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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:

Applicant

Applicant Name: Gridmatic Rosa LLC

Second Applicant Name (if required):

Type of Certification

(a) 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.]: 10307

(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).

- | | |
|--|--|
| <input type="checkbox"/> Name Change amendment | <input type="checkbox"/> Corporate Restructuring |
| <input type="checkbox"/> Change in Ownership/Control | <input type="checkbox"/> Change in Technical/Managerial Qualifications |
| <input type="checkbox"/> Change in Service Area | <input type="checkbox"/> Change in Financial Qualifications |
| <input type="checkbox"/> Change in Type of Provider | <input checked="" type="checkbox"/> Other (Explain in "c" below) |
| <input type="checkbox"/> Relinquishment of Certification | |

(c) Provide an explanation of the Amendment (attach additional pages if necessary):

Option 2 REP - Customer Change (Addition) and update to company address.

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Application Contact Information

Contact Name: Erin Kogan		Title: CFO	
Street or Mailing address: 20450 Stevens Creek Blvd			
Mailing address (Suite, Floor or Room): Suite 100			
City: Cupertino		State: CA	ZIP: 95014
Phone No.: 856-701-3495	Fax No.: n/a		Toll Free No.: n/a
Email: erin@gridmatic.com		Web Address: www.gridmatic.com	

A-2. Authorized Representative Contact Information

Contact Name: Matthew Wytok		Title: CEO	
Street or Mailing address: 20450 Stevens Creek Blvd			
Mailing address (Suite, Floor or Room): Suite 100			
City: Cupertino		State: CA	ZIP: 95014
Phone No.: 669-209-5260	Fax No.: n/a		Toll Free No.: n/a
Email: matt@gridmatic.com		Web Address: www.gridmatic.com	

A-3. Regulatory Representative Contact Information

Contact Name: Jeffrey Thibodeau		Title: Trader	
Street or Mailing address: 20450 Stevens Creek Blvd			
Mailing address (Suite, Floor or Room): Suite 100			
City: Cupertino		State: CA	ZIP: 95014
Phone: 802-375-4245	Fax No.: n/a		Toll Free No.: n/a
Email: jeff@gridmatic.com		Web Address: www.gridmatic.com	

A-4. Complaint Representative Contact Information

Contact Name: David Miller		Title: VP Business Development	
Street or Mailing address: 20450 Stevens Creek Blvd			
Mailing address (Suite, Floor or Room): Suite 100			
City: Cupertino		State: CA	ZIP: 95014
Phone No.: 281-405-5531	Fax No.: n/a		Toll Free No.: n/a
Email: david@gridmatic.com		Web Address: www.gridmatic.com	

A-5. Emergency Contact Information – The Applicant must provide the following information

concerning its emergency contact personnel as required in §25.53(e). You may provide up to three emergency contacts per company. The Commission prefers that you provide at least two emergency contacts.

Primary Contact: Matthew Wytock		Title: CEO	
Office No: 669-209-5260	Fax No: n/a	Toll Free No: n/a	
Cell No: 669-209-5260	Home No: 669-209-5260		
Email: matt@gridmatic.com	Web Address: www.gridmatic.com		
Secondary Contact: Jeffrey Thibodeau		Title: Trader	
Office No: 802-375-4245	Fax No: n/a	Toll Free No: n/a	
Cell No: 802-375-4245	Home No: 802-375-4245		
Email: jeff@gridmatic.com	Web Address: www.gridmatic.com		
Tertiary Contact: Will Gresiak		Title: Trader	
Office No: 814-571-2394	Fax No: n/a	Toll Free No: n/a	
Cell No: 814-571-2394	Home No: 814-571-2394		
Email: will@gridmatic.com	Web Address: www.gridmatic.com		

A-6. Principal Company Information

(a). Physical Address

Company Name: Gridmatic Rosa LLC

Primary Contact: Matt Wytock Title: CEO

Physical Address: 20450 Stevens Creek Blvd, Suite 100

City: Cupertino State: CA ZIP: 95014

Email: matt@gridmatic.com Web Address: www.gridmatic.com

Phone: 669-209-5260 Fax: n/a Toll Free: n/a

(b). Mailing Address (if different from Physical Address)

Company Name:

Contact: Title:

Mailing Address:

City: State: ZIP:

Email: Web Address:

(c). Texas Office Address (Cannot be a P. O. Box)			
Company Name: Gridmatic Rosa LLC			
Contact: David Miller		Title: VP Business Development	
Address: 363 N Sam Houston Pkwy E, Ste 1100			
City: Houston		State: TX	ZIP: 77060
Email: info@gridmatic.com		Web Address: www.gridmatic.com	
Phone: 1-281-405-5531		Fax: n/a	Toll Free: n/a
A-7. Directors, Officers, or Principals Information – (Provide a list of the names, titles, phone numbers and office emails)			
Name: Matt Wytock	Title: CEO	Phone: 669-209-5260	Email: matt@gridmatic.com
Name: Erin Kogan	Title: CFO	Phone: 856-7013495	Email: erin@gridmatic.com
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
A-8. Certificated Name(s)			
(a). Primary Name on Certificate			
Primary Certificate Name: Gridmatic Rosa LLC			
Texas Secretary of State (or County) File Number: 804371573			
Date and State where Business was established: December 20 2021; Delaware			
Texas Comptroller's Tax ID. Number: 32082527840			
Other Applicable Certification/File Numbers: n/a			
(b). EXISTING Approved Assumed Names (if applicable) (Maximum of 5 Assumed Names)			
PUC Approved Assumed Name:			
PUC Approved Assumed Name:			
PUC Approved Assumed Name:			
PUC Approved Assumed Name:			
PUC Approved Assumed Name:			
(c). REQUESTED Assumed Names (if applicable) (Maximum of 5 Assumed Names)			
Name:	Texas SoS File No.	Date Active:	
Name:	Texas SoS File No.	Date Active:	
Name:	Texas SoS File No.	Date Active:	
Name:	Texas SoS File No.	Date Active:	
Name:	Texas SoS File No.	Date Active:	

(d). DELETION of EXISTING Assumed Names (if applicable)

Assumed Name to be DELETED:

Assumed Name to be DELETED:

Assumed Name to be DELETED:

Assumed Name to be DELETED:

Assumed Name to be DELETED:

PART B – SERVICE AREA

APPLICANT MUST SELECT ONE SERVICE AREA OPTION BELOW (1, 2, OR 3).

B-1 Option 1 REP – Service Area by Geography (Applicant must select one geographic option below)

- ☐ Entire State of Texas
- ☐ Service Area of one or more Transmission and Distribution Utilities (TDUs), Municipal Utilities, or Electric Cooperatives (Identify each requested utility and cooperative):
- ☐ Geographic Area of one or more Independent Organizations within Texas (e.g. ERCOT) (Identify each organization):
- ☐ Specific Geographic Area. (Identify on Attachment B-1 the Zip Codes defining the requested service area.)

B-2 Option 2 REP – Service Area by Customer

- ☒ Provide as Attachment B-2 the affidavit from each customer required by §25.107(d)(2)(A). (Identify the customers): See attached list on next page

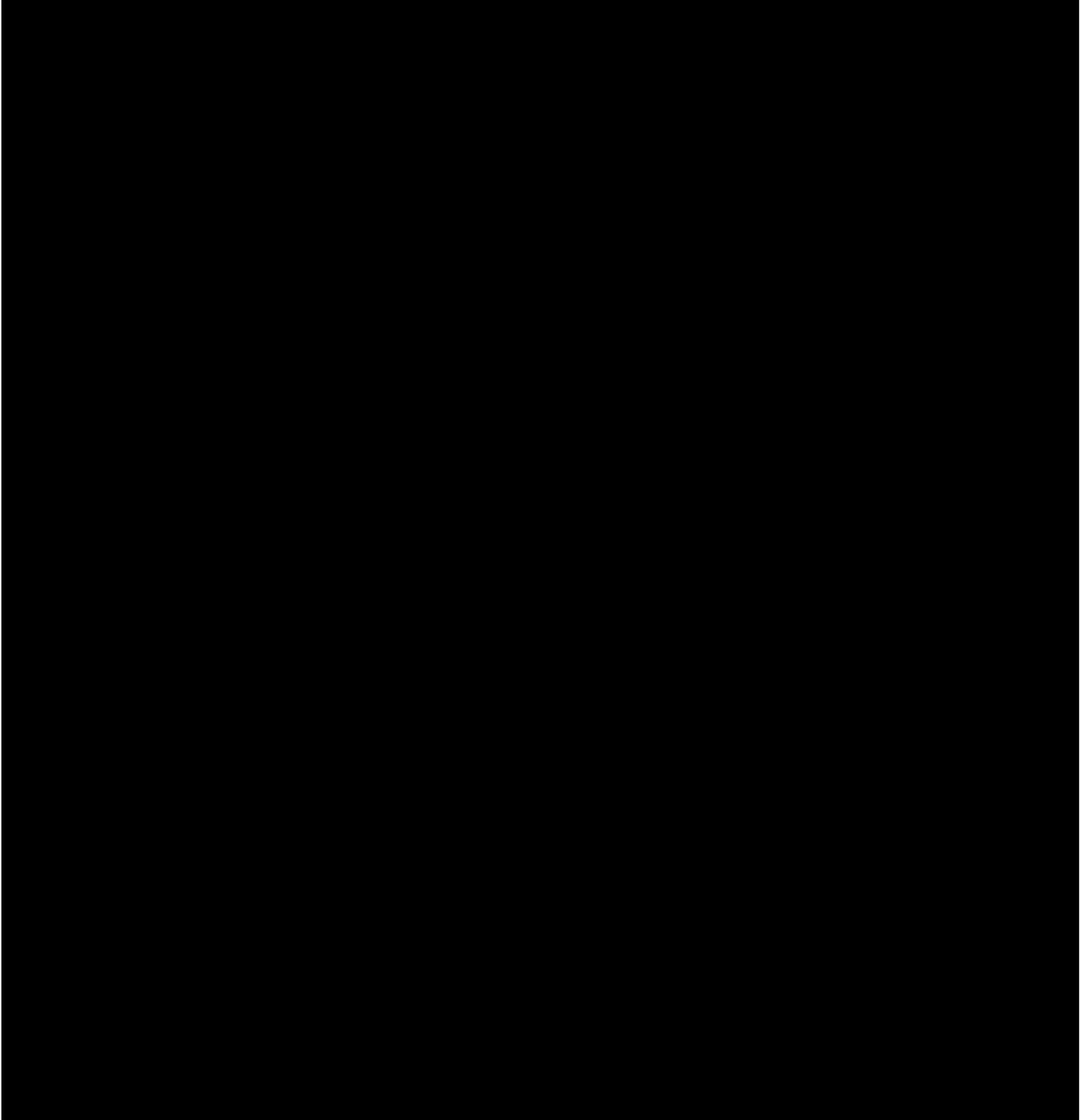
B-3 Option 3 REP – Service Area by Customer

- ☐ Provide as Attachment B-3A the affidavit which states that the Applicant is in compliance with §§25.107(d)(3), 25.109, 25.211, and 25.212 (Registration of PGC, Registration of Distributed Generation, and compliance with National Electric Safety Code and local building codes). (Identify the entities involved):
- ☐ Provide as Attachment B-3B evidence that the Applicant is in compliance with §25.107(g)(2)(A).

CONFIDENTIAL

Customer List

B-2 Option 2 REP – Service Area by Customer Provide as Attachment B-2 the affidavit from each customer required by §25.107(d)(2)(A). (Identify the customers):



AFFIDAVIT

State of: Texas §

§

County of: Harris §

My name is Erin Kogan I am the CFO 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

Erin Kogan

Typed or Printed Name


CFO

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 15th day of August, 2022.



THIS NOTARIAL ACT WAS AN ONLINE NOTARIZATION



Notary Public in and for the State of Texas

My commission expires on: November 17, 2024