

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 Tolonbone, 1 898 613 623

Telephone: 1-888-632-6275 Facsimile: (416) 440-7656 Commission de l'Énergie de l'Ontarie 2300 rue Youge C.P. 2319

Torozdo, ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopeur. (416) 440-7656

For Office Use Only			
Application Number	EB-2004-0259		
Date Received	-90116		

		Date Received	- July 18				
A. General Information			- 3				
1. Licensee Name							
Name to Appear on Licence:	Integrys Energy	Services, Inc.					
2. Primary Contact for this Application							
Mr. Mrs. Last Na Miss Ms. Kla	me: vitcr	Full First Name:	Initial:				
Position	Held: Sulatory Compliance	O					
Contact Address (if R.R., give Lot, Concession No. and Township)							
Street 500 W. Mad	lison St., Suite 33	00					
City Chicago	Province/State IL	Country USA	Postal/Zip Code GOGG /				
Phone Number 3/a- 68/- /855	FAX Number 312-68/-1999	E-mail Address AK lavitere integras	caeray, com				
312-681-1855 312-681-1999 RK lavitere integrysenergy. com 3. Type of Application Process							
New licence							
Renewal	×						
Additional information for an exi application	sting						
4. Business Classificatio	n						
Sole Proprietor							
Partnership							
Corporation 🗵							

Other (describe):	

B. Information about the Applicant

5. Applicant Organization

a) Application on behalf of:	***********		\$1.5555.628
Full Legal Name of Organiz	No.	Ontario Corporation Number or Busines Registration Number (from MCCR) 1546475	ss Date of Formation or Incorporation
b) Business Address /	716 Lawrence	Drive	
Oity De Pere	Province/State	Country USA	Postal/Zsp Code 54/15
Phone Number 920 - 617 - 6100	FAX Number 920-617-6	E-mail Address (optional)	
 Address for Service in C Number and Township. 		Business Address in question 5 b). If	R.R. give Lot, Concession
City	Province/State	Country	Postal/Zip Code
Toronto	Ontario	Lanada	man GK1
Phone Number 416 – 221 – 5846	FAX Number 416-221-5	E-mail Address (optional)	, d

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 Business Corporations Act, RSO 1990, Chapter B.16)	Yes X	Nº □
b) If the response to 6a) is yes, please provide the company name, function of the affiliate, and licence number.	, if applicab	le, OEB
Integras Energy Services of Canada Corp. ER-2005-0239	and	***************************************
c) Does the Applicant or any affiliates of the Applicant operate in energy markets in other jurisdictions?	Yes [X]	No □
If yes, please list company name, jurisdiction, activities, and licence number. ರ್ಯ ಇಗ್ರೋಸಿಂತ.	nin kila mini Kunur di kujuk di kulu ku unuri di kila jud	dak de sende med damen semes semes de med bened bened
d) Note the name and address of any known Federal, Provincial, or local government agency th	at may hay	e anv
jurisdiction over the action to be taken in this application and a brief description of that author	rity.	
As we have licences in other provinces and states, each one	our	licences
As we have licences in other provinces and states, each one has some judisdiction over us. Therefore, please see the	attached	Wit.
	μ ^t	
e) Is the Applicant applying for any other licence from the OEB? Please specify.	Yes	No ⊠
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