

Control Number: 49779



Item Number: 840

Addendum StartPage: 0

RECEIVED



2019 AUG 30 PM 2: 03 ELECTRICITY BROKER REGISTRATION FORM FILING CLERK

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:

IThis is a new broker registration

 \Box This supplies information for a pending broker registration

 \Box This amends an existing, completed broker registration

Provide an explanation of the amendment:

2. Authorized Representative or Attorney to contact about this application:					
Name Michael J. Benson			Title Owner		
Business Address	2916 Comanche Tra	ail			
City Waco	State Texas	Zip	76712		
Telephone Number	(832) 589-5253				
Email Address mike@impact-admin.com					
3. Registering Entity:	List the registering entity's le	gal name, bus	siness address, and telephone number.		
Name Impact Administration & Business Consulting Inc.					
Business address 2916 Comanche Trail					
City Waco	State Texas	Zip	76712		
Telephone Number	972-822-0803				
4. Type of organizatio	n of registering entity:				
□ Sole proprietor	□ Other				
Corporation	ompany, L.L.C				
Limited Partnership			76		

5. Description of the brokerage services provided by the registering entity and type of eustomers served.					
Description of Services	5:				
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	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.					
name, title, address, en Customer Service					
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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.

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AFFIDAVIT

My name is Michael J BENSON. I am the President/ Owner 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

Michael J. Benson

Printed Name Impact Administration & Business Consulting Inc.

Name of Registering Entity

Sworn and subscribed before me this 20 day of Month

ALISHA WORLEY Notary Public STATE OF TEXAS My Comm. Exp. 08-12-21 Notary ID # 12952146-3

Notary Public in and For the State of My commission expires on Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Impact Administration & Business Consulting Inc. File Number: 802556530

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic For-Profit Corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 10/05/2016

Effective: 10/05/2016



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Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: Bridgetta Smith Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10306

Dial: 7-1-1 for Relay Services Document: 693006770002