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



## **Application for an Electricity Wholesaler Licence**

For C	Office Use Only	
Application Number	EB-	
Date Received		

1. The Applicant					
Legal Name of the	Applicant :	ARAUCO CAN	ADA LTD.		
Business Classificat	ion:				
Sole Proprietor					
Partnership					
✓ Corporation					
Other (describe)		:			
Date of formation or	incorporation	n: <u>04/01/1998</u> Ame	ended 01/09/2019		
Place of formation o	r incorporatio	n:			
Province/State	NEW BRUNS	SWICK			
Country	CANADA				
If the applicant is an she at least 18 years		e applicant must b	e at least 18 years ol	d. If the applicant i	is an individual, is he or
☐ Yes					
☐ No					
✓ Not Applicable -	not an individ	lual			
Head Office or Busin	nosa Addrosa	of Applicant			
657 BASE LINE	ness Address	o of Applicant			
City		Province/S	State	Country	Postal/Zip Code
SAULT STE. MARI		ON		CANADA	P6A 5K6
Phone Number		Toll Free (if av		E-mail Address	[ or or or
705-253-0770		866-553-5594		IIIali Audiess	
V.					
Website Address	ss  WWW.ARAUCO-NA.COM				

2. Application Type				
✓ New				
Renewal, provide the licer	nce numbe	er and expiry date of the cur	rent licence.	
Licence Number		Expiry Date		
		<del></del>		
3. Licence Primary Cont	act			
The licensee shall designate a	person w	rho will act as primary conta	ct with the OEB on matters	related to the licence,
	Last Nar	ne	First Name	Initial
Mr.   Mrs.	KUSTUF	RA	JASON	
Miss C Ms. C	Title/Pos	ition		
Other C	ENERG'	Y & POWER SYSTEMS LEA	D	
	Compan			
	ARAUC	O CANADA LTD		
Licence Primary Contact Add	ress:			
657 BASE LINE				
City		Province/State	Country	Postal/Zip Code
SAULT STE. MARIE		ONTARIO	CANADA	P6A 5K6
Phone Number	То	ll Free (if available)	E-mail Address	
705-256-4572			JASON.KUSTURA@ARAUCO.COM	
4. Application Primary C  Indicate if same as above The primary contact for the lice primary contact noted above. contact for the licence applicat review process but with the lice	e. Proceed ence appli An application. The	cation may be a person with ant may also choose to desi OEB will communicate with	gnate a consultant, lawyer, this person during the cour	, etc. to be the primary
Towners process but with the not		•		
Mr. C Mrs. C	Last Nan	ne	First Name	Initial
Miss C Ms. C	Till (5)			
Other C	Title/Pos	ition		
o alloi C	Compan	y Name		

Application Primary Contact Address:	_			
City	Province/State Co	untry	Postal/Zip Code	
Phone Number Tol	I Free (if available) E-n	E-mail Address		
F. Tooda Names				
5. Trade Names				
The electricity wholesaler licence authorineld (i.e. the applicant's legal name). It a		•		
Does the applicant intend to use trade na	ames?			
Yes, provide a list of trade name	s the applicant intends to use in the	e space provide	ed below.	
No, proceed to section 6.		, ,		
6. Applicant's Licensing Status	and History			
	-			
(a) Has the applicant, an affiliate of the a licensed by the OEB? (The <i>Business</i>	oplicant, or an associated entity (e.g., a Corporations Act definition for affiliate			
Yes, provide details of current ar	nd expired licences in the table belo	JW.		
No, proceed to 6(b).				
	510			
Licensee Name	Relation to the Appli (e.g., applicant itself, affiliate,		Licence Number	
GEORGIA-PACIFIC CORPORATION	NONE		EW-2001-0362	
FLAKEBOARD COMPANY LTD.	APPLICANT ITSELF		EW-2007-0821	
		_		

(b) Does the applicant	t, an affiliate of the applic	ant, or an associated e	ntity have any other app	lication(s) before the OEB
Yes, provide details in the table below.				
✓ No, proceed to 6	(c).			
Applicant Nan	ne Relationsh	ip to this Applicant	Type of Application	OEB File Number
<ul> <li>(c) Has the applicant, an affiliate of the applicant, or an associated entity ever undertaken energy sector activity in any other jurisdiction within North America?</li> <li>Yes, provide details in the table below.</li> <li>No</li> </ul>				
Company Name	Relation to the Applicant	Jurisdiction	Business Activity	Name of Licensing Body and Licence/Registration No. (if applicable)

## 7. Key Individuals

In the table below, identify the key individuals that are responsible for executing the following functions for the applicant: matters related to regulatory requirements and conduct, financial matters, and technical matters. Key individuals include the Chief Executive Officer, the Chief Financial Officer, other officers and directors, partners or proprietors.

Name of Key Individual	Title/Position within Applicant's Business (or identify company if not the Applicant's Business)
JOSE BEZANNILA	CFO
JORDAN RUSSELL	VICE PRESIDENT

## 8. Intended Markets and Services

Identi	ty the applicant's intended markets and services. Select any that apply.
$\boxtimes$	To purchase electricity or ancillary services in the IESO-administered markets.
	To purchase electricity or ancillary services directly from a generator.
	To sell electricity or ancillary services in the IESO-administered markets.
	To sell electricity or ancillary services to wholesalers.
	To sell electricity or ancillary services to distributors (i.e., standard supply services).
	To sell electricity or ancillary services to electricity retailers.
	To sell electricity or ancillary services to persons outside of the Ontario market.
	To sell electricity to consumers, defined as a person who uses for the person's own consumption, electricity that the person did not generate. If the applicant selects this item, the applicant may require a retailer licence. The application form can be found at www oeb ca