

Control Number: 49779



Item Number: 941

Addendum StartPage: 0



2019 SEP -3 PH 12: 00

## ELECTRICITY BROKER REGISTRATION FORM 14 BOMMBELL AN FILING CLERK

## **PROJECT NO. 49779**

1 Check the most appropriate to a time some will only	dissie
This is a new broker registration	
☐ This supplies information for a pending broker regist	ration
☐ This amends an existing, completed broker registration	on
Provide an explanation of the amendment:	
2. Authorized Representative or Attorne, to contact ab	our this application.
Name Mary Ann CLARIE	Title
Business Address RED RIVER Dr	
City Katy State 7 8	Zip 77450
Telephone Number 1312 1113 8823	
Email Address Makciark 62 (a) 44hos, com	
3. Registering Entity: List the registerio, an fity's legal nat	me, business address, and telephone number.
Name FIRST NOUN LL	
Business address 12 714 KLD RIVER DY  City aly  State TX	
	Zip 77450
Telephone Number 512-413 - 8873	
4. Type of organization of registering entity.	
☐ Sole proprietor ☐ Other ☐ Corporation ☐ Limited Liability Company, L.L.C ☐ Limited Partnership	

5. Description of the br	okerage services position in	registering entity and type of customers served
Description of Services	3:	
Types of Customers: C	Check all that apply	
Residential	☐ Industrial	□ Other
Commercial	☐ Municipalities	
listed in #3 above, unde		ing-business-as (d'b/a) names, other than the legal name intends to operate. Any name in which a corporation
1 <sup>st</sup>	to be registered with the secretar	2 <sup>nd</sup>
3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
	s Attachment A, the names, b officers, directors, and partners	usiness addresses, email addresses, and phone numbers of s, as applicable.
☐ Attachment A		
<b>8. Customer Service Contact</b> . 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 5/2-4/3-882	Email Address  3 Consci 4KK 67 Conference
Nama 4	use CLAKIC	Title UND WER
Duginass address	EN RIVER DY	
City KATA	State 1X	Zip 77450
Telephone Number		
Email Address		
9. Regulatory contact for a regulatory contact		cal business address, telephone number, and email address
Name YN ALY KINA	U CLIARIC	Title Owner
70	EN PHIEK DY	
City /aty	State	Zip 7745 0
Telephone Number	113-8823	
Email Address	un 62 co yound 100	i «

10. Secretary of State Record. Entities we amust record with the Secretary of State must provide a copy of the certificate of the assued by the Texas State and state certifying that the registering entity is authorized to transact business of Jaxas.

Opy of Secretary of State certificate of status is attached.

## **AFFIDAVIT**

I swear or affirm that I have personal k competent to testify to them, and that I registering entity. I further swear or a correct and complete and that any subs Utility Commission of Texas in a timely and will comply with all requirements	ann the Applicate of the Registering Entity.  Inowledge of the facts stated in the attached registration, that I am have the authority to submit this application form on behalf of the affirm that all statements made in the Registration Form are true, tantial changes in such information will be provided to the Public y manner. I swear or affirm that the registering entity understands of the applicable law and rules, including customer protection d marketing guidelines for retail electric service.
ROBERT MAY NOTARY PUBLIC - STATE OF TEXAS ID # 129222226-9 COMM. EXP. 09-08-2021	Signature of Registering Entity's Owner, Partner, or Officer  Signature of Registering Entity's Owner, Partner, or Officer  ALLE  Printed Name  FIRST MUVA LLE  Name of Registering Entity
Sworn and s	Notary Public in and For the State of Texas  My commission expires on 9/8 3