



For Office Use Only	
Application Number	EB- 2007-0821
Date Received	Oct. 22/07

A. General Information

1. Licensee Name

Name to Appear on Licence: FLAKEBOARD COMPANY LIMITED.

2. Primary Contact for this Application

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name: <u>ZALEWSKI</u>	Full First Name: <u>CHRISTOPHER</u>	Initial: <u>G.</u>
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: <u>PURCHASING COORDINATOR</u>		
Other: _____			

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

Street 657 BASE LINE

City <u>SAULT STE MARIE</u>	Province/State <u>ON</u>	Country <u>CANADA</u>	Postal/Zip Code <u>T6A 5K6</u>
Phone Number <u>(705) 253-3229</u>	FAX Number <u>(705) 253-6940</u>	E-mail Address <u>chris.zalewski@flakeboard.com</u>	

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 <i>FLAKEBOARD COMPANY LIMITED.</i>	Ontario Corporation Number or Business Registration Number (from MCCR) <i>10181 7088</i>	Date of Formation or Incorporation <i>APRIL 1, 1998.</i>	
b) Business Address <i>80 TIVERTON COURT, SUITE 701</i>			
City <i>MARKHAM</i>	Province/State <i>ON</i>	Country <i>CANADA.</i>	Postal/Zip Code <i>L3R 0G4</i>
Phone Number <i>(905) 475-9686</i>	FAX Number <i>(905) 475-3827</i>	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. <i>657 BASE LINE,</i>			
City <i>SAULT STE MARIE</i>	Province/State <i>ON</i>	Country <i>CANADA</i>	Postal/Zip Code <i>PGA 5K6</i>
Phone Number <i>(905) 253-0770</i>	FAX Number <i>(905) 253-6888</i>	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 Business Corporations Act, RSO 1980, 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. N/A

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. FLAKEBOARD COMPANY LIMITED HAS PLANTS IN NEW BRUNSWICK. FLAKEBOARD AMERICA LIMITED HAS PLANTS IN SOUTH CAROLINA, LOUISIANA, ARKANSAS, AND OREGON.

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. NONE

e) Is the Applicant applying for any other licence from the OEB? Please specify. Yes No