

Jun. 1. 2007 9:18PM



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

No. 2016 P. 1/9
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For Office Use Only	
Application Number	EB-2007-0648
Date Received	2007-June-04

A. General Information

1. Licensee Name

Name to Appear on Licence: **ST. MARYS PAPER CORP.**

2. Primary Contact for this Application

Mr. <input checked="" type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name: HENSON	Full First Name: GERALD	Initial:
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>	Position Held: CHIEF FINANCIAL OFFICER		
Other: _____				

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

Street 75 HURON STREET			
City SAULT Ste. MARIE	Province/State ONTARIO	Country CANADA	Postal/Zip Code P6A 5P4
Phone Number (705) 942-6070 X2900	FAX Number 942-4791	E-mail Address HENSON_G@STMARYS-PAPER.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"/>

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Other (describe):

B. Information about the Applicant

5. Applicant Organization

a) Application on behalf of:

Full Legal Name of Organization ST. MARYS PAPER CORP.	Ontario Corporation Number or Business Registration Number (from MCCR) 002136230	Date of Formation or Incorporation May 14, 2007
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b) Business Address

75 HURON STREET

City SAULT STE MARIE	Province/State ONTARIO	Country CANADA	Postal/Zip Code P6A 5P4
Phone Number 705 942-6070	FAX Number 942-4791	E-mail Address (optional) henso_g@stmarys-paper.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)	

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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 No

b) If the response to 6a) is yes, please provide the company name, function of the affiliate, and, if applicable, OEB licence number.

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c) Does the Applicant or any affiliates of the Applicant operate in energy markets in other jurisdictions?

Yes No

If yes, please list company name, jurisdiction, activities, and licence number.

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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.

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e) Is the Applicant applying for any other licence from the OEB? Please specify.

Yes No