

Control Number: 49779



Item Number: 726

Addendum StartPage: 0



ELECTRICITY BROKER REGISTRATION FORM 9: 27

RECEIVED

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 _{N/A} | | | Title | | | |
| Business Address | | | | | | |
| City | State | Zip | | | | |
| Telephone Number | | | | | | |
| Email Address | | | | | | |
| 3. Registering Entity: | List the registering entity's legal na | me, bus | siness address, and telephone number. | | | |
| Name Susan L. York | | | | | | |
| Business address 4349 Selkirk Dr. W. | | | | | | |
| City Fort Worth | State TX | Zip | 76109-5331 | | | |
| Telephone Number 817-975-3535 | | | | | | |
| 4. Type of organizatio | n of registering entity: | | | | | |
| ✓ Sole proprietor ☐ Corporation ☐ Limited Liability Co ☐ Limited Partnership | □ Other ompany, L.L.C | | | | | |

| 5. Description of the brokerage services provided by the registering entity and type of customers served. | | | | | |
|--|----------------------------------|--------------------------------------|--|--|--|
| Description of Services: I procure electricity for both residential and commercial customers. | | | | | |
| Types of Customers: Check all that apply | | | | | |
| ☑ Residential☑ Commercial | ☐ Industrial ☐ Municipalities | □ Other | | | |
| 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 N/A | | 2 nd | | | |
| 3 rd | 4 th | 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 817-975-3535 | Email Address baylorex1@gmail.com | | | |
| Name Susan L. York | | Title Owner | | | |
| Business address 43 | 49 Selkirk Dr. W. | | | | |
| City Fort Worth | State TX | Zip 76109-5331 | | | |
| Telephone Number 817-975-3535 | | | | | |
| Email Address baylorex1@gmail.com | | | | | |
| 9. Regulatory contact person . List the name, physical business address, telephone number, and email address for a regulatory contact person. | | | | | |
| Name Susan L. Y | ork | Title Owner | | | |
| Business address 4349 Selkirk Dr. W. | | | | | |
| City Fort Worth | State TX | Zip 76109-5331 | | | |
| Telephone Number 817-975-3535 | | | | | |
| Email Address baylorex1@gmail.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 Susan L. York . | I am the Owner of the Registering Entity. | |
|---|---|---|
| competent to testify to them, and that registering entity. I further swear of correct and complete and that any su Utility Commission of Texas in a time and will comply with all requirement | al knowledge of the facts stated in the attached registration, that I have the authority to submit this application form on behaver affirm that all statements made in the Registration Form a substantial changes in such information will be provided to the nely manner. I swear or affirm that the registering entity undents of the applicable law and rules, including customer prand marketing guidelines for retail electric service. | lf of the are true e Public erstands |
| | Signature of Registering Epotty's Owner, Partner, or Officer | _ |
| | Susan L. York Printed Name | |
| | Susan L. York Name of Registering Entity | |
| Sworn and | d subscribed before me this 26 day of August | <u> 2019</u> |
| XIOMARA ZELAYA Motary Public | Notary Public in and For the State of $\frac{71495}{2022}$ My commission expires on $\frac{31912022}{2022}$ | Year |
| | | |