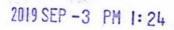


Control Number: 49779



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Addendum StartPage: 0





ELECTRICITY BROKER REGISTRATION FORMLERK

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 Roy Austrian Business Address Title					
Business Address					
City State TX Zip 77429					
Telephone Number					
Email Address astrowragolicon					
3. Registering Entity: List the registering entity's legal name, business address, and telephone number.					
Name Roy Austin					
Business address 2					
City ypress State TL Zip 77429					
Telephone Number					
4. Type of organization of registering entity:					
Sole proprietor					
□ Corporation					
☐ Limited Liability Company, L.L.C					
☐ Limited Partnership					

5. Description of the b	rokerage services provided by the	registering entity and type of customers served.
Description of Service	s:	
Types of Customers: Residential Commercial	Check all that apply Industrial Municipalities	Other
listed in #3 above, und intends to operate mus		
1 st		2 nd
3 rd	4 th	5 th
the registering entity's	is Attachment A , the names, busi officers, directors, and partners, as	ness addresses, email addresses, and phone numbers of sapplicable.
☐ Attachment A		
department. If the regi	stering entity does not have a dedi	er and email address of the customer service cated customer service department, then provide the r of the customer service contact person.
Customer Service Department	Telephone Number 979-848-7903	Email Address OSTN pwr ga a ol. com
Name Roy A	tystin	Title Owner
Business address	Black pine	ircle
City	State TK1	Zip 77429
Telephone Number	79-848-7903	
Email Address 45	Inpura goli	com
The second secon	person . List the name, physical	business address, telephone number, and email address
Name Roy M	ustri	Title owner
Business address	5014 Black P	ine circle
Cityeypress	State Ti	Zip 77429
Telephone Number	-848-7903	
Email Address	Lm Dunca Cal	74-

AFFIDAVIT

My name is Roy Austin am the	owner	of the Registering Entity.
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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

Sworn and subscribed before me this 22 day of Avgust

Month

Notary Public in and For the State of My commission expires on

سر طفو

THERESA GAMBERTOGLIO **Notary Public** STATE OF TEXAS

My Comm. Exp. 08-13-22

Notary ID # 12955484-6 CONTRACTOR ACTIVIDATES