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FILE

# Ohio | Public Utilities Commission

	P	UCO USE ONLY	7
Date	Received	Case Number	Version
	17-	208   -EL-AGG	May 2016

# INITIAL CERTIFICATION APPLICATION FOR ELECTRIC

### AGGREGATORS/ POWER BROKERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-12 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; 180 East Broad Street, Columbus, Ohio 43215-3793.

This PDF form is designed so that you may input information directly onto the form. You may also download the form, by saving it to your local disk, for later use MOCT-2 PH 3: 3 APPLICANT INFORMATION A٠ Applicant intends to be certified as: (check all that apply) A-1 ✓ Power Broker Aggregator Applicant's legal name, address, telephone number and web site address A-2 Legal Name MY ENERGY OPTION LLC Address 2 PENN CENTER WEST, STE 328, PITTSBURGH, PA 15276 Web site address (if any) www.myenergyoption.com Telephone # (412) 200-2240 A-3 List name, address, telephone number and web site address under which Applicant will do business in Ohio Legal Name MY ENERGY OPTION LLC Address 9435 WATERSTONE BLVD., STE 140, CINCINNATI, OH 45249 Web site address (if any) www.myenergyoption.com Telephone # (412) 200-2240 List all names under which the applicant does business in North America A-4 MY ENERGY OPTION LLC F A CATROPPA LLC d/b/a COAST2COAST COMMUNICATIONS (PARENT) Contact person for regulatory or emergency matters A-5 Name RYAN RAPKO Title ACCOUNTANT/CONTROLLER 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

	Business address 2 PEN		, PITTSBURGH, PA 15276		
	Telephone # (412) 200-22	240 F	ax # (412) 200-2240	_	
	E-mail address	INFO@MYENERGYOPTION.C	ОМ		
<b>A-6</b>	Contact person for	Commission Staf	f use in investigati	ng customer c	omplaints
	Name_RYAN RAPKO	<u> </u>			
	Title ACCOUNTANT/CONTROLL		<del></del>		
	Business address 2 PEN				
	Telephone # (412) 200-22 E-mail address	40 F	ax # (412) 200-2240	_	
	E-man address				
A-7	Applicant's address Customer Service add				omplaints
	Toll-free Telephone #	(888) 332-3430	Fax # (888) 332-		
	E-mail address	INFO@MYENERGYOP		<del></del>	
<b>A-9</b>	Applicant's form o  Sole Proprietorship Limited Liability Pa Corporation	rtnership (LLP)	k one)  Partnership Limited Liability Co		
A-10	(Check all that a which the applicant class that the applicant mercantile commerced 4928.01 of the Revised part of a national accours  ■ First Energy ■ Ohio Edison ■ Toledo Edison ■ Cleveland Electric II ■ Duke Energy ■ Monongahela Power	intends to provide cant intends to so cant intends to so cant industrial Code, is a commercial tin one or more states  Resident Resident Resident Resident	e service, including erve, for example, . (A mercantile custom customer who consumes).  tial	identification residential, sn ner, as defined in	of each customer nall commercial, (A) (19) of Section
	■ American Electric Po ■ Ohio Power ■ Columbus Southern ■ Dayton Power and L	ower  □ Residen  Power  □ Residen	tial Commercial Commercial	<ul> <li>✓ Mercantile</li> <li>✓ Mercantile</li> <li>✓ Mercantile</li> </ul>	☑ Industrial ☑ Industrial ☑ Industrial

A-11	Provide the approximate start date that the applicant proposes to begin delivering services
	October 1, 2017

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

- A-12 <u>Exhibit A-12 "Principal Officers, Directors & Partners"</u> provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-13 <u>Exhibit A-13 "Company History,"</u> provide a concise description of the applicant's company history and principal business interests.
- A-14 Exhibit A-14 "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-15 <u>Exhibit A-15 "Secretary of State."</u> provide evidence that the applicant has registered with the Ohio Secretary of the State.

### B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

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

- **B-1** Exhibit B-1 "Jurisdictions of Operation," provide a list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail or wholesale electric services including aggregation services.
- B-2 <u>Exhibit B-2 "Experience & Plans,"</u> provide a description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4928.10 of the Revised Code.

- **B-3** Exhibit B-3 "Summary of Experience," provide a concise summary of the applicant's experience in providing aggregation service(s) including contracting with customers to combine electric load and representing customers in the purchase of retail electric services. (e.g. number and types of customers served, utility service areas, amount of load, etc.).
- **B-4** Exhibit B-4 "Disclosure of Liabilities and Investigations," provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocation 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** Disclose whether the applicant, a predecessor of the applicant, or any principal officer of the applicant have ever 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** Disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail or wholesale electric service including aggregation service denied, curtailed, suspended, revoked, or cancelled within the past two years.

☑ 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.

### 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 in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why. (This is generally only applicable to publicly traded companies who publish annual reports)
- C-2 <u>Exhibit C-2 "SEC Filings,"</u> provide the most recent 10-K/8-K Filings with the SEC. If the applicant does not have such filings, it may submit those of its parent company. An applicant may submit a current link to the filings or provide them in paper form. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 that 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. 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 account numbers redacted).
- C-4 <u>Exhibit C-4 "Financial Arrangements,"</u> provide copies of the applicant's financial to satisfy collateral requirements to conduct retail electric/gas business activity (e.g., parental or third party guarantees, contractual arrangements, credit agreements, etc..).

Renewal applicants can fulfill the requirements of Exhibit C-4 by providing a current statement from an Ohio local distribution utility (LDU) that shows that the applicant meets the LDU's collateral requirements.

First time applicants or applicants whose certificate has expired as well as renewal applicants can meet the requirement by one of the following methods:

- 1. The applicant itself stating that it is investment grade rated by Moody's, Standard & Poor's or Fitch and provide evidence of rating from the rating agencies.
- 2. Have a parent company or third party that is investment grade rated by Moody's, Standard & Poor's or Fitch guarantee the financial obligations of the applicant to the LDU(s).
- 3. Have a parent company or third party that is not investment grade rated by Moody's, Standard & Poor's or Fitch but has substantial financial wherewithal in the opinion of the Staff reviewer to guarantee the financial obligations of the applicant to the LDU(s). The guaranter company's financials must be included in the application if the applicant is relying on this option.
- 4. Posting a Letter of Credit with the LDU(s) as the beneficiary.

If the applicant is not taking title to the electricity or natural gas, enter "N/A" in Exhibit C-4. An N/A response is only applicable for applicants seeking to be certified as an aggregator or broker.

C-5 <u>Exhibit C-5 "Forecasted Financial Statements,"</u> provide two years of forecasted income statements for the applicant's **ELECTRIC related business activities in the state of Ohio Only**, along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecasts should be in an annualized format for the two years succeeding the Application year.

- C-6 Exhibit C-6 "Credit Rating," provide a statement disclosing the applicant's 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. If an applicant or its parent does not have such a credit rating, enter "N/A" in Exhibit C-6.
- C-7 <u>Exhibit C-7 "Credit Report,"</u> provide a copy of the applicant's credit report from Experion, Dun and Bradstreet or a similar organization. An applicant that provides an investment grade credit rating for Exhibit C-6 may enter "N/A" for Exhibit C-7.
- C-8 <u>Exhibit C-8 "Bankruptcy Information,"</u> 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 within the two most recent years preceding the application.
- C-9 <u>Exhibit C-9 "Merger Information,"</u> provide a statement describing any dissolution or merger or acquisition of the applicant within the two most recent years preceding the application.
- C-10 Exhibit C-10 "Corporate Structure," provide a description of the applicant's corporate structure, not an internal organizational chart, including a graphical depiction of such structure, and 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 applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

Signature of Applicant & Title

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ day of

Month Year

ature of official administering 6ath Print Name and Title

My commission expires on Clari

NOTARIAL SEAL
Joshua Geary, Notary Public
Robinson Twp., Allegheny County
My Commission Expires April 28, 2021

COMMONWEALTH OF PENNSYLVANIA

# <u>AFFIDAVIT</u>

State of RMS ylunia:	Addin 800 ss
	(Town)

County of Alleghery:

FRANK CAT	ROPPA_, Affiant,	being duly sworn/affirmed acc	ording to law, depos	es and says that:
He/She is the _	CEO	(Office of Affiant) of My	Energy Ophian	_(Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant,

- 1. The Applicant herein, attests under penalty of false statement that all statements made in the application for certification are true and complete and that it will amend its application while the application is pending if any substantial changes occur regarding the information provided in the application.
- 2. The Applicant herein, attests it will timely file an annual report with the Public Utilities Commission of Ohio of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Division (A) of Section 4905.10, Division (A) of Section 4911.18, and Division (F) of Section 4928.06 of the Revised Code.
- 3. The Applicant herein, attests that it will timely pay any assessments made pursuant to Sections 4905.10, 4911.18, or Division F of Section 4928.06 of the Revised Code.
- 4. The Applicant herein, attests that it will comply with all Public Utilities Commission of Ohio rules or orders as adopted pursuant to Chapter 4928 of the Revised Code.
- 5. The Applicant herein, attests that it 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 herein, attests that it will fully comply with Section 4928.09 of the Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
- 7. The Applicant herein, attests that it will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
- 8. The Applicant herein, attests that it 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 herein, attests that it 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, the Applicant herein, attests that 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. (Only applicable if pertains to the services the Applicant is offering)

11. The Applicant herein, attests that it will inform the Commission 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 Saff use in investigating customer complaints.

That the facts above set forth are true and correct 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.

Signature of Affiant & Title

Sworn and subscribed before me this <u>27</u> day of <u>September</u>, <u>2017</u> Month Year

Signature of official administering oath

Print Name and Title

My commission expires on April 28 2021

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Joshua Geary, Notary Public

Robinson Twp., Allegheny County

My Commission Expires April 28, 2021

# PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF: A-2017-2612022

EFFECTIVE DATE: August 31, 2017

The Application of My Energy Option LLC to begin to offer, render, furnish or supply electricity or electric generation services as a broker/marketer to residential, small commercial (25 kW and under demand), large commercial (over 25 kW demand), industrial, and governmental customers in all the electric distribution company service territories throughout the Commonwealth of Pennsylvania.

hereby issues, evidencing the Commission's approval, to the applicant this: application is necessary or proper for the service, accommodation, convenience and safety of the public and hearing, it has, by its report and order made and entered, found and determined that the granting of the The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or

# LICENSE FOR ELECTRIC GENERATION SUPPLIER, AS A BROKER/MARKETER.

Manufacture.

at its office in the city of Harrisburg this 31ST day of August, 2017 has caused these presents to be signed and sealed, and duly attested by its Secretary In Witness Whereof, the PENNSYLVANIA PUBLIC UTILITY COMMISSION

ecretary



# **About Coast 2 Coast**

Owner: Frank Catroppa

Contact Number: (724) 462-1565

Corporate Location: 2 Penn Center West, Ste 328, Pittsburgh, Pa 15276

Years in Business: 8 Years Website: www.c2ccorp.com

**States Actively Working**: Pennsylvania, Massachusetts, Connecticut, West Virginia, Virginia, Maryland, South Carolina, North Carolina, Georgia, Alabama, Illinois, Mississippi, Louisiana, Kentucky, Michigan, Indiana, Tennessee,

New York and Florida. **Total Offices:** 26 Offices

Active Employees: 50+ Employees
Active Contractors: 300+ Agents

Coast 2 Coast Companies is a fast growing, family owned, direct sales company. With our commitment as a partner and employer, you can rely on us to deliver the exceptional quality you deserve. We emphasize, through training of our employees, the importance of educating valued customers to make the best decisions on their service provider choice.

All of our clients have different goals, therefore certain standards and expectations have to be met in timely manner. With our executive team's combined 60+ years of direct sales experience, we have the ability and knowledge to reach and exceed these goals. Our recipe for success and our guidelines are simple; we treat our clients, customers and employees like family.

Our business is door to door sales and we deal with many fortune 100 and smaller companies. We use our expertise to create a new and fun style with a highly effective approach to at-the-door sales and service. Today, we provide a wide variety of sales and servicing solutions including:

- Cable, Internet, and Phone Sales
- · Deregulated Energy Sales
- Solar Sales
- Direct Sales/Outsourcing and Service Consulting
- Field collections and audits
- Equipment retrieval and exchange
- · Special events and projects
- Retail Sales
- Business to Business Sales

Business outsourcing has become a strategic way of keeping your business immune from the cost pressures and time demand of getting your product to the public. This will allow you to focus on what is truly important, the product and the customer. Our focus is to open the door for these new relationships between our clients and consumers.



### Vision

The Vision of Coast 2 Coast Companies is to become the leading Direct Sales Company of the future. In order to achieve that goal, we must stay on top of our field in knowledge and continue educating our sales staff.

With our customers, we will continue to build and develop trust while providing an effective service. Our dream is to expand on our locations and provide sales from coast to coast across the United States, one door at a time.

### Mission

- Our mission is to be regarded as the leading enterprise in all aspects of our industry.
- Excelling in integrity, respect, and accountability and performance excellence.
- Creating an outstanding atmosphere with our clients and employees.
- Building partnerships now and in the future.

### Success

 ${f S}$ TRATEGIZE: You will be given all the tools needed to make you successful today and in the future.

**U**NITED: We work in a close knit family environment where your peers and leaders will be there to guide you to success.

**C**AREER: Opportunity is here to be successful in an environment that will propel you onto a new path.

**C**UTTING EDGE: You are part of the future of direct marketing tactics for years to come.

 ${f E}$ DUCATION: You will receive advanced classroom and field training designed to maximize your earning potential.

**S**UPERIOR: We are the elite vendor in every market we are in, and we accept nothing but the best. Our belief is quality over quantity.

**S**TABILITY: The sky is the limit in an environment that is constantly growing; your growth and earning potential are unlimited.



# C2C Portal

With ever advancing technology, mobile devices and high speed internet, everything is becoming available at the tip of your fingers. Having all resources easily accessible from anywhere was our goal when developing the C2C Portal.

From detailed payroll and training documents to a live social feed and sales rankings, the C2C Portal has become a one-stop-shop for everything that a sales agent would need.

### **Training Documents/Motivational Videos**

The C2C Portal is the first place that all new sales agents go when starting to sell. This is because we provide easy to navigate, detailed Training Documentation right in the portal. All reps can access this documentation from any device they choose, including mobile phones, without the need to download everything or print out the documents.

We also provide motivational videos from the likes of John Maxwell and Eric Thomas as well as campaign specific videos to use when speaking directly with customers.

### Social Feed

The C2C Social Feed is a custom social networking system that we've built for the C2C Portal. We use this for providing motivation, running contests and having a place for sales agents to talk about their achievements with each other.

### Pay/Sales Details

In this industry, transparency is a key factor in retaining quality sales agents and partners. At Coast 2 Coast, we pride ourselves on providing the most detailed sales summaries and pay breakdowns in the door-to-door world.

The Pay Details section of the C2C Portal provides complete details of where every single dollar comes from, along with explanations of rejected sales and chargebacks. This includes both commission as well as overrides.

The Sales Details section allows each rep to see a calendar or list view of every sale they've made, along with details about what their final status ended up being.

### **Power Rankings/Contests**

Competition is one of the biggest motivators in the sales industry. We capitalize on this by providing companywide Sales Agent Rankings and regular contests to keep everybody involved. This is further helped by campaign specific contests and rankings. We combine this with the social feed to provide more fun contests like "Best Picture with a Customer" or "Most Likes on a Post".



# Next Day Pay

To improve agent satisfaction, we have implemented a "Next Day Pay" program. This allows agents to receive commission weeks earlier than any other company. Agents receive payment the next business day after a sale or install is completed.

This process has caught on for all our markets and campaigns and has helped with agent retention and recruitment. This will continue to be a difference maker for us in all future markets. Agent satisfaction is our number one priority.

# Quality and Compliance

Coast 2 Coast has an internal Quality Control team who's sole purpose is to ensure we are signing up only good sales across all our markets. This team is located in our corporate office in Pittsburgh and currently conducts call backs on 10% of all orders that are processed. In the event that we feel a market and/or team has a quality risk that could put the company in a potentially harmful situation, we conduct additional quality checks to reduce the liability.

Our field managers adhere to a daily field inspection that ensures the agents are knocking the assigned territory, in the proper selling attire, and offer in field coaching and developing for our sales representatives. We require all sales agents to strictly follow quality assurance guidelines when representing Coast 2 Coast and our clients in the field. Any complaints or issues related to sales require a 24 hour turnaround time on action taken.

Coast 2 Coast takes customer complaints and related issues very seriously and has implemented the following development program to illicit the appropriate agent behavior.

All coaching is based on a 90 day rolling timeframe:

1 Complaint

Written Warning

2 Complaints

Final Warning

3 Complaints

Consider for termination

# Contests/Incentive Programs

Coast 2 Coast provides excellent contest and incentive programs across all markets. Our contests vary from Daily to Monthly to Quarterly. We actively hand out gas cards for top performers or for achieving target goals. The following pages show some examples of the contests and other incentive programs we have run throughout the year.



### **Giftmas Contest**



This contest ran for the entire month of December with a total of 30 winners. Every agent in the company could participate, regardless of campaign, by utilizing a points system that allowed every agent a fair chance.

At the end of the contest, the top 30 agents were able to choose one prize based on their overall rank. The contest promoted quality over quantity as the winners need to maintain a minimum 80% payable rate for all of their sales during the contest.



### **Quarter 2 Madness**

This contest was originally held during the month of March (March Madness), but was changed for 2017 to be a Quarter long contest with a much larger grand prize. We seed the top 128 agents in the company and place them in different brackets creating different match ups.

Each round runs for 2 calendar weeks. At the end of the two week period, the winners of that round proceed to the next round, eventually crowning a winner. Any agent who wins a round receives a cash prize and the champion wins the grand prize. For 2017 this prize is a 2017 BMW SUV.



### PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Entity# : 6549749 Date Filed : 05/02/2017 Pedro A. Cortés Secretary of the Commonwealth

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	ompliance with the requirements of rganize a limited liability company,			o certificate of organi	zation), the undersigned d	esiring
1.	The name of the limited liability co company" or abbreviation): MY ENERGY OPTION LLC	mpany (designato	r is requír	ed, i.e., "company", "	limited" or "limited liabili	ty
2.	Complete part (a) or (b) - not both:					
	(a) The address of the limited liabil (post office box alone is not accept	lity company's init	tial registe	red office in this Com	monwealth is:	
	2 PENN CENTER W, STE 328	PITTSBURGH	PA	15276	Allegheny	
	Number and Street	City	State	Zip	County	
	(b) name of its commercial register	ed office provider	and the co	ounty of venue is:		
	Name of Commercial Registered O	ffice Provider			County	
3.	The name and address, including spage 2):	treet and number	, if any, of	each organizer is (all	organizers must sign on	
	Name		Address			
	F A CATROPPA LLC			CENTER W, STE 32 , PA, United States		
4.	Effective date of Statement of Reg	istration (check, a	nd if appr	opriate complete, one	of the following):	
	X The Certification of organization	on shall be effectiv	e upon fili	ing in the Dent of Stat	e.	
	The Certification of organization on:		_	at		
			Date(1	MM/DD/YYYY)	Hour (if any)	

DSCB: 15-8821-2

Check the box if the limited liability company is organized to render a restricted prestricted professional service(s).  The company is a restricted professional company organized to render the service(s):  Chiropractic  Dentistry  Law  Medicine and surgery  Optometry  Osteopathic medicine and surgery  Podiatric medicine  Public accounting  Psychology  Veterinary medicine  Benefit companies only.  Check the box immediately below if the limited liability company is organized as a This limited liability company shall have the purpose of creating general poptional specific public benefit purpose. Check the box immediately below if the beor more specific public benefit and supply the specific public benefit(s). See instructions for examples of specific public benefit.  This limited liability company shall have the purpose of creating the enum	
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□ Law □ Medicine and surgery □ Optometry □ Osteopathic medicine and surgery □ Podiatric medicine □ Public accounting □ Psychology □ Veterinary medicine 6. Benefit companies only. Check the box immediately below if the limited liability company is organized as a □ This limited liability company shall have the purpose of creating general p Optional specific public benefit purpose. Check the box immediately below if the be or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit. □ This limited liability company shall have the purpose of creating the enum □ This limited liability company shall have the purpose of creating the enum	
<ul> <li>         □ Optometry         □ Osteopathic medicine and surgery         □ Podiatric medicine         □ Public accounting         □ Psychology         □ Veterinary medicine         ○ Benefit companies only.         Check the box immediately below if the limited liability company is organized as a □ This limited liability company shall have the purpose of creating general p         Optional specific public benefit purpose. Check the box immediately below if the be or more specific public benefits and supply the specific public benefit(s).         See instructions for examples of specific public benefit.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall have the purpose of creating the enum.         □ This limited liability company shall</li></ul>	
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Psychology  Veterinary medicine  6. Benefit companies only.  Check the box immediately below if the limited liability company is organized as a  This limited liability company shall have the purpose of creating general p  Optional specific public benefit purpose. Check the box immediately below if the be or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.  This limited liability company shall have the purpose of creating the enum  7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.	
<ul> <li>Veterinary medicine</li> <li>Benefit companies only.  Check the box immediately below if the limited liability company is organized as a  ☐ This limited liability company shall have the purpose of creating general p  Optional specific public benefit purpose. Check the box immediately below if the be or more specific public benefits and supply the specific public benefit(s).  See instructions for examples of specific public benefit.  ☐ This limited liability company shall have the purpose of creating the enum</li> <li>7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.</li> </ul>	
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or more specific public benefits and supply the specific public benefit(s).  See instructions for examples of specific public benefit.  This limited liability company shall have the purpose of creating the enum  7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.	ublic benefit
7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.	nefit company is organízed to have one
	erated specific public benefit(s):
IN TROTINGNIA BUILDEDE AL COMPANIA (A) has de constante de la	
IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization	tion this $02$ day of $\underline{May}$ , $\underline{2017}$ .
F	A CATROPPA LLC
	RANK CATROPPA



DATE 07/24/2017 DOCUMENT ID 201720203404

DESCRIPTION
REGISTRATION OF FOREIGN FOR PROFIT LLC
(LFP)

FILING 99.00 EXPED 0.00 CERT 0.00

COPY 0.00

### Receipt

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

MY ENERGY OPTIONS LLC FRANK CATROPPA 2 PENN CENTER WEST, SUITE 328 PITTSBURGH, PA 15276

# STATE OF OHIO CERTIFICATE

# Ohio Secretary of State, Jon Husted 4053584

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

### MY ENERGY OPTION LLC

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

Document(s)

Document No(s):

REGISTRATION OF FOREIGN FOR PROFIT LLC

Effective Date: 07/21/2017

201720203404



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 24th day of July, A.D. 2017.

Jon Hustel
Ohio Secretary of State

This Spectrum Policy consists of the Declarations, Coverage Forms, Common Policy Conditions and any

other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock

PR insurance company of The Hartford Insurance Group shown below.

SBA

92

96

INSURER: SENTINEL INSURANCE COMPANY, LIMITED

ONE HARTFORD PLAZA, HARTFORD, CT 06155

COMPANY CODE: A

Policy Number: 40 SBA PR9692 SB



YEAR

### SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address:

COAST TO COAST COMMUNICATIONS

(No., Street, Town, State, Zip Code)

P. O. BOX 1422

ALIQUIPPA

PA 15001

1

09/16/17

Policy Period: From 09/16/16 To

12:01 a.m., Standard time at your mailing address shown above. Exception: 12 noon in New Hampshire.

Name of Agent/Broker: JACK L BONUS INSURANCE INC

Code: 523517

Previous Policy Number: 40 SBA PR9692

Named Insured is: CORPORATION

Audit Period: NON-AUDITABLE

Type of Property Coverage: SPECIAL

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we

agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS:

\$4,742

IN RECOGNITION OF THE MULTIPLE COVERAGES INSURED WITH THE HARTFORD, YOUR POLICY PREMIUM INCLUDES AN ACCOUNT CREDIT.

Sugan S. Castaneda

Countersigned by

Authorized Representative

07/06/16 **Date** 

Form SS 00 02 12 06 Process Date: 07/06/16 Page 001 (CONTINUED ON NEXT PAGE)

Policy Expiration Date: 09/16/17

POLICY NUMBER: 40 SBA PR9692

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 Building: 001

2 PENN CTR WEST STE 328 PITTSBURGH PA 15276

### **Description of Business:**

Sales & Service Organization

Deductible: \$ 1,000 PER OCCURRENCE

### BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

BUILDING

NO COVERAGE

### **BUSINESS PERSONAL PROPERTY**

REPLACEMENT COST \$ 20,900

### PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES \$ 10,000 OUTSIDE THE PREMISES \$ 5,000

LOSS PAYEE: 'A' APPLIES

Form SS 00 02 12 06 Page 002 (CONTINUED ON NEXT PAGE)
Process Date: 07/06/16 Policy Expiration Date: 09/16/17

POLICY NUMBER: 40 SBA PR9692

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

\$ 50,000

Location: 001

Building: 001

# PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE TO THIS LOCATION

SUPER STRETCH FOR BUSINESS SERVICES FORM: S\$ 40 05
THIS FORM INCLUDES MANY ADDITIONAL COVERAGES AND EXTENSIONS OF COVERAGES. A SUMMARY OF THE COVERAGE LIMITS IS ATTACHED.

LIMITED FUNGI, BACTERIA OR VIRUS COVERAGE:
FORM SS 40 93
THIS IS THE MAXIMUM AMOUNT OF INSURANCE FOR THIS COVERAGE, SUBJECT TO ALL PROPERTY LIMITS FOUND ELSEWHERE ON THIS DECLARATION.
INCLUDING BUSINESS INCOME AND EXTRA

EXPENSE COVERAGE FOR: 30 DAYS

Form SS 00 02 12 06 Page 003 (CONTINUED ON NEXT PAGE)
Process Date: 07/06/16 Policy Expiration Date: 09/16/17

POLICY NUMBER: 40 SBA PR9692

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 002 Building: 001

8101 SANDY SPRING RD STE 224 LAUREL MD 20707

### **Description of Business:**

Sales & Service Organization

Deductible: \$ 1,000 PER OCCURRENCE

### BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

**BUILDING** 

NO COVERAGE

**BUSINESS PERSONAL PROPERTY** 

REPLACEMENT COST \$ 20,900

PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES \$ 10,000 OUTSIDE THE PREMISES \$ 5,000

Form SS 00 02 12 06 Page 004 (CONTINUED ON NEXT PAGE)
Process Date: 07/06/16 Policy Expiration Date: 09/16/17

POLICY NUMBER: 40 SBA PR9692

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 002 Building: 001

# PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE TO THIS LOCATION

LIMITED FUNGI, BACTERIA OR VIRUS \$ 50,000
COVERAGE:
FORM SS 40 93
THIS IS THE MAXIMUM AMOUNT OF
INSURANCE FOR THIS COVERAGE,
SUBJECT TO ALL PROPERTY LIMITS
FOUND ELSEWHERE ON THIS
DECLARATION.
INCLUDING BUSINESS INCOME AND EXTRA
EXPENSE COVERAGE FOR: 30 DAYS

Form \$\$ 00 02 12 06 Page 005 (CONTINUED ON NEXT PAGE)
Process Date: 07/06/16 Policy Expiration Date: 09/16/17

POLICY NUMBER: 40 SBA PR9692

### PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE TO ALL LOCATIONS

BUSINESS INCOME AND EXTRA EXPENSE

COVERAGE

12 MONTHS ACTUAL LOSS SUSTAINED

COVERAGE INCLUDES THE FOLLOWING COVERAGE EXTENSIONS:

ACTION OF CIVIL AUTHORITY:

EXTENDED BUSINESS INCOME:

30 DAYS 30 CONSECUTIVE DAYS

EQUIPMENT BREAKDOWN COVERAGE

COVERAGE FOR DIRECT PHYSICAL LOSS

DUE TO:

MECHANICAL BREAKDOWN,

ARTIFICIALLY GENERATED CURRENT

AND STEAM EXPLOSION

THIS ADDITIONAL COVERAGE INCLUDES

THE FOLLOWING EXTENSIONS

\$ 50,000 \$ 50,000 HAZARDOUS SUBSTANCES

EXPEDITING EXPENSES

MECHANICAL BREAKDOWN COVERAGE ONLY APPLIES WHEN BUILDING OR BUSINESS PERSONAL PROPERTY IS SELECTED ON

THE POLICY

IDENTITY RECOVERY COVERAGE 15,000

FORM SS 41 12

Page 006 (CONTINUED ON NEXT PAGE) Policy Expiration Date: 09/16/17

Form SS 00 02 12 06 Process Date: 07/06/16

POLICY NUMBER: 40 SBA PR9692

BUSINESS LIABILITY	LIMITS OF INSURANCE
LIABILITY AND MEDICAL EXPENSES	\$1,000,000
MEDICAL EXPENSES - ANY ONE PERSON	\$ 10,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES	\$1,000,000
AGGREGATE LIMITS PRODUCTS-COMPLETED OPERATIONS	\$2,000,000
GENERAL AGGREGATE	\$2,000,000
EMPLOYMENT PRACTICES LIABILITY COVERAGE: FORM SS 09 01	
EACH CLAIM LIMIT	\$ 10,000
DEDUCTIBLE - EACH CLAIM LIMIT NOT APPLICABLE	
AGGREGATE LIMIT	\$ 10,000

This **Employment Practices Liability Coverage** contains claims made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your Hartford Agent or Broker.

The Limits of Insurance stated in this Declarations will be reduced, and may be completely exhausted, by the payment of "defense expense" and, in such event, The Company will not be obligated to pay any further "defense expense" or sums which the insured is or may become legally obligated to pay as "damages".

BUSINESS LIABILITY OPTIONAL COVERAGES

**RETROACTIVE DATE: 09162009** 

HIRED/NON-OWNED AUTO LIABILITY \$1,000,000

UMBRELLA LIABILITY - SEE SCHEDULE ATTACHED

Form SS 00 02 12 06 Page 007 (CONTINUED ON NEXT PAGE)
Process Date: 07/06/16 Policy Expiration Date: 09/16/17

POLICY NUMBER: 40 SBA PR9692

BUSINESS LIABILITY OPTIONAL COVERAGES LIMITS OF INSURANCE (Continued)

CYBERFLEX COVERAGE FORM SS 40 26

Form SS 00 02 12 06 Process Date: 07/06/16 Page 008 (CONTINUED ON NEXT PAGE)

Policy Expiration Date: 09/16/17

POLICY NUMBER: 40 SBA PR9692

ADDITIONAL INSUREDS: THE FOLLOWING ARE ADDITIONAL INSUREDS FOR BUSINESS LIABILITY COVERAGE IN THIS POLICY.

LOCATION 001 BUILDING 001

TYPE PERSON ORGANIZATION

NAME SEE FORM IH 12 00

TYPE CO-OWNER OF INSURED PREMISES

NAME NRG RETAIL

1201 FANNIN ST STE 9634

HOUSTON , TX 77002

TYPE OWNER, LESSEES OR CONTRACTORS

NAME X

Form SS 00 02 12 06 Process Date: 07/06/16 Page 009 (CONTINUED ON NEXT PAGE)
Policy Expiration Date: 09/16/17

POLICY NUMBER: 40 SBA PR9692

PROPERTY:

LOSS PAYEE 'A': FORM SS 12 12

HUNTINGTON NATIONAL BANK COLLATERAL REVIEW-NC1W25

PO BOX 341470

COLUMBUS, OH. 43234 BUSINESS PERSONAL PROPERTY

### Form Numbers of Forms and Endorsements that apply:

SS	00	01	03	14			05						07			-		04	
ss	00	60	09	15	ss	00	61	09	15	SS	84	32	09	07	SS	01	16	12	10
SS	01	25	07	0.8	SS	04	15	07	05	SS	04	19	04	09	SS	04	22	07	05
SS	04	30	07	05	SS	04	38	09	09	SS	04	39	07	05	SS	04	41	04	09
SS	04	42	09	07	SS	04	44	07	05	SS	04	45	07	05	ŞS	04	46	09	14
SS	04	47	04	09	SS	04	78	07	05	SS	04	80	03	00	SS	04	86	03	00
SS	40	05	09	07	ss	40	18	07	05	SS	40	26	06	11	SS	40	93	07	05
SS	41	12	12	07	SS	41	51	10	09	SS	41	63	06	11	IH	10	01	09	86
SS	05	09	07	00	SS	05	47	09	15	SS	50	04	06	04	SS	50	57	04	05
SS	09	01	12	14	SS	09	18	12	14	SS	09	67	09	14	SS	09	70	12	14
SS	09	71	12	14	SS	12	12	03	92	SS	50	19	01	15	IH	99	40	04	09
ΙH	99	41	04	09	SX	80	01	06	97	\$\$	38	25	12	07	SS	83	76	01	15
SS	12	23	06	11															
					 		<b></b>			 			- ~ -		 				

IH 12 00 11 85 ADDITIONAL INSURED - PERSON-ORGANIZATION

Form SS 00 02 12 06 **Process Date:** 07/06/16 Page 010

Policy Expiration Date: 09/16/17

D-U-N-S Number:

080826405

This Dun & Bradstreet report is provided for your company's internal review. It may not be used for any other purpose or shared.

### **Business Information Report**

User Id: info@myenergyoption.com Report Printed: Thursday September 14, 2017 05:38 PM

### **Business Summary**

Company Name:

MY ENERGY OPTION LLC

Physical Address:

2 Penn Center W Ste 328

Physical City:

Pittsburgh

Physical State:

Physical Zip:

15276

Telephone:

412 200-2240

Year started: Employs:

2017

SIC:

7389

Line of business:

**Business services** 

### History

The following information was reported 08/24/17:

Business started 2017.

### **Business Registration**

CORPORATE AND BUSINESS REGISTRATIONS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL SOURCE AS OF 2017-09-08

The following data is for informational purposes only and is not an official record. Certified copies may be obtained from the Pennsylvania Department of State.

Registered Name:

MY ENERGY OPTION LLC

Business type: Corporation type: Date incorporated:

State of incorporation:

PENNSYLVANIA

Filing date:

2017-05-02

Registration ID:

6549749

Status:

**ACTIVE** 

Where filed:

SECRETARY OF STATE/CORPORATIONS DIVISION, HARRISBURG, PA

### Operations

2017-08-24

Description:

Operates BUSINESS SERVICES, NEC.

Employees:

Facilities:

Occupies premises in building.

### SIC & NAICS

SIC:

NAICS:

73890000 Business services, nec

561499 All Other Business Support Services

### **PAYMENT SUMMARY**

The Payment Summary section reflects payment information in Dun & Bradstreet's file as of the date of this report.

Below is an overview of the company's dollar-weighted payments, segmented by its suppliers' primary industries:

	Total Rcv'd (#)	Total Dollar Amts (\$)	Largest High Credit (\$)	Within Terms (%)	-21/90	31-60(%) 61-90(	Days Slow
Top Industries:	(#)	Attits (3)	Credit (3)	1611113 (70)	(31(%)	31-00(%) 01-90(	,6) 902(/b)
Other payment categories:							
Cash experiences							
Payment record unknown							
Unfavorable comments							
Placed for collections:							
With Dun & Bradstreet							
Other							
Total in Dun & Bradstreet's file							

D&B receives over 600 million payment experiences each year. We enter these new and updated experiences into O&B Reports as this information is received. At this time, none of those experiences relate to this company.

### 9/14/2017

### Banking & Finance

Dun & Bradstreet has researched this company and found no information available at this time.

### **PUBLIC FILINGS**

No Public Filings available for this Company.