telephone number 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, address, email address, and telephone number of the customer service contact person.

Customer Service Department	Telephone Number 8002707007	Email Address gallen@avivaenergy.com
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Name G Allen	Title VP
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Business address 711 South Carson Street, Suite 4

City Carson City	State NV	Zip 89701
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Telephone Number 800-270-7007

Email Address gallen@AvivaEnergy.com

9. Regulatory contact person. List the name, physical business address, telephone number, and email address for a regulatory contact person.

Name G. Allen	Title VP
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Business address 711 South Carson Street, Suite 4

City Carson City	State NV	Zip 89701
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Telephone Number 800-270-7007

Email Address gallen@AvivaEnergy.com

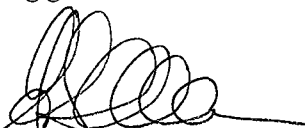
10. Secretary of State Record. Entities who must register with the Secretary of State must provide a copy of the certificate of status issued by the Texas Secretary of State certifying that the registering entity is authorized to transact business in Texas.

☒ Copy of Secretary of State certificate of status is attached.

AFFIDAVIT

My name is G. Allen. I am the VP 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 all statements made in the Registration Form are true, correct and complete and that any substantial changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the registering entity 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

G.Allen

Printed Name

Aviva Energy Corp. a Nevada corporation

Name of Registering Entity

Sworn and subscribed before me this 9 day of August, 2019.
Month Year

NEXT PAGE

Notary Public in and For the State of _____

My commission expires on _____

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Kern

On 8-15-19

Date

before me,

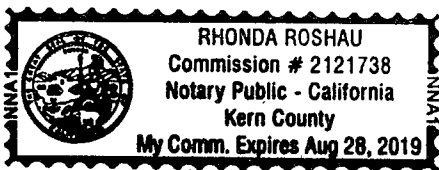
Rhonda Rosheu notary public

Here Insert Name and Title of the Officer

personally appeared 6 Allen

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Rhonda Rosheu

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit elec broker registration

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____