Ohio Public Utilities Commission

PUCO USE O	NLY – Version 1.08	
Date Received	Renewal Certification Number	ORIGINAL AGG Case Number
		15 - 0579 - GA-AGG

RENEWAL CERTIFICATION APPLICATION COMPETITIVE RETAIL NATURAL GAS BROKERS/AGGREGATORS

Please type or print all required information. Identify all attachments with an exhibit label and title (*Example: Exhibit A-15 - Company History*). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, Ohio 43215-3793.

This PDF form is designed so that you may directly input information onto the form. You may also download the form by saving it to your local disk.

SECTION A - APPLICANT INFORMATION AND SERVICES

A-1 Applicant intends to renew its certificate as: (check all that apply) Retail Natural Gas Aggregator Retail Natural Gas Broker Retail Natural Gas Aggregator Retail Natural Gas Broker

A-2 Applicant information:

Legal Name Address	Internal 5600 n	tion. MARKetting " Mon roe Street	Business Group - Ste. 203A	oba NU Energy Sylvania or	y Shutions LLC + 43560	
Telephone No.	419.517.	1797	Web site Add		norgy solutions. No	+
Current PUCO C	Certificate No.	15-0579.64.AG6	Effective Dates	PRIL 23. 2015	to April 23rd 20	717

A-3 Applicant information under which applicant will do business in Ohio:

Name Address	International Mineketris Business Group dea NU Energy solutions LLC 5600 Monrue Street Str. 203A Sylvania 07 43560	E.C.
Web site Address		

A-4 List all names under which the applicant does business in North America:

International Marketing Business Group NU ENERgy Similions LLC

A-5 Contact person for regulatory or emergency matters:

Name Ed.	WARD	Ab doney	Title Our	ere / C	60
Business Addres	560	o Monnoestree	t sylvania	t off	43560
Telephone No.	419. 517.	1797 Fax No. 419. 51	7. 1799 Email Add	ress adw	IN Q n we norgy some tions, net

Page 1 of 7

A-6 Contact person for Commission Staff use in investigating customer complaints:

Name	EDWARD	Abdoney	Title	QUAL	R COO
Business	address 5600	Monrae	Street	SylVANIA	- OH 43560
					admin@nvenergysdr.hons.w

- A-7 Applicant's address and toll-free number for customer service and complaints Customer service address 3600 Monroe Street Street Street Street 43560 Toll-Free Telephone No. 879. 790.1999 Fax No.855. 322.4444 Email Address admin & nuenengy
- A-8 Provide "Proof of an Ohio Office and Employee," in accordance with Section 4929.22 of the Ohio Revised Code, by listing name, Ohio office address, telephone number, and Web site address of the designated Ohio Employee

Name	NIA	Titl
Business address		

Telephone No.

Fax No.

Email Address

34-1887055

A-9 Applicant's federal employer identification number

A-10 Applicant's form of ownership: (Check one)

Sole Proprietorship	Partnership
Limited Liability Partnership (LLP)	Limited Liability Company (LLC)
Corporation	Other

A-11 (Check all that apply) Identify each natural gas company service area in which the applicant is currently providing service or intends to provide service, including identification of each customer class that the applicant is currently serving or intends to serve, for example: residential, small commercial, and/or large commercial/industrial (mercantile) customers. (A mercantile customer, as defined in Section 4929.01(L)(1) of the Ohio Revised Code, means a customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within the state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside of this state. In accordance with Section 4929.01(L)(2) of the Ohio Revised Code, "Mercantile customer" excludes a not-for-profit customer that consumes, other than for residential use, more than for residential use, as part of an undertaking having more than three locations within or outside of this state. In accordance with Section 4929.01(L)(2) of the Ohio Revised Code, "Mercantile customer" excludes a not-for-profit customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within this state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside this state that has filed the necessary declaration with the Public Utilities Commission.)

Columbia Gas of Ohio	Residential Small Commercial Large Commercial / Industrial
Dominion East Ohio	Residential Small Commercial Large Commercial / Industrial
Duke Energy Ohio	Residential Small Commercial Large Commercial / Industrial
Vectren Energy Delivery of Ohio	Residential Small Commercial Large Commercial / Industrial

A-12 If applicant or an affiliated interest previously participated in any of Ohio's Natural Gas Choice Programs, for each service area and customer class, provide approximate start date(s) and/or end date(s) that the applicant began delivering and/or ended services.

	Residential	Beginning Date of Service		End Date	
X	Small Commercial	Beginning Date of Service	1-1-2017	End Date	1-1-2018
K	Large Commercial	Beginning Date of Service	1-1-2017	End Date	1-1-2013
	Industrial	Beginning Date of Service		End Date	
omi	nion East Ohio				
	Residential	Beginning Date of Service		End Date	
X	Small Commercial	Beginning Date of Service	1-1-201	End Date	1-1-18
X	Large Commercial	Beginning Date of Service			
	Industrial	Beginning Date of Service		End Date	
uke	Energy Ohio				
uke	Residential	Beginning Date of Service		End Date	
uke	Residential	Beginning Date of Service Beginning Date of Service	1-1-2017	Provide Property	1-1-18
	Residential Small Commercial	Design of the second		End Date	
	Residential Small Commercial	Beginning Date of Service		End Date	
	Residential Small Commercial Large Commercial	Beginning Date of Service Beginning Date of Service Beginning Date of Service		End Date End Date	
	Residential Small Commercial Large Commercial Industrial	Beginning Date of Service Beginning Date of Service Beginning Date of Service		End Date End Date	
	Residential Small Commercial Large Commercial Industrial	Beginning Date of Service Beginning Date of Service Beginning Date of Service of Ohio Beginning Date of Service	1-1-2017	End Date End Date End Date End Date	1-1-18
	Residential Small Commercial Large Commercial Industrial ren Energy Delivery of Residential Small Commercial	Beginning Date of Service Beginning Date of Service Beginning Date of Service of Ohio Beginning Date of Service	1-1-2017 1-1-2017	End Date End Date End Date End Date End Date	

A-13 If not currently participating in any of Ohio's four Natural Gas Choice Programs, provide the approximate start date that the applicant proposes to begin delivering services:

Columbia Gas of Ohio	Intended Start Date
Dominion East Ohio	Intended Start Date
Duke Energy Ohio	Intended Start Date
Vectren Energy Delivery of Ohio	Intended Start Date

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

- A-14 <u>Exhibit A-14 "Principal Officers, Directors & Partners,</u>" provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-15 Exhibit A-15 "Company History," provide a concise description of the applicant's company history and principal business interests.
- ✓ A-16 Exhibit A-16 "Articles of Incorporation and Bylaws," provide the articles of incorporation filed with the state or jurisdiction in which the applicant is incorporated and any amendments thereto, only if the contents of the originally filed documents changed since the initial application.
- K A-17 Exhibit A-17 "Secretary of State," provide evidence that the applicant is still currently registered with the Ohio Secretary of the State.

SECTION B - APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED

- ↓ B-1 <u>Exhibit B-1 "Jurisdictions of Operation</u>," provide a current list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail natural gas service, or retail/wholesale electric services.
- 6 B-2 <u>Exhibit B-2 "Experience & Plans</u>," provide a current description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4929.22 of the Revised Code and contained in Chapter 4901:1-29 of the Ohio Administrative Code.
- **B-3** Exhibit B-3 "Summary of Experience," provide a concise and current summary of the applicant's experience in providing the service(s) for which it is seeking renewed certification (e.g., number and types of customers served, utility service areas, volume of gas supplied, etc.).
- ✓ B-4 <u>Exhibit B-4 "Disclosure of Liabilities and Investigations</u>," provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocations of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational

status or ability to provide the services for which it is seeking renewed certification since applicant last filed for certification.

***B-5** <u>Exhibit B-5 "Disclosure of Consumer Protection Violations</u>," disclose whether the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant has been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws since applicant last filed for certification.

	No	Yes
Q		

If Yes, provide a separate attachment labeled as <u>Exhibit B-5</u> "Disclosure of Consumer Protection <u>Violations</u>," detailing such violation(s) and providing all relevant documents.

(B-6 Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation," disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, or revoked, or whether the applicant or predecessor has been terminated from any of Ohio's Natural Gas Choice programs, or been in default for failure to deliver natural gas since applicant last filed for certification.

X No Yes

If Yes, provide a separate attachment, labeled as <u>Exhibit B-6</u> "Disclosure of Certification Denial, <u>Curtailment, Suspension, or Revocation,</u>" detailing such action(s) and providing all relevant documents.

SECTION C - APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED

***C-1 Exhibit C-1 "Annual Reports,"** provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information, labeled as Exhibit C-1, or indicate that Exhibit C-1 is not applicable and why. (This is generally only applicable to publicly traded companies who publish annual reports.)

- +C-2 <u>Exhibit C-2 "SEC Filings</u>," provide the most recent 10-K/8-K Filings with the SEC. If applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 whether the applicant is not required to file with the SEC and why.
- **C-3** <u>Exhibit C-3 "Financial Statements</u>," provide copies of the applicant's two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement). If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns (with social security numbers and account numbers redacted).

C-4 <u>Exhibit C-4 "Financial Arrangements</u>," provide copies of the applicant's financial arrangements to satisfy collateral requirements to conduct retail electric/gas business activity (e.g., parental or third party guarantees, contractual arrangements, credit agreements, etc.,).

Renewal applicants can fulfill the requirements of Exhibit C-4 by providing a current statement from an Ohio local distribution utility (LDU) that shows that the applicant meets the LDU's collateral requirements.

First time applicants or applicants whose certificate has expired as well as renewal applicants can meet the requirement by one of the following methods:

1. The applicant itself stating that it is investment grade rated by Moody's, Standard & Poor's or Fitch and provide evidence of rating from the rating agencies.

2. Have a parent company or third party that is investment grade rated by Moody's, Standard & Poor's or Fitch guarantee the financial obligations of the applicant to the LDU(s).

3. Have a parent company or third party that is not investment grade rated by Moody's, Standard & Poor's or Fitch but has substantial financial wherewithal in the opinion of the Staff reviewer to guarantee the financial obligations of the applicant to the LDU(s). The guarantor company's financials must be included in the application if the applicant is relying on this option.

4. Posting a Letter of Credit with the LDU(s) as the beneficiary.

If the applicant is not taking title to the electricity or natural gas, enter "N/A "in Exhibit C-4. An N/A response is only applicable for applicants seeking to be certified as an aggregator or broker.

- C-5 <u>Exhibit C-5 "Forecasted Financial Statements</u>," provide two years of forecasted income statements for the applicant's NATURAL GAS related business activities in the state of Ohio Only, along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecasts should be in an annualized format for the two years succeeding the Application year.
- ***C-6** Exhibit C-6 "Credit Rating," provide a statement disclosing the applicant's current credit rating as reported by two of the following organizations: Duff & Phelps, Fitch IBCA, Moody's Investors Service, Standard & Poor's, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or an affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant. If an applicant or its parent does not have such a credit rating, enter "N/A" in Exhibit C-6.
- C-7 <u>Exhibit C-7 "Credit Report,</u>" provide a copy of the applicant's current credit report from Experion, Dun and Bradstreet, or a similar organization. An applicant that provides an investment grade credit rating for Exhibit C-6 may enter "N/A" for Exhibit C-7.

- Exhibit C-8 "Bankruptcy Information," provide a list and description of any reorganizations, (C-8 protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.
- Exhibit C-9 "Merger Information," provide a statement describing any dissolution or merger or MC-9 acquisition of the applicant within the two most recent years preceding the application.
- C-10 Exhibit C-10 "Corporate Structure," provide a description of the applicant's corporate structure, not an internal organizational chart, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

SECTION D - APPLICANT TECHNICAL CAPABILITY

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

- ¥ D-1 Exhibit D-1 "Operations," provide a current written description of the operational nature of the applicant's business functions.
 - Exhibit D-2 "Operations Expertise," given the operational nature of the applicant's business, provide D-2 evidence of the applicant's current experience and technical expertise in performing such operations.
 - D-3 Exhibit D-3 "Key Technical Personnel," provide the names, titles, email addresses, telephone numbers, and background of key personnel involved in the operational aspects of the applicant's current business.

Applicant Signature and Title

Shi Mar PRESIDENT

Sworn and subscribed before me this 16th day of March

Month

Signature of official administering oath

Rebecca Scott, Notary Rublic

Print Name and Title

REBECCA SCOTT My commission expires on May 26, 2020 Figure 191 mus M2; 20, 2020

OUBLIC UN	The Public Utilities Commission of Ohio Competitive Retail Natural Gas Service Affidavit Form (Version 1.07)
In	the Matter of the Application of)
	a Certificate or Renewal Certificate to Provide) Case No. 15-0579-GA-AGG
	mpetitive Retail Natural Gas Service in Ohio.
	te of <u>GH</u> [Affiant], being duly sworn/affirmed, hereby states that:
(1)	The information provided within the certification or certification renewal application and supporting information is complete, true, and accurate to the best knowledge of affiant.
(2)	The applicant will timely file an annual report of its intrastate gross receipts and sales of hundred cubic feet of natural gas pursuant to Sections 4905.10(A), 4911.18(A), and 4929.23(B), Ohio Revised Code.
(3)	The applicant will timely pay any assessment made pursuant to Section 4905.10 or Section 4911.18(A), Ohio Revised Code.
(4)	Applicant will comply with all applicable rules and orders adopted by the Public Utilities Commission of Ohio pursuant to Title 49, Ohio Revised Code.
(5)	Applicant will cooperate with the Public Utilities Commission of Ohio and its staff in the investigation of any

- (5) Applicant will cooperate with the Public Utilities Commission of Ohio and its staff in the investigation of any consumer complaint regarding any service offered or provided by the applicant.
- (6) Applicant will comply with Section 4929.21, Ohio Revised Code, regarding consent to the jurisdiction of the Ohio courts and the service of process.
- (7) Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the certification or certification renewal application within 30 days of such material change, including any change in contact person for regulatory or emergency purposes or contact person for Staff use in investigating customer complaints.
 - della PRES/AENT han Affiant Signature & Title 1615 March Sworn and subscribed before me this day of 201 Month Year Rebecca Scott Public Signature of Official Administering Oath **Print Name and Title** REBECCA SCOTT Notary Public, C. of Chio hay My commission expires on 26,2020 My Commission Expires May 26, 2020 ATE OF ON (CRNGS Broker/Aggregator Renewal - Version 1.08, Revised May 2016) Page 7 of 7 180 East Broad Street • Columbus, OH 43215-3793 • (614) 466-3016 • www.PUCO.ohio.gov

The Public Utilities Commission of Ohio is an Equal Opportunity Employer and Service Provider

(8) Affiant further sayeth naught.

0 Nu Energy Solutions 04

Exhibit A-14 " Principal Officers, Directors & Partners

Edward Abdoney 5056 Valencia Dr. Toledo, Oh 43623 419-466-2622

Nu Energy Solutions 04

Exhibit A-15 "Company History"

In operation since 1997, in good standing as an active single member LLC with the state of Ohio Privately owned & Operated No Parent company No law suits active or pending

We actively engage in a deregulated market to offer customers a choice to energy supply.

- Q Nu Energy Solutions 0

Exhibit A-16 " Articles of Incorporation and bylaws

Documents attached



DATE: DOCUMENTID DESCRIPTION 04/23/2007 00071+001570 AMENDIARTICLES-ORGANIZATION/DOM LLC (LAM) 50.00 100.00 .00 .00 00

Receipt

This is not a bill. Please do not remit payment.

1 M 5 G, LLC 4534 W. SYLVANIA AVE., #6 TOLEDO, OH 43623



United states of America State of Ohio Office of the Secretary of State

Ohio Secretary of State

That at a meeting held by the LLC with notice to all members, Mohamed Shehri was removed as a member of the LLC at

OPERATING AGREEMENT

OF

INTERNATIONAL MARKETING BUSINESS GROUP, LTD.

This operating agreement is entered into November <u>4</u>, 1998 by the members of International Marketing Business Group, Ltd., an Ohio limited liability company, for the purpose of governing the conduct of the company's affairs, and the relationships among the members and between the company and the members. In consideration of the mutual promises of the members, each member hereby agrees to be bound by the terms of this agreement.

I

Name; Purposes; Duration; Location

(A) Name

The name of the company shall be International Marketing Business Group, Ltd.

(B) Purposes

The company may carry on any activity for which persons may lawfully associate themselves.

(C) Duration

Unless sooner dissolved by law or pursuant to this agreement, the period of duration of the company shall be thirty years from the date the company is formed.

(D) Location

The principal place of business of the company shall be located is 6500 Comwall Court, Sylvaria, Ohio, but may be moved to such other location as the managers consider expedient.

п

Members

(A) Original members; new members

The members of this company are the parties who have signed this operating agreement. After filing of the articles of organization of the company with the Secretary of State, additional members may be admitted upon the unanimous written consent of the members.

(B) Resignation of member

A member may resign from the company upon Thirty (30) days notice of his intent to do so sent to the remaining member(s) by certified mail, return receipt requested.

(C) Members' meetings; notice

The members shall meet at least annually, during the month of October, on a day and at a time and place convenient to the members and designated by the manager, for the purpose of electing a manager and transacting such other business as may come before the meeting.

Special meetings of the members may be held at the call of the manager or the call of any member.

Written notice of the annual and special meetings shall be sent to the members by ordinary mail at least Fifteen (15) days before the meeting. Notice of a special meeting shall state the purpose(s) of the meeting. If all members meet and consent to the meeting, the meeting is valid without call or notice.

(D) Quorum; voting rights; proxice

At any meeting of the members, a quorum consists of members owning a majority of the membership interests, appearing in person or by proxy. If a quorum is present, the affirmative vote of the members owning a majority of the membership interests represented at the meeting constitutes the act of the members. Proxies shall be filed with the company at or prior to the meeting.

(E) Action without a meeting

The members may ast without a meeting, provided every member entitled to vote on a matter executes a written consent describing the action taken and such consents are filed with the manager.

Ш

Contributions and Membership Interests

(A) Memburs' contributions; capital accounts

The initial contribution of each member shall be made at the time this operating agreement is executed. The amounts of the contributions of the members are as follows:

Ed Abdonsy

\$500.00

Mohammed A. Slichri \$500.00

A separate capital account shall be maintained for each member in accordance with Internal Revenue Code section 704(b) and applicable Treasury Regulations.

(B) Mombership interests; allocation

The initial membership interests of the members in the company are as follows:

Ed Abdoney	(50%)
Mohammed A. Shehri	(50%)

Each member's distributive share of income, gain, loss, deduction, credit or allowance of the company for any period or year shall be determined according to the member's percentage membership interest as it exists at the time of determination.

IV

Distribution.

Net cash from operations, and the net proceeds from the sale or other disposition of a capital asset of the company, shall be distributed to the members at such times as the manager may determine, in pro rata shares according to the members' respective membership interests.

No distribution shall be declared or paid unless after such distribution the company's assets will exceed its liabilities, other than liabilities to members arising from their contributions.

No member is entitled to receive any distribution in any form other than cash.

V

Transfer of Membership Interest

(A) Right of first refusal

A member desiring to sell, assign, hypothecate, pledge or otherwise transfer any part or all of a membership interest shall first offer the interest to the company and the other members on the same terms and conditions. If the company or members do not accept the offer within thirty days, the member may offer the interest to an outside transferee.

(B) Rights of assignee or transferce; membership

The assignee or transferee of a membership interest, however such interest is acquired, does not become a member of the company by reason of such assignment or transfer, and is not entitled to exercise any management or voting rights in the company, but is entitled only to distributions and allocations of profits, losses, gains, deductions, credits or similar items to which the member whose interest is assigned or transferred would have been entitled. The assignee or transferree of a member ship interest may be substituted for the assigning or transferring member and become a member only upon the written consent of all the other members, but until such time the assigning or transferring member remains a member.

IV

Management of Company

(A) Manager; powers and duties

The company shall be managed by a manager, who shall be a member of the company. The manager shall be elected at the annual meeting of the members.

The manager shall manage, direct and control the business and affairs of the company. For this purpose the manager is an agent of the company, with authority to do any and all lawful acts appropriate to the company's business and affairs.

Without limitation on the manager's powers, the manager is authorized to: enter into contracts on behalf of the company; hold and manage in the company's name real and personal property belonging to the company; execute documents on behalf of the company; obtain insurance against liability or protecting the company's property or business against loss; invest and reinvest funds of the company; maintain reserves for payment of company expenses; and employ and compensate attorneys, accountants, property managers and other persons, but only with the consent and approval of all members.

(B) Standard of care

The manager shall perform all duties in good faith, in a way the manager reasonably believes to be in or not opposed to the company's best interests, and with the care that an ordinarily prudent person in a similar position would use under similar circumstances.

VII

Indemnification

The company may indemnify any member, manager, partner, officer, employee, or other person against litigation expenses, including attorney fees, judgments, fines and amounts paid in settlement, to the extent and under the conditions permitted by Ohio Revised Code section 1705.32.

VIII

Amendment of Agreement

This agreement may be amended by the affirmative vote of members holding a majority of the membership interests in the company.

IX

Governing Law

This agreement shall be governed by, and construed according to, Ohio law.

WITNESS the signatures of all of the members of International MarketingBusiness Group, Ltd on November _____, 1998

Ed Abdoney Mon Mohammed A. Shehri



Doc ID -->

ORIGINAL APPOINTMENT OF AGENT (for limited liability company)

The undersigned, being at leat a majority of the members of Internatinal Marketing Business Group, Ltd., hereby appoint to be the agent Ed Abdoney upon whom process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The complete address of the agent is:

> Ed Abdoney 6500 Cornwall Court, Suite 5 Sylvania, OH 43560

Dated: /

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for International Marketing Business Group, Ltd., hereby acknowledges and accepts the appointment of agent for said limited liability company.

mos Ed Abdoney

Doc ID --> 199832900250

111LEPHO VE 419-474-5355

d,

JOHN L. JACOBSON ATTOBNEY AT LAW 4840 MOREDO STURET TOLEDO, OHIO 43623

FAX \$19-474-9142

Secretary Of State Corporations Section State Office Tower 30 East Broad St. 14th Floor Columbus, OH 43216

November 17, 1993

Re: International Marketing Business Group, Ltd.

Dear Sira:

Enclosed please find the Operating Agreement for the above for filing. Also enclosed you will find a check in the amount of \$85.00 to cover the filing fee. Please file the documents and return them in the enclosed self-addressed, stamped envelope. If you have any questions, please feel free to contact the undersigned.

Your very truly Jean L. Jacobson

 DATE
 DOCUMENT NO
 DESCRIPTION
 FILING
 EXPED
 PENALTY
 CERT
 COPY

 12/17/1998
 19/832500250
 ARTICLES OF ORGANIZATION LIMITED
 85.00
 .00
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 .00

Return To: JOHN L. JACOBSON 4840 MONROE ST. TOLEDO, OH 43623



Secretary of State - Bob Taft

1049340

It is hereby certified that the Secretary of State of Ohio has custedy of the business records for INTERNATIONAL MARKETING BUSINESS GROUP, LTD. and that said business records show the filing and recording of:

Desument of ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

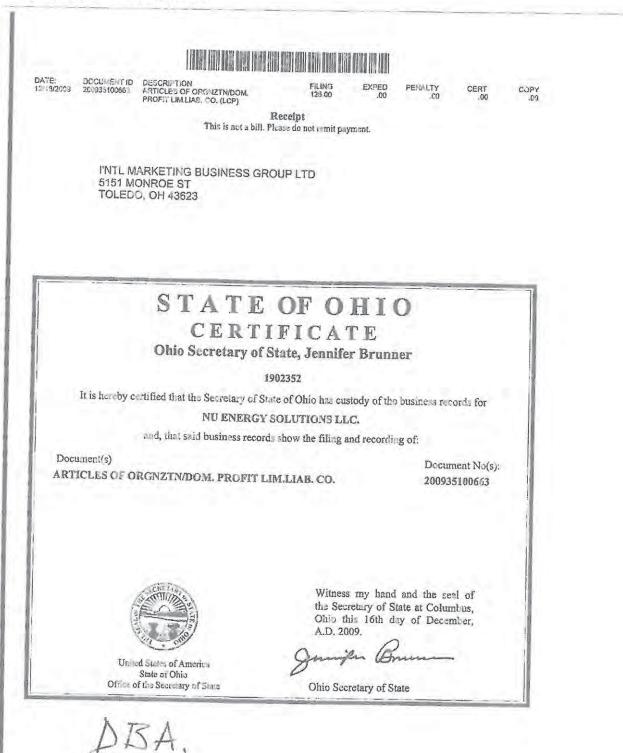
Document No(s): 159802900250

United States of America State of Ohio Office of the Secretary of State



Witness my hand and the seal of the Secretary of State at Columbus, Chio, this 19th day of November, A.D. 1998

Bob Taft Secretary of State Doc ID --> 200935100663



Doc	ID	->	200935100663

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SECRETAP R	Form 533A Prescribed I Ohio Secretary of	by the: State	Expedite this form: (select one) Mail form to one of the following:
O THE	Central Ohio: (614) 466-3 Toil Free: (877) SDS-FILI	3910 E (767-3453)	O Expedite PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
and a one	www.sos.state.ch.us Busserv@sos.state.ch.us	3	Non Expedite PO Box 670 Columbus, OH 43216
4		NIZATION FO ABILITY CON g Fee: \$125.00	
CHECK ONLY ONE			
(1) Articles of Org	ganization for Domestic		les of Organization for Domestic
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Form SB3A

Page 1 of 5

Last Revised: 8/21/08

	RIGINAL APPOINTMENT	I OF AGENT
The undersigned auth-	orized member(s), manager(s) or rep	resentative(3) of
NU ENERGY SOLL	the second se	
	Name of Limited Liability	/ Company
hereby appoint the follo or permitted by statute address of the egent is	to be served upon the limited liabs ty	om any process, notice or demand require company may be served. The name and
EDWARD I ABDOM	NEY	
Name of Agent		
5600 MONROE STR	LEET SUITE 203A	
and the second day and provide the second	and the second se	
Mailing Address		
Mailing Address	Gible	43560
SYLVANIA City	Ghlo State	43560 Zip Code
SYLVANIA City		Zip Code this box to certify the agent is an
SYLVANIA City If the agent is an indiv Ohio resident.	State vidual and using a P.O. Box, check	Zip Code this box to certify the agent is an
SYLVANIA City If the agent is an indiv Ohio resident.	State Vidual and using a P.O. Box, check AGCEPTANCE OF APPOINT ad herein as the statutory agent for	Zip Code this box to certify the agent is an
SYLVANIA City If the agent is an indiv Ohio resident. The undersigned, name	State Vidual and using a P.O. Box, check AGCEPTANCE OF APPOINT ad herein as the statutory agent for	Zip Code this box to certify the agent is an FMENT

Form 533A

Page 2 of 5

Last Revised: 8/21/08

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby cartifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

REQUIRED

Articles and original appointment of agent must be authonticated (signed) by a member, manager or other representative.

Signature

12 / 14 / 09 Date

EDWARD I ABDONEY Print Name



Print Name

Signature

Print Namo

Date

Date

(See Instructions Below)

Form 533A

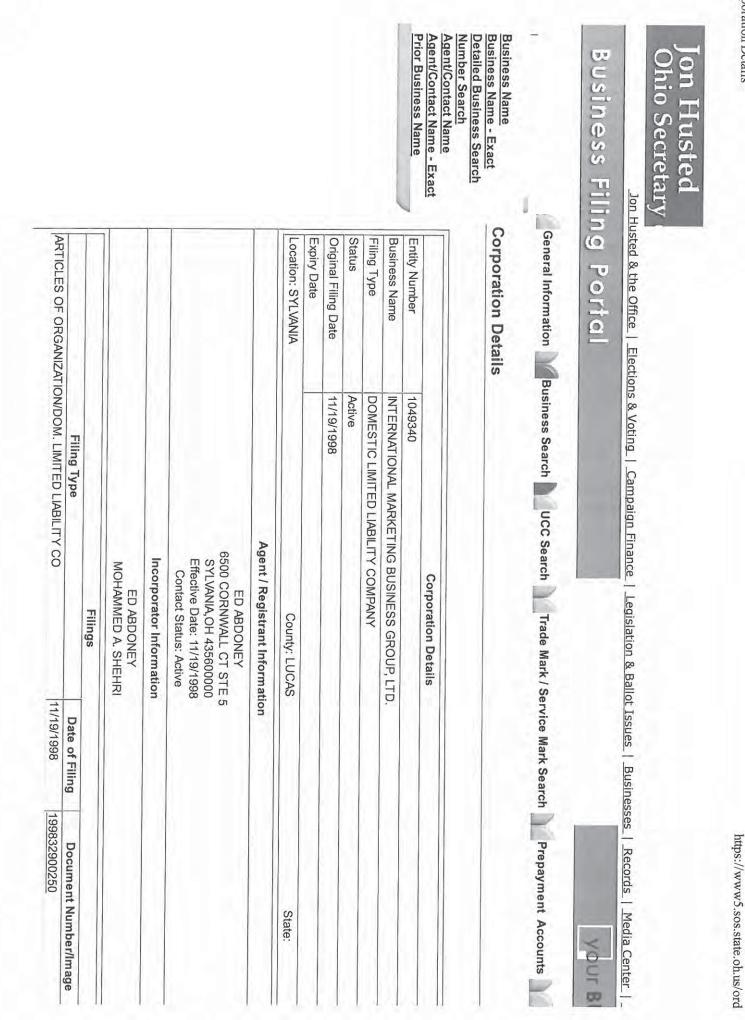
Page 3 of 5

Last Revised: 8/21/08

ø Nu Energy Solutions 000

Exhibit A-17 "Secretary of State

Print out attached



AMEND/ARTICLES-ORGANIZATION/DOM LIMITED LIAB. CO	TON/DOM LIMITED LIAB. CO	04/20/2007	200711001570
Return To Search Page			

Q. Nu Energy Solutions 000

Exhibit B-1 "Jurisdictions of Operation

Columbia Gas Dominion East Ohio Duke Energy Vectren Energy

Energy Solutions

Exhibit B-2 "Experience & Plans

Primarily servicing commercial, industrial and municipal accounts since 1997 with natural gas supply. Billing is usually consolidated with the servicing utility bill except where separate supply billing is requested and is then mailed directly from the generating supplier.

Residential is done according to the requesting entity for aggregation and is usually consolidated with the servicing utility's bill.

Billing and usage data is supplied by the respective supplier and lags behind customer billing date.

Customer inquiries and complaints are handled by first collecting and confirming all available relevant documentation between customer, supplier, and utility, and then documenting the verbal resolution to the customer with email and/or mail if requested.

Nu Energy Solutions 00

Exhibit B-3 "Summary of Experience

We have been in business since 1997; since we have been in the market we have been very competitive and have educated customers in a broad spectrum. We currently have over 750 natural gas customers currently under contract. We search the best rates for the consumer coupled with he best term possible to provide excellent service.

Nu Energy Solutions 44

Exhibit B-4 "Disclosure of Liabilities and Investigations

Regarding: International Marketing Business Group Case # 15-0579-GA-AGG

There are no existing, pending or past rulings, judgments, contingent liabilities or revocations or authority, or regulatory investigations.

1.0 Nu Energy Solutions 60

Exhibit B-5 "Disclosure of Consumer Protection Violations

There has been no convictions or anyone held liable for any fraud or violation of any consumer protection or antitrust laws.

Q. Nu Energy Solutions 00

Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation

N/A None of the above applies to our company

Ū. Nu Energy Solutions

Exhibit C-1 "Annual Reports

Exhibit C-1 is not applicable as Edward Abdoney is the sole owner and stock holder of International Marketing Business Group LLC dba Nu Energy Solutions LLC

0 Nu Energy Solutions 49

Exhibit C-2 "SEC Filings

<u>As an LLC owned solely by Edward Abdoney, International Marketing</u> <u>Business Group LLC is not required</u> <u>to file 10-k/8-k with Sec.</u>

Nu Energy Solutions 0-

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5600 Monroe St. Ste 203A Sylvania, Oh 43560 419-517-1797 419-517-1799 fax 877-790-1799 toll free www.nuenergysolutions.net

Exhibit C-3 "Financial Statements

Included are 4 pages consisting of the schedule C's for 2014 and 2015 as reported to the IRS, 2016 has not yet been completed to submit.

1.000	CHEDULE C form 1040)			Loss Fro	om Business ()			OMB No. 15	45-0074
Dep	parlment of the Treesury mel Revenue Service (99)	Information al Attach to F	bout Schedule C and form 1040, 1040NR, c	l its separat or 1041; part	e instructions is at www.irs. merships generally must file	gov/sch Form 1	edulec 065.	Altachment Sequence No	14
Nan	ne of proprietor							number (SSN)	
-	ABDONEY					-	3-20		
A	Principal business or profe CONSULTING			tructions)				e from Instructions	
C	Business name. If no sepa INTERNATIONAL	arate business name, L MARKETIN	leave blank.	T.T.		D	Employer	ID number (EIN),(see	instr.)
E	Business address (including	ng suite or room no.)	▶ 5600 M	onree	Street STE 203A	-			
F	City, town or post office, st	ate, and ZIP code	Sylvan	ia	OH 435 Other (specify) > ," see instructions for limit on i	60	20000		
G	Did you "maladally sectors	(1) 🕰 Cash	(2) Accrual	(3)	Other (specify) ►				1
H.	If you staded or appricip	ale in the operation	of this business during	2014? If "No	o," see instructions for limit on l	osses		X Yes	No.
. i .									
11	If "Vee " did you crystil you	is in 2014 that would	require you to file Fon	m(s) 1099? (see instructions)			X Yes	No
P	art I Income	nie required Forms	0997					. X Yes	No
1		a landa with and for the							
	Gross receipts or sales. Se	e instructions for line	1 and check the box I	f this income	was reported to you on	-			
2	Returns and allowances	ry employee" box on	that form was checked	1			1	254	1,283
3	i terunio anu anowances						2		
4							3	254	1,283
5	Cost of goods sold (from lin	18 42)					4		
6	Otoss pront Subtract line	4 from line 3					5	254	,283
7							6		
-	Gross income. Add lines 5	and 6			only on line 30.		7	254	,283
8	art II Expenses. E	nter expenses fo	r business use of	your home	only on line 30.		1		
9	Advertising	8		18 Offic	ce expense (see instructions)		18	2	,610
9	Car and truck expenses (se	10		19 Pen	sion and profit-sharing plans		19		
	instructions)	9		20 Ren	t or lease (see instructions):				
10	Commissions and fees	10		a Vehi	cies, machinery, and equipme	nt	20a		
11 -	Contract labor (see instructions)	11	158,211	b Othe	ar business property		205	9	,840
12	Depletion	12		21 Rep.	airs and maintenance		21		1410
13	Depreciation and section 17	9		22 Sup	plies (not included in Part III)		22		
-	expense deduction (not included in Part III) (see		1 S. 1 S. 1 S. 1	23 Taxe	as and licenses		23	1	,215
	instructions)		5,559	24 Trav	el, meals, and entertainment:				1020
14	Employee benefit programs				el		24a		
	(other than on line 19)	14			uctible meals and				
15	Insurance (other than health) 15	3,700		rtainment (see instructions)		245	4	,714
16	Interest:	1000	COMPANY AND	25 UNIN	es		25	-3	1124
a	Mortgage (paid to banks, etc	.) 16a		26 Wag	es es (less employment credits)		26		
b	Other	16b			- (iece employment debita)	mm	01		
				27a Olha	r expenses (from line 48)		27a	10	,303
17	Legal and professional service	ces 17	1,260	1.1.1.44.0.77	the constant of the same bland	and the second	27b	21	, 303
28	Total expenses before expe	enses for business u	se of home. Add lines	8 through 27:	arved for future use	•	28	200	,412
29	Tentative profit or (loss). Sub	otract line 28 from line	e 7	e anough an	••••••••••••••••••••••••••••••				
30	Expenses for business use of	of your home. Do not	report these expenses	elsewhere	Attach Form 8820		29	40	,871
*	unless using the simplified m	ethod (see instructio	ns).						
1	Simplified method filers o	nly:enter the total so	uare footage of (a) vo	ur home					
1	and (b) the part of your home	a used for business:		the Simplified			1.1		
- 14 C	Method Worksheet in the ins	tructions to figure the	amount to enter on lir	na annpinai	,	1	1.0		
31	Net profit or (loss). Subtrac	t line 30 from line 29	and an to and on a		**********		30		
	· If a profit, enter on both Fo	orm 1040 line 12/or	Form 1040NR line	(3) and 0		1			
	(If you checked the box on lin	te 1. see instructions) Estatos and trusta	rajano on ar	chequie SE, line 2.		1.1	1.1	
	· If a loss, you must go to lin	ne 32). Coloros año dusis, e	inter on Porn	n 1041, line 3.	PL	31	45	,871
32	If you have a loss, check the	hoy that describes w	our burneles and to differ						
	 If you checked 32a, enter the 	he loss on hold E	a 4040 line to the	activity (see in	nstructions).	٦		-	
	on Schedule SF line 2 //	ou checked the h	1040, 1110 12, (or Fo	1040NR,	line 13) and	13	32a	All investment is	al risk.
	on Schedule SE, line 2.(If y trusts, enter on Form 1041, I	Un checked the box	on une 1, see the line 3	an instruction	s). Estates and	•	32b	Some investmen	is not
	 If you checked 32b, you mu 							at risk,	
-0	VILLAUS CHACKON TON MANY		n 1/ 1						

. n 1

4

		ABDONEY						
Î	Sch		CONSULTING			73-66-73	07	Page 2
	P	art III Cost of Goods	Sold (see instruction	is)			1	r aga z
	33	Method(s) used to value closing inventory: a	Cost b	Lower of cost or market	c 🗌 Other (attach ex	planation)		
	34	Was there any change in dete If "Yes," attach explanation		r valuations between opening			Yes	No
	35	Inventory at beginning of year. If di						
	36	Purchases less cost of items v	/ithdrawn for personal use			36		
1	37	Cost of labor. Do not include a	ny amounts paid to yoursel	f		37	-	_
100	38	Materials and supplies						
	19	Other costs					-	
	0	Add lines 35 through 39	1.4 C				_	
	2	Inventory at end of year						
Î	Pa	Cost of goods sold.Subtract	Ine 41 from line 40. Enter th	he result here and on line 4		42		
	1	and are not requ file Form 4562.	red to file Form 4562	lete this part only if you for this business. See t	he instructions for line	13 to find out	if you mi	ust
4	4 a	When did you place your vehicl Of the total number of miles you Business	ı drave your vehicle during. b Commuting	2014, enter the number of mi	les you used your vehicle for	Other		
4	4 a 5	Of the total number of miles you Business Was your vehicle available for p Do you (or your spouse) have a	u drove your vehicle during b Commuting ersonal use during off-duty nother vehicle available for	2014, enter the number of mi g (see instructions) hours?	les you used your vehicle for c C	Other	Yes Yes	No
4 4	4 5 6	Of the total number of miles you Business Was your vehicle available for p Do you (or your spouse) have a Do you have evidence to suppo	I drave your vehicle during b Commuting ersonal use during off-duty nother vehicle available for rt your deduction?	2014, enter the number of mi g (see instructions) hours? personal use?	les you used your vehicle for	Other	Yes	H
4 4 4	4 5 6	Of the total number of miles you Business Was your vehicle available for p Do you (or your spouse) have a Do you have evidence to suppo If "Yes," is the evidence written?	u drove your vehicle during b Commuting ersonal use during off-duty nother vehicle available for rt your deduction?	2014, enter the number of mi g (see instructions) hours? personal use?	les you used your vehicle for c C	Other	Yes Yes	No
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ABDOADAB 02/23/2016 9:20 AM							
Form 1040)				rom Business			OMB No. 1545-0074
			(Sole Propri	etorship)			the second se
ternal Revenue Service (99)	Information	about Schedule C ar	nd its separa	te instructions is at www.irs.	iov/scl	nedule	2015
ame of proprietor	P Addon to	Form 1040, 1040NR,	or 1041; pa	rtnerships generally must file	Form	1065.	Attachment Sequence No. 09
be Abdoney					So	cial secu	rity number (SSN)
 Principal business or professi Sales 	on, including pr	oduct or service (see i	nstructions)		, B	Enter c	code from instructions
Business name. If no separate	e business nam	e, leave blank.	-		-	▶ 2	21000
M	ktg Busi	ness Grp L	td		D	Employ	ver ID number (EIN), (see instr.)
Business address (including s City, town or post office, state,	uite or room no.)▶ 5600 1	Monroe	Ste 203A	-		
Accounting method:	1) 8 0	Sylvar	nia	OH 435			***********
Did you "materially participate"	in the operation	(2) Accrual	(3)	Other (specify) lo," see instructions for limit on le			
If you started or acquired this I	ousiness during	2015 chock berg	ng 2015? If "N	lo," see instructions for limit on li	osses		X Yes No
Did you make any payments in	2015 that would	d roquine way to FL		***************************************			
If "Yes," did you or will you file	required Forms	1099?	nn(s) 1099?	(see instructions)	*******	*******	X Yes No
Income	and the second			***************************************			X Yes No
Gross receipts or sales. See in Form W-2 and the "Statutory e	structions for lir	e 1 and check the box	if this incom	e was reported to you an			1
Form W-2 and the "Statutory e	mployee" box or	that form was check	ed	e was reported to you on		1	
Returns and allowances			···· • • • • • • • • • • • • • • • • •	· • • • • • • • • • • • • • • • • • • •	PL	1	265,365
Subtract line 2 from line 1			***********			2	0.00
Cost of goods sold (from line 4)	2)		***********		*****	3	265,365
Gross profit. Subtract line 4 fro	om line 3	******				5	0.05 0.05
Other income, including federal and Gross income. Add lines 5 and	state gasoline or f	uel tax credit or refund (se	ee instructions)	***************************************	*****	6	265,365
art II Expenses Ento	16	<u></u>		······································		7	265 265
Advertising	r expenses f	or business use c	f your hom	ne only on line 30.		11	265,365
Car and truck expenses (see	8	120	0 18 Off	ice expense (see instructions)		18	1,302
instructions)			19 Pe	nsion and profit-sharing plans		19	1,302
Commissions and fees	9	20,758	3 20 Rei	nt or lease (see instructions):	*****		
Contract labor (see instructions)	11	154.00	a Vel	icles, machinery, and equipment	t	20a	
Depletion	12	154,066	b Oth	er business property	1	20b	9,840
Depreciation and section 179	12		21 Rep	airs and maintenance	54 F	21	5,040
expense deduction (not	- K K -		22 Sup	plies (not included in Part III)	*****	22	
included in Part III) (see instructions)	13	3,170	23 1ax	es and licenses		23	
Employee benefit programs	···	5,110	-	el, meals, and entertainment:			
(other than on line 19)	14		a Trav	vel		24a	1,371
Insurance (other than health)	15	450	Den Den	uctible meals and			and the second second
Interest:		100	25 Utilit	rtainment (see instructions)		24b	2,011
Mortgage (paid to banks, etc.)	16a		26 Wag	es (less employment credits)		25	
Other	16b		=o way	es (less employment credits)		26	
Logal and the first			27a Othe	r expenses (from line 48)			
Legal and professional services	17	2,000	b Rese	erved for future use	+***	27a	2,503
Total expenses before expenses	for business us	e of home. Add lines	8 through 27		and the	27b	100 501
(iuss), Subtract	line 28 from line	7			-	28	197,591
Expenses for business use of you unless using the simplified method	r home. Do not	report these expenses	elsewhere.	Attach Form 8829		29	67,774
					- 1	< 1 I	
Simplified method filers only: e and (b) the part of your home upon	nter the total sq	lare footage of: (a) yo	ur home:	And the second sec			
and (b) the part of your home used Method Worksheet in the instruction	no business:	Use	the Simplified				
Net profit or (loss). Subtract line	30 from line 20	amount to enter on lir	ie 30	*****		30	
 If a profit, enter on both Form 1 	040, line 12 (or	Form do tobio			*** F		
		Estates and trusts	3) and on Sc	hedule SE, line 2.	7		
					+L	31	67,774
f you have a loss, check the box th	at describes vo	Ur investment in this -	otivity (1	7-		
					٦		2 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C
	SCREU THE DOX O	line 1, see the line 2	1 instruct	ine 13) and	3	32a [All investment is at risk.
). Estates and	> 3	2b	Some investment is not
If you checked 32b, you must atta	ach Form 6198	Your loss may be lim	ited		1		al risk.
perwork Reduction Act Notice, s	see the separa	e instructions			-1		

Abdoney		
Chedule C (Form 1040) 2015 Sales	273-66-7	387
(see instructions)		F
Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (attack and a start	
Was there any change in determining quantities, costs, or valuations between opening and design	Other (attach explanation) g inventory?	
		Yes
Inventory at beginning of year. If different from last year's closing inventory, attach explanation		
Purchases less cost of items withdrawn for personal use		
amounts paid to yourself	37	2
Materials and supplies Other costs		
Other costs		
Add lines 35 through 39		
Add lines 35 through 39		_
Inventory at end of year		
nt IV Information on Your Vehicle, Complete the result here and on line 4	42	
and are not required to file Form 4562 for this business. See the instruction file Form 4562.	ctions for line 12 to find an	on line 9
When did you place your vehicle in service for business purposes? (month, day, year)		it if you must
When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use?		Yes N Yes N
When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction?	your vehicle for: c Other	Yes N Yes N Yes N
When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? I"Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-	your vehicle for: c Other	Yes N Yes N Yes N
When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? I"Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-	your vehicle for: c Other	Yes N Yes N Yes N Yes N Yes N 1,22:
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When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-	your vehicle for: c Other	Yes No Yes No Yes No Yes No 1,22:
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When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? I"Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-	your vehicle for: c Other	Yes No Yes No Yes No Yes No 1,22:
When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? I"Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-	your vehicle for: c Other	Yes No Yes No Yes No Yes No 1,22:
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When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? I"Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-	your vehicle for: c Other	Yes No Yes No Yes No Yes No 1,22:
When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? I"Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-	your vehicle for: c Other	Yes No Yes No Yes No Yes No 1,22:
When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-	your vehicle for: c Other	Yes No Yes No Yes No Yes No 1,22:
When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used Business b Commuting (see instructions) Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction?	your vehicle for: c Other	Yes No Yes No Yes No Yes No 1,22:

Schedule C (Form 1040) 2015

Nu Energy Solutions 01

Exhibit C-4 "Financial Arrangements

N/A Does not Apply

International Marketing Business Group LLC (IMBG) is self funded and generation neutral. IMBG functions as a competitive retail natural gas supplier in conjunction with its affiliate suppliers as listed in exhibit B-1

2.0 Nu Energy Solutions 0

	Exhibit C-5 "Forecasted Financi Balance Sheet	al Statements
	2017	2018
Assets		
Cash on hand/Bank	9500.00	12500.00
Fixed Assets		
Machinery & Equipment	2200.00	(3100.00)
Accumulated Description	(2200.00)	(3100.00)
Deposits	12000.00	12000.00
Total Assets	23750.00	27600.00
Liabilities		
Total Liabilities	-0	-0
Owners Equity		
Owners Equity	3750.00	3750.00
Owners withdrawal	28000.00	28000.00
Income (NET) YTD	28000.00	28000.00
Total Equity (Owner)	3750.00	3750.00
Liabilities /Owners Equity	3750.00	3750.00

Document prepared internally based off of information provided by:

Joseph Smith P.O. Box 4109 Toledo, Oh 43612 419-261-2770

0 Nu Energy Solutions 0.0

100	bit C-5 "Forecasted Financial St Forecasted Profit & Loss	
	<u>2017</u>	<u>2018</u>
Sales	238500	226500
Operating expense:		
Advertising	1750.00	1800.00
Contract Labor	57800.00	62500.00
Insurance-General	250.00	250.00
Legal & Professional	5000.00	5000.00
Office Supplies	3700.00	2800.00
Rent	14400.00	14400.00
Supplies-General	1200.00	1200.00
Salary & Wages	110500.00	105300.00
Payroll Taxes	1350.00	1250.00
Taxes-City	1200.00	1200.00
Travel	3400.00	2500.00
Bank Service Charges	900.00	900.00
Auto	2000.00	1550.00
Tolls & Parking	1000.00	1000.00
Internet & Telephone	5300.00	3700.00
Total Operating Expenses	209750.00	205350.00
Projected net profit	28750.00	21150.00

Document prepared internally based off of information provided by:

Joseph Smith P.O. Box 4109 Toledo, Oh 43612 419-261-2770

0 Nu Energy Solutions 0

Exhibit C-6 "Credit Rating

As a solely held LLC, the following credit bureau has been provided for Edward Abdoney, as he is in good standing......

0 Nu Energy Solutions 04

Exhibit C-7 "Credit Report

Credit report enclosed Edward Abdoney

														di unaversita de la construction		-
PO BOX 539 HORSHAM, PA 19044 301 468 8848	Account name CAPITAL BANK		No Potentially negative credit items appear on your report.	No Public Record items appear on your report.		Add fraud alort	No general personal statements appear on your report.		INTERNATIONAL	INTERNATIONAL MARKETING	IMBGLLC	Current or former employer(s)	419 475 8113	479 466 4008	Experian	
Type Credit card	Account number 462192101034	Acco	ems appear on your rep	on your report.	610 <i>d</i>		appear on your report.	Уоц			560		Rea		EDWARDIA	
Credit limit or original amount	Recent balance Date op \$687 as of 02/28/2017 12/2014	Accounts in good standing	ort.		Potentially negative items			Your personal statements			5600 MONROE ST SYLVANIA OH 43560	Address	Residential	Cellular	EDWARD I AEDOMEY Report number 0298-8297-42 March 16, 2017 Print Close window	Experian - Access your credit report
Date of status 02/2017	Date opened)17 12/2014	ē			16			215			VIA OH 43560				naler 0298-8397-42	dit report
	Status Open/Never late.													and and a second s	March 18, 2017	

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Experian – Access your credit report

CAPITAL ONE 400344791612 \$974 as of 02/15/2017 12/2014 PO BOX 30285 SALT LAKE CITY, UT 84130 Type Credit card orredit limit or Credit card Date of st Credit card Address identification number Tems High balance 01/2015 20093407877 2016 S1,088 Responsit 2017 2016 S1,088 Responsit 2017 2016 S0 Date of st S1,088 Responsit 2017 2016 S2 NA S0 2017 2016 S2 No Date of st S0 Recent payment 2017 2016 S2 No Date of st S0 Recent payment 2017 2016 S2 No Date of st S0 Date of st S0 Responsit Particition Dec Nov Oct Sep Aug Jul Jun May Apr Mar Feb Jan Dec Nov Oct Sep Coll Coll Coll Coll Coll Coll Coll Col	Credit limit or original amount \$4,800 High balance \$1,088 Monthly payment \$0 Northly pay
\$974 as of 02/15/2017 12/2017 Credit limit or original amount 02/2017 \$4,800 First repo High balance 01/2015 \$1,088 Responsit Monthly payment Individual \$25 Recent payment \$0 01/2015 \$0 2015 Mar Feb Jan Dec Nov Oct Se Mar Feb Jan Dec Nov Oct Se of payment amount / actual amount payment amount / actual amount payment payment amount payment	d Aug Jul Jun May Apr OK OK OK
	d Aug Jul Jun May Apr OK OK OK

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Between Jul 2015 and Nov 2015, your credit limit/high balance was \$1,151 Between Dec 2015 and Jan 2017, your credit limit/high balance was \$1,451 Jui 2015: \$919 / Jui 10, 2015 / \$25 / No data Aug 2015: \$965 / Jul 25, 2015 / \$27 / No data Sep 2015: \$618 / Sep 21, 2015 / \$25 / No data Nov 2015: \$539 / Nov 18, 2015 / \$25 / No data Oct 2015: \$530 / Oct 19, 2015 / \$25 / No data Dec 2015: \$452 / Dec 21, 2015 / \$25 / No data Jan 2016: \$309 / Jan 19, 2016 / \$25 / No data

Account name FLAGSTAR BANK 5151 CORPORATE DR	Account number 646050452 Type	Recent balance \$184,897 as of 03/01/2017 Credit limit or	Date opened 05/2016 Date of status
5151 CORPORATE DR TROY, MI 48098 866 945 9872 Address identification number 0093407877	Type Mortgage Terms 30 Years	Credit limit or original amount \$187,200 High balance \$0	Date of status 03/2017 First reported 06/2016
Mortgage identification number 100181216022600036		Monthly payment \$1,552	Individual
Freddie Mac ID 330320017		Recent payment amount \$3,104	
Account history			
2017 2016 Mar Feb Jan Dec Nov Oct			

Balance history

Nov 2016: \$186, 185 / Oct 03, 2016 / \$1,552 / No data Oct 2016: \$186,185 / Oct 03, 2016 / \$1,552 / No data Dec 2016: \$185,929 / Nov 02, 2016 / \$1,552 / \$1,552 Jan 2017: \$185,673 / Dec 07, 2016 / \$1,552 / \$1,552 Feb 2017: \$185,415 / Jan 04, 2017 / \$1,552 / \$1,552 Date: account balance / date payment received / scheduled payment amount / actual amount paid The following data will appear in the following format:

475 ANTON BLVD # A2 COSTA MESA, CA 92626 No phone number available Address identification number	Account name EXPERIAN BUSINESS CREDIT		We make your credit history available to your cur available to companies whose products and servi credit history as a record of fact.		The following data will appear in the following format: Date: account balance / date payment received / sch Jan 2017: \$2,070 / Jan 04, 2017 / \$72 / \$300 Dec 2016: \$2,311 / Dec 07, 2016 / \$52 / \$50 Nov 2016: \$358 / Oct 06, 2016 / \$25 / No data Oct 2016: \$36 / Oct 06, 2016 / \$25 / \$36 Sep 2016: \$36 / No data / \$25 / No data Aug 2016: \$36 / No data / \$25 / No data Between Aug 2016 and Jan 2017, your credit limit/hig	Balance history	2017 2016 Feb Jan Dec Nov Oct Sep Aug CK OK OK OK OK CK OK		**** Experian
Comments Business on behalf of STATE BANK TRUST COMPA. This inquiry is scheduled to continue on record until Mar 2019.	Date of request 02/24/2017	Inquiries shared with others (3)	We make your credit history available to your current and prospective creditors and employers as allowed by law. Personal data about you may be made available to companies whose products and services may interest you. As required by the Fair Credit Reporting Act, we display these requests for your credit history as a record of fact.	Credit inquiries	The following data will appear in the following format: Date: account balance / date payment received / scheduled payment amount / actual amount paid Jan 2017: \$2,070 / Jan 04, 2017 / \$72 / \$300 Dec 2016: \$2,311 / Dec 07, 2016 / \$52 / \$50 Nov 2016: \$38 / Oct 06, 2016 / \$25 / No data Oct 2016: \$36 / Oct 06, 2016 / \$25 / \$36 Sep 2016: \$36 / No data / \$25 / No data Aug 2016: \$36 / No data / \$25 / No data Between Aug 2016 and Jan 2017, your credit limit/high balance was \$2,000			Recent payment amount \$150	EDIVARD LAEDONEY R-port minuter 0226-3297-12 March 16, 2017 Print Close Window

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Experian

800 926 6299

PO BOX 965015 ORLANDO, FL 32896

0093407877

Address identification number

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EDWARD LABDONEY | Report number 0298-0297-42 | March 16, 2017 | Plint | Close Vindow

Comments

Unspecified. This inquiry is scheduled to continue on record until Sep 2018.

Account name AMERICAN EXPRESS

PO BOX 31525 SALT LAKE CITY, UT 84131 800 874 2717 Address identification number 0093407877

Account name FACTUAL DATA

5200 HAHNS PEAK DR LOVELAND, CO 80538 800 929 3400 Address identification number 0093407877

Account name CBC INNOVIS

PO BOX 1667 PITTSBURGH, PA 15230 877 237 8317 Address identification number

0093407877

Date of request 06/22/2016

Comments

Unspecified. This inquiry is scheduled to continue on record until Jul 2018.

Date of request 04/13/2016

Comments Real Estate on behalf of 3603 MIDWEST MORTGAGE IN. This inquiry is scheduled to continue on record until May 2018.

Date of request 04/04/2016

Comments

Real Estate on behalf of WATERFORD BANK. This inquiry is scheduled to continue on record until May 2018.

Account name FACTUAL DATA	PO BOX 1667 PITTSBURGH, PA 15230 877 237 8317 Address identification number 0093353017	Account name CBC INNOVIS	PO BOX 30281 SALT LAKE CITY, UT 84130 800 955 7070 Address identification number 0093353017	Account name CAP ONE NA	5200 HAHNS PEAK DR LOVELAND, CO 80538 800 929 3400 Address identification number 0093353017	Account name FACTUAL DATA	Address identification number 0093353017	Experian
Date of request	Comments Real Estate on behalf of 285 WATERFORD BANK. This inquiry is scheduled to continue on record until May 2017.	Date of request 04/15/2015	Comments Unspecified. This inquiry is scheduled to continue on record until May 2017.	Date of request 04/30/2015	Comments Real Estate on behalf of 3603 MIDWEST MORTGAGE IN. This inquiry is scheduled to continue on record until Jun 2017.	Date of request 05/13/2015	Comments Unspecified. This inquiry is scheduled to continue on record until Jun 2017.	EDWARD LADDONEY Report number 0298-8297-42 March 16, 2017 Print Close wadow

04/13/2015

Account name 1ST NATIONAL BANK OF OMAHA 1620 DODGE ST OMAHA, NE 68197 800 688 7070	120 CORPORATE BLVD STE 100 NORFOLK, VA 23502 800 772 1413	Account name PORTFOLIO RECOVERY ASSOC	1000 ALDERMAN DR ALPHARETTA, GA 30005 866 323 0932	Account name LEXISNEXIS/INS/P&C	AMERICAN EXPRESS 2 PO BOX 981537 EL PASO, TX 79998 800 874 2717	Experian
Date of request(s) 02/15/2017	02/25/2017 11/19/2016 10/20/2016 10/06/2016 08/23/2016 08/23/2016 06/02/2016 06/02/2016	Date of request(s)	03/03/2017 02/08/2016 Comments On behalf of AU underwriting	Date of request(s)	03/08/2017	Experian – Access your credit report EDMARD 1 ABDONEY Report number 0293-3297-42 March 16, 2017
5)	04/14/2016 04/05/2016 02/27/2016 01/14/2016 10/02/2015 09/26/2015 09/11/2015 09/05/2015 06/18/2015		TO OWNERS INSURA	t(s)		eport 0208-8020 190
	05/22/2015 05/20/2015 05/14/2015 04/16/2015 04/16/2015 03/19/2015 03/17/2015		03/03/2017 02/08/2016 Comments On behalf of AUTO OWNERS INSURANCE CO for Insurance underwriting			March 16, 2017 Frim Close window

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Date of request(s) 11/17/2016 09/30/2016 09/29/2016 07/28/2016	0	0	quest(s) uest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	0	0	0	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)	quest(s)		of request(s)	of request(s)	of rania et/cl											1/2016		rais of reduest(s)							1/2016		(c)rearbailto	and and the second and the second and the second		Cose window	The second se		i inder en	Experian – Access your credit report	

	Account name LEXISNEXIS/INS/P&C	PO BOX 981537 EL PASO, TX 79998 602 537 8500	Account name AMERICAN EXPRESS	PO BOX 31525 SALT LAKE CITY, UT 84131 800 874 2717	Account name AMERICAN EXPRESS	6300 WILSON MILLS RD CLEVELAND, OH 44143 No phone number available	Account name PROGRESSIVE INSURANCE	1000 ALDERMAN DR ALPHARETTA, GA 30005 866 323 0932	Experian
	ň		S	UT 84131	ESS	.LS RD 44143 available	NSURANCE	and the second	
05/30/2016 05/13/2016 05/13/2016 02/29/2016	Date of request(s)	06/17/2016 05/19/2016 04/28/2016	Date of request(s)		Date of request(s) 06/22/2016	07/22/2016 02/18/2016 06/23/2015	Date of request(s)	Comments On behalf of PEKIN underwriting	EDWARD ASDONEY Ruppel Junities 0298-8297-42 March 16, 2017 Print Close window
06/23/2015 06/01/2015		03/30/2016 03/23/2016 03/23/2016 03/07/2016 12/	00000		(S)		(s)	KIN INSURANCE CO AGENT for Insurance	aport 97 0 298 - 82 57 - 42 Marx
		02/17/2016 01/29/2016 01/27/2016 12/31/2015						T for Insurance	16, 2017 Plut Close Mindow

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Experian	EDWARD LADDONEY Report number 0295-3297-42 March 16, 2017 Print Close window
LOVELAND, CO 80538 800 929 3400	On behalf of US BANK NA/DO LENDER for SECONDARY LOGGING
Account name QUICKEN LOANS	Date of request(s)
1050 WOODWARD AVE DETROIT, MI 48226 888 900 9962	04/06/2016 09/11/2015
Account name CBC INNOVIS	Date of request(s) 04/04/2016
PO BOX 1667 PITTSBURGH, PA 15230 877 237 8317	Comments On behalf of US DEPT OF HOUSING AND U for SECONDARY LOGGING
Account name CBC INNOVIS	Date of request(s) 04/04/2016
Comments On behalf of BOK FINANCIAL CORRESPOND for SECONDARY LOGGING	ESPOND for
Account name LEXISNEXIS/INS/P&C	Date of request(s) 02/05/2016
1000 ALDERMAN DR ALPHARETTA, GA 30005 866 323 0932	Comments On behalf of CINCINNATI INS COS for Insurance underwriting

Experian	EDWARD LABDONEY Report number 0298-0297-12 March 18, 2017 Print Close Window
Account name BALANCECREDIT.COM	Date of request(s) 11/30/2015
6565 N MACARTHUR BLVD STE 250 IRVING, TX 75039 855 942 2526	
Account name PROGRESSIVE INSURANCE	Date of request(s) 10/28/2015
30440 LAKELAND BLVD WICKLIFFE, OH 44092 No phone number available	
Account name SWISS COLONY/CREDIT DEPARTMENT	Date of request(s) 10/16/2015
1112 7TH AVE MONROE, WI 53566 800 913 0743	
Account name PREMIER BANKCARD INC	Date of request(s) 09/21/2015 06/20/2015
3820 N LOUISE AVE SIOUX FALLS, SD 57107 800 987 5521	
Account name CIC/TRILEGIANT	Date of request(s) 08/26/2015

You must be told if information in your file h your application for credit, insurance, or employn phone number of the agency that provided the inf	A Summary of Your Rights under the Fair Credit Reporting Act The federal Fair Credit Reporting Act (FCRA) promotes the accuracy are many types of consumer reporting agencies, including credit burn histories, medical records, and rental history records). Here is a sum information about additional rights, go to www.consumerfinan Street N.W., Washington, D.C. 20552.	Para informacion en espanol, visite www.co Street N.W., Washington, D.C. 20552.		Experian collects and organizes information about you a cannot disclose certain medical information (relating to p information, it could appear in the name of a data furnish your report, but on reports to others they display only as that contain medical information are disclosed to others.	PO BOX 19729 IRVINE, CA 92623 No phone number available	Account name CONSUMERINFO.COM INC	ALLEN, TX 75013 888 397 3742	Experian	3/16/2017
You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.	A Summary of Your Rights under the Fair Credit Reporting Act The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.	Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.	such mon month	Experian collects and organizes information about you and your credit history from public records, your creditors and other reliable sources. By law, we cannot disclose certain medical information (relating to physical, mental, or behavioral health or condition). Although we do not generally collect such your report, but on reports to others they display only as "MEDICAL PAYMENT DATA." Consumer statements included on your report at your request that contain medical information are disclosed to others.		Date of request(s) 03/16/2015		EDWARD I ABDONEY Report Atmiser 0258-8297-42 March 16, 2017 Print Close window	Experian – Access your credit report

Department of Transport 1200 New Jersey Avenu Washington, DC 20590	Asst. General Couns Aviation Consumer P		c. FDIC Consumer F 1100 Walnut Street, Kansas City, MO 64	Federal Credit Unions	c. Nonmember Insured banks, Insured State Branches of Foreign Banks, and insured state savings associations	S	inks, branches and agencies of foreign banks (other than deral agencies, and insured state branches of foreign	 In the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks 	t unions with total assets of over associations, or credit unions	Type of Business: Contact:
Office of Proceedings, Surface Transportation Board Department of Transportation	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106			b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480	A. Onice of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050		 a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357 	

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-19 Nu Energy Solutions 39⁻⁰

Exhibit C-8 "Bankruptcy Information

N/A

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Exhibit C-9 "Merger Information

N/A

Edward Abdoney CEO

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0 Nu Energy Solutions 02

Exhibit C-10 "Corporate Structure

Single Member LLC

nergy Solutions

Exhibit D-1 "Operations

1) Purchase or sell energy or energy derivatives for customers.

2) Contact prospective buyers or sellers of power to arrange transactions.

3) Create product packages based on assessment of customers' or potential customers' needs.

4) Educate customers and answer customer questions related to the buying or selling of energy, energy markets, or alternative energy sources.

5) Explain contracts or related documents to customers.

6) Forecast energy supply and demand to minimize the cost of meeting load demands and to maximize the value of supply resources.

7) Negotiate prices or contracts for energy sales or purchases.

8) Price energy based on market conditions.

9) Develop or deliver proposals or presentations on topics such as the purchase or sale of energy.

Nu nergy Solutions

Exhibit D-2 "Operations Expertise

Mr. Edward Abdoney has been a pioneer in the Natural Gas/Electrical deregulation industry since 1997. We, as a company, adhere to the changes in energy and consider our company to hold one of the highest standards of excellence with a proven track record in the energy community having joined and becoming affiliated with several energy groups committed to education. We have several individuals from various backgrounds consisting of close to 43 years of sales experience and various education levels.

Ö Nu Energy Solutions 00

Exhibit D-3 Key Technical Personnel

Edward Abdoney Ceo <u>eabdoney@nuenergysolutions.net</u> 419-517-1797 ext 7 Industrial BA Degree in Engineering Energy Industry since 1997

Emily Dyer Executive Administrative Assistant <u>admin@nuenergysolutions.net</u> 419-517-1797 ext 405 Licensed Certified Public Accountant Masters Degree in accounting Energy industry since 2015

Joseph Smith Director of Operations jsmith@nuenergysolutions.net 419-517-1797 ext 419 BA in Business Management Minor: Marketing Masters Degree in Psychology Energy Industry since 2014

Chad Sorg Senior Sales Advisor <u>csorg@nuenergysoliutions.net</u> 419-517-1797 ext 404 Pharmaceutical Sales Masters Degree in Business (MBA) Energy industry since 2015

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Case No(s). 15-0579-GA-AGG

Summary: Amended Application Application & motion for 15-0579-GA-AGG electronically filed by Mr. Edward Abdoney on behalf of International Marketing Business group LLC