



11-3590-GA-AGG 26

FILE

Public Utilities Commission of Ohio
Docketing Division
13th Floor
180 East Broad Street
Columbus, OH 43215-3793

June 10, 2011

RECEIVED-DOCKETING DIV
2011 JUN 15 AM 11:51
PUCO

Dear PUCO - Commission:

Please find attached our application for Natural Gas Broker/Aggregator. I wanted to point out that we do not have outside audits done on our financials. We were advised to send our 2009 & 2010 tax return, by our accountant. If this is not sufficient, please let me know.

I feel that the application is complete to the best of my ability and look forward to hearing from you soon.

Thank you.

Wendi Weber

Wendi Weber
Operations and Finance Manager
419.740.5069
wendi@teamccm.com

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician SM Date Processed JUN 15 2011



PUCO USE ONLY - Version 1.07		
Date Received	Case Number	Certification Number
11-3590	- GA-AGG	

CERTIFICATION APPLICATION COMPETITIVE RETAIL NATURAL GAS BROKERS / AGGREGATORS

Please **type or print** all required information. Identify all attachments with an exhibit label and title (*Example: Exhibit A-16 - Company History*). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division, 13th Floor, 180 East Broad Street, Columbus, Ohio 43215-3793.

This PDF form is designed so that you may directly input information onto the form. You may also download the form by saving it to your local disk.

SECTION A - APPLICANT INFORMATION AND SERVICES

A-1 Applicant intends to be certified as: (check all that apply)

☐ Retail Natural Gas Aggregator ☒ Retail Natural Gas Broker

A-2 Applicant information:

Legal Name Options Consulting Services, LLC
Address 7300 International Drive/Holland, Ohio 43528
Telephone No. 419-740-5069 Web site Address www.myutilitybrokers.com/ccm

A-3 Applicant information under which applicant will do business in Ohio:

Name Options Energy Consulting, LLC
Address same as above
Web site Address same Telephone No. same

A-4 List all names under which the applicant does business in North America:

Options Consulting Services, LLC doing business as
Options Energy Consulting, LLC

A-5 Contact person for regulatory or emergency matters:

Name Mr. Douglas Teskey Title President and CEO
Business Address 7300 International Drive/Holland, Ohio 43528
Telephone No. 419-491-4682 Fax No. 419-794-7742 Email Address doug@teamccm.com

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

Name Gwyn Minicozzi Title Office Manager
Business address 7300 International Drive/Holland, Ohio 43528
Telephone No. 419-740-1404 Fax No. 419-794-7742 Email Address gwyn@teamccm.com

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

Customer service address same
Toll-Free Telephone No. n/a Fax No. 419-794-7742 Email Address

A-8 Provide "Proof of an Ohio Office and Employee," in accordance with Section 4929.22 of the Ohio Revised Code, by listing name, Ohio office address, telephone number, and Web site address of the designated Ohio Employee *All attached*

Name InCorp Services, Inc. Title
Business address 9435 Waterstone Boulevard Suite 140/Cincinnati, Ohio 45249
Telephone No. Fax No. Email Address

A-9 Applicant's federal employer identification number 26-0480906

A-10 Applicant's form of ownership: (Check one)

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

A-11 (Check all that apply) Identify each natural gas company service area in which the applicant is currently providing service or intends to provide service, including identification of each customer class that the applicant is currently serving or intends to serve, for example: residential, small commercial, and/or large commercial/industrial (mercantile) customers. (A mercantile customer, as defined in Section 4929.01(L)(1) of the Ohio Revised Code, means a customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within the state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside of this state. In accordance with Section 4929.01(L)(2) of the Ohio Revised Code, "Mercantile customer" excludes a not-for-profit customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within this state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside this state that has filed the necessary declaration with the Public Utilities Commission.)

<input checked="" type="checkbox"/> Columbia Gas of Ohio	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Small Commercial	<input checked="" type="checkbox"/> Large Commercial / Industrial
<input checked="" type="checkbox"/> Dominion East Ohio	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Small Commercial	<input checked="" type="checkbox"/> Large Commercial / Industrial
<input checked="" type="checkbox"/> Duke Energy Ohio	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Small Commercial	<input checked="" type="checkbox"/> Large Commercial / Industrial
<input checked="" type="checkbox"/> Vectren Energy Delivery of Ohio	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Small Commercial	<input checked="" type="checkbox"/> Large Commercial / Industrial

A-12 If applicant or an affiliated interest previously participated in any of Ohio's Natural Gas Choice Programs, for each service area and customer class, provide approximate start date(s) and/or end date(s) that the applicant began delivering and/or ended services.

☒ **Columbia Gas of Ohio**

<input checked="" type="checkbox"/> Residential	Beginning Date of Service	04/13/2007	End Date
<input checked="" type="checkbox"/> Small Commercial	Beginning Date of Service	01/01/2008	End Date
<input checked="" type="checkbox"/> Large Commercial	Beginning Date of Service	05/01/2010	End Date
<input type="checkbox"/> Industrial	Beginning Date of Service		End Date

☒ **Dominion East Ohio**

<input checked="" type="checkbox"/> Residential	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Small Commercial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Large Commercial	Beginning Date of Service		End Date
<input type="checkbox"/> Industrial	Beginning Date of Service		End Date

☒ **Duke Energy Ohio**

<input checked="" type="checkbox"/> Residential	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Small Commercial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Large Commercial	Beginning Date of Service		End Date
<input type="checkbox"/> Industrial	Beginning Date of Service		End Date

☐ **Vectren Energy Delivery of Ohio**

<input type="checkbox"/> Residential	Beginning Date of Service		End Date
<input type="checkbox"/> Small Commercial	Beginning Date of Service		End Date
<input type="checkbox"/> Large Commercial	Beginning Date of Service		End Date
<input type="checkbox"/> Industrial	Beginning Date of Service		End Date

A-13 If not currently participating in any of Ohio's four Natural Gas Choice Programs, provide the approximate start date that the applicant proposes to begin delivering services:

<input type="checkbox"/>	Columbia Gas of Ohio	Intended Start Date
<input type="checkbox"/>	Dominion East Ohio	Intended Start Date
<input type="checkbox"/>	Duke Energy Ohio	Intended Start Date
<input type="checkbox"/>	Vectren Energy Delivery of Ohio	Intended Start Date

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

- A-14** Exhibit A-14 "Principal Officers, Directors & Partners," provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-15** Exhibit A-15 "Corporate Structure," provide a description of the applicant's corporate structure, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale natural gas or electricity to customers in North America.
- A-16** Exhibit A-16 "Company History," provide a concise description of the applicant's company history and principal business interests.
- A-17** Exhibit A-17 "Articles of Incorporation and Bylaws," if applicable, provide the articles of incorporation filed with the state or jurisdiction in which the applicant is incorporated and any amendments thereto.
- A-18** Exhibit A-18 "Secretary of State," provide evidence that the applicant is currently registered with the Ohio Secretary of the State.

SECTION B - APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED

- B-1** Exhibit B-1 "Jurisdictions of Operation," provide a current list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail natural gas service, or retail/wholesale electric services.
- B-2** Exhibit B-2 "Experience & Plans," provide a current description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4929.22 of the Revised Code and contained in Chapter 4901:1-29 of the Ohio Administrative Code.
- B-3** Exhibit B-3 "Summary of Experience," provide a concise and current summary of the applicant's experience in providing the service(s) for which it is seeking to be certified to provide (e.g., number and types of customers served, utility service areas, volume of gas supplied, etc.).
- B-4** Exhibit B-4 "Disclosure of Liabilities and Investigations," provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocations of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational

status or ability to provide the services it is seeking to be certified to provide.

- B-5 Exhibit B-5 "Disclosure of Consumer Protection Violations,"** disclose whether the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant has been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.

☒ No ☐ Yes

If Yes, provide a separate attachment labeled as Exhibit B-5 "Disclosure of Consumer Protection Violations," detailing such violation(s) and providing all relevant documents.

- B-6 Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation,"** disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, or revoked, or whether the applicant or predecessor has been terminated from any of Ohio's Natural Gas Choice programs, or been in default for failure to deliver natural gas.

☒ No ☐ Yes

If Yes, provide a separate attachment, labeled as Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation," detailing such action(s) and providing all relevant documents.

SECTION C - APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED

- C-1 Exhibit C-1 "Annual Reports,"** provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information, labeled as Exhibit C-1, or indicate that Exhibit C-1 is not applicable and why.
- C-2 Exhibit C-2 "SEC Filings,"** provide the most recent 10-K/8-K Filings with the SEC. If applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 whether the applicant is not required to file with the SEC and why.
- C-3 Exhibit C-3 "Financial Statements,"** provide copies of the applicant's two most recent years of audited financial statements (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, it shall file audited or officer-certified financial statements covering the life of the business.
- C-4 Exhibit C-4 "Financial Arrangements,"** provide copies of the applicant's current financial arrangements to conduct competitive retail natural gas service (CRNGS) as a business activity (e.g., guarantees, bank commitments, contractual arrangements, credit agreements, etc.)
- C-5 Exhibit C-5 "Forecasted Financial Statements,"** provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement) for the applicant's CRNGS operation, along with a list of assumptions, and the name, address, email address, and telephone number of the preparer.

N/A C-6 **Exhibit C-6 "Credit Rating,"** provide a statement disclosing the applicant's current credit rating as reported by two of the following organizations: Duff & Phelps, Dun and Bradstreet Information Services, Fitch IBCA, Moody's Investors Service, Standard & Poors, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant.

N/A C-7 **Exhibit C-7 "Credit Report,"** provide a copy of the applicant's current credit report from Experion, Dun and Bradstreet, or a similar organization.

N/A C-8 **Exhibit C-8 "Bankruptcy Information,"** provide a list and description of any reorganizations, protection from creditors, or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or since applicant last filed for certification.

N/A C-9 **Exhibit C-9 "Merger Information,"** provide a statement describing any dissolution or merger or acquisition of the applicant since applicant last filed for certification.

SECTION D – APPLICANT TECHNICAL CAPABILITY

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

D-1 **Exhibit D-1 "Operations,"** provide a current written description of the operational nature of the applicant's business functions.

D-2 **Exhibit D-2 "Operations Expertise,"** given the operational nature of the applicant's business, provide evidence of the applicant's current experience and technical expertise in performing such operations.

D-3 **Exhibit D-3 "Key Technical Personnel,"** provide the names, titles, email addresses, telephone numbers, and background of key personnel involved in the operational aspects of the applicant's current business.

Applicant Signature and Title

[Signature] 06/09/2011

Sworn and subscribed before me this

9th day of JUNE Month 2011 Year

Signature of official administering oath

[Signature]

Print Name and Title

Garwin R. Patterson II, Bank Teller

My commission expires on March 5, 2013



GARWIN R. PATTERSON II
Notary Public, State of Ohio
My Commission Expires
March 5, 2013



The Public Utilities Commission of Ohio

Competitive Retail Natural Gas Service
Affidavit Form
(Version 1.07)

In the Matter of the Application of)

for a Certificate or Renewal Certificate to Provide)
Competitive Retail Natural Gas Service in Ohio.)

Case No. - -GA-AGG

County of
State of

[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.
- (2) The applicant will timely file an annual report of its intrastate gross receipts and sales of hundred cubic feet of natural gas pursuant to Sections 4905.10(A), 4911.18(A), and 4929.23(B), Ohio Revised Code.
- (3) The applicant will timely pay any assessment made pursuant to Section 4905.10 or Section 4911.18(A), Ohio Revised Code.
- (4) 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) Applicant will cooperate with the Public Utilities Commission of Ohio and its staff in the investigation of any consumer complaint regarding any service offered or provided by the applicant.
- (6) Applicant will comply with Section 4929.21, Ohio Revised Code, regarding consent to the jurisdiction of the Ohio courts and the service of process.
- (7) Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the certification or certification renewal application within 30 days of such material change, including any change in contact person for regulatory or emergency purposes or contact person for Staff use in investigating customer complaints.
- (8) Affiant further sayeth naught.

Affiant Signature & Title

Sworn and subscribed before me this

[Signature]
9th

day of June

President

06/09/2011

Month

2011

Year

Signature of Official Administering Oath

Garwin R. Patterson II

Print Name and Title

Garwin R. Patterson II, Bank Teller

GARWIN R. PATTERSON II
Notary Public, State of Ohio
My Commission Expires
March 5, 2013

My commission expires on

March 5, 2013

(CRNGS Broker/Aggregator -Version 1.07) Page 7 of 7

Exhibit A-14 "Principal Officers, Directors and Partners"

Mr. Douglas Teskey, President and CEO

Mr. Teskey has seven (7) years of experience in the Utility/Energy deregulation industry and has been marketing natural gas and electricity to businesses and residential customers. He began in 2005 in the United Kingdom marketing energy for companies such as British Gas, Scottish Power, EDF and Opus Energy. Mr. Teskey started Options Consulting Services, doing business as, Options Energy Consulting in 2007.

Mr. John Meyer, Chief Sales Officer

Mr. Meyer has over eighteen (18) years of sales experience. In 1992 he began his career in sales deregulation in the Telecom industry and was there for ten (10) years. He was also the Founder and Vice President of Sales for *Investorworks* in 2002. Mr. Meyer joined Mr. Teskey in 2008 and is currently the Chief Sales Officer.

Mr. William Hoffmann, Chief Marketing Officer

Mr. Hoffmann has twenty-five (25) years of Direct Sales Experience. He has fifteen (15) years of experience within the Telecom industry with companies like AT&T and also has ten (10) years of experience with energy companies representing many suppliers throughout the USA.

A-15 "Corporate Structure"

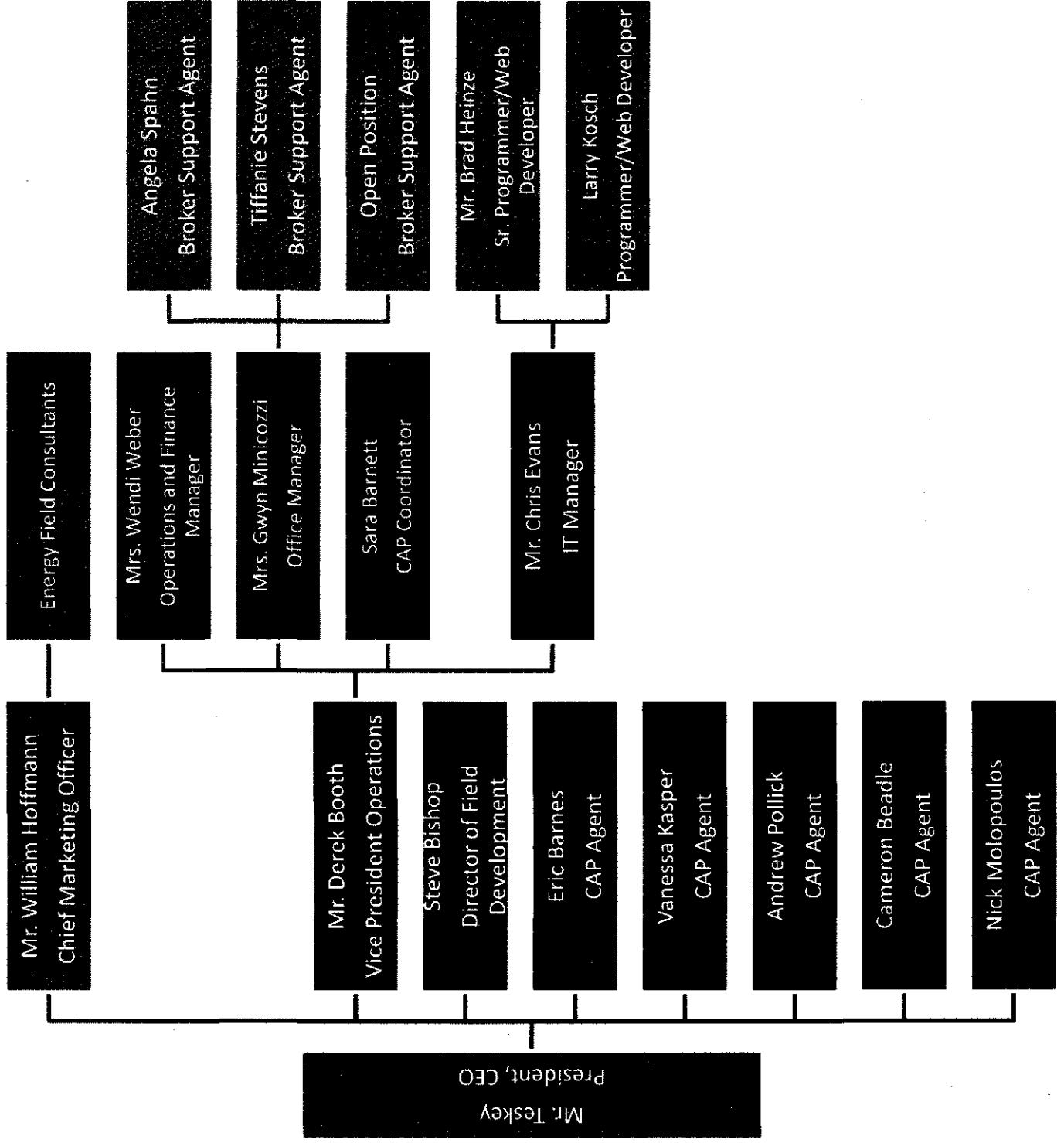


Exhibit A-16 "Company History"

Options Consulting Services, LLC d/b/a Options Energy Consulting, LLC was established in 2007. The company has grown immensely on the corporate side, as well as, the broker side. The Corporate Headquarters moved locations from Maumee, Ohio to a larger facility in Holland, Ohio in July of 2020.

Options Energy Consulting markets in both the natural gas and electricity industries. Currently we have over 48,000 accounts that include both residential and commercial facilities for electricity and natural gas.



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/22/2007	200717301828	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

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

INCorp. SERVICES
3155 E. PATRICK LANE
STE. 1
LAS VEGAS, NV 89120

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1708850**

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

OPTIONS CONSULTING SERVICES, LLC.

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

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200717301828

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 22nd day of June, A.D.
2007.

Ohio Secretary of State



Prescribed by :

The Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (select One)

Mail Form to one of the Following:

- ☐ Yes PO Box 1390
 Columbus, OH 43216
 *** Requires an additional fee of \$300 ***
- ☒ No PO Box 670
 Columbus, OH 43216

**ORGANIZATION / REGISTRATION OF
 LIMITED LIABILITY COMPANY**
(Domestic or Foreign)
 Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1706 (Date of Formation) _____ (State) _____
---	---

Complete the general information in this section for the box checked above.

Name Options Consulting Services, LLC.

☐ Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.L.D., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
 (mm/dd/yyyy)

This limited liability company shall exist for Perpetual
 (Optional) (Period of existence)

Purpose Business to Business consulting and marketing services
 (Optional)

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is .

(Optional)
 (Name) _____
 (Street) _____ NOTE: P.O. Box Addresses are NOT acceptable.
 (City) _____ (State) _____ (Zip Code) _____

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Options Consulting Services, LLC.

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

InCorp Services, Inc.

(Name of Agent)

9435 Waterstone Boulevard Suite 140

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati

(City)

Ohio

(State)

45249

(Zip Code)

Must be authenticated by an authorized representative

[Signature]
Authorized Representative

10-1-07
Date

Douglas Teskey
Authorized Representative
Printed Name

10-10-07
Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Options Consulting Services, LLC.

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

[Signature]
(Agent's signature)

[Signature]

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name): _____
(Street): _____ NOTE: P.O. Box Addresses are NOT acceptable
(City): _____ (State): _____ (Zip Code): _____

The name under which the foreign limited liability company desires to transact business in Ohio is:

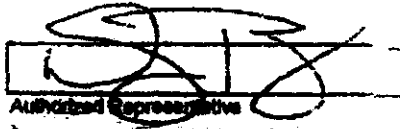
The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name): _____
(Street): _____ NOTE: P.O. Box Addresses are NOT acceptable
(City): _____ Ohio (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. the agent cannot be found; or
- b. the limited liability company fails to designate another agent when required to do so; or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)


Authorized Representative _____ Date _____
(Print Name): _____

Authorized Representative _____ Date _____
(Print Name): _____

[Print this report](#)**Corporation Details**

Corporation Details			
Entity Number	1708850		
Business Name	OPTIONS CONSULTING SERVICES, LLC.		
Filing Type	DOMESTIC LIMITED LIABILITY COMPANY		
Status	Active		
Original Filing Date	06/22/2007		
Expiry Date			
Location:	County:	State:	
Agent / Registrant Information			
INCORP SERVICES, INC. 9435 WATERSTONE BOULEVARD SUITE 140 CINCINNATI, OH 45249 Effective Date: 06/22/2007 Contact Status: Active			
Incorporator Information			
DOUG TESKEY			
Filings			
Filing Type	Date of Filing	Document Number/Image	
ARTICLES OF ORGANIZATION/DOM. LIMITED LIABILITY CO	06/22/2007	200717301828	

United States of America
State of Ohio
Office of the Secretary of State

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **OPTIONS CONSULTING SERVICES, LLC.**, an Ohio Limited Liability Company, Registration Number 1708850, was organized within the State of Ohio on June 22, 2007, is currently in **FULL FORCE AND EFFECT** upon the records of this office.*



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 28th day of December, A.D. 2010*

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State

Exhibit B-1 "Jurisdictions of Operation"

Options Consulting Services, LLC d/b/a Options Energy Consulting, LLC is licensed to do business through the Public Utility Commission in the following states and has had NO complaints filed against it:

California, Colorado, Connecticut, Delaware, Washington, DC, Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Maine, Michigan, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island and Texas.

Exhibit B-2 "Experience & Plans"

Options Consulting Services, LLC d/b/a Options Energy Consulting, LLC is licensed to do business through the Public Utility Commission in the following states:

California, Colorado, Connecticut, Delaware, Washington, DC, Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Maine, Michigan, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island and Texas.

Our customers are based off of "warm" leads from our brokers in the field. We plan to continue this marketing process and will not do any cold calling or door to door contact. Once we have secured an agreement on behalf of the energy supplier, it is then out of our hands. All energy service and/or billing matters are handled between the supplier and the customer directly.

Exhibit B-3 "Summary of Experience"

Options Consulting Services, LLC d/b/a Options Energy Consulting, LLC is licensed to do business through the Public Utility Commission in the following states:

California, Colorado, Connecticut, Delaware, Washington, DC, Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Maine, Michigan, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island and Texas.

In 2010 we averaged 100,859 MCF from new natural gas accounts per month and currently we have roughly 48,500 active accounts.

065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2010, or tax year beginning _____, ending _____ ▶ See separate instructions.		OMB No. 1545-0099 2010
Principal business activity Sales	Print or type.	Name of partnership Options Consulting Services LLC Number, street, and room or suite no. If a P.O. box, see the instructions. 7300 International Drive City or town, state, and ZIP code Holland OH 43528	D Employer identification number 26-0480906 E Date business started 01/01/2010 F Total assets (see the instructions) \$ 123,026	
B Principal product or service N Gas Choice				
C Business code number 541600				

G Check applicable boxes: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**

J Check if Schedules C and M-3 are attached ☐

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a	1,252,550		
	b Less returns and allowances	1b		1c	1,252,550
	2 Cost of goods sold (Schedule A, line 8)			2	1,063,364
	3 Gross profit. Subtract line 2 from line 1c			3	189,186
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7 Other income (loss) (attach statement)			7	
8 Total income (loss). Combine lines 3 through 7			8	189,186	
Deductions <small>(see the instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)			9	
	10 Guaranteed payments to partner			10	154,637
	11 Repairs and maintenance			11	
	12 Bad debts			12	
	13 Rent			13	
	14 Taxes and licenses			14	
	15 Interest			15	
	16a Depreciation (if required, attach Form 4562)	16a			
	b Less depreciation reported on Schedule A and elsewhere on return	16b		16c	
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
	19 Employee benefit programs			19	
	20 Other deductions (attach statement)		See Statement 1	20	7,610
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	162,247
22 Ordinary business income (loss). Subtract line 21 from line 8			22	26,939	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager _____ Date _____

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Print/Type preparer's name Paul A. Kruse, CPA	Preparer's signature _____	Date 04/12/11	Check <input type="checkbox"/> if self-employed	PTIN P00389330
Firm's name ▶ Rayner, Foos, Kruse & Irwin, Inc.			Firm's EIN ▶ 34-1750347	
Firm's address ▶ 6465 Wheatstone Court, Bldg B, Ste 1 Maumee, OH 43537			Phone no. 419-866-7888	

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2009Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
 ► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

Name of proprietor Douglas Teskey		Social security number (SSN) 574-19-4653
A Principal business or profession, including product or service (see page C-2 of the instructions) Natural gas choice sales/provider		B Enter code from pages C-9, 10, & 11 ► 541600
C Business name. If no separate business name, leave blank. Options Consulting Services LLC		D Employer ID number (EIN), if any 26-0480906
E Business address (including suite or room no.) ► 414 West Dudley St City, town or post office, state, and ZIP code Maumee OH 43537		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2009, check here <input type="checkbox"/>		

Part I Income

1 Gross receipts or sales. Caution. See page C-4 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, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.	<input type="checkbox"/>	1	474,468
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	474,468
4 Cost of goods sold (from line 42 on page 2)		4	366,864
5 Gross profit. Subtract line 4 from line 3		5	107,604
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)		6	
7 Gross income. Add lines 5 and 6		7	107,604

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

8 Advertising	8	2,411	18 Office expense	18	312
9 Car and truck expenses (see page C-4)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see page C-6):		
11 Contract labor (see page C-4)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)	13	2,336	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	10
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	1,431
b Other	16b		b Deductible meals and entertainment (see page C-6)	24b	419
17 Legal and professional services	17		25 Utilities	25	70
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	39,723
28 Total expenses before expenses for business use of home. Add lines 8 through 27			28	46,712	
29 Tentative profit or (loss). Subtract line 28 from line 7			29	60,892	
30 Expenses for business use of your home. Attach Form 8829			30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			31	60,892	
32 If you have a loss, check the box that describes your investment in this activity (see page C-7). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). 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.		

For Paperwork Reduction Act Notice, see page C-9 of the Instructions.

Schedule C (Form 1040) 2009

Part III **Cost of Goods Sold (see page C-8)**

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	0
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36	Purchases less cost of items withdrawn for personal use	36
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37	Cost of labor. Do not include any amounts paid to yourself	37
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38	Materials and supplies	38
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39	Other costs	See Statement 2	39	366,864
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40	Add lines 35 through 39	40	366,864
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41	Inventory at end of year	41	0
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42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	366,864
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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 on page C-5 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ►

44 Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:

a Business _____ **b Commuting (see instructions)** _____ **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

47a 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 service charges	50
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Computer/internet expenses	17,815
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Outside services	20,500
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Postage	29
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Telephone	1,329
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48	Total other expenses. Enter here and on page 1, line 27	48	39,723
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Exhibit D-1 "Operations"

Options Energy Consulting, LLC is a marketing company. We are "consultants" who market for choice energy suppliers. Options Energy Consulting proposes to sell electricity and related services throughout Ohio.

Our brokers supply our in-house staff with warm leads, in which calls are made to reach out and market for choice energy suppliers. We do not do any cold calling or door to door marketing.

We follow all of the policies and procedures of our suppliers to ensure proper enrollment and agreement execution.

Exhibit D-2 "Operations Expertise"

Mr. Douglas Teskey, President and CEO

Mr. Teskey has seven (7) years of experience in the Utility/Energy deregulation industry and has been marketing natural gas and electricity to businesses and residential customers. Mr. Teskey started Options Consulting Services, doing business as, Options Energy Consulting in 2007. Mr. Teskey has several years of experience in outbound consulting for both commercial and residential utilities. Mr. Teskey not only consults in the utility industry, but also in the telecommunications and wireless industries as well.

Mr. John Meyer, Chief Sales Officer

Mr. Meyer has over eighteen (18) years of sales experience. In 1992 he began his career in sales deregulation in the Telecom industry and was there for ten (10) years. He was also the Founder and Vice President of Sales for *Investorworks* in 2002. Mr. Meyer joined Mr. Teskey in 2008 and is currently the Chief Sales Officer.

Mr. William Hoffmann, Chief Marketing Officer

Mr. Hoffmann has twenty-five (25) years of Direct Sales Experience. He has fifteen (15) years of experience within the Telecom industry with companies like AT&T and also has ten (10) years of experience with energy companies representing many suppliers throughout the USA.

Mr. Derek Booth, Vice President of Operations

Mr. Booth has been with the company for over four (4) years. He has helped write the systems and processes to be implemented into our uniquely designed software. Mr. Booth has helped mold the operational development of the tracking system, payout system, supplier databases, as well as, directly manage the sales staff and broker support department.

Exhibit D-3 "Key Technical Personnel"

Mr. Douglas Teskey, President and CEO

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Address for the above: 7300 International Drive/Holland, Ohio 43528

General Phone Number: 419-794-1404