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December 8, 2015

Ontario Energy Board Board Secretary PO Box 2319 2300 Yonge Street, 27th Floor Toronto, Canada M4P1E4



Ret

Unified Energy Services, LLC

Application for Electricity Retailer License

To Whom It May Concern:

Enclosed please find an **Application for Admission to Transact Business** for our client, **Unified Energy Services, LLC.** Once the application has been processed, please forward evidence of approval to the mailing address on the application.

If there is any issue, or if you require any further information, please do not hesitate to contact me or my colleague, Kelly Konkus, at kkonkus@licenselogix.com or (800) 292-0909 x313.

Thank you,

Disha Gandhi

LicenseLogix 140 Grand Street, Suite 300 White Plains, NY 10601 dgandhi@licenselogix.com (800) 292-0909 ex. 328

Enc:

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 Télécopleur: (416) 440-7656



Application for an Electricity Retailer Licence

Application Number EB - 2015 - 0357

Date Received Dec. 1015

1. The Applica	nt		RECEIVE
Legal Name of the Applicant :		Unified Energy Services, LLC	DEC 1 0 2015
Name to Appear on Licence:		Unified Energy Services, LLC	Ontaric Shercy Board
Indicate if the	ne name to appear	on the licence is the same as the legal name.	
include the legal r	name of the applic	ear on the licence is not the same as the legal na ant and the legal name must appear first. The "I and on the licence.	
Business Classifi	cation:		
C Sole Proprieto	or		
Partnership			
Corporation			
C Other (describ	e) Limited Lia	ability Company	
Date of formation or incorporation:		Nov 2008	
Place of formation or incorporation:		Texas	
Province/state	Texas		
Country	United States		
		applicant must be at least 18 years old. e or she at least 18 years old?	
Yes			
C No			
	e - not an individua	al	

2. Licence Primary Contact

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.

Mr. & Mrs. C	Last Name Harris	First Name Michael	Initial
Miss C Ms.	Title/Position	4	
Other C	CEO		
	Company Name if different from N	Name to Appear on Licence	
	N/A		
Licence Primary Contact	: Address:		
3900 Essex Lane, Suite	# 750, , TX		
City	Province/State	Country	Postal/Zip Code
Houston	Texas	USA	77027
Phone Number	Toll Free (if available) Fax Number	E-mail Address	
832-818-7000	N/A 832-204-8411	michael.harris@uni	fiedenergy.com

If the above address is not in Ontario, the applicant must also provide contact information for service purposes in the province of Ontario. Applicants whose offices are not located in Ontario may provide the address of an agent (an individual who is a resident of Ontario and is at least 18 years old, or a corporation that has its head office or registered office in Ontario) as the address of service.

Other C Comp	lame osition any Name if different from Nar logic AFS Inc.		nitial
Address for Service in Ontario (if diff	erent than the Licence Primary	Contact Address above)	
408-105 Victoria St.			
City	Province	Postal Code	
Toronto	ONTARIO	M5C 3B4	
Phone Number Toll Free (i	favailable) Fax Number	E-mail Address	
832-818-7000 N/A	832-204-8411	michael.harris@unifiedenergy.cor	m

3. Application Prima	ry Contact				
Indicate if same as above. If yes, proceed to section 4.					
primary contact noted abo	ove. An applicant may a plication. The Board will	lso choose to designate communicate with this	e applicant's organization othe e a consultant, lawyer, etc. to b person during the course of th	e the primary	
	Last Name		First Name	Initial	
Mr. O Mrs. O	Konkus		Kelly		
Miss ○ Ms.	Title/Position				
Other C	Client Fulfillment As	ssistant			
	Company Name if	different from Name to	Appear on Licence		
	LicenseLogix				
Application Primary Cont	act Address:				
140 Grand St, Suite 300					
City	Province/S	State	Country	Postal/Zip Code	
White Plains	NY		USA 10601		
Phone Number	Toll Free (if available)	Fax Number	E-mail Address	*	
800.292.0909 x313 N/A 212.6		212.672.1105	kkonkus@licenselogix.com		
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. If the applicant intends to retail electricity to low-volume consumers (annually consuming less than 150,000 kilowatt hours of electricity), the applicant should also provide a telephone number which may be reached by the general public without a charge.					
	Last Name		First Name	Initial	
Mr. Ø Mrs. C	Harris		Michael		
Miss C Ms. C	Title/Position	Title/Position			
Other C	Other C CEO				
	Company Name if different from Name to Appear on Licence				
	Same				
Customer Complaint or Inquiries Primary Contact Address:					
408-105 Victoria St.					

Province

ONTARIO

Fax Number

832-204-8411

Postal Code

M5C 3B4

E-mail Address

michael.harris@unifiedenergy.com

City

Toronto

Phone Number

832-818-7000

Toll Free

N/A

5. Type of Application		
${\it C}$ Renewal, please provide the licence nu	mber and expiry date of the existing licence	
Licence Number: ER-	Expiry Date:	
6. Trade Names		
The electricity retailer licence authorizes the held. It also provides for the use of trade not be a second to the use of the use of trade not be a second to the use of trade not be a second to the use of the use of trade not be a second to the use of the use	ne licensee to conduct business using the name arms by the licensed electricity retailer.	e under which the licence is
Does the applicant intend to use trade name	nes?	
Yes, provide a list of trade name	s the applicant intends to use in the space pro	vided below.
No, proceed to 7.		
7. Applicant's Licensing Status at	•	rahin or limited northerabin)
• • • • • • • • • • • • • • • • • • • •	oplicant, or an associated entity (e.g., a partner ergy Board? (the <i>Business 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

(b)	 (b) Does the applicant, an affiliate of the applicant, or an associated entity (e.g., a partnership or limited partnership) have any other application(s) before the Ontario Energy Board? Yes, provide details in the table below. 						
No, proceed to 7(c). Applicant Name			Type of Application			Ontario Energy Board File Number	
	- Аррії Сапії Пе	arrie	- Type of App	pilcation		(i	f applicable)
(c)	(c) Has the applicant, an affiliate of the applicant, or an associated entity (e.g., a partnership or limited partnership) ever undertaken licensed energy sector activity in any other jurisdiction within North America? Yes, provide details of current and expired licences in the table below No						
	Company Name	Jurisdiction	Business Act	tivity	Name of	Licensing Body	Licence/Registration No.
See	e Exhibit A						
8.	Officers, Directo	ors and Key Individ	uals				
(a) If the applicant is a corporation, provide as a separate attachment a list of all officers and directors, including name and title. See Exhibit B							
(b)	(b) Provide a list of key individuals below. The individuals listed must be the individuals that are responsible for the following functions for the applicant: regulatory requirements and conduct, financial matters and technical matters. These key individuals may include the Chief Executive Officer, the Chief Financial Officer, other officers, directors and proprietors. Note: Please list a minimum of three key individuals. If unable to provide a minimum of three, please explain.						
	-						
Name of Key Individual			Title/position within applicant's business (or identify company if not the applicant's business)				
Mic	chael Harris			CEO			
Bennett Rowe			President				
Christian Skov				Vice President of Sales			

9. lı	ntended Services and Markets
(a)	Intended Services: please identify which of the following services the applicant intends to offer. You may select as many as applicable.
	to sell or offer to sell electricity to low-volume consumers (annually consuming less than 150,000 kilowatt hours of electricity) in Ontario.
X	to sell or offer to sell electricity to large-volume consumers (annually consuming more than 150,000 kilowatt hours of electricity) in Ontario.
	to act as an agent or broker for a retailer with respect to the sale or offering for sale of electricity to large-volume consumers, or as an agent or broker for large-volume consumers with respect to the sale or offering for sale of electricity in Ontario.
	to act as an agent or broker for a retailer with respect to the sale or offering for sale of electricity to low-volume consumers, or as an agent or broker for low-volume consumers with respect to the sale or offering for sale of electricity in Ontario.
Is the	e applicant currently providing any of the above listed services?
	Yes, provide a list of the services the applicant is currently providing.
X	No, indicate when the applicant intends to provide these services.
(b)	Upon Licensure Wholesale Market Participation: does the applicant intend to operate in the IESO-administered markets and settle bilateral contracts through the IESO?
	Yes
X	No, please explain how the applicant intends to participate.
	Applicant does not intend to participate
(c)	Retail Market Participation: does the applicant intend to settle the wholesale market cost of electricity consumed by its customers through a distributor's settlement system?

Yes

No, please explain how the applicant intends to participate.