

June 26, 2017

Ohio Public Utilities Commission 180 East Broad Street Columbus, Ohio 43215 JUN 28 PH I:

Dear Ohio Public Utilities Commission,

Please find an application attached to update the classification as listed on our state license. The attached application is being used only to update designation and no other changes are being made at this time. Please make the update as noted and issue an updated certificate at your earliest convenience.

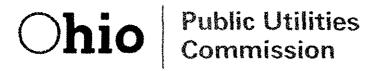
Should you have any questions, please contact Reyna Carrillo at (312) 924-7760 or rcarrillo@kwhsavings.com.

Thank You,

Scott H. Bernstein Managing Member

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician ______ Date Processed IIIN 2 8 2017_



Original AGG Case Number	Version
14 -869-EL-AGG	May 2016

RENEWAL APPLICATION FOR ELECTRIC AGGREGATORS/POWER BROKERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit C-10 Corporate Structure). 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 input information directly onto the form. You may also download the form, by saving it to your local disk, for later use.

RENEWAL INFORMATION	
Applicant intends to be certified as: (check all that apply)	
X Power Broker Aggregator	
Applicant's legal name, address, telephone number, PUCO certificate number, an	d
web site address	
Legal Name	
Address	
PUCO Certificate # and Date Certified	
Telephone #Web site address (if any)	
will do business in Ohio	ıτ
Legal Name	
Address	
Telephone # Web site address (if any)	
List all names under which the applicant does business in North America Contact person for regulatory or emergency matters	
Contact person for regulatory of emergency matters	
Name	
Title	
Business address	
Fax #	
	Applicant intends to be certified as: (check all that apply) Power Broker