

November 28, 2013

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ONTARIO E VEREY LOURD YRATER DES GRADE LINTRO LOIPTO

Board Secretary

Ontario Energy Board

P.O. Box 2319

2300 Yonge Street

27th Floor

Toronto, ON M4P 1E4

Dear Sir/Madam:

EnerCare Connections Inc. – Application For a Unit Sub-Metering Licence

Enclosed please find EnerCare Connections Inc.'s Application for a Unit Sub-Metering Licence, in duplicate. Also enclosed is our cheque (no. 0012275) in the amount of \$200, which represents the fee to complete the application process.

If you have any questions or concerns with regards to this application, please contact Chelsea Miller at cmiller@enercare.ca or at (416) 649-1842 or John Toffoletto at jtoffoletto@enercare.ca or at (416) 649-1862.

Yours truly,

Paula Campbell

Senior Admin. Assistant

Legal and Sales

Ontario Energy Board P.O. Box 2319 2300 Yonge Street 27th Floor Toronto ON M4P 1E4 Telephone: 1-888-632-6273 Facsimile: (416) 440-7656 Commission de l'énergie l'Ontario C.P. 2319 2300, rue Yonge 27e étage Toronto ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopieur: (416) 440-7656



OFFICE SHITTLE STATE

Application for a Unit Sub-Metering Licence

		Date Received	NOV, 25/12	
1. The Applicant			,	
Legal Name of the Applicant :	ENERCARE CONNECTIONS II	VC.		
Name to Appear on Licence:				
Indicate if same as above				
If not the same as above, the name The "Name to Appear on Licence" v			he legal name must ap	pear first.
Date of formation or incorporation:	JANUARY 1, 2012			
2. Licence Primary Contact				
As a condition of licensing, the licer matters related to the licence.	nsee shall designate a person wh	o will act as prima	ry contact with the Boar	d on
Las	t Name	First Name		Initial

mattere related to the field					
	Last Name	First Name	Initial		
Mr. • Mrs. C	TOFFOLETTO	TOFFOLETTO JOHN			
Miss C Ms. C	Title/Position				
Other C	SENIOR VICE PRESIDENT	T, GENERAL COUNSEL AND CORPORAT	E SECRETARY		
	Company Name if different	from Name to Appear on Licence			
Licence Primary Contact Address:					
4000 VICTORIA PARK AVENUE					
City	Province/State	Country	Postal/Zip Code		
TORONTO	ONTARIO	CANADA	M2H 3P4		
Phone Number	Toll Free (if available) Fax Nui	mber E-mail Address			
416-649-1867	N/A 41-649-	1964 JTOFFOLETTO@ENERC	ARE.CA		

Indicate if same as abo	ove. If yes, proceed to section 4.				
primary contact noted above	licence application may be a person e. An applicant may also choose to cation. The Board will communicate tact after a licence is issued.	designate a consultant, lawyer, e	tc. to be the primary		
	Last Name	First Name	First Name Initial		
Mr. Mrs.					
Miss Ms. C	Title/Position	Title/Position			
Ottlet	Company Name if different from	Company Name if different from Name to Appear on Licence			
	John Marie II amore I	Traine to rippedi en mieerice			
Application Primary Contact	t Address:				
City	Province/State	Country	Postal/Zip Code		
Phone Number To	oll Free (if available) Fax Number	E-mail Address			
4. Trade Names					
· · · · · · · · · · · · · · · · · · ·	ce authorizes the licensee to conducture use of trade names by the licensed		which the licence is		
Does the applicant intend to	use trade names?				
Yes, provide a lis	t of trade names the applicant inten	ds to use in the space provided b	elow.		
No, proceed to 5					
ENERCARE					
ENERCARE CONNECTION	NS				
L					

3. Application Primary Contact

5. Applicant's Licensing Status and History

(a) Has the applicant or an affiliate of the applicant ever been licensed by the Ontario Energy Board? (the Business Corporations Act definition for affiliate can be found at www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90b16_e.htm)						
Yes, provide details of current and expired licences in the table below No, proceed to 5(b)						
Licensee Name			Licence Number			
ENERCARE CONNECTIONS INC.		ES-2009-0025				
(b) Has the applicant or an affiliate of the applicant ever undertaken electricity sector activity in another jurisdiction within North America? ∑ Yes, provide details of current and expired licences in the table below No						
Licensee Name	Jurisdiction		Business Activity			
ENERCARE CONNECTIONS INC.	ALBERTA*		SUB-METER SERVICE PROVIDER			
ENERCARE CONNECTIONS INC.	SASKATCHEWAN*		SUB-METER SERVICE PROVIDER			
*No sub-metering licence currently required						
6. Officers, Directors and Key Individuals						
(a) Provide as a separate attachment a list of all officers and directors, including name and title.						
(b) Provide a list of key individuals below. T executing the following functions for the app matters and technical matters. These key individuals below. T	licant: matters relate	ed to regulatory r	equirements and conduct, financial			
Name of Key Individual		Title/Position within Applicant's Business (or identify company if not the Applicant's Business)				
Attached hereto as Appendix "B"						

7. Intended Services Please describe the applicant's intended services with respect to unit sub-metering: METERING SERVICES (i.e., INSTALLATION, TESTING, READING AND MAINTENANCE OF METERS), BILLING AND COLLECTION SERVICES AND CUSTOMER CARE SERVICES (e.g., CALL-CENTRE). Is the applicant currently providing these services? Yes No, indicate when the applicant intends to provide these services

If the applicant objects to public disclosure of any of the information in the preceding sections, the applicant must notify the Board and follow the Board's Practice Direction on Confidential Filings.