

APR 0 2 2014

Ontario Energy 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'énergle l'Ontario C.P. 2319 2300, rue Yonge 27e étage Toronto ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopieur: (416) 440-7656

ONTARIO ENERGY BOARD

Application for a Gas Marketer Licence

For Office Use Only					
Application Number	EB- 2014-015				
Date Received	April 2/14				

1. The Applica	ant	
Legal Name of t	he Applicant :	Link Energy Supply Inc.
Name to Appear	on Licence:	Link Energy Supply Inc.
Indicate if t	the name to appear	r on the licence is the same as the legal name.
include the legal	name of the applic	ear on the licence is not the same as the legal name, the name on the licence must ant and the legal name must appear first. The "Name to Appear on Licence" will and on the licence.
Business Classif	ication:	
○ Sole Propriet	or	
○ Partnership		
Corporation		
C Other (descril	be)	
Date of formation	n or incorporation:	September 19, 2012
Place of formatio	n or incorporation:	Montreal
Province/state	Quebec	
Country	Canada	
		applicant must be at least 18 years old. e or she at least 18 years old?
⊂ No		
Not applicable	e - not an individua	al

2. Licence Primary Contact

Mrs. C

Ms. ←

Mr. 🕝

Miss C

As a condition of licensing, the licensee shall designate a person who will act as primary contact with the Board on matters related to the licence.

First Name

Jeff

Last Name

Anthofer

Miss C Ms. C	Title/Position					
Other C	Chief Operating O	Chief Operating Officer				
		Company Name if different from Name to Appear on Licence				
		Link Energy Supply Inc.				
		·, ···				
Licence Primary Contact						
5800 Ambler Drive, Suite						
City	Province/S	State	Country	Postal/Zip Code		
Mississauga	Ontario		Canada	L4W 4J4		
Phone Number	Toll Free (if available)	Fax Number	E-mail Address			
(416) 312-6250		(855) 440-5465	jeff.anthofer@linkenergy.c	om		
	nt of Ontario and is at lea		ray provide the address of ar rporation that has its head of First Name	• '		
Mr. ← Mrs. ←	Eddt Hallio					
Miss C Ms. C	Title/Position					
Other C	THEN COMO		•			
-	Company Name if	different from Name to	Appear on Licence			
Address for Service in C	ntario (if different than th	e Licence Primary Cont	act Address above)			
	·	-				
City		Province	Postal Code			
		ONTARIO				
Phone Number	Toll Free (if available)	Fax Number	E-mail Address			

Initial

Ε

3.	Ap	plication	Primary	Contact
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\boxtimes	Indicate if same	as above.	If ves.	proceed to	section 4
$IZ \times I$	maiocio mocimo	as above.	,,	p. 00000	0 000000

The primary contact for the licence application may be a person within the applicant's organization other than the licence primary contact noted above. An applicant may also choose to designate a consultant, lawyer, etc. to be the primary contact for the licence application. The Board will communicate with this person during the course of the application but with the licence primary contact after a licence is issued.

Mr. C	Mrs. C	Last Name	First Name	Initial
	Ms. ←	Title/Position		
Other C			<u> </u>	
		Company Name if different from	Name to Appear on Licence	
A 1' 1' F	2-i			
Application F	rimary Cont	act Address:		
City		Province/State	Country	Postal/Zip Code
Phone Numb	per	Toll Free (if available) Fax Number	E-mail Address	

4. Customer Complaint or Inquiries Primary Contact

Provide contact information of the person to whom correspondence or communication regarding customer complaints or inquiries should be addressed. The mailing address should be in Ontario and the telephone number should be listed in Ontario which may be reached by the general public without a charge.

M. C	Mm. C	Last Name		First Name	Initial		
Mr. C	Mrs. C	Soldatova		Ksenia			
Miss 🕝	Ms. ←	Title/Position	Title/Position				
Other C		Customer Service	Customer Service Manager				
		Company Name if	different from Name t	o Appear on Licence			
		Link Energy Supp	ly Inc.				
Customer Co	mplaint or	Inquiries Primary Contact	Address:				
5800 Ambler	Drive, Suit	e 210					
City			Province	Postal Code			
Mississauga			ONTARIO	L4W 4J4			
Phone Numb	er	Toll Free	Fax Number	E-mail Address			
		1(855) 444-5465, ext 2	1 (855) 440-5465	ksenia.soldatova@lin	kenergy.com		

5. Type of Application		
• New licence		
	mber and expiry date of the existing licence	
Licence Number: GM-	Expiry Date:	
6. Trade Names		
The gas marketer licence authorizes the licence authorizes	censee to conduct business using the name un by the licensed gas marketer.	der which the licence is held.
Does the applicant intend to use trade nan	nes?	
Yes, provide a list of trade name	es the applicant intends to use in the space pro	vided below.
No, proceed to 7.		
7. Applicant's Licensing Status at	nd History	
• • • • • • • • • • • • • • • • • • • •	pplicant, or an associated entity (e.g., a partne ergy Board? (the <i>Busin</i> ess <i>Corporations Act</i> de	
Yes, provide details of current a	nd expired licences in the table below.	
No, proceed to 7(b).		
Licensee Name	Relation to the applicant (e.g., applicant itself, affiliate, partneretc.)	Licence Number

No, proceed	d to 7(c).				
Applicant Na	ame	Type of Application	n		rgy Board File Number f applicable)
	an affiliate of the applications and affiliate of the application and applications are applicated as a section and applications.				
	details of current and ex			NOILII AITIEILE	11
□ No	details of current and ex	pired licences in the tax	NC DOIOW		
Company Name	Jurisdiction	Business Activity	Name of	Licensing Body	Licence/Registration No.
Link Energy Supply Inc.	Alberta	Electricity Retailer	Services /	Alberta	337994
8. Officers Directo	ors and Key Individu	ıals			
	corporation, provide as		a list of all a	officers and dir	actors, including name
and title.	corporation, provide as	a separate attacimient	a list of all t	Jilioers and dir	ectors, including hame
	y individuals below. The				•
	for the applicant: regula als may include the Chie				
proprietors.	!-:	والمستعددة	. 4	- .:-:	-64b l
explain.	a minimum of three key	y individuais. Il unabi	e ro brovia	e a minimum	or three, please
Name o	f Key Individual	Tit	-	• • •	t's business (or identify licant's business)
Wayne Burke		Presid	lent		·
Steve Shoiry		Vice F	Vice President		
Matt Sherrett			Chief Financial Officer		
Jeff Anthofer			Chief Operating Officer		

July 2014