Control Number: 49834

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APPLICATION OF QUADVEST, L.P. TO	§	**PUBLIC UTILITY COMMISSION**
AMEND ITS SEWER CERTIFICATE OF	§	
CONVENIENCE AND FOR DUAL	§	**OF TEXAS**
CERTIFICATION WITH SOUTH		
CLEVELAND WATER SUPPLY		
CORPORATION'S WATER		
CERTIFICATE OF CONVENIENCE AND		
NECESSITY IN LIBERTY COUNTY		

ORDER NO 1 RESPONSE

1. The legal name and all assumed names, if any, under which the applicant conducts business. If the applicant uses an assumed name, provide a currently valid certificate of assumed name.

Answer: As stated on page 4 of the application, which is included the legal name is Quadvest and no assumed names.

2. The form of business in Texas, Charter of Authorization number, date business was formed, and date change was made (if any).

Answer: As stated on page 4 Quadvest is a Limited Partnership, and Charter Number is 742124371. The business was formed in 1978. In 2005 the only change was from Inc to LP, Office of the Secretary of State Certificate, which was included in original application is attached.

3. Legal name of parent company, if any, and a description of its primary business interests and the name of any companies affiliated with the applicant with which it does any business. Provide the state and date in which the parent company is registered.

Answer: Office of the Secretary of State Certificate included. As stated on #5 of the application there are no other names besides Quadvest.

Yvette McNellie
Yvette McNellie
Quadvest, L.P.
26926 FM 2978
Magnolia, TX 77354
Telephone: 281-305-1124
Fax: 281-356-5382
yvette@quadvest.com

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Conversion for Quadvest, L.P. (file number 800539284), a Domestic Limited Partnership (LP), was filed in this office on August 31, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 04, 2019.

David Whitley
Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Phone: (512) 463-5555
Prepared by: SOS-WEB

Fax: (512) 463-5709
TID: 10264

Dial: 7-1-1 for Relay Services
Document: 872053220003

1. A. Name: **Quadvest,L.P.**

   <small>(individual, corporation, or other legal entity)</small>

   ☐ Individual   ☒ Corporation   ☐ WSC   ☐ Other: _____

   B. Mailing Address: **PO BOX 409**

   Tomball, Tx 77377

   Phone No.: **(281) 356-5347**   Email: **support@quadvest.com**

   C. <u>Contact Person.</u> Please provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney, accountant, or other title.

   Name: **Yvette McNellie**   Title: **Partner**

   Mailing Address: **PO Box 409 Tomball, TX 77377**

   Phone No.: **(281) 305-1124**   Email: **yvette@quadvest.com**

2. If the Applicant is someone other than a municipality, is the Applicant currently paid in full on the Regulatory Assessment Fees (RAF) remitted to the TCEQ?

   ☒ Yes   ☐ No   ☐ N/A

3. If the Applicant is an Investor Owned Utility (IOU), is the Applicant current on Annual Report filings with the Commission?

   ☒ Yes   ☐ No   If no, please state the last date an Annual Report was filed: _____

4. The legal status of the Applicant is:

   ☐ Individual or sole proprietorship

   ☒ Partnership or limited partnership (*attach* Partnership agreement)

   ☐ Corporation: Charter number (recorded with the Texas Secretary of State): **742124371**

   ☐ Non-profit, member-owned, member controlled Cooperative Corporation [Article 1434(a) Water Supply or Sewer Service Corporation, incorporated under TWC Chapter 67]
      Charter number (as recorded with the Texas Secretary of State): _____
      ☐ Articles of Incorporation and By-Laws established (*attach*)

   ☐ Municipally-owned utility

   ☐ District (MUD, SUD, WCID, FWSD, PUD, etc.)

   ☐ County

   ☐ Affected County (a county to which Subchapter B, Chapter 232, Local Government Code, applies)

   ☐ Other (please explain): _____

5. If the Applicant operates under an assumed name (i.e., any d/b/a), provide the name below:

   Name: **NO OTHER NAME**