



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

Commission de l'Énergie de l'Ontario
 2300 rue Yonge
 C.P. 2319
 Toronto, ON M4P 1E4
 Téléphone: 1-888-632-6273
 Télécopieur: (416) 440-7656

Oct 25 2007

For Office Use Only	
Application Number	EB- 2007-0831
Date Received	Oct. 25/07

A. General Information

1. Licensee Name

Name to Appear on Licence: Consumers Energy Company

2. Primary Contact for this Application

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name:	Full First Name:	Initial:
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	<u>Ronk</u>	<u>David</u>	<u>F</u>
Other: _____	Position Held: <u>Director, Transactions and Resource Planning</u>		

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

Street 1945 W. Parnall Rd.

City <u>Jackson</u>	Province/State <u>MI</u>	Country <u>USA</u>	Postal/Zip Code <u>49201</u>
Phone Number <u>(517) 788-1388</u>	FAX Number <u>(517) 788-5882</u>	E-mail Address <u>dfronk@cmsenergy.com</u>	

3. Type of Application Process

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

Board Sec

RECEIVED

OCT 25 2007

ONTARIO ENERGY BOARD

4. Business Classification

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

Other (describe): <input type="checkbox"/>
--

B. Information about the Applicant

5. Applicant Organization

a) Application on behalf of:			
Full Legal Name of Organization <i>Consumers Energy Company</i>		Ontario Corporation Number or Business Registration Number (from MCCR) <i>86090 2519 RT0001</i>	Date of Formation or Incorporation <i>4/12/1910</i>
b) Business Address <i>1945 W. Parnall Rd.</i>			
City <i>Jackson</i>	Province/State <i>MI</i>	Country <i>USA</i>	Postal/Zip Code <i>49201</i>
Phone Number <i>(517) 788-2039</i>	FAX Number <i>(517) 788-1093</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.			
City	Province/State	Country	Postal/Zip Code
Phone Number	FAX Number	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. ① CMS Energy Resource Management Company, Qualification, Alberta ② PremStar Energy Canada Ltd., Incorporation, Ontario ③ PremStar Metering Inc., Incorporation, Ontario		
c) Does the Applicant or any affiliates of the Applicant operate in energy markets in other jurisdictions? If yes, please list company name, jurisdiction, activities, and licence number. Consumers Energy Company - Public Utility - Michigan USA CMS Energy Resource Management Company - Marketer USA See United States Securities + Exchange Commission Form 10-K	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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. NEB License DOE License to Export/Import in USA EA-58-F		
e) Is the Applicant applying for any other licence from the OEB? Please specify.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>