

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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Application Number EB- 2006-43 lb

Date Received 007.2/08

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A. General Information										
1. Licensee Name										
Name to Appear on Licence: Sesco Enterprises Canada Ltd.										
2. Primary Contact for this Application										
Mr. 🔀 Mrs. 🗌	Last Na	me: biger	Full First Name:	Initial:						
Miss Ms.			Michael	1						
Other:	Position	Position Held: President and Chief Executive Officer								
Contact Address (If B										
Contact Address (If R.	R., give L	ot, Concession No. and Townsl	nip)							
Street 2 Tower Cente	Street 2 Tower Center, Suite 1202									
City East Brunswick		Province/State NJ	Country USA	Postal/Zip Code 08816						
Phone Number 732-516-1639		FAX Number 732-516-1636	E-mail Address mschubiger@sescollc.com							
3. Type of Applica	ation Pr	ocess								
New licence										
Renewal	Renewal									
Additional information for an existing application										
4. Business Classification										
Sole Proprietor										
Partnership										
Corporation										

Other (describe): X Limited Liability Company	
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B. Information about the Applicant

5. Applicant Organization

5. Applicant Organizati	OII							
a) Application on behalf of:								
Full Legal Name of Organizat	ion	Ontario Corporation Number or Business Registration Number (from MCCR)		Date of Formation or Incorporation				
Sesco Enterprises Canada Ltd.		851926345RT0001		December 10, 2002				
b) Business Address 2 Tower Center, Suite 1202								
City	Province/State		Country	Postal/Zip Code				
East Brunswick	ИJ		USA	08816				
Phone Number	FAX Number		E-mail Address (optional)					
732-516-1639	732-516-1636		mschubiger@sescollc.com					
c) Address for Service in Ontario, if different from Business Address in question 5 b). If R.R. give Lot, Concession Number and Township.								
City	Province/State		Country	Postal/Zip Code				
Phone Number	FAX Number		E-mail Address (optional)					
*								

Yes	No X							
b) If the response to 6a) is yes, please provide the company name, function of the affiliate, and, if applicable, OEB licence number.								
Yes ×	No							
) is lice	ensed to							
SESCO Enterprises, LLC (FERC Dkt. No. ER03-295-001, update filed June 19, 2008) is licensed to operate in the PJM Interconnection, New York Independent System Operator (ISO), California ISO, Midwest ISO,								
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ay have ar	пу							
Yes	No X							
	Yes X) is lice west ISO,							