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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: Metroplex Energy, Inc.

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.]:

(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 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):

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Application Contact Information

Contact Name: Chris Hendrix		Title: Consultant	
Street or Mailing address: 2402 Avenue L			
Mailing address (Suite, Floor or Room):			
City: Galveston		State: TX	ZIP: 77550
Phone No.: 479-366-4650	Fax No.:		Toll Free No.: (888) 435-3463
Email: chendrix@demandcontrol2.com		Web Address: metroplexenergy.com	

A-2. Authorized Representative Contact Information

Contact Name: Rushi Patel		Title: Manager, Diversified Energy	
Street or Mailing address:			
Mailing address (Suite, Floor or Room): 200 Galleria Pkwy SE, Suite 900			
City: Atlanta		State: GA	ZIP: 30339
Phone No.: 678-801-6235	Fax No.:		Toll Free No.: (866) 304-6676
Email: rnpatel@metroplexenergy.com		Web Address: metroplexenergy.com	

A-3. Regulatory Representative Contact Information

Contact Name: Chris Hendrix		Title: Consultant	
Street or Mailing address: 2402 Avenue L			
Mailing address (Suite, Floor or Room):			
City: Galveston		State: TX	ZIP: 77550
Phone: 479-366-4650	Fax No.:		Toll Free No.: (888) 435-3463
Email: chendrix@demandcontrol2.com		Web Address: metroplexenergy.com	

A-4. Complaint Representative Contact Information

Contact Name: Chris Hendrix		Title: Consultant	
Street or Mailing address: 2402 Avenue L			
Mailing address (Suite, Floor or Room):			
City: Galveston		State: TX	ZIP: 77550
Phone No.: 479-366-4650	Fax No.:		Toll Free No.: (888) 435-3463
Email: chendrix@demandcontrol2.com		Web Address: metroplexenergy.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: Chris Hendrix	Title: Consultant	
Office No: 281-407-1043	Fax No:	Toll Free No: (888) 435-3463
Cell No: 479-366-4650	Home No:	
Email: chendrix@demandcontrol2.com	Web Address: metroplexenergy.com	

Secondary Contact: Rushi Patel	Title: Manager, Diversified Energy	
Office No:	Fax No:	Toll Free No: (866) 304-6676
Cell No: 678-801-6235	Home No:	
Email: rnpatel@metroplexenergy.com	Web Address: metroplexenergy.com	

Tertiary Contact:	Title:	
Office No:	Fax No:	Toll Free No:
Cell No:	Home No:	
Email:	Web Address: metroplexenergy.com	

A-6. Principal Company Information

(a). Physical Address

Company Name: Metroplex Energy, Inc.		
Primary Contact: Rushi Patel		Title: Manager, Diversified Energy
Physical Address: 200 Galleria Pkwy SE, Suite 900		
City: Atlanta	State: GA	ZIP: 30339
Email: rnpatel@metroplexenergy.com	Web Address: metroplexenergy.com	
Phone: 678-801-6235	Fax:	Toll Free: (866) 304-6676

(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: Metroplex Energy, Inc.		
Contact: Rushi Patel	Title: Manager, Diversified Energy	
Address: 2550 Midway Rd, Building 2, Suite 200		
City: Carrollton	State: TX	ZIP: 75006
Email: rnpatel@metroplexenergy.com	Web Address: metroplexenergy.com	
Phone: 678-801-6235	Fax:	Toll Free: (866) 304-6676

A-7. Directors, Officers, or Principals Information – (Provide a list of the names, titles, phone numbers and office emails)

Name: Arthur J. Siccardi, Jr.	Title: President	Phone: 770.431.7600	Email: asiocardi@metroplexenergy.com
Name: Robert J. Dumbacher	Title: Secretary/Director	Phone: 770.431.7600	Email: bdumbacher@racetrac.com
Name: Joseph H. Akers	Title: Chief Legal Officer	Phone: 770.431.7600	Email: jakers@racetrac.com
Name: Karla B. Ahlert	Title: CFO	Phone: 770.431.7600	Email: kahlert@racetrac.com
Name: Max E. McBrayer, Jr.	Title: Director	Phone: 770.431.7600	Email: mmcbrayer@racetrac.com

A-8. Certificated Name(s)

(a). Primary Name on Certificate

Primary Certificate Name: Metroplex Energy, Inc.
Texas Secretary of State (or County) File Number: 138589800
Date and State where Business was established: 1/31/1996 TX
Texas Comptroller's Tax ID. Number: 17526522663
Other Applicable Certification/File Numbers:

(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):

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).

PART C – FINANCIAL REQUIREMENTS

C-1. Access to Capital – An Applicant must choose one of the three methods below to demonstrate that the Applicant meets the capital requirements stated in §25.107(f)(1)

- ☐ **Investment Grade Credit Rating.** If the Applicant elects to meet the requirements of §25.107(f)(1)(A)(i), provide as Attachment C-1 the documentation required by §25.107(f)(4)(A) demonstrating an Investment Grade Credit Rating. If the Applicant relies on a guarantor to satisfy this requirement, provide the documentation required by §25.107(f)(1)(A)(i) for the guarantor and provide agreements or commitments demonstrating compliance with §25.107(f)(4)(G).
- ☐ **Tangible Net Worth.** If the Applicant elects to meet the requirements of §25.107(f)(1)(A)(ii), provide as Attachment C-1 the documentation required by §25.107(f)(4)(B) demonstrating Tangible Net Worth greater than or equal to \$100,000,000, a minimum current ratio of 1.0, and a debt to total capitalization ratio not greater than 0.60. If the Applicant relies on a guarantor to satisfy these requirements, provide the documentation required by §25.107(f)(1)(A)(ii) for the guarantor and provide agreements or commitments demonstrating compliance with §25.107(f)(4)(G).
- ☒ **Shareholders' Equity and Letter of Credit.** If the Applicant elects to meet the requirements of §25.107(f)(1)(B), provide as Attachment C-1 the documentation required by §25.107(f)(4)(C) and §25.107(f)(4)(F) demonstrating Shareholders' Equity of not less than \$1,000,000 and an irrevocable stand-by Letter of Credit payable to the Commission of \$500,000. If the Applicant believes that it is exempt from the Shareholders' Equity requirement under §25.107(f)(1)(B)(iii), include in Attachment C-1 the documentation required by §25.107(f)(4)(F) and provide documentation demonstrating that the Applicant began serving load on or before January 1, 2009. If the Applicant believes that it is exempt from the shareholders' equity requirement under §25.107(f)(1)(B)(ii), include in Attachment C-1 documentation to demonstrate that the Applicant has been certificated and serving load for longer than two years' time.

C-2. Protection of Customer Deposits. An Applicant that wishes to have the option of collecting customer deposits or residential advance payments must indicate its intention to do so and must comply with the requirements of §25.107(f)(2).

- ☐ Yes ☒ No. Is the Applicant applying for the option of collecting deposits or advance payments from customers? If Yes, provide as Attachment C-2 the documentation required by §25.107(f)(4)(D), (E), or (F) to demonstrate compliance with §25.107(f)(2).

C-3. Financial standards required for billing and collection of transition charges.

- ☒ Yes ☐ No. Will the Applicant comply with §25.107(f)(5), relating to financial standards required of REPs for the billing and collection of transition charges?

C-4. Financial History – (Insolvency, Bankruptcy, Dissolution, Merger or Acquisition).

- ☐ Yes ☒ No. Does the Applicant or a Predecessor in Interest of the Applicant have any history of insolvency, bankruptcy, dissolution, merger, or acquisition during the 60 months immediately preceding the application? If Yes, provide as Attachment C-4 an explanation of each incident.

C-5. Financial Reporting Year.

Month and day of the fiscal reporting year of the applicant and its guarantor, if applicable. Date: 12/31

PART D – TECHNICAL AND MANAGERIAL REQUIREMENTS

AN APPLICANT MUST ANSWER EACH QUESTION FOR ITS ENTIRE COMPANY, INCLUDING ALL ASSUMED NAMES UNDER WHICH IT OPERATES.

D-1. Customer Service.

☐ Yes ☒ No. Is the REP currently providing service to customers?

D-2. Independent Organization Requirements:

(a). Provide as Attachment D-2A the following information for each of your Qualified Scheduling Entities (QSEs): (1) Type of Service Provided; (2) Term of Service Agreement; (3) Date Service Agreement Began; (4) Company Name; (5) Contact Person; (6) Contact Person Title; (7) Company Address (street address, city, state & zip code); (8) Company Phone Number, (9) Facsimile Number; and (10) Email Address.

(b). Are you current with your ERCOT testing obligation?

☐ Yes ☒ No. If No, provide an explanation as Attachment D-2B. Date of last (or next scheduled) ERCOT Flight Test: scheduled for ERCOT Flight 1022

(c). Have you defaulted on the Load Serving Entity (LSE) Agreement?

☐ Yes ☒ No. If Yes, provide an explanation as Attachment D-2C.

(d). Are you providing Outage Notification as required by §25.107(g)(1)(G)?

☒ Yes ☐ No. If No, provide an explanation as Attachment D-2D.

D-3. Provide as Attachment D-3 the following information for each third party entity or consultant that you rely upon to meet the Technical Qualifications for REP Certification: (1) Type of Service Provided; (2) Term of Service Agreement; (3) Date Service Agreement Began; (4) Number of Years of Experience; (5) Type of Experience; (6) Company Name; (7) Contact Person; (8) Contact Person Title; (9) Company Address (street address, city, state & zip code); (10) Company Phone Number, (11) Facsimile Number; and (12) Email Address.

D-4. Competitive Electric or Gas Industry Experience. Provide as Attachment D-4 the following information for each of the Principals and Permanent Employees whom the Applicant relies upon to demonstrate compliance with §25.107(g)(1)(D) to meet the combined competitive work experience requirement of at least 15 years. Please note Attachment D-4 is mandatory. Resumes may be submitted *in addition to* but *not in lieu of* Attachment D-4.

(a). Name, Title, Phone Number, Email Address, Type of Experience, Number of Years of Experience, and the Number of Years of Employment with the Applicant of each Principal and Permanent Employee that the Applicant relies upon to meet this requirement.

(b). For Principal(s) or Permanent Employee(s) with previous employment history in the competitive Electric or Gas Industries provide the Name, Previous Employer, Title, Employment Period and a contact name and number that will verify the previous employment information. Commission Staff may follow up its initial review of the work experience information with a request for additional information or a telephone interview for work experience verification.

(c). If any person that you rely upon to meet the 15-year experience requirement was a Principal of a REP that experienced a mass transition of its customers to a Provider of Last Resort (POLR), identify the person(s), their title at that time, the name of the REP(s) that experienced the mass transition and the date upon which the transition occurred.

D-5. Risk Management Experience. Provide as Attachment D-5 the following information to demonstrate compliance with §25.107(g)(1)(E) to meet the 5 or more years of experience in energy commodity risk management requirement.

(a). The Name, Title, Phone Number and Email Address of the Principal or Permanent Employee that the Applicant relies upon to meet the energy commodity risk management requirement, or the Name, Title, Phone Number and Email Address of the Contact Person for the risk management services company that will provide energy commodity risk management services pursuant to the terms of a two-year contract with the Applicant.

(b). Any information or documentation necessary to substantiate a claim that the Principal(s), Permanent Employee(s), or Risk Management Services Company have the required minimum of 5 years of energy commodity risk management experience, including but not limited to a resume that provides employment history in the energy commodity risk management field; which at a minimum includes job titles or classifications, descriptions of the types of risk management experience, and the contact information of former and current employers; the dollar amounts of client portfolios managed, the specific nature of the risk management objectives, and the contact information for each client, account statements or other similar documents, and credentials that evidence the completion of formal education in commodity risk management. Commission Staff may follow up its initial review of the work experience information with a request for additional information or a telephone interview for work experience verification.

D-6. Provide as Attachment D-6 a brief explanation of how you plan to provide adequate staffing to meet all service level commitments.

D-7. Complaint History, Disciplinary Record and Compliance Record. Provide as Attachment D-7 the information required by §25.107(g)(2)(B). If you have “Nothing to Report”, please indicate below.

☐ Nothing to Report.

D-8. Investigations, Penalties and Violations of Deceptive Trade or Consumer Protection Laws and Regulations. Provide as Attachment D-8 the information required by §25.107(g)(2)(D). If you have “Nothing to Report”, please indicate below.

☐ Nothing to Report.

D-9. Convictions and Liabilities for Fraud, Theft, Larceny, Deceit and Violations of Securities Laws, Customer Protection Laws and Deceptive Trade Laws. Provide as Attachment D-9 the information required by §25.107(g)(2)(E). If you have “Nothing to Report”, please indicate below.

☐ Nothing to Report.

D-10. Provide the Name and PUC Certification Number for each of the Applicant’s affiliates that are certificated to provide electric service in Texas. To report more than five affiliates provide additional affiliates as Attachment D-10.

Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.

D-11. Provide as Attachment D-11 evidence to demonstrate how the Applicant will satisfy the requirements of: (1) §25.107(g)(1)(A), misc ERCOT requirements; (2) §25.107(g)(1)(C), renewable energy; (3) §25.107(g)(1)(G), POC and outages; (4) §25.107(g)(1)(H), customer service plan; and (5)§25.107(h), Customer Protection Requirements.

D-12. Provide as Attachment D-12 any other evidence in support of your plans to meet the requirements of §25.107 that you would like considered.

AFFIDAVIT

State of: GA

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County of: Cobb

§

My name is Joseph H. Akers I am the Assistant Secretary 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

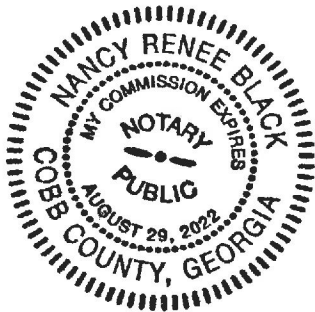
Joseph H. Akers

Typed or Printed Name

Assistant Secretary

Chief Legal Officer
Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 17th day of August, 2022.





Notary Public in and for the State of GA

My commission expires on: August 29, 2022

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

State of: GA

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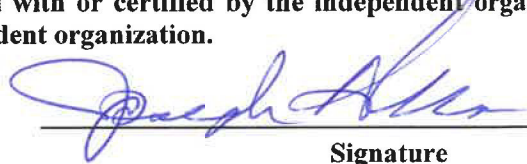
County of: Cobb

§

My name is Joseph H. Akers. I am the Assistant Secretary of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this application for, or amendment to, a Retail Electric Provider (REP), that I am competent to testify to those facts, 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 are true and correct.

I swear that the applicant will register with or be certified by ERCOT or other applicable independent organization and will comply with the technical and managerial requirements of this subsection; or that entities with whom the applicant has a contractual relationship are registered with or certified by the independent organization and will comply with all system rules established by the independent organization.

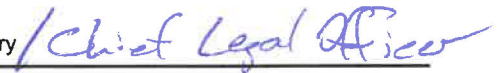


Signature

Joseph H. Akers

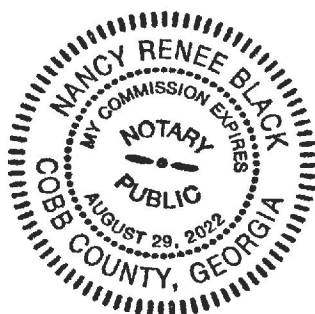
Typed or Printed Name

Assistant Secretary



Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 17th day of August, 2022.



Notary Public in and for the State of GA

My commission expires on: August 29, 2022

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

State of: GA

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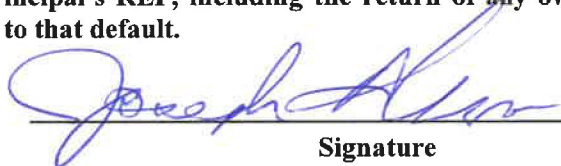
County of: Cobb

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I swear or affirm that I have personal knowledge of the facts stated in this application for, or amendment to, a Retail Electric Provider (REP), that I am competent to testify to those facts, 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 are true and correct.

I swear or affirm that the Applicant has provided all information as an attachment to this application regarding any current principal or permanent employee that was a principal of a REP that experienced a mass transition of its customers to a Provider of Last Resort (POLR). Included in such information will be a disclosure of any settlements regarding outstanding debts defaulted upon by such principal's REP, including the return of any owed customer deposits and any additional relevant information related to that default.


Signature

Joseph H. Akers

Typed or Printed Name

Assistant Secretary


Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 17th day of August, 2022.





Notary Public in and for the State of GA

My commission expires on: August 29, 2022

AFFIDAVIT OF COMPLIANCE WITH §25.107(f)(4)(C)

State of: GA

§

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County of: Cobb

§

My name is Joseph H. Akers. I am the Assistant Secretary of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this application for, or amendment to, a Retail Electric Provider (REP), that I am competent to testify to those facts, 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 are true and correct.

I swear that Quarterly Financial Statements are not available and that the monthly unaudited financial statements are accurate, in all material respects.


Signature

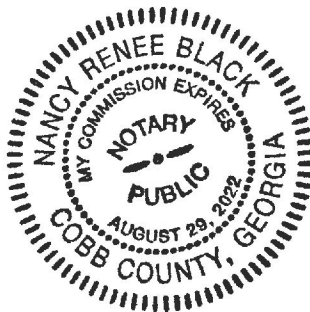
Joseph H. Akers

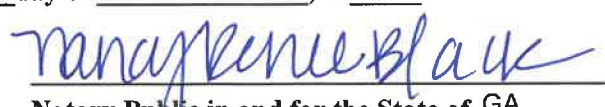
Typed or Printed Name

Assistant Secretary


Title of Signatory

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