



Ontario Energy Board
 Commission de l'Énergie de l'Ontario
**Application for Electricity
 Wholesaler Licence**

Ontario Energy Board
 2300 Yonge Street
 P.O. Box 2319
 Toronto, ON M4P 1E4
 Telephone: 1-888-632-6273
 Facsimile: (416) 440-7656

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For Office Use Only	
Application Number	EB-2007-0057
Date Received	2007 Feb-07

A. General Information

1. Licensee Name

Name to Appear on Licence: DOMTAR PULP AND PAPER PRODUCTS INC. /
 PRODUITS DE PÂTES ET PAPIERS DOMTAR INC.

2. Primary Contact for this Application

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name: ANDERSON	Full First Name: LORI	Initial: M.
Miss <input type="checkbox"/>	Ms. <input checked="" type="checkbox"/>	Position Held: LEGAL ASSISTANT		
Other: _____				

Contact Address (if R.R., give Lot, Concession No. and Township)

Street 925 WEST GEORGIA STREET, 5TH FLOOR

City VANCOUVER	Province/State B.C.	Country CANADA	Postal/Zip Code V6C 3L2
Phone Number (604) 661-8109	FAX Number (604) 687-3314	E-mail Address LORI.ANDERSON@WEYERHAEUSER.COM.	

3. Type of Application Process

New licence	<input checked="" type="checkbox"/>
Renewal	<input type="checkbox"/>
Additional information for an existing application	<input type="checkbox"/>

4. Business Classification

Sole Proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input checked="" type="checkbox"/>

Other (describe):



B. Information about the Applicant

5. Applicant Organization

a) Application on behalf of:			
Full Legal Name of Organization DOMTAR PULP AND PAPER PRODUCTS INC. / PRODUITS DE PÂTES ET PAPIERS DOMTAR INC.		Ontario Corporation Number or Business Registration Number (from MCCR) 1722430	Date of Formation or Incorporation Nov. 30, 2006
b) Business Address 925 WEST GEORGIA STREET, 5 TH FLOOR			
City VANCOUVER	Province/State B.C.	Country CANADA	Postal/Zip Code V6C 3L2
Phone Number (604) 661-8000	FAX Number (604) 687-2314	E-mail Address (optional)	
c) Address for Service in Ontario, if different from Business Address in question 5 b). If R.R. give Lot, Concession Number and Township. 1 DUKE STREET			
City DRYDEN	Province/State ONTARIO	Country CANADA	Postal/Zip Code P8N 2Z7
Phone Number (807) 223-2323	FAX Number (807) 223-9317	E-mail Address (optional)	

6. Licensing History

a) Does the Applicant have any affiliates that operate in Ontario? (The term "affiliate", with respect to a corporation, has the same meaning as in the <i>Business Corporations Act</i> , RSO 1990, Chapter B.16)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b) If the response to 6a) is yes, please provide the company name, function of the affiliate, and, if applicable, OEB licence number. DOMTAR, MANUFACTURER & MARKETER OF PAPER, LICENCE NO. EW-2005-0525. *NOTE: THE APPLICANT WILL BECOME AN AFFILIATE OF DOMTAR IN EARLY 2007.		
c) Does the Applicant or any affiliates of the Applicant operate in energy markets in other jurisdictions?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please list company name, jurisdiction, activities, and licence number.		
d) Note the name and address of any known Federal, Provincial, or local government agency that may have any jurisdiction over the action to be taken in this application and a brief description of that authority.		
e) Is the Applicant applying for any other licence from the OEB? Please specify.		
Yes <input type="checkbox"/>		
No <input checked="" type="checkbox"/>		