Ohio | Public Utilities Commission

DIS Case Number: 16-1962-EL-AGG

Section A: Application Information

A-1. Provider type:

☒ Power Broker ☐ Aggregator ☐ Retail Generation Provider ☐ Power Marketer

A-2. Applicant's legal name and contact information.

Legal Name: EnStar Energy, LLC
Phone: 5176942510 **Extension (if applicable):**
Website (if any): www.enstarenergy.com

Country: United States
Street: 6810 S. Cedar Street Suite 16
City: Lansing **Province/State:** MI
Postal Code: 48911

A-3. Names and contact information under which the applicant will do business in Ohio

Provide the names and contact information the business entity will use for business in Ohio. This does not have to be an Ohio address and may be the same contact information given in A-2.

Name	Type	Address	Active?	Proof
EnStar Energy, LLC	Official Name	6810 S. Cedar Street Suite 16 Lansing, MI 48911	Yes	File

A-4. Names under which the applicant does business in North America

Provide all business names the applicant uses in North America, including the names provided in A-2 and A-3.

Name	Type	Address	Active?	Proof
EnStar Energy, LLC	Official Name	6810 S. Cedar Street Suite 16 Lansing, MI 48911	Yes	File

A-5. Contact person for regulatory matters

Donald Johns
6810 S Cedar St
Lansing, MI 48911
US
djohns@enstarenergy.com
5176942510

A-6. Contact person for PUCO Staff use in investigating consumer complaints

Donald Johns
6810 S Cedar St
Lansing, MI 48911
US
djohns@enstarenergy.com
5176942510

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

Phone: 5176942510	**Extension (if applicable):**	**Country:** United States	
Fax: 5172681278	**Extension (if applicable):**	**Street:** 6810 S. Cedar Street Suite 16	
Email: hpeck@enstarenergy.com		**City:** Lansing	**Province/State:** MI
		Postal Code: 48911	

A-8. Applicant's federal employer identification number

32-0065196

A-9. Applicant's form of ownership

Form of ownership: Limited Liability Company (LLC)

A-10. Identify current or proposed service areas

Identify each service area in which the applicant is currently providing service or intends to provide service and identify each customer class that the applicant is currently serving or intends to serve.

Service area selection

AEP Ohio
DP&L
Duke Energy Ohio
FirstEnergy - Cleveland Electric Illuminating
FirstEnergy - Ohio Edison
FirstEnergy - Toledo Edison

Class of customer selection

Commercial
Industrial
Mercantile
Residential

A-11. Start date

Indicate the approximate start date the applicant began/will begin offering services: 10-30-2020

A-12. Principal officers, directors, and partners

Please provide all contacts that should be listed as an officer, director or partner.

Name	**Email**	Title	Address
Donald Johns	djohns@enstarenergy.com		6810 S Cedar St Lansing, MI 48911 US
Heather Peck	hpeck@enstarenergy.com	Dir of Ops	6810 S. Cedar Street Ste 16 Lansing, MI 48911 US

A-13. Company history

EnStar currently only has clients for which it provides electric and/or natural gas brokerage service for in the states of Michigan, Indiana, and Ohio. In the past EnStar has assisted clients with attempting to gain electric and/or natural gas service in Texas and Illinois as well.

EnStar has from time to time performed consulting services for clients involved with projects in Indiana, Ohio, Illinois, Wisconsin, Minnesota, and Iowa. In the future, EnStar plans to expand its operations to include Indiana, Illinois, and Pennsylvania to better serve its clients with multi-state operations.

A-14. Secretary of State

Secretary of State Link:

Section B: Applicant Managerial Capability and Experience

B-1. Jurisdiction of operations

List all jurisdictions in which the applicant or any affiliated interest of the applicant is certified, licensed, registered or otherwise authorized to provide retail natural gas service or retail/wholesale electric service as of the date of filing the application..

Jurisdiction of Operation: EnStar currently only has clients for which it provides electric and/or natural gas brokerage service for in the states of Michigan, Indiana, and Ohio. In the past EnStar has assisted clients with attempting to gain electric and/or natural gas service in Texas and Illinois as well.

EnStar has from time to time performed consulting services for clients involved with projects in Indiana, Ohio, Illinois, Wisconsin, Minnesota, and Iowa. In the future, EnStar plans to expand its operations to include Indiana, Illinois, and Pennsylvania to better serve its clients with multi-state operations.

B-2. Experience and plans

Describe the applicant’s experience in providing the service(s) for which it is applying (e.g., number and type of customers served, utility service areas, amount of load, etc.). Include the 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 Sections 4928.10 and/or 4929.22 of the Ohio Revised Code.

Application Experience and Plan Description: Company Plans
EnStar expects to continue and grow its existing areas of business, pursue new opportunities as they arise, and evolve as our our clients needs and the market for energy services change. The thrust of EnStar's activity will continue to be aimed at the commercial and industrial sectors. One area where EnStar has had opportunities which it has to date not taken advantage of is brokering electricity in other states. In Michigan, Electric Choice is capped with an 11,000 customer waiting list. As such, there is little or no opportunity in the State beyond holding on to its base of customers currently in the system. In particular, EnStar has found that its commercial and industrial client base often has facilities located in neighboring states such as Ohio, Indiana, Illinois, and Pennsylvania. Expanding its operations into these neighboring states, including Ohio, would allow EnStar to provide more full service offerings to its clients, bringing additional value added to its clients and increased profitability to EnStar.

B-3. Disclosure of liabilities and investigations

For the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant, describe all existing, pending or past rulings, judgments, findings, contingent liabilities, revocation of authority, regulatory investigations, judicial actions, or other formal or informal notices of violations, or any other matter related to competitive services in Ohio or equivalent services in another jurisdiction..

Liability and Investigations Disclosures: none

B-4. Disclosure of consumer protection violations

Has the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant been convicted orheld liable for fraud or for violation of any consumer protection or antitrust laws within the past five years?

No

B-5. Disclosure of certification, denial, curtailment, suspension or revocation

Has the applicant, affiliate, or a predecessor of the applicant had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, revoked, or cancelled or been terminated or suspended from any of Ohio's Natural Gas or Electric Utility's Choice programs within the past two years?

No

B-6. Environmental disclosures

Provide a detailed description of how the applicant intends to determine its generation resource mix and environmental characteristics, including air emissions and radioactive waste. Include the annual projection methodology and the proposed approach to compiling the quarterly actual environmental disclosure data. See 4901:1-21-09 of the Ohio Administrative Code for additional details of this requirement.

PJM disclosure option chosen

Section C: Applicant Financial Capability and Experience

C-1. Financial reporting

Provide a current link to the most recent Form 10-K filed with the Securities and Exchange Commission (SEC) or upload the form. If the applicant does not have a Form 10-K, submit the parent company's Form 10-K. If neither the applicant nor its parent is required to file Form 10-K, state that the applicant is not required to make such filings with the SEC and provide an explanation as to why it is not required.

Does not apply

C-2. Financial statements

Provide copies of the applicant's two most recent years of audited financial statements, including a 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, provide 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 bank account numbers redacted.**

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

File(s) attached

C-3. Forecasted financial statements

Provide two years of forecasted income statements **based solely on the applicant's anticipated business activities in the state of Ohio.**

Include the following information with the forecast: a list of assumptions used to generate the forecast; a statement indicating that the forecast is based solely on Ohio business activities only; and the name, address, email address, and telephone number of the preparer of the forecast.

The forecast may be in one of two acceptable formats: 1) an annual format that includes the current year and the two years succeeding the current year; or 2) a monthly format showing 24 consecutive months following the month of filing this application broken down into two 12-month periods with totals for revenues, expenses, and projected net incomes for both periods. Please show revenues, expenses, and net income (revenues minus total expenses) that is expected to be earned and incurred in **business activities only in the state of Ohio** for those periods.

If the applicant is filing for both an electric certificate and a natural gas certificate, please provide a separate and distinct forecast for revenues and expenses representing Ohio electric business activities in the application for the electric certificate and another forecast representing Ohio natural gas business activities in the application for the natural gas certificate.

File(s) attached

C-4. Credit rating

Provide a credit opinion disclosing the applicant's credit rating as reported by at least one of the following ratings agencies: Moody's Investors Service, Standard & Poor's Financial Services, Fitch Ratings or the National Association of Insurance Commissioners. If the applicant does not have its own credit ratings, substitute the credit ratings of a parent or an affiliate organization and submit 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 'Not Rated'.

This does not apply

C-5. Credit report

Provide a copy of the applicant's credit report from Experian, Equifax, TransUnion, Dun and Bradstreet or a similar credit reporting organization. If the applicant is a newly formed entity with no credit report, then provide a personal credit report for the principal owner of the entity seeking certification. At a minimum, the credit report must show summary information and an overall credit score. **Bank/credit account numbers and highly sensitive identification information must be redacted.** If the applicant provides an acceptable credit rating(s) in response to C-4, then the applicant may select 'This does not apply' and provide a response in the box below stating that a credit rating(s) was provided in response to C-4.

File(s) attached

C-6. Bankruptcy information

Within the previous 24 months, have any of the following filed for reorganization, protection from creditors or any other form of bankruptcy?

- Applicant
- Parent company of the applicant
- Affiliate company that guarantees the financial obligations of the applicant
- Any owner or officer of the applicant

No

C-7. Merger information

Is the applicant currently involved in any dissolution, merger or acquisition activity, or otherwise participated in such activities within the previous 24 months?

No

C-8. Corporate structure

Provide a graphical depiction of the applicant's corporate structure. Do not provide an internal organizational chart. The graphical depiction should include all parent holding companies, subsidiaries and affiliates as well as 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 the applicant may respond by stating that it is a stand-alone entity with no affiliate or subsidiary companies.

Stand-alone entity with no affiliate or subsidiary companies

Section D: Applicant Technical Capacity

D-1. Operations

Power brokers/aggregators: Include details of the applicant's business operations and plans for arranging and/or aggregating for the supply of electricity to retail customers.

Ohio | Public Utilities Commission

Operations Description: EnStar Energy is a consulting firm who brokers electricity through our relationship with suppliers licensed in Ohio.

D-2. Operations Expertise & Key Technical Personnel

Given the operational nature of the applicant's business, provide evidence of the applicant's experience and technical expertise in performing such operations. Include the names, titles, e-mail addresses, and background of key personnel involved in the operations of the applicant's business.

File(s) attached

Application Attachments

DOC ID ----> 201625602188

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/15/2016	201625602188	REGISTRATION OF FOREIGN FOR PROFIT LLC (LFP)	99.00	0.00	0.00	0.00	0.00

Receipt

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

ENSTAR ENERGY, LLC
6810 S. CEDAR STREET
SUITE 16
LANSING, MI 48911

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

3940427

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ENSTAR ENERGY, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
REGISTRATION OF FOREIGN FOR PROFIT LLC	**201625602188**
Effective Date: 09/13/2016	

THE SEAL OF THE SECRETARY OF STATE OF OHIO

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, Ohio this 15th day of September, A.D. 2016.

Jon Husted

Ohio Secretary of State

Form 533B Prescribed by:

Jon Husted
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
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 43216

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

CHECK ONLY ONE (1) BOX

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

Jurisdiction of Formation: MI (State) USA (Country)

Date of Formation: 3/7/2003

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

Jurisdiction of Formation: (State) (Country)

Date of Formation:

Name of Limited Liability Company in its jurisdiction of formation

ENSTAR ENERGY, LLC

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:

DONALD JOHNS
Name

6810 S. CEDAR STREET, SUITE 16
Mailing Address

City	State	Country	ZIP Code
LANSING	MI	USA	48911

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

NORTHWEST REGISTERED AGENT SERVICE, INC.

Name

6545 MARKET AVENUE N., STE 100

Mailing Address

NORTH CANTON	OH	44721
City	State	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.

DONALD W. JOHNS

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form **1040** Department of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return 2019

OMB No. 1545-0074 | IRS Use Only - Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial	Last name	Your social security number
DONALD W.	JOHNS	
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
ELIZABETH A.	JOHNS	

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
1578 N. COLLEGE ROAD

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
MASON, MI 48854

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

If more than four dependents, see instructions and √ here ▶ ☐

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☒ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) √ if qualifies for (see instructions): Child tax credit	Credit for other dependents

Standard Deduction for -
- Single or Married filing separately, $12,200
- Married filing jointly or Qualifying widow(er), $24,400
- Head of household, $18,350
- If you checked any box under Standard Deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2					1	
2a	Tax-exempt interest	2a		b	Taxable interest. Attach Sch. B if required	2b	12.
3a	Qualified dividends	3a		b	Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	14,750.
c	Pensions and annuities	4c	21,692.	d	Taxable amount	4d	21,640.
5a	Social security benefits	5a	45,335.	b	Taxable amount	5b	38,535.
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐					6	
7a	Other income from Schedule 1, line 9					7a	38,733.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶					7b	113,670.
8a	Adjustments to income from Schedule 1, line 22					8a	5,171.
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶					8b	108,499.
9	**Standard deduction or itemized deductions** (from Schedule A)	9	25,700.				
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	6,712.				
11a	Add lines 9 and 10					11a	32,412.
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-					11b	76,087.

LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form **1040** (2019)

913921 12-19-19

12a	Tax (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a	8,741.		
b	Add Schedule 2, line 3, and line 12a and enter the total			12b	8,741.
13a	Child tax credit or credit for other dependents	13a			
b	Add Schedule 3, line 7, and line 13a and enter the total			13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	8,741.
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	5,473.
16	Add lines 14 and 15. This is your **total tax**			16	14,214.
17	Federal income tax withheld from Forms W-2 and 1099 SEE STATEMENT 4			17	2,150.
18	Other payments and refundable credits:				
a	Earned income credit (EIC)	18a			
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d	11,440.		
e	Add lines 18a through 18d. These are your **total other payments and refundable credits**			18e	11,440.
19	Add lines 17 and 18e. These are your **total payments**			19	13,590.

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**			20	
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ☐			21a	
b	Routing number	c Type: ☐ Checking ☐ Savings			
d	Account number				
22	Amount of line 20 you want **applied to your 2020 estimated tax**	22			

Direct deposit? See instructions.

Amount You Owe

23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions			23	624.
24	Estimated tax penalty (see instructions)	24			

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☐ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		BUSINESS OWNER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		RETIRED	
Phone no.	Email address DJOHNS@ENSTARENERGY.COM		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
L. SUSAN HAFNER, CPA	L. SUSAN HAFNER, CPA	04/02/20	P00682905	☒ 3rd Party Designee ☐ Self-employed
Firm's name ▶ MANER COSTERISAN PC		Phone no. 517-323-7500		Firm's EIN 38-2157642
Firm's address ▶ 2425 E. GRAND RIVER, SUITE 1 LANSING, MI 48912-3291				

Go to *www.irs.gov/Form1040* for instructions and the latest information.

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

DONALD W. & ELIZABETH A. JOHNS

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	38,733.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	38,733.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	2,737.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	2,434.
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 8a	22	5,171.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** **Schedule 1 (Form 1040 or 1040-SR) 2019**

913923 12-23-19

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR: DONALD W. & ELIZABETH A. JOHNS

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	5,473.
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A [9]		
10	Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 15	10	5,473.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

SCHEDULE C (Form 1040 or 1040-SR)
Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2019
Attachment Sequence No. 09

Name of proprietor: DONALD W. JOHNS
Social security number (SSN)

A Principal business or profession, including product or service (see instructions): ENERGY CONSULTING
B Enter code from instructions ▶ 541990

C Business name. If no separate business name, leave blank.: ENSTAR ENERGY, LLC
D Employer ID number (EIN) (see instr.): 32-0065196

E Business address (including suite or room no.) ▶ 6810 CEDAR STREET
City, town or post office, state, and ZIP code: LANSING, MI 48911

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses: [X] Yes [ ] No

H If you started or acquired this business during 2019, check here ▶ [ ]

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions): [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099?: [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	209,930.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	209,930.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	209,930.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	209,930.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	2,876.	18	Office expense	18	
9	Car and truck expenses (see instructions) STMT 11	9	6,874.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	14,077.	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	14,544.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	383.	21	Repairs and maintenance	21	1,016.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	2,354.
15	Insurance (other than health)	15	1,248.	23	Taxes and licenses	23	10,621.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	32.
b	Other	16b		b	Deductible meals (see instructions)	24b	219.
17	Legal and professional services	17	1,675.	25	Utilities	25	6,884.
				26	Wages (less employment credits)	26	90,790.
				27 a	Other expenses (from line 48)	27a	17,604.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	171,197.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	38,733.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	38,733.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

Part III **Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/14

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a Business 11,852 b Commuting ______ c Other 13,148

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

BANK CHARGES		194.
COMMUNICATIONS		9,866.
COMPUTER EXPENSE		4,296.
PAYROLL COSTS		1,226.
MISC EXP		1,000.
POSTAGE		490.
REIMBURSED EMPLOYEE EXP.		92.
ASSOCIATION MEMBERSHIP DUES		440.
48 **Total other expenses.** Enter here and on line 27a	48	17,604.

Form **1040** Department of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return **2018** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial	Last name	Your social security number
DONALD	JOHNS	

Your standard deduction: ☐ Someone can claim you as a dependent ☒ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial	Last name	Spouse's social security number
ELIZABETH	JOHNS	

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign. (see inst.) ☐ You ☐ Spouse
1578 N. COLLEGE ROAD		

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.	If more than four dependents, see inst. and ✓ here ☐
MASON, MI 48854	

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here
		BUSINESS OWNER	
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	**If the IRS sent you an Identity Protection PIN, enter it here**
		RETIRED	

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
L. SUSAN HAFNER, CPA	L. SUSAN HAFNER, CPA	P00682905	38-2157642	☒ 3rd Party Designee ☐ Self-employed

Firm's name ▶ MANER COSTERISAN PC Phone no. 517-323-7500

Firm's address ▶ 2425 E. GRAND RIVER, SUITE 1 LANSING, MI 48912-3291

LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form **1040** (2018)

813921 12-13-18

	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRAs, pensions, and annuities	4a 757,754.	b Taxable amount	4b	77,951.
	5a	Social security benefits	5a 25,366.	b Taxable amount	5b	21,561.
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		50,722.	6	150,234.
Standard Deduction for - • Single or married filing separately, $12,000 • Married filing jointly or Qualifying widow(er), $24,000 • Head of household, $18,000 • If you checked any box under Standard deduction, see instructions.	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6			7	136,515.
	8	**Standard deduction or itemized deductions** (from Schedule A)			8	25,300.
	9	Qualified business income deduction (see instructions)			9	8,571.
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10	102,644.
	11	a Tax (see inst) 14,461. (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐) b **Add** any amount from Schedule 2 and check here ▶ ☐			11	14,461.
	12	a Child tax credit/credit for other dependents		b **Add** any amount from Sch. 3 and check here ▶ ☐	12	
	13	Subtract line 12 from line 11. If zero or less, enter -0-			13	14,461.
	14	Other taxes. Attach Schedule 4			14	7,075.
	15	Total tax. Add lines 13 and 14			15	21,536.
	16	Federal income tax withheld from Forms W-2 and 1099 SEE STATEMENT 4			16	10,101.
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5			17	
	18	Add lines 16 and 17. These are your total payments			18	10,101.
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**			19	
Refund	20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			20a	
Direct deposit? See instructions. ▶	b	Routing number		▶ c Type: ☐ Checking ☐ Savings		
▶	d	Account number				
	21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶	21			
Amount You Owe	22	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶			22	11,769.
	23	Estimated tax penalty (see instructions) ▶	23	334.		

813922 12-13-18

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 01

Name(s) shown on Form 1040: DONALD & ELIZABETH JOHNS

Your social security number

Additional Income	1-9b	Reserved STATEMENT 5	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes STATEMENT 6	10	650.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	50,072.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount ▶	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	50,722.

Adjustments to Income	23	Educator expenses	23			
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24			
	25	Health savings account deduction. Attach Form 8889	25			
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27	3,538.		
	28	Self-employed SEP, SIMPLE, and qualified plans	28			
	29	Self-employed health insurance deduction	29	3,681.		
	30	Penalty on early withdrawal of savings	30			
	31a	Alimony paid b Recipient's SSN ▶	31a			
	32	IRA deduction	32	6,500.		
	33	Student loan interest deduction	33			
	34	Reserved	34			
	35	Reserved	35			
	36	Add lines 23 through 35			36	13,719.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

SCHEDULE 4 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Taxes

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 04

Name(s) shown on Form 1040: DONALD & ELIZABETH JOHNS

Your social security number

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	7,075.
58	Unreported social security and Medicare tax from: Form a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
60 a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
63	Section 965 net tax liability installment from Form 965-A — 63		
64	Add the amounts in the far right column. These are your **total other taxes.** Enter here and on Form 1040, line 14	64	7,075.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule 4 (Form 1040) 2018

813926 12-13-18

SCHEDULE C (Form 1040)
Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2018
Attachment Sequence No. 09

Name of proprietor: DONALD JOHNS
Social security number (SSN):

A Principal business or profession, including product or service (see instructions): ENERGY CONSULTING
B Enter code from instructions ▶ 541990
C Business name. If no separate business name, leave blank.: ENSTAR ENERGY, LLC
D Employer ID number (EIN) (see instr.): 32-0065196
E Business address (including suite or room no.) ▶ 6810 CEDAR STREET
City, town or post office, state, and ZIP code: LANSING, MI 48911
F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses: [X] Yes [ ] No
H If you started or acquired this business during 2018, check here ▶ [ ]
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions): [ ] Yes [X] No
J If "Yes," did you or will you file required Forms 1099?: [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	183,781.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	183,781.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	183,781.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	183,781.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	1,897.	18	Office expense	18	
9	Car and truck expenses (see instructions) STMT 12	9	10,036.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	4,356.	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	2,385.	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	14,544.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	686.	21	Repairs and maintenance	21	1,030.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	2,513.
15	Insurance (other than health)	15	1,655.	23	Taxes and licenses	23	11,780.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	1,045.
b	Other	16b		b	Deductible meals (see instructions)	24b	248.
17	Legal and professional services	17	1,075.	25	Utilities	25	7,617.
				26	Wages (less employment credits)	26	57,425.
				27 a	Other expenses (from line 48)	27a	15,417.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	133,709.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	50,072.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	50,072.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/14

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

a Business 18,415 b Commuting c Other 6,585

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

BANK CHARGES		208.
COMMUNICATIONS		9,546.
COMPUTER EXPENSE		2,678.
PAYROLL COSTS		1,133.
MISC EXP		368.
POSTAGE		464.
REIMBURSED EMPLOYEE EXP.		248.
ASSOCIATION MEMBERSHIP DUES		772.
48 **Total other expenses.** Enter here and on line 27a	48	15,417.

	Current Year (Estimated)	Forecast Year 1 2021	Forecast Year 2 2022
Revenues			
Ohio Electric Brokering Revenue	$8,000.00	$8,000.00	$8,000.00
Expenses			
Total Expenses	$7,000.00	$7,000.00	$7,000.00
Net Income			
	$1,000.00	$1,000.00	$1,000.00

Forecast prepared by:
Heather Peck
Director of Operations
EnStar Energy, LLC
6810 S. Cedar Street
Suite 16
Lansing, MI 48911
517.694.2510
hpeck@enstarenergy.com

CreditScore℠ Report

as of: 10/06/20 09:34 ET

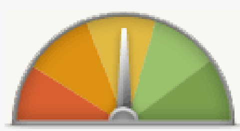
Enstar Energy LLC

Address:	6810 S Cedar St Ste 16 Lansing, MI 48911-6909 United States	**Key Personnel:**	Owner: Donald W Johns
Phone:	517-694-2510	**SIC Code:**	8742-Management Consulting Services 7361-Employment Agencies 8999-Services, Nec
Website:	www.enstarenergy.com	**NAICS Code:**	541612-Human Resources Consulting Services 561310-Employment Placement Agencies And Executive Search Services 541990-All Other Professional, Scientific, And Technical Services
Experian BIN:	749809569	**Business Type:**	Corporation
Agent:	Donald W Johns	**Experian File Established:**	December 1997
Agent Address:	6810 S Cedar Street Lansing, MI	**Experian Years on File:**	23 Years
		Years in Business:	24 Years
		Total Employees:	7
		Filing Data Provided by:	Michigan
		Date of Incorporation:	03/20/2003

Experian Business Credit Score

39

Business Credit Score



Medium Risk

The objective of the Experian Business Credit Score is to predict payment behavior. High Risk means that there is a significant probability of delinquent payment. Low Risk means that there is a good probability of on-time payment.

Key Score Factors:

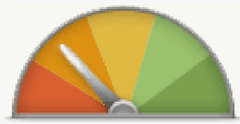
- Company's business type.
- Risk associated with the company's industry.
- Number of employees.

Business Credit Scores range from a low of 1 to high of 100 with this company receiving a score of 39. Higher scores indicate lower risk. This score predicts the likelihood of serious credit delinquencies within the next 12 months. This score uses tradeline and collections information, public filings as well as other variables to predict future risk.

Experian Financial Stability Risk Rating

4

Financial Stability Risk Rating



Medium-High Risk

A Financial Stability Risk Rating of 4 indicates a 10% potential risk of severe financial distress within the next 12 months.

Key Rating Factors:

- Lack of active trades.
- Risk associated with the business type.
- Employee size of business.
- Risk associated with the company's industry sector.

Financial Stability Risk Ratings range from a low of 1 to high of 5 with this company receiving a rating of 4. Lower ratings indicate lower risk. Experian categorizes all businesses to fit within one of the five risk segments. This rating predicts the likelihood of payment default and/or bankruptcy within the next 12 months. This rating uses tradeline and collections information, public filings as well as other variables to predict future risk.

Credit Summary

This location does not yet have an estimated Days Beyond Terms (DBT), or a Payment Trend Indicator. This is often the result of too few active Payment Tradelines.

Please refer to Experian's **www.BusinessCreditFacts.com** website for more information on establishing Payment Tradelines.

Payment Tradelines / Commercial accounts:	0
UCC Filings:	0
✘ **Businesses Scoring Worse:**	**38%**
✓ **Bankruptcies**:	0
✓ **Liens**:	0
✓ **Judgments Filed**:	0
✓ **Collections**:	0

Qualifications of Donald W. Johns

Mr. Johns is the President of EnStar Energy L.L.C. and Co-Founder of the Firm. He brings almost 40 years of energy and utility work experience and an intimate knowledge of the forces which are changing the United States energy markets from a regulated environment to competition. He is extremely familiar with regulatory issues, utility rates, and the issues of and operating practices of commercial and industrial utility users.

EDUCATIONAL BACKGROUND

In 1970, Mr. Johns received a Bachelors of Science Degree, with honors, in Systems Science Engineering, from Michigan State University, with minors in Business and Mathematics. In 1972, he received a Masters of Business Administration, also from Michigan State University.

He has attended numerous electric industry courses and training sessions, such as the National Association Regulatory Utility Commissioners Regulatory Studies Program, Advanced Forecasting and Statistical Techniques, Power Plant Design Concepts, and Practical Negotiating Skills. He has also attended many seminars and conferences on cogeneration and renewable energy project development techniques. He has frequently been a guest speaker at such conferences.

PROFESSIONAL ASSOCIATIONS

Mr. Johns is a member of the Association of Energy Engineers and the Cogeneration Institute. He is a Certified Cogeneration Professional (CCP).

PROFESSIONAL EXPERIENCE

Since May 1996, Mr. Johns has served as the President of EnStar Energy L.L.C.. EnStar was founded in 1996 to assist clients in talking advantage of opportunities which materialized in the electric power industry as it went through the transition from a regulated to a competitive industry. EnStar's consulting service focuses on the competitive environment in which the energy industries operate.

During that period Mr. Johns has led project based work for organizations such as:

Consumers Energy, Northern Indiana Public Service Company (NIPSCO), Southeast Michigan Gas Company (SEMCO), TransCanada Gas, Ford Minority Supplier Program, Shell Western E & P, Michigan Association of Nonpublic Schools, Michigan Manufacturers Association, Michigan Association of Broadcasters, Health Care Association of Michigan, North American Natural Resources, Okemos Public Schools, Granger Renewable Resources, and Zeeland Farm Services.

Mr. Johns has also served as the Director of the Michigan Independent Power Producers Association and as Vice President of the Michigan Sustainable Energy Coalition. He has served on the Governor's 21st Century Energy Plan as Chair of the Renewable and Alternate Energy Work Groups' Policy Team.

Prior Work Experience

From 1974 until 1996 Mr. Johns held a variety of positions with the Michigan Public Service Commission.

In 1972, Mr. Johns took a position with the Michigan State Housing Development Authority as its Computer Timesharing Coordinator.

In 1970, Mr. Johns began his professional career at the Michigan Department of Treasury, as a Systems and Procedures Analyst. He conducted feasibility studies of various measures to improve operations, as well as designed systems and procedures, to implement feasible improvements.

EXPERT WITNESS EXPERIENCE

Mr. Johns has frequently been called upon to provide expert testimony on various matters in adversarial proceedings before the Michigan Public Service Commission. Mr. Johns has also testified before the Michigan Tax Tribunal and the Michigan State Legislature.

OTHER RELEVANT EXPERIENCE

Mr. Johns served as the chairman of the Other Options Work Group of the Capacity Needs Forum. The Capacity Needs Forum is a statewide panel of experts formed by the Michigan Public Service Commission charged with determining the need for new base load electric generation capacity for the state of Michigan.

Mr. Johns has spent extensive time reviewing with project sponsors the characteristics of the vast majority of non-utility generation projects which have been built in Michigan, as well as a great many which were never constructed. He has frequently served as an informal arbitrator and facilitator to resolve contract disputes between sponsors and utilities.

He has served as the chairman of a statewide committee to establish fair electrical interconnection guidelines.

Mr. Johns has worked on numerous projects to establish national electric power competition policy issues including responding to the Federal Energy Regulatory Commission’s (“FERC’s”) request for comments on its Notice of Proposed Rulemaking (“NOPR”) on Wholesale Pricing issues, developing Michigan's position on FERC's MEGA-NOPR on Wholesale Competition and Stranded Costs, and serving on a Detroit Edison research study on Ancillary Wheeling services.

Mr. Johns has participated in and reviewed results of numerous negotiated settlements on depreciation re-prescriptions, involving electric, gas and communication utilities.

Mr. Johns has also served as a member of the supply side review team report on each of Consumers Energy's and Detroit Edison's biennial Integrated Resource Plans and the Michigan Electric Options Study.

Competitive Retail Electric Service Affidavit

County of Ingham **:**

State of Michigan**:**

Donald Johns, 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, and that it will amend its application while it is pending if any substantial changes occur regarding the information provided.
2. The applicant will timely file an annual report of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Sections 4905.10(A), 4911.18(A), and 4928.06(F), Ohio Revised Code.
3. The applicant will timely pay any assessment made pursuant to Sections 4905.10, 4911.18, and 4928.06(F), Ohio Revised Code.
4. The 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. The applicant will cooperate fully with the Public Utilities Commission of Ohio, and its Staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the applicant.
6. The applicant will fully comply with Section 4928.09, Ohio Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The applicant will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The applicant will use its best efforts to verify that any entity with whom it has a contractual relationship to purchase power is in compliance with all applicable licensing requirements of the Federal Energy Regulatory Commission and the Public Utilities Commission of Ohio.
9. The applicant will cooperate fully with the Public Utilities Commission of Ohio, the electric distribution companies, the regional transmission entities, and other electric suppliers in the event of an emergency condition that may jeopardize the safety and reliability of the electric service in accordance with the emergency plans and other procedures as may be determined appropriate by the Commission.
10. If applicable to the service(s) the applicant will provide, it will adhere to the reliability standards of (1) the North American Electric Reliability Council (NERC), (2) the appropriate regional reliability council(s), and (3) the Public Utilities Commission of Ohio.
11. The Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating consumer complaints.

12. The facts set forth above are true and accurate 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.

13. Affiant further sayeth naught.

Signature of Affiant & Title

Sworn and subscribed before me this 28th day of Sept, 2020
Month Year

Signature of official administering oath

Heather Peck
Print Name and Title

My commission expires on Sept 2020