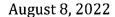


Filing Receipt

Received - 2022-08-08 03:29:36 PM Control Number - 53942 ItemNumber - 1





Public Utility Commission of Texas Attn: Central Records 1701 N Congress, Suite 8-100 Austin, Texas 78701

SENT VIA E-FILING & UPS (Tracking No. 1Z8492670297378750)

RE: REP License Amendment – Name Change

Clearview Electric, Inc. (REP Certification Number 10129)

To Whom It May Concern:

Clearview Electric, Inc. wishes to change the name on its REP Certificate to **Clearview Power, Inc.** Enclosed is the Title Page (TP), an initial Affidavit, Affidavit of Compliance with §25.107(g)(2)(F), Affidavit of Compliance with §25.107(g)(2)(G), and Part A.

A copy of this filing has been submitted electronically, and seven hard copies have been sent today via UPS.

Please feel free to contact me directly with any questions related to this filing.

Respectfully submitted,

Jeremy Reed

General Counsel

Clearview Electric, Inc.

O: (214) 884-1725 F: (972) 546-9991

Regulatory@ClearviewEnergy.com

Encl.



Public Utility Commission of Texas

1701 N. Congress Avenue or P.O. Box 13326 Austin, Texas 78711-3326 512-936-7000 • (Fax) 512-936-7003 Web Site: www.puc.texas.gov

Application for, or Amendment to, a Retail Electric Provider (REP) Certificate

(Pursuant to 16 TAC §25.107)

DOCKET NUMBER:

Applic	ant				
Applica	ant Name: Clearview Electric, I	nc.			
Second	Applicant Name (if required):	-			
Type o	f Certification				
	Check only one of the following.				
()					
	New REP Option 1 Certification				
	New REP Option 2 Certification				
	New REP Option 3 Certification				
	REP Amendment [REP Certification No.]:	1012	29		
(b) If you are filing an amendment, check one or more of the following amendment categories requested in this filing: (Provide a written explanation of the Amendment in "c" below).					
	Name Change amendment		Corporate Restructuring		
	Change in Ownership/Control		Change in Technical/Managerial Qualifications		
	Change in Service Area		Change in Financial Qualifications		
	Change in Type of Provider		Other (Explain in "c" below)		
	Relinquishment of Certification				
(c) Provide an explanation of the Amendment (attach additional pages if necessary):					
Changing name from "Clearview Electric, Inc." to "Clearview Power, Inc."					
			,		

AFFIDAVIT

State of: Texas

State of: Te

My name is Nicole Steele. I am the Vice President of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this Application for a Retail Electric Provider Certificate, that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this Application for a Retail Electric Provider Certificate are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements applicable to a Retail Electric Provider.

Signature

Nicole Steele

Typed or Printed Name

Vice President

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 6th day of January ______, 2022

Notary Public in and for the State of Texas

My commission expires on: 07/23/2024

JEREMY C REED
Notary ID #129063369
My Commission Expires
July 23, 2024

AFFIDAVIT OF COMPLIANCE WITH §25.107(g)(2)(F)

	8
State of: Texas	§
	§
County of: Dallas	§
My name is Nicole Steele I am th	he Vice President of the Applicant.
Electric Provider (REP), that I a	onal knowledge of the facts stated in this application for, or amendment to, a Retail m competent to testify to those facts, and that I have the authority to make this cant. I further swear or affirm that all of the statements and representations made rrect.
and will comply with the technical applicant has a contractual relati	gister with or be certified by ERCOT or other applicable independent organization all and managerial requirements of this subsection; or that entities with whom the ionship are registered with or exitified by the independent organization and will dished by the independent organization.
	Signature
	Nicole Steele
	Typed or Printed Name
	Vice President
	Title of Signatory
SWORN TO AND SUBSCRIBED	before me on the 6th day of January ,2022.
	Jamy Pold
	Notary Public in and for the State of Texas 07/23/2024
	My commission expires on: 07/23/2024
	JEREMY C REED Notary ID #129063369 My Commission Expires July 23, 2024

AFFIDAVIT OF COMPLIANCE WITH §25.107(g)(2)(G)

State of: Texas	§
	§
County of: Dallas	§
My name is Nicole Steele. I am the	: Vice President of the Applicant.
Electric Provider (REP), that I am	nal knowledge of the facts stated in this application for, or amendment to, a Retail competent to testify to those facts, and that I have the authority to make this ant. I further swear or affirm that all of the statements and representations made rect.
current principal or permanent en customers to a Provider of Last Res regarding outstanding debts defau	t has provided all information as an attachment to this application regarding any apployee that was a principal of a REP that experienced a mass transition of its sort (POLR). Included in such information will be a disclosure of any settlements lted upon by such principal's REP, including the return of any owed customer t information related to that default.
	Signature
	Nicole Steele
	Typed or Printed Name
	Vice President
	Title of Signatory
SWORN TO AND SUBSCRIBED b	Notary Public in and for the State of Texas.
	My commission expires on: 07/23/2024
	JEREMY C REED Notary ID #129063369 My Commission Expires July 23, 2024

PART A – COMPANY ADM	INISTIDATIVE	INFORMATION			
		INTURMATION			
A-1. Application Contact Information		en and an			
Contact Name: Jeremy Reed	Title: General Counsel				
Street or Mailing address: 901 Main St.					
Mailing address (Suite, Floor or Room): Suite 4	Suite 4700				
^{City:} Dallas	State: TX	ZIP: 75202			
Phone No.: (214) 884-1725 Fax No.: (972)	546-9991	Toll Free No.:			
Email: jreed@clearviewenergy.com	Web Address: WWW.	clearviewenergy.com			
A-2. Authorized Representative Contact Inform	ation				
Contact Name: Nicole Steele	Title: Vice President	dent			
Street or Mailing address: 901 Main St.					
Mailing address (Suite, Floor or Room): Suite 47	700				
City: Dallas	State: TX	ZIP: 75202			
Phone No.: (214) 884-1729 Fax No.: (972)	546-9991	Toll Free No.:			
Email: nsteele@clearviewenergy.com		clearviewenergy.com			
		22.2			
A-3. Regulatory Representative Contact Information	ation				
Contact Name: Molly Davis	Title: Regulatory Affairs Manager				
Street or Mailing address: 901 Main St.	, , , , , , , , , , , , , , , , , , , ,				
Mailing address (Suite, Floor or Room): Suite 47	'00				
City: Dallas	State: TX	ZIP: 75202			
Phone: (214) 884-1736 Fax No.: (972)	I .	Toll Free No.:			
Email: mdavis@clearviewenergy.com Web Address: www.clearviewenergy.com					
A-4. Complaint Representative Contact Informa	tion				
Contact Name: Yesenia Alvarez					
Street or Mailing address: 901 IVIAIN St.					
Mailing address (Suite, Floor or Room): Suite 47	00				
City: Dallas	State: IX	ZIP:75202			
Phone No.: (214) 884-175 Fax No.: (972)		Toll Free No.:			
Email: yalvarez@clearvlewenergy.col Web Address: WWW.Clearvlewenergy.com					
A-5. Emergency Contact Information – The App	licant must provide th	e following information			
A-5. Emergency Contact Information - The App	meant must provide th	to lonowing information			

concerning its emergency contact personn emergency contacts per company. The Cocontacts.	el as required in §25.53(e). Yommission prefers that you pr	ou may provide up to three ovide at least two emergency		
Primary Contact: Nicole Steele	Title:Vice President			
Office No: (214) 884-1729	Fax No: (972) 546-9991 Toll Free No: (800) 746-404			
Cell No: (214) 557-7705	Home No:			
Email:nsteele@clearviewenergy.com	Web Address: www.clearviewenergy.com			
Secondary Contact: Jeremy Reed	Title: General Counsel	· · · · · · · · · · · · · · · · · · ·		
Office No: (214) 884-1725	Fax No: (972) 546-9991	Toll Free No: (800) 746-4046		
Cell No: (816) 695-7575				
Email: jreed@clearviewenergy.com	Web Address: www.clear	Web Address: www.clearviewenergy.com		
Tertiary Contact:	Title:			
Office No:	Fax No:	Toll Free No:		
Cell No:	Home No:			
Email:	Web Address:	Web Address:		
A-6. Principal Company Information (a). Physical Address				
Company Name: Clearview Electric, Inc.				
Primary Contact: Jeremy Reed	Title: General Counsel			
Physical Address: 901 Main St., Suite 4700				
City:Dallas	State:TX	ZIP:75202		
Email:jreed@clearviewenergy.com	Web Address: www.clearv			
Phone:(214) 884-1725	Fax: (972) 546-9991	Toll Free: (800) 746-4046		
(b). Mailing Address (if different from Ph	ysical Address)			
Company Name: Clearview Electric, Inc	<u> </u>			
Contact: Attn: Regulatory Dept.	Title:			
Mailing Address: P.O. Box 130659				
City:Dallas	State: TX	ZIP:75313-0659		
Email:Regulatory@ClearviewEnergy.com	Web Address:www.clearv	Web Address: www.clearviewenergy.com		

(c). Texas Office Address	s (Cannot be a P. O	. Box)				
Company Name: Clearview Ele			* * * *			
Contact: Jeremy Reed			General Counsel			
Address: 901 Main St., Suite 4	1700					
City: Dallas	1100	State: T	State: TX ZIF		2:75202	
Email:Regulatory@ClearviewEnergy.com			Web Address: www.clearviewenergy.com			
Phone: (214) 884-1725			72) 546-9991	Free:(800) 746-4046		
A-7. Directors, Officers, or P and office emails)	rincipals Informat	ion – (P	rovide a list of the	names	, titles, phone number	
Name: Francis X. McGovern	Title:President	•	Phone: (214) 746-6363		Email: Execs@ClearviewEnergy.com	
Name: Nicole Steele	Title:Vice Pres	ident	Phone: (214) 884	-1729	Email: nsteele@clearviewenergy,com	
Name:	Title:		Phone:		Email:	
Name:	Title:		Phone:		Email:	
Name:	Title:		Phone:		Email:	
(a). Primary Name on Ce Primary Certificate Name: Cleary Texas Secretary of State (or Cou	view Power, Inc.	3949229	-			
Date and State where Business w	as established:02/24/	/2021 Te	kas			
Texas Comptroller's Tax ID. Nu						
Other Applicable Certification/F						
(b). EXISTING Approved PUC Approved Assumed Name:		(if appli	cable) (Maximum	of 5 As	sumed Names)	
PUC Approved Assumed Name: Accel Energy						
PUC Approved Assumed Name: Brightstar Power						
PUC Approved Assumed Name:						
PUC Approved Assumed Name:						
(c). REQUESTED Assumed Names (if applicable) (Maximum of 5 Assumed Names)						
Name:		Texas S	oS File No.	Date .	Active:	
Name:			Texas SoS File No. Date		Active:	
Name:			Texas SoS File No. Dat		nte Active:	
Name:			Texas SoS File No.		Date Active:	
Name:		Texas S	oS File No.	Active:		