

CRNGS AUTOMATIC CASE ACTION FORM

Date: **11/19/18**

Case Number: **14-1827-GA-AGG**

Company Name and Company Name d/b/a: **I. C. Thomasson Associates, Inc.**

Company Address: **2950 Kraft Drive, Suite 500**

Company City/State/Zip: **Nashville, TN 37204**

Regulatory Contact: **Samuel E. Bratton**

Phone: **(615)346-3400**

Email: **bratton@icthomasson.com**

Address: **2950 Kraft Drive, Suite 500**

City/State/Zip: **Nashville, TN 37204**

Renewal

Action Needed:

Issue Certificate Number: _____ to: _____
Effective Date of Certificate: _____ Certificate Expires: _____

Renew Certificate Number from: **14-397G (2)** to: **14-397G (3)**
Effective Date of Certificate: **November 16, 2018** Certificate Expires:
November 16, 2020

Certified To Provide the Following Services:

- Retail Natural Gas Aggregator
- Retail Natural Gas Broker
- Retail Natural Gas Supplier/Marketer
- Natural Gas Governmental Aggregator

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Close Case File, Case Withdrawn at Applicant's Request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: 14-1827-GA-AGG
CASE DESCRIPTION: I. C. THOMASSON ASSOCIATES, INC
DATE OF SERVICE: 11/20/2018
DOCUMENT SIGNED ON: 11/20/2018

Sign Here: _____ *MS*

PARTY OF RECORD	APPLICANT	ATTORNEY
I. C. THOMASSON ASSOCIATES INC	NONE	
SAMUEL E. BRATTON		
2950 KRAFT DRIVE, SUITE 500		
NASHVILLE ,TN 37204		
Phone:615-346-3400		
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