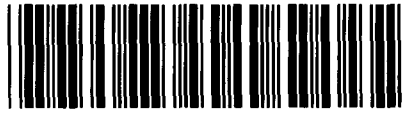




Control Number: 49779



Item Number: 602

Addendum StartPage: 0



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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 Kurt Swenson	Title Owner
Business Address 75 Southridge Ln	
City Lexington	State VA
Zip 24450	
Telephone Number (540)461-2633	
Email Address kurt.swenson@propertycostsystems.com	

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

Name Kurt R Swenson dba Property Cost Systems	
Business address 75 Southridge Ln	
City Lexington	State VA
Zip 24450	
Telephone Number (540)461-2633	

4. Type of organization of registering entity:

Sole proprietor Other

Corporation

Limited Liability Company, L.L.C

Limited Partnership

602

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

Description of Services:
ELECTRICITY AND NATURAL GAS BROKERAGE

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.

1 st	2 nd
3 rd	5 th

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 (540)461-2633	Email Address kurt.swenson@propertycostsystems.com
Name Kurt Swenson	Title Owner	
Business address 75 Southridge Ln		
City Lexington	State VA	Zip 24450
Telephone Number (540)461-2633		
Email Address kurt.swenson@propertycostsystems.com		

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

Name Kurt Swenson	Title Owner	
Business address 75 Southridge Ln		
City Lexington	State VA	Zip 22401
Telephone Number (540)461-2633		
Email Address kurt.swenson@propertycostsystems.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 Kurt Swenson. I am the Owner of the Registering Entity.

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.

Kurt R. Swenson

Signature of Registering Entity's Owner, Partner, or Officer

Kurt Swenson

Printed Name

Kurt R Swenson dba Property Cost Systems

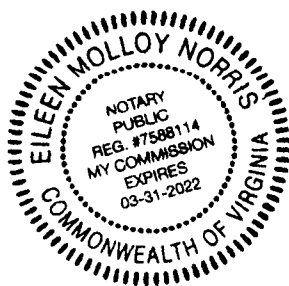
Name of Registering Entity

Sworn and subscribed before me this 22nd day of August, 2019
Month Year

[Signature]

Notary Public in and For the State of Virginia.

My commission expires on 03-31-2022.





OFFICE OF DIANE TRAUTMAN 190582
COUNTY CLERK, HARRIS COUNTY, TEXAS 08/22/2019 PERSONAL \$15.00 ASSUM NTRY

This is to acknowledge receipt of certificate of operation under Assumed Name which was filed in my office for KURT R. SWENSON DBA PROPERTY COST SYSTEMS, under the file number as shown on the cash register validation above, and indexed in the Assumed Name Records as prescribed by law.

The certificate shows

SWENSON, KURT R

to be the owner(s) of said business.

The period (not to exceed 10 years) during which the assumed name will be used is shown as 10
August 22, 2019 Through August 22, 2029

Whenever there is a change of ownership, a withdrawal certificate shall be executed and duly acknowledged by the person or persons so withdrawing from or disposing of their interest in said business. Until such certificate has been filed, they shall remain liable for all debts incurred in the operation of said business.

DIANE TRAUTMAN,
County Clerk, Harris County

JoAnn Garcia

JoAnn Zuniga Garcia

Deputy County Clerk

