## **license**logix



ONUME OF SERVING

April 11, 2016

EB-2016 0156

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

Re: Unified Energy Services, LLC

**Application for a Gas Marketer License** 

To Whom It May Concern:

Enclosed please find an **Application for a Gas Marketer License** 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 us.

Thank you,

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



Ontario Energy Board P.O. Box 2319 2300 Yonge Street 27<sup>th</sup> 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





## **Application for a Gas Marketer Licence**

For Office Use Only

Application Number EB-2016-0156

Date Received April 13/16

1. The Applicant					
egal Name of the Applicant : Unified Energy Services, LLC					
Name to Appear on Licence:	Unified Energy Services, LLC				
Indicate if the name to appear	on the licence is the same as the legal name.				
	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 Classification:					
○ Sole Proprietor					
© Partnership					
○ Corporation					
⊘ Other (describe) Limited	Liability Company				
Date of formation or incorporation:	Nov 2008				
Place of formation or incorporation:	Texas				
Province/state Texas					
Country <u>United State</u>	es				
If the applicant is an individual, the a If the applicant is an individual, is he	or she at least 18 years old. or she at least 18 years old?				
<b>⊘</b> Yes					
○ No					
○ Not applicable - not an individual					

## 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.

	Last Name	First Name	Initial		
Mr. O Mrs. O	Harris	Michael			
Miss ○ Ms. 😯	Title/Position	Title/Position			
Other C	CEO				
	Company Name if different from Name to Appear on Licence				
	N/A				
Licence Primary Contact Address:					
3900 Essex Lane, Suite# 750					
City	Province/State	Country	Postal/Zip Code		
Houston	TX	USA	1177027		
Phone Number 1	Toll Free (if available) Fax Number	E-mail Address			
832-818-7000	N/A 832-204-8	411 michael.harris@unif	iedenergy.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.

Mr. C Mrs. C	Last Name	F	First Name	Initial		
Miss C Ms. C	Title/Position					
Other C	Company Name if different from Name to Appear on Licence					
Idealogic AFS Inc.						
Address for Service in Ontario (if different than the Licence Primary Contact Address above)						
408-105 Victoria St.						
City		Province	Postal Code			
Toronto		ONTARIO	M5C 3B4			
Phone Number To	ll Free (if available)	Fax Number	E-mail Address			
832-818-7000 N	/A	832-204-8411	michael.harris@unifiedenergy.	com		

3. Application Primar	y Contact			ığ.		
Indicate if same as a	bove. If yes, proceed t	to section 4.				
primary contact noted abo	ve. An applicant may dication. The Board wi	also choose to design ill communicate with the	the applicant's organization or ate a consultant, lawyer, etc. this person during the course o	o be the primary		
	Last Name	Last Name First Name Initial				
Mr. C Mrs. C	Konkus		Kelly			
Miss C Ms. 🖔	Title/Position	Title/Position				
Other C	Client Fulfillment	Client Fulfillment Assistant				
		if different from Name	to Appear on Licence			
	LicenseLogix					
Application Primary Conta	act Address:			ža.		
140 Grand St, Suite 300						
City	Province	/State	Country	Postal/Zip Code		
White Plains	White Plains NY		USA	10601		
Phone Number	Toll Free (if available)	Fax Number	E-mail Address			
800.292.0909 x313 N/A 212.672.1105		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 which may be reached by the general public without a charge.						
	Last Name		First Name	Initial		
Mr.   Mrs.	Harris		Michael			
Miss C Ms. C	Ms. C Title/Position					
Other C CEO						
Company Name if different from Name to Appear on Licence						
X.	Same					
Customer Complaint or In	quiries Primary Contac	ct Address:				
408-105 Victoria St.	The second					
City Province Postal Code						
Toronto	Toronto ONTARIO M5C 3B4					
Phone Number Toll Free Fax Number E-mail Address						

832-204-8411

N/A

832-818-7000

michael.harris@unifiedenergy.com

5. Type of Application		
∧ New licence		
	ımber and expiry date of the existing licence	
Licence Number: GM-	Expiry Date:	
6. Trade Names		
The gas marketer licence authorizes the licen	censee to conduct business using the name ur by the licensed gas marketer.	der which the licence is held.
Does the applicant intend to use trade nar	nes?	
Yes, provide a list of trade name	es the applicant intends to use in the space pro	vided below.
X No, proceed to 7.		9
	*	
7. Applicant's Licensing Status a	nd History	
• •	pplicant, or an associated entity (e.g., a partner ergy Board? (the <i>Business Corporations Act</i> de	
X 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
Unified Energy Services, LLC	Applicant Itself	EB-2015-0357
×		

	, an affiliate of the applic dication(s) before the Or			, a partnership o	r limited partnership)
	e details in the table belo	•			
No, proceed					
Applicant Name		Type of Application		Ontario Energy Board File Number (if applicable)	
ever undertaken lic	an affiliate of the applica ensed energy sector act	tivity in any other	jurisdiction with	•	
X Yes, provide o	details of current and ex	pirea licences in	the table below		
Company Name	Jurisdiction	Business Ac	ctivity Name of Licensing Body Lic		Licence/Registration No.
See Exhibit A					
				Ya	
8. Officers, Directo	ors and Key Individu	uals			
(a) If the applicant is a and title.	corporation, provide as	a separate attac	hment a list of a	ll officers and dir	ectors, including name
following functions These key individua proprietors.	8	tory requirement of Executive Offic	s and conduct, f cer, the Chief Fir	nancial matters a ancial Officer, of	and technical matters. ther officers, directors and
Note: Please list a explain. 	n minimum of three key	y individuals. If	unable to prov	ide a minimum	of three, please
Name of	f Key Individual				t's business (or identify licant's business)
Michael Harris		×	CEO		
Bennett Rowe			President		
Christian Skov			Vice President of Sales		

## 9. Intended Services: please identify which of the following services the applicant intends to offer. to sell or offer to sell gas to low-volume consumers (consuming 50,000m³ or less of natural gas per year) in Ontario. x to act as an agent or broker for a gas marketer with respect to the sale or offering for sale of natural gas to low-volume consumers, or as an agent or broker for low-volume consumers with respect to the sale or offering for sale of natural gas in Ontario. ls the 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. Upon Licensure