

PUCO USE ONLY		
Date Received	Case Number	Version
	EL-ABN	May 2016

**ABANDONMENT APPLICATION FOR CRES PROVIDERS WITH NO
EXISTING CUSTOMERS**

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-2 EDU Notice). All attachments should bear the legal name (and any references to which the Applicant is doing business in Ohio), and should be included on the electronic copy provided. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, OH 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.**

- A-1 List applicant's name, address, telephone, and web site address under which applicant is certified to do business in Ohio**

Name Better Cost Control, LLC

Address 2274 Washington Street, Newton, MA 02462

Telephone Number (617) 862-0213

Web site address HTTP://WWW.BETTERCOSTCONTROL.COM

PUCO Certification Case # and Certificate # Case 10-242-EL-AGG Cert 10-308E (4)

Date Applicant Will Cease Operations 10-2462-EL-AGG

- A-2 Exhibit A-2 "EDU Notice" provide a copy of the written notice provided to each EDU in each certified territory the CRES provider operates of its intent to cease providing service pursuant to Rule 4901:1-24-12 (B) (2) of the Ohio Administrative Code. If you are not registered with any EDU, proceed to A-3 "Affidavit."**

- A-3 Exhibit A-3 "Affidavit" provide a signed and notarized affidavit that the CRES provider is not serving any retail customers in the State of Ohio.**

- A-4 Contact person for regulatory/abandonment matters**

Name Steve Garson

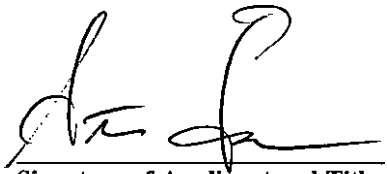
Title Managing Member

Business address 2274 Washington St., Newton, MA 02462

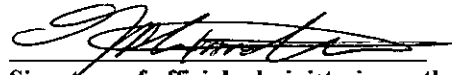
Telephone number (617) 862-0213 Fax # (617) 332-3881

E-mail address steve.garson@gmail.com

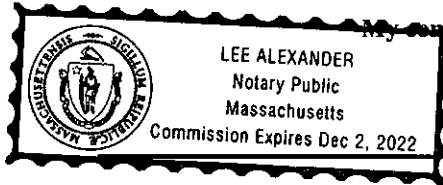
This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician MM Date Processed JUN 05 2018

 MANAGING MEMBER
Signature of Applicant and Title

Sworn and subscribed before me this 25th day of May, 2018
Month Year


Signature of official administering oath

LEE ALEXANDER / ABM
Print Name and Title



My commission expires on 12/02/2018

AFFIDAVIT

State of Massachusetts :

Wellesley ss.
(Town)

County of Norfolk:

Steve Garson _____, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/She is the Managing Member _____ (Office of Affiant) of Better Cost Control, LLC (Name of Applicant); That he/she is authorized to and does make this affidavit for said Applicant,

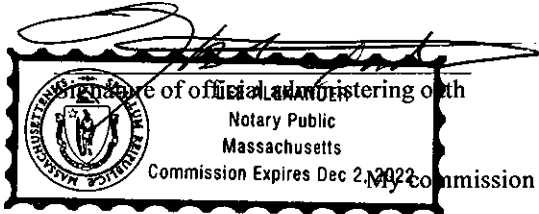
1. The Applicant herein, attests under penalty of false statement that all statements made in the application are true and complete.
2. The Applicant herein, attests it is not serving any retail customers in the State of Ohio.

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

Managing member

Sworn and subscribed before me this 25th day of May, 2018
Month Year



LEE ALEXANDER / ABM
Print Name and Title

My commission expires on 12/02/2018