



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 **Country:** United States
Phone: 5176942510 **Extension (if applicable):** **Street:** 6810 S. Cedar Street Ste 16
Website (if any): www.enstarenergy.com **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



Public Utilities Commission

AEP Ohio
Duke Energy Ohio
FirstEnergy - Cleveland Electric Illuminating
FirstEnergy - Ohio Edison
FirstEnergy - Toledo Edison
AES Ohio

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: <https://businesssearch.ohiosos.gov?=businessDetails/3940427>

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 or held 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

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



Public Utilities Commission

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.

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.



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Operations Expertise & Personnel Description: Donald Johns, President, djohns@enstarenergy.com, 6810 S. Cedar Street, Suite 16, Lansing, MI 48911, (517) 694-2510. 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.

Heather Peck, Director of Operations, hpeck@enstarenergy.com, 6810 S. Cedar Street, Suite 16, Lansing, MI 48911, (517) 694-2510.

Mrs. Peck is the Director of Operations of EnStar Energy, L.L.C. She brings over 2 decades of experience and is responsible for managing all the daily operations at EnStar. She strives to make sure that EnStar is meeting the expectations and needs of all our clients and customers.

Mrs. Peck assists clients with their natural gas contracts and works with the suppliers to find the best rate for our clients.



Public Utilities
Commission

Application Attachments

CreditScoreSM Report

as of: 09/22/22 09:54 ET

Enstar Energy LLC

Address: 6810 S Cedar St Ste 16
Lansing, MI 48911-6909
United States

Phone: 517-694-2510

Website: www.enstarenergy.com

Experian BIN: 749809569

Agent: Donald W Johns

Agent Address: 6810 S Cedar Street
Lansing, MI

Key Personnel: Owner: Donald W Johns

SIC Code: 8742-Management Consulting
Services
7361-Employment Agencies
8999-Services, Nec

NAICS Code: 541612-Human Resources Consulting
Services
561310-Employment Placement
Agencies And Executive
Search Services
541990-All Other Professional,
Scientific, And Technical
Services

Business Type: Corporation

**Experian File
Established:** December 1997

Experian Years on File: 25 Years

Years in Business: 26 Years

Total Employees: 5

Sales: \$381,000

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.

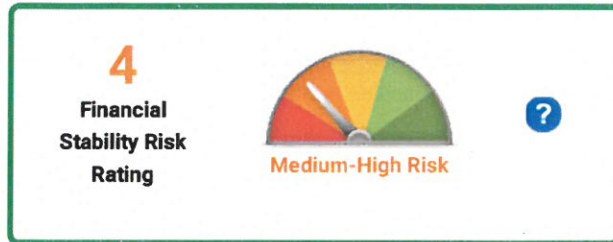
Key Score Factors:

- 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



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 variable 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 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

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[Back to top](#)

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

Check only one box. If you checked the MFS box, enter the name of your 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
DONALD W. Last name
JOHNS Your social security numberIf joint return, spouse's first name and middle initial
ELIZABETH A. Last name
JOHNS Spouse's social security numberHome address (number and street). If you have a P.O. box, see instructions.
1578 N. COLLEGE ROAD Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
MASON MI 48854Foreign country name Foreign province/state/country 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 ☐ SpouseAt any time during 2020, did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ NoStandard Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependentDeduction ☐ Spouse itemizes on a separate return or you were a dual-status alienAge/Blindness You: ☒ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ 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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	17,000.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	21,992.
6a	Social security benefits	6a	52,653.
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Other income from Schedule 1, line 9	8	27,291.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	110,986.
10	Adjustments to income:		
a	From Schedule 1, line 22	10a	1,107.
b	Charitable contributions if you take the standard deduction. See instr.	10b	100.
c	Add lines 10a and 10b. These are your total adjustments to income	10c	1,207.
11	Subtract line 10c from line 9. This is your adjusted gross income	11	109,779.
12	Standard deduction or itemized deductions (from Schedule A)	12	26,100.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	2,911.
14	Add lines 12 and 13	14	29,011.
15	Taxable income. Subtract line 14 from line 11.	15	80,768.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	9,351.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,351.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,351.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	2,213.
24	Add lines 22 and 23. This is your total tax	24	11,564.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099 SEE STATEMENT 4	25b	1,700.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,700.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	1,700.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe now	37	10,016.
38	Estimated tax penalty (see instructions)	38	152.

Refund

Direct deposit?
See instructions.Amount
You OweFor details on
how to pay, see
instructions.Third Party
DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ No

Designee's

Phone

Personal identification

name **STEPHANIE L. CALVER, CP** no. **517-323-7500**number (PIN) **12345**

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.

Sign
Here

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

BUSINESS OWNER

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

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**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
STEPHANIE L. CALVER, CPA	STEPHANIE L. CALVER, CPA	04/10/21	P01786613	<input type="checkbox"/> Self-employed

Firm's name	Phone no.
MANER COSTERISAN PC	517-323-7500
Firm's address	Firm's EIN
2425 E. GRAND RIVER, SUITE 1 LANSING, MI 48912-3291	38-2157642

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

Form 1040 (2020)

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

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

2020
Attachment
Sequence No. **09**

Social security number (SSN)

DONALD W. JOHNS

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) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2020, check here ▶ ☐

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 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 <input type="checkbox"/>	1	111,903.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	111,903.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	111,903.
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	111,903.

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

8 Advertising	8	816.	18 Office expense	18	
9 Car and truck expenses (see instructions) STMT 11	9	1,371.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	3,280.	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	285.	21 Repairs and maintenance	21	956.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	1,039.
15 Insurance (other than health)	15	3,091.	23 Taxes and licenses	23	14,279.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	31.
17 Legal and professional services	17	1,886.	25 Utilities	25	7,193.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	31,183.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27 a Other expenses (from line 48)	27a	16,287.
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		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , 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	15,662.			
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 3 , 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 <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

020001 11-16-20

Schedule C (Form 1040) 2020

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 2020, enter the number of miles you used your vehicle for:	
a	Business	2,384
b	Commuting	
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

BANK CHARGES	250.
COMMUNICATIONS	10,924.
COMPUTER EXPENSE	1,195.
PAYROLL COSTS	679.
MISC EXP	1,511.
POSTAGE	576.
ASSOCIATION MEMBERSHIP DUES	1,152.
48 Total other expenses. Enter here and on line 27a	16,287.

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

Check only one box. If you checked the MFS box, enter the name of your 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 **DONALD W.** Last name **JOHNS** Your social security number

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

Home address (number and street). If you have a P.O. box, see instructions.

1578 N. COLLEGE ROAD

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

MASON

State ZIP code

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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

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, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents

Attach Sch. B if required. Standard Deduction for - • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • 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	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	22,292.
	6a Social security benefits	6a	53,357.
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	54,376.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	221,969.
	10 Adjustments to income from Schedule 1, line 26	10	2,554.
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	219,415.
	12a Standard deduction or itemized deductions (from Schedule A)	12a	26,450.
	b Charitable contributions if you take the standard deduction (see instr.)	12b	100.
	c Add lines 12a and 12b	12c	26,550.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	6,717.
14 Add lines 12c and 13	14	33,267.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	186,148.	

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2021)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	32,718.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	32,718.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	32,718.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	5,107.
24	Add lines 22 and 23. This is your total tax	24	37,825.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099 SEE STATEMENT 5	25b	10,000.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,000.
26	2021 estimated tax payments and amount applied from 2020 return STATEMENT 4	26	7,410.
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	17,410.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	20,415.
38	Estimated tax penalty (see instructions)	38	

Refund

Direct deposit?
See instructions.Amount
You OweThird Party
DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ NoDesignee's name **STEPHANIE L. CALVER, CP** Phone no. **517-323-7500** Personal identification number (PIN) **12345**

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.

Sign Here	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			BUSINESS OWNER	
Joint return? See instructions. Keep a copy for your records.	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**

Paid Preparer Use Only	Preparer's name STEPHANIE L. CALVER, CPA	Preparer's signature STEPHANIE L. CALVER, CPA	Date 04/13/22	PTIN P01786613	Check if: <input type="checkbox"/> 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	Firm's EIN	38-2157642

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

Form 1040 (2021)

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

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 must generally file Form 1065.

OMB No. 1545-0074

2021
Attachment
Sequence No. **09**

DONALD W. JOHNS

A Principal business or profession, including product or service (see instructions)

ENERGY CONSULTING

C Business name. If no separate business name, leave blank.

ENSTAR ENERGY, LLC

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) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2021, check here ☐

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 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 <input type="checkbox"/>	1	120,095.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	120,095.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	120,095.
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	120,095.

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

8	Advertising	8	200.	18	Office expense	18	
9	Car and truck expenses (see instructions) STMT 10	9	1,169.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	5,417.	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	93.	21	Repairs and maintenance	21	966.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	219.
15	Insurance (other than health)	15	3,389.	23	Taxes and licenses	23	10,917.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	508.
b	Other	16b		b	Deductible meals (see instructions)	24b	64.
17	Legal and professional services	17	1,204.	25	Utilities	25	5,791.
18				26	Wages (less employment credits)	26	20,834.
19				27 a	Other expenses (from line 48)	27a	18,640.
20				b	Reserved for future use	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	83,955.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	36,140.

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

31 **Net profit or (loss).** Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, 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.

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 3**, 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.

31 **36,140.**

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 2021, enter the number of miles you used your vehicle for:
a Business 2,087 b Commuting c Other

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	10,612.
COMPUTER EXPENSE	3,030.
PAYROLL COSTS	635.
MISC EXP	2,350.
POSTAGE	427.
ASSOCIATION MEMBERSHIP DUES	1,378.
48 Total other expenses. Enter here and on line 27a	18,640.

Sheet1

Current Year	Forecast Year 1	Forecast Year 2
(Estimated)	2023	2024

Revenues				
Ohio Electric Brokering Revenue	\$10,000.00	\$9,000.00	\$9,000.00	
Expenses				
Total Expenses	\$9,000.00	\$8,000.00	\$8,000.00	
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

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.

Donald Wilson President ENStar Energy LLC.
Signature of Affiant & Title

Sworn and subscribed before me this 30th day of September, 2022
Month Year

Jennifer Brunner
Signature of official administering oath

Jennifer Brunner, Notary / Personal Banker III
Print Name and Title

JENNIFER BRUNNER
Notary Public, State of Michigan
County of Ingham
My Commission Expires 06-06-2025
Acting in the County of Ingham

My commission expires on 06.06.2025 JB

**This foregoing document was electronically filed with the Public Utilities
Commission of Ohio Docketing Information System on**

10/3/2022 9:20:44 AM

in

Case No(s). 16-1962-EL-AGG

Summary: In the Matter of the Application of Enstar Energy, LLC