



## **CRES AUTOMATIC CASE ACTION FORM**

Date: **8-22-17**

Case Number: **13-1637-EL-AGG**

Company Name and Company Name d/b/a: **Optimal Facility Management Solutions, LLC**

Company Address: **101 W Grand Ave Suite 325**

Company City/State/Zip: **Chicago IL 60654**

Regulatory Contact: **Paul Rudewick**

Phone: **312-257-3334**

Email: **paul.rudewick@optimalfms.com**

Address: **101 W Grand Ave Suite 325**

City/State/Zip: **Chicago IL 60654**

Renewal

**Action Needed:**

Issue Certificate Number to:

Effective Date of Certificate:

Certificate Expires:

Renew Certificate Number from: **13-730E (2)** to: **13-730E (3)**

Effective Date of Certificate: **8-20-17** Certificate Expires: **8-20-19**

Certified To Provide the Following Services:

Retail Generation

Aggregation

Power Marketer

Power Broker

Governmental Aggregation

Revise Certificate Number: \_\_\_\_\_ to (check all applicable):

Reflect name change from: \_\_\_\_\_ to \_\_\_\_\_

Reflect address change from: \_\_\_\_\_ to \_\_\_\_\_

Correct Administrative Error:

Reflect Change of Ownership to:

Cancel Certificate Number:

Protect Un-redacted copies until:

Close Case File, Case Withdrawn at Applicant's Request

Close Case File

**CASE NUMBER:** 13-1637-EL-AGG  
**CASE DESCRIPTION:** OPTIMAL FACILITY MANAGEMENT SOLUTIONS LLC  
**DATE OF SERVICE:** 8/22/2017  
**DOCUMENT SIGNED ON:** 8/22/2017

**Sign Here:** \_\_\_\_\_ *JMR*

**APPLICANT**

**PARTY OF RECORD**

**ATTORNEY**

OPTIMAL FACILITY MANAGEMENT SOLUTIONS LLC NONE

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**ATTORNEY**

**PARTY OF RECORD**

**ATTORNEY**

none

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