

FILE



*Your Energy & Telecom Experts*

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

Re: Amendment to Cost Control Associates, 18-0451-EL-AGG

To Whom It May Concern,

As requested by correspondence from Melissa Scarberry, attached is an original and three copies of our amended answer to Question A-7. Our originally filed application inadvertently omitted our toll-free number which has now been added in our amended response attached.

If you have any questions, please contact me directly at [keith.laake@costcontrolassociates.com](mailto:keith.laake@costcontrolassociates.com) or via phone at 518-798-4437. Thanks.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith Laake", is written over a horizontal line.

Keith Laake  
President

**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 DR Date Processed 10/8/20

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

Name Allison Levin  
Title VP  
Business address 310 Bay Road Queensbury, NY 12804  
Telephone # (518) 797-4437 Fax # (518) 798-1735  
E-mail address allison.levin@costcontrolassociate

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

Customer Service address 310 Bay Road Queensbury, NY 12804  
Toll-free Telephone # 800-836-3787 Fax # (518) 798-1735  
E-mail address allison.levin@costcontrolassociate

**A-8 Applicant's federal employer identification number # 161597018**

**A-9 Applicant's form of ownership (check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship                 | <input type="checkbox"/> Partnership                     |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input checked="" type="checkbox"/> Corporation              | <input type="checkbox"/> Other _____                     |

**PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:**

- A-10 Exhibit A-10 "Principal Officers, Directors & Partners"** provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.

**B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE**

**PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:**

- B-1 Exhibit B-1 "Jurisdictions of Operation,"** provide a 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 or wholesale electric services including aggregation services.
- B-2 Exhibit B-2 "Experience & Plans,"** provide a 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 4928.10 of the Revised Code.