

CEPS Registration Puc 2006.01 Rev. 2/11/2022 Page 1 of 7

### **Competitive Electric Power Supplier Application Form**

This form may be used to: (1) apply for initial registration as a competitive electric power supplier (CEPS) in New Hampshire, (2) apply for renewal of registration as a CEPS in New Hampshire, and (3) notify the Commission of any changes to information in a previously filed CEPS application. This form is provided as a convenience for filing only; you are required to provide all information specified under Puc 2006.01 when applying for initial or renewal registration as a CEPS, but you are not required to use this form when doing so.

| Applicant's General Information |  |   |  |  |  |  |
|---------------------------------|--|---|--|--|--|--|
| Puc<br>2006.01(a)               | Legal Name Ultimate Energy Advisors, LLC                           |   |  |  |  |  |
|                                 | Trade Name (d/b/a) (if applicable)                                 |   |  |  |  |  |
| Puc<br>2006 <sub>i</sub> 01(b)  | Business Mailing Address   | 514 Lockwood Drive  |  |  |  |  |
|                                 |  | Richardson, TX 75080  |  |  |  |  |
|                                 | Telephone Number   | 214-202-2875  |  |  |  |  |
|                                 | E-Mail Address   | info@ueallc.com   |  |  |  |  |
| _                               | Website Address  | www.ueallc.com  |  |  |  |  |
| Puc<br>2006 01(c)               | Provide the state or jurisdiction                                  | n of organization, if anything other than an individual.  |  |  |  |  |
| Puc<br>2006_01(d)               | Provide the name(s), title(s), b individual, or of the applicant's | usiness address(es), telephone number(s), and e-mail address(es) of the applicant if a<br>principal(s)1 if it is anything other than an individual. Use additional sheets as needed |  |  |  |  |
|                                 | Name   | Bobby H. Schiff   |  |  |  |  |
|                                 | Title  | Manager   |  |  |  |  |
|                                 | Business Mailing Address   | 514 Lockwood Drive  |  |  |  |  |
|                                 |  | Richardson, TX 75080  |  |  |  |  |
|                                 | Telephone Number   | 214-202-2875  |  |  |  |  |
|                                 | E-Mail Address   | bobs@ueallc.com   |  |  |  |  |
|                                 | Name   | David Wendler   |  |  |  |  |
|                                 | Title  | Vice President  |  |  |  |  |
|                                 | Business Mailing Address   | 3425 Highway 6  |  |  |  |  |
|                                 | Dusiness Mailing Address   | Sugarland, TX 77479   |  |  |  |  |
|                                 | Telephone Number   | 713-202-0804  |  |  |  |  |
|                                 | Email Address  | davidw@ueallc.com   |  |  |  |  |
|                                 | Name   |   |  |  |  |  |
|                                 | Title  |   |  |  |  |  |
|                                 | Business Mailing Address   |   |  |  |  |  |
|                                 | Telephone Number   |   |  |  |  |  |
|                                 | E-Mail Address   | - 10 ALC  |  |  |  |  |

<sup>1 &</sup>quot;Principals" means, for a corporation, any of its officers, directors, or controlling shareholders, for a limited liability company, any of its managers or controlling members, for a partnership, any of its general partners, and for any other business entity, any of its personnel exercising executive functions and any of its controlling equity owners.



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|                   |   | mpshire. Use additional sheets as needed.  NONE |  |  |  |  |  |
|-------------------|---|---|--|--|--|--|--|
| Puc<br>2006,01(e) | Provide the following information regarding any affiliates2 and subsidiaries of the applicant that are conducting business in New Hampshire. Use additional sheets as needed. |   |  |  |  |  |  |
|                   |   |   |  |  |  |  |  |
|                   | Name of Entity  | NONE  |  |  |  |  |  |
|                   | Business Address  |   |  |  |  |  |  |
|                   | Telephone Number  | # · · · ·                                       |  |  |  |  |  |
|                   | Provide a description of the business purpose of the entity.  |   |  |  |  |  |  |
|                   |   |   |  |  |  |  |  |
|                   |   |   |  |  |  |  |  |
|                   | Name of Entity  |   |  |  |  |  |  |
|                   | Business Address  |   |  |  |  |  |  |
|                   |   |   |  |  |  |  |  |
|                   | Telephone Number  | (#C   |  |  |  |  |  |
|                   | Provide a description of the I  | pusiness purpose of the entity.                 |  |  |  |  |  |
|                   |   |   |  |  |  |  |  |

<sup>2 &</sup>quot;Affiliate" means any of the following:

<sup>(</sup>a) Any person or entity that directly or indirectly owns, controls, or holds with power to vote a majority of the outstanding voting securities or such minority thereof as to give such person substantial control of another person or entity;

<sup>(</sup>b) Any person or entity that is directly or indirectly owned, controlled, or held by any person or entity described in (a) above through either power to vote a majority of the outstanding voting securities or such a minority so as to maintain substantial control of such person or entity;

<sup>(</sup>c) Any person or entity with which another person or entity has a management or service contract or arrangement that provides such person or entity with effective control over the management, supervision, or operation of the other person or entity; or (d) Any person or entity who or which actually exercises effective control over the management, supervision, or operation of another person or entity.



|                |   | Customer Service Department Contact |  |
|----------------|---|-------------------------------------|--|
| Puc 2006,01(f) | Name                                      | Bobby H. Schiff                     |  |
|                | Title                                     | Manager                             |  |
|                | Toll-Free Telephone Number (if available) | * *                                 |  |
|                | Telephone Number                          | 214-202-2875                        |  |
|                | E-Mail Address                            | bobs@ueallc.com                     |  |

|                      | Customer Complaints Contact |                     |  |  |  |  |
|----------------------|-----------------------------|---------------------|--|--|--|--|
| Puc<br>2006 01(g)(1) | Name                        | David Wendler       |  |  |  |  |
|                      | Title                       | Vice President      |  |  |  |  |
|                      | Business Mailing Address    | 3425 Highway 6      |  |  |  |  |
|                      |                             | Sugarland, TX 77478 |  |  |  |  |
|                      | Telephone Number            | 713-202-0804        |  |  |  |  |
|                      | E-Mail Address              | davidw@ueallc.com   |  |  |  |  |

|                      | Regulatory Compliance Matters Contact |                      |  |  |  |  |
|----------------------|---------------------------------------|----------------------|--|--|--|--|
| Puc<br>2006.01(g)(2) | Name                                  | Bobby H. Schiff      |  |  |  |  |
|                      | Title                                 | Manager              |  |  |  |  |
|                      | Business Mailing Address              | 514 LOCKWOOD DRIVE   |  |  |  |  |
|                      |                                       | Richardson, TX 75080 |  |  |  |  |
|                      | Telephone Number                      | 214-202-2875         |  |  |  |  |
|                      | E-Mail Address                        | bobs@ueallc.com      |  |  |  |  |

| Commission Assessment Payments Contact |                          |                      |  |  |  |
|--|--------------------------|----------------------|--|--|--|
| Puc<br>2006,01(g)(3)                   | Name                     | Bobby H. Schiff      |  |  |  |
|  | Title                    | Manager              |  |  |  |
|  | Business Mailing Address | 514 LOCKWOOD DRIVE   |  |  |  |
|  | _                        | Richardson, TX 75080 |  |  |  |
|  | Telephone Number         | 214-202-2875         |  |  |  |
|  | E-Mail Address           | bobs@ueallc.com      |  |  |  |

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| Se                | parate Attachments: Business Authority, Trade Name, ISO-NE Market Participation, and EDI Certification  |
|-------------------|---|
| Puc<br>2006,01(h) | Provide, as a separate attachment, evidence of the applicant's authorization to do business in New Hampshire from the New Hampshire secretary of state by submitting, with this application form, either of the following:  |
|                   | (1) a recent printout of the applicant's listing on the N.H. Secretary of State website with the status "In Good Standing" or words of similar import; or   |
|                   | (2) a copy of a certificate from the N.H. Secretary of State's office stating that the applicant is authorized to do business in New Hampshire.   |
| Puc 2006,01(i)    | Provide, as a separate attachment, evidence of the applicant's registration of the trade name, if any, to be used by the applicant in New Hampshire from the New Hampshire secretary of state by submitting, with this application form, either of the following: |
|                   | (1) A recent printout of the applicant's trade name on the N.H. Secretary of State website with the status "Active" and indicating that the trade name is owned by the applicant; or  |
|                   | (2) A copy of a certificate from the N.H. Secretary of State's office indicating that the applicant has registered as doing business under the trade name.  |
| Puc 2006 01(j)    | Provide, as a separate attachment, evidence of the applicant's ISO New England market participant membership.   |
| Puc<br>2006.01(k) | Provide, as a separate attachment, electronic data interchange (EDI) certification from each electric distribution utility in whose franchise area the applicant intends to operate.  |

|                   | Franchise Areas, Customer Types to be Served, and Other States   |  |  |  |  |
|-------------------|--|--|--|--|--|
| Puc 2006.01(I)    | List the utility franchise areas in which the applicant intends to operate and, to the extent the applicant does not intend to provide service in the entire franchise area of a utility, a delineation of the cities and towns where the applicant intends to provide service within each utility franchise area. |  |  |  |  |
|                   | ALL  |  |  |  |  |
| Puc<br>2006.01(m) | Provide a statement whether or not the applicant intends to serve the following types of customers: residential, small commercial, large commercial, and industrial.   |  |  |  |  |
|                   | LARGE COMMERCIAL, INDUSTRIAL   |  |  |  |  |
| Puc<br>2006 01(n) | List the other states or jurisdictions in which the applicant currently conducts business relating to the sale of electricity.   |  |  |  |  |
|                   | MASSACHUSETTS, CONNECTICUT, NEW YORK, NEW JERSEY, PENNSYLVANIA, MARYLAND, WASHINGTON DC, DELAWARE, VIRGINIA, OHIO, ILLINOIS  |  |  |  |  |



Puc 2006,01(o)

of electricity.

### New Hampshire Public Utilities Commission 21 South Fruit Street, Suite 10 Concord, NH 03301-2429 603-271-2431 www.puc.nh.gov

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# Customer Complaints Use either the table below or a separate attachment to provide a list disclosing the number and type of customer complaints concerning the applicant or its principals and affiliates filed with or by any commission or regulatory agency, attorney general's office, or other governmental consumer protection regulatory authority, for the most recent 2 calendar years in every state or other jurisdiction in which the applicant has conducted business relating to the sale

In the table below, enter abbreviations of applicable states or the jurisdiction across the top row, complaint types in the left column, and, for each cell in the table, the number of complaints for each type within the applicable state or jurisdiction.

|                |   | İ | (enter | applicable | states/jui | risdictions | in row jus | st below) | î | ř |      |
|----------------|---|---|--------|------------|------------|-------------|------------|-----------|---|---|------|
| Complaint Type |   |   |        | ,          |            |             |            |           |   |   | Tota |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
|                |   |   |        |            |            |             |            |           |   |   | 0    |
| Total          | 0 | 0 | 0      | 0          | 0          | 0           | 0          | 0         | 0 | 0 | 0    |



|   | Statements Regarding Applicant and its Principals   |                 |  |  |  |  |
|---|---|-----------------|--|--|--|--|
| Respond to each of the following questions with either "Yes" or "No." |   |                 |  |  |  |  |
| Puc<br>2006,01(p)(1)  | Has applicant or any of its principals ever been convicted of any felony that has not been annulled by a court?   | NO              |  |  |  |  |
| Puc<br>2006.01(p)(2)  | Has applicant or any of its principals, within the 10 years immediately prior to application, had any civil, criminal, or regulatory sanctions or penalties imposed against it, him, or her pursuant to any state or federal consumer protection law or regulation? | NO              |  |  |  |  |
| Puc<br>2006.01(p)(3)  | Has applicant or any of its principals, within the 10 years immediately prior to application, settled any civil, criminal, or regulatory investigation or complaint involving any state or federal consumer protection law or regulation?                           | NO              |  |  |  |  |
| Puc<br>2006,01(p)(4)  | Is applicant or any of its principals currently the subject of any pending civil, criminal, or regulatory investigation or complaint involving any state or federal consumer protection law or regulation?  | NO              |  |  |  |  |
| Puc<br>2006,01(p)(5)  | Has applicant or any of its principals been denied authorization to provide competitive electricity supply service or electric aggregation service in any other state or jurisdiction?  | NO              |  |  |  |  |
| Puc<br>2006.01(q)   | If an affirmative answer is provided to any item above, then provide a detailed explanation of the occ related circumstances. Use additional sheets as needed.  | urrence and the |  |  |  |  |
|   | N/A   |                 |  |  |  |  |
|   |   |                 |  |  |  |  |

| Telemarketing        |  |     |  |  |  |
|----------------------|--|-----|--|--|--|
| Puc<br>2006.01(s)    | Does the applicant intend to telemarket? Respond with either "Yes" or "No."  | No  |  |  |  |
|                      | If the response to the question above is "Yes," then respond to the following three questions:   |     |  |  |  |
| Puc<br>2006_01(r)(1) | Will the applicant maintain a list of customers who request being placed on the applicant's do-no-call list for the purposes of telemarketing?   | No  |  |  |  |
| Puc<br>2006.01(r)(2) | Will the applicant obtain monthly updated do-no-call lists from the National Do Not Call Registry?   | No  |  |  |  |
| Puc<br>2006.01(r)(3) | Will the applicant NOT initiate calls to New Hampshire customers who have either requested being placed on the applicant's do-not-call list(s) or who are listed on the National Do Not Call Registry? | YES |  |  |  |

| In-Person Solicitation of Residential Customers |   |         |  |  |  |
|---|---|---------|--|--|--|
| Puc<br>2006.01(u)                               | Does the applicant intend to enroll residential customers through in-person solicitation at the customer's residence? Respond with either "Yes" or "No."  |         |  |  |  |
|   | If the response to the question above is "Yes," then provide the following items as separate attack   | hments: |  |  |  |
| Puc<br>2006_01(t)(1)                            | A plan for in-person solicitation of residential customers at their residences, including provisions to ensure legal and regulatory compliance and quality assurance.   |         |  |  |  |
| Puc<br>2006.01(t)(2)                            | A description of the applicant's training program for employees or representatives who will conduct in-person solicitation of residential customers at their residences.  |         |  |  |  |
| Puc<br>2006.01(t)(3)                            | An identification of any third party vendor or vendors the applicant intends to use to conduct in-person solicitation of residential customers at their residences.   |         |  |  |  |
| Puc<br>2006.01(t)(4)                            | A copy of the applicant's performance standards and code of conduct for any employees, representatives, or vendors who or which will conduct in-person solicitation of residential customers at their residences. |         |  |  |  |
| Puc<br>2006 01(t)(5)                            | A copy of field audit standards used to evaluate the performance of employees, representatives, or vendors who or which will conduct in-person solicitation of residential customers at their residences.         |         |  |  |  |



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|                   | Sample Bill Form   |                       |
|-------------------|--|-----------------------|
| Puc<br>2006.01(v) | Does the applicant intend to use only the utility's billing service? Respond with either "Yes" or "No."                    | YES                   |
| Puc<br>2006,01(v) | If the response to the question above is "No," then provide a sample of the bill form(s) the applican separate attachment. | t intends to use as a |

| Residential and Small Commercial Customer Contracts |   |              |
|---|---|--------------|
| Puc<br>2006,01(w)                                   | Does the applicant intend to serve residential and small commercial customers? Respond with either "Yes" or "No."   | No           |
|   | If the response to the question above is "Yes," then provide the following item as a separate attach  | ment:        |
| Puc<br>2006.01(w)                                   | A copy of each contract to be used for residential customers and for small commercial customers, i schedules or other documentation attached to, incorporated into, or referenced in such contract. | ncluding any |

|                      | File Financial Security Instrument   |
|----------------------|--|
|                      | Refer to Puc 2003.03 for the financial security requirements.  |
| Puc<br>2003,01(b)(2) | Provide an original executed financial security instrument that meets the requirements of Puc 2003.03.   |
|                      | File the original, executed financial security instrument with the Executive Director. The financial security instrument can be filed separately from the application form, by U.S. mail, overnight express, or hand delivery. |

|                      | Submit Application Fee (For Initial Applications Only)  |
|----------------------|---|
| Puc<br>2003.01(b)(3) | For an application for initial registration, submit payment of the application fee in the amount of \$250.00 to the Executive Director by U.S. mail, overnight express, or hand delivery. Make check payable to: New Hampshire Public Utilities Commission. |
|                      | Note that there is no fee for a renewal application.  |

| Expected Marketing Start Date |   |                   |
|-------------------------------|---|-------------------|
| Puc<br>2006.01(x)             | Provide the date upon which the applicant expects to commence marketing its services to customers in New Hampshire. | 2-21-2022<br>Date |

|                              | Attestation and Signature   |                   |
|------------------------------|---|-------------------|
| Puc<br>2006.01(y)<br>and (z) | BY SIGNING BELOW, THE APPLICANT REPRESENTATIVE CERTIFIES THAT IT HAS THE AUTHORITY TO FILE THE APPLICATION ON BEHALF OF THE CEPS AND ATTESTS THAT THE CONTENTS OF THE APPLICATION ARE TRUTHFUL, ACCURATE, AND COMPLETE.  Signature of the applicant or its authorized representative  Name: BOBBY H. SCHIFF | 2-21-2022<br>Date |
|                              | Title: MANAGER  |                   |

| Filing Instructions |   |
|---------------------|---|
|                     | 1) Mail an original and two paper copies of this form and all separate attachments to: Executive Director, NHPUC, 21 South Fruit St., Suite 10, Concord, NH 03301 |
|                     | E-mail a PDF of this form and all separate attachments to:     Executive.Director@puc.nh.gov  |

## State of New Hampshire Department of State

### **CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ULTIMATE ENERGY ADVISORS, L.L.C. is a Texas Limited Liability Company registered to transact business in New Hampshire on January 20, 2012. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 664780

Certificate Number: 0005245246



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of February A.D. 2021.

William M. Gardner

Secretary of State



### State of New Hampshire Department of State

Corporation Division

603-271-3246



Enclosed is the acknowledgment copy of your Application for Registration as a Foreign Limited Liability Company. It acknowledges this office's receipt and filing of your documents.

Should you have any questions, you may contact the Corporation Division at the above number or email us at *corporate@sos.state.nh.us*. Please reference your Business ID # located in the filed section of the enclosed acknowledgement copy of Application for Registration as a Foreign Limited Liability Company.

Please visit our website for helpful information regarding all your business needs.

Regards,

New Hampshire Department of State Corporation Division

Business ID#: 664780