



Public Utilities  
Commission

19-1061--EL-ABN

PUCO USE ONLY

| Date Received | Case Number    | Version  |
|---------------|----------------|----------|
|               | 19-1061-EL-ABN | May 2016 |

FILE

ABANDONMENT APPLICATION FOR CRES PROVIDERS WITH NO  
EXISTING CUSTOMERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-2 EDU Notice). All attachments should bear the legal name (and any references to which the Applicant is doing business in Ohio), and should be included on the electronic copy provided. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, OH 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.

- A-1 List applicant's name, address, telephone, and web site address under which applicant is certified to do business in Ohio

Name ATHAR B AMIN  
Address 613 WATERCHASE DR FORT WORTH TX 76120  
Telephone Number 817 538 5150  
Web site address none  
PUCO Certification Case # and Certificate # 18-286-EL-AGG 18-1301E(1)  
Date Applicant Will Cease Operations 4-30-2019

PUCO

2019 MAY -6 PM 1:40

RECEIVED-DOCKETING DIV

- A-2 Exhibit A-2 "EDU Notice" provide a copy of the written notice provided to each EDU in each certified territory the CRES provider operates of its intent to cease providing service pursuant to Rule 4901:1-24-12 (B) (2) of the Ohio Administrative Code. If you are not registered with any EDU, proceed to A-3 "Affidavit."
- A-3 Exhibit A-3 "Affidavit" provide a signed and notarized affidavit that the CRES provider is not serving any retail customers in the State of Ohio.
- A-4 Contact person for regulatory/abandonment matters

Name ATHAR B AMIN  
Title OWNER  
Business address 613 WATERCHASE DR FORT WORTH TX 76120  
Telephone number 817 908 1786 Fax # 817 538 5150  
E-mail address athar\_amin@hotmail.com

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

Technician AT Date Processed 5/8/19

Athar S. Amin OWNER  
Signature of Applicant and Title

Sworn and subscribed before me this 1 day of May, 2019  
Month Year

Christal Warila  
Signature of official administering oath

Christal Warila Notary Public  
Print Name and Title

My commission expires on 11/27/2021



**AFFIDAVIT**State of TEXAS :FORT WORTH ss.  
(Town)County of TARRANT :ATHAR B AMIN, Affiant, being duly sworn/affirmed according to law, deposes and says that:He/She is the OWNER (Office of Affiant) of ATHAR B AMIN (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant,

1. The Applicant herein, attests under penalty of false statement that all statements made in the application are true and complete.
2. The Applicant herein, attests it is not serving any retail customers in the State of Ohio.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

Athar B. Amin OWNER  
Signature of Affiant & TitleSworn and subscribed before me this 1 day of may, 2019  
Month YearChristal Warila  
Signature of official administering oathChristal Warila Notary Public  
Print Name and TitleMy commission expires on 11/27/2021