

Filing Receipt

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WATER & WASTEWATER TREATMENT CONSULTANTS

17230 HUFFMEISTER ROAD, SUITE A~CYPRESS, TEXAS 77429-1643 Tel: 281-373-0500 Fax: 281-373-1113

December 12, 2022

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

Re: APPLICATION OF KICKAPOO UTILITY LLC FOR A CERTIFICATE OF

CONVENIENCE AND NECESSITY IN WALLER COUNTY

DOCKET NO. 54271

Dear Public Utility Commission of Texas:

Please accept the following in response to Order No. 2 - Commission Staff's Recommendation of Administrative Incompleteness. Below are responses to deficiencies identified in Mr. Lopez/s and Mr. Bednarski's memorandum dated November 28, 2022.

- 1. A rate study that provides all calculations and assumptions made in developing the proposed rates was requested. A pro forma showing all calculations and assumptions was filed confidentially with the original application. The pro forma is being filed confidentially again for ease of location.
- 2. An original copy of the Kickapoo Utility articles of incorporation was requested. The Secretary of State Filing Certificate as well as the Certificate of Formation Limited Liability Company are filed herewith.
- 3. An explanation of the Funding sources and entities that will pay for the collection lines and wastewater plant and supporting flow chart indicating the affiliated relationships between each of the entities for dockets 54271 and 53149 was requested, along with funding documentation as applicable. Requested information was filed confidentially by Kickapoo Utility LLC on December 9, 2022.

Order No. 2 required submission of these documents by January 6, 2023, therefore this submission is timely filed. Please feel free to contact me if you require any additional information or if you have any questions regarding this submittal.

Sincerely, WATERENGINEERS, INC.

Shelley Young

Shelley Young, P.E. Project Engineer

Encl. as noted



CERTIFICATE OF FILING OF

Kickapoo Utility LLC File Number: 804786542

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 10/25/2022

Effective: 10/25/2022



John B. Scott Secretary of State Form 205 (Revised 12/21)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

Filing Fee: \$300

This space reserved for office use.



Certificate of Formation Limited Liability Company

Article	1 -	Entity	Name	and	Type
* TI	_		LIMILLO	****	- 100

The filing entity being formed is a limited liability company. The name of the entity is:

THE HAMIC BIRST COMMENT DIC WOLGS	limited liability company,"	"limited company," or an al	breviation of one o	of these phrases.
	rticle 2 — Registered See instructions, Select and o			
A. The initial register	ed agent is an organiz	zation (cannot be entity na	imed above) by th	ie name of:
OR B. The initial registers		ual resident of the sta	ate whose nam	e is set forth below
Dawn		Milne		
First Name	M.I.	Last Name		Suffix
C. The business address of	f the registered agent	and the registered of	ffice address is	:
9609 Highland Blvd	Magnoli		TX	77354
Street Address	City		State	Zip Code
A. The limited liabilit	ete <u>either</u> A or B and provide y company initially h		ach initial governin	,
manager are set forth belov	W.			
B. The limited liability initial member are set forth		initially have manage	ers. The name	and address of eac
INITIAL GOVERNING PER	SON 1			
NAME (Enter the name of either an in- IF INDIVIDUAL		not both.)		
Dawn		Milne		
First Name	M.I.	Last Name		Suffix

Magnolia

City

TX

State

USA

Country

77354

Zip Code

Form 205 1

6315B FM 1488 Rd Ste 192

Street or Mailing Address

INITIAL GOVERNING PERSON 2 NAME (Enter the name of either an individual or an organization, but not both.) IF INDIVIDUAL	
IF INDIVIDUAL	
Josh Milne	
First Name M.I. Last Name OR	Suffix
IF ORGANIZATION	
Organization Name ADDRESS	
6315B FM 1488 Rd Ste 192 Magnolia	TXUSA 77354
Street or Mailing Address City	State Country Zip Code
INITIAL GOVERNING PERSON 3	· · ·
NAME (Enter the name of either an individual or an organization, but not both.) IF INDIVIDUAL	
Drew McDanie	
First Name M.I. Last Name	Suffix
OR IFORGANIZATION	
IF ORGANIZATION	
Organization Name	
ADDRESS	
6315B FM 1488 Rd Ste 192 Magnolia	TX USA 77354
Street or Mailing Address City	State Country Zip Code
The purpose for which the company is formed is for the transwhich a limited liability company may be organized under the liability organized under the liability company may be organized under the liability	the Texas Business Organizations Code.
(Provide the mailing address to which state franchise tax co	
	TX 77354 USA
315B FM 1488 Rd Ste 192 Magnolia	
315B FM 1488 Rd Ste 192 Magnolia Mailing Address City	State Zip Code Country
	,
Mailing Address City Supplemental Provisions/I	nformation
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Form 205

Organizer

The name and address of the organizer: Dawn Milne Name 6315B FM 1488 Rd Ste 192 Magnolia TX 77354 Street or Mailing Address City State Zip Code Effectiveness of Filing (Select either A, B, or C.) A. / This document becomes effective when the document is filed by the secretary of state. B. This document becomes effective at a later date, or a later date and time, not more than 90 days from the date of signing. The later effective date, or date and time is: C. This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: The following event or fact will cause the document to take effect in the manner described below: Execution The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned also affirms that, to the best knowledge of the undersigned, the name provided as the name of the filing entity does not falsely imply an affiliation with a governmental entity. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument. Date: 10/25/2022 Signature of organizer Dawn Milne

Printed or typed name of organizer

Form 205 3