

FILE

Public Utilities Commission of Ohio,
Docketing Division,
180 East Broad Street,
Columbus, Ohio 43215-3793

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2019 FEB -7 PM 12:54

PUCO

Addendum to Natural Gas Power Broker Renewal Certificate

To whom this may concern,

Alla Magaziner-Tempesta notified me that section A-8 in our natural gas power broker renewal application was incomplete. Alla advised us to send in an addendum with the correct response to section 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."

In return, I provided an addendum that includes page 2 of the application with section A-8 filled out with our registered agent's information. Also, I provided a copy of our Ohio foreign registration.

I apologize for the inconvenience.

Please contact me anytime via email or on my direct line 610.462.9818 with any questions or requests.

Thank you in advance for your time and assistance.

Vincent DiMaio
Vince@nationalutilityltd.com
610.462.9818

National Utilities Refund
DBA National Energy
Original Case #

17-0064-GA-AGG

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Addendum
Section A-8

Natural Gas Power Broker Renewal

National Utilities Refund
DBA National Energy

Original Case #
17-0064-GA-AGG

Addendum Section A-8

This addendum shall replace page page 2 out of 7 of the Competitive Retrail Natural Gas Broker/Aggergators Renewal Certification, specifically section A-8.

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

Name Vincent DiMaio

Title President

Business address PO BOX 332, Fogelsville PA 18051

Telephone No. 610.462.9818

Fax No. 800.687.1968

Email Address vince@nationalutilityltd.com

A-7 Applicant's address and toll-free number for customer service and complaints

Customer service address PO BOX 332, Fogelsville PA 18051

Toll-Free Telephone No. 800.687.1968

Fax No. 800.687.1968

Email Address info@nationalutilityltd.com

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 Michael Reinhold

Title Registered Agent

Business address 119 East Court Sreet Cincinnati OH 45202

Telephone No. 561-694-8107

Fax No.

Email Address michael@corpcreations.com

A-9 Applicant's federal employer identification number 45-3825531

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 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.)



Form 533B Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 486-3610
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43218
Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

**Registration of a Foreign
Limited Liability Company**
Filing Fee: \$99
Form Must Be Typed

2016 DEC 12 AM 10:29

CHECK ONLY ONE (1) BOX

(1) ☒ Registration of a Foreign For-Profit Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation

Date of Formation

(2) ☐ Registration of a Foreign Nonprofit Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Corporate Creations Network Inc.

Name

119 East Court Street

Mailing Address

Cincinnati

City

Ohio

State

45202

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

National Utilities Refund LLC

Signature

Vincent DiMaio

By (if applicable)

Vincent DiMaio

Print Name

Signature

By (if applicable)

Print Name