

RENEWAL CERTIFICATION FILING INSTRUCTIONS COMPETITIVE RETAIL NATURAL GAS BROKER/AGGREGATORS

I. *Where to File:* Applications should be sent to: Public Utilities Commission of Ohio (PUCO or Commission), Docketing Division, 180 East Broad Street, Columbus Ohio 43215-3793.

II. *What to File:* Applicant must submit one original notarized application signed by a principal officer and three copies, including all exhibits, affidavits, and other attachments. All attachments, affidavits, and exhibits should be clearly identified. ***For example, Exhibit C-10 should be marked “Exhibit C-10 - Corporate Structure.”*** All pages should be numbered and attached in a sequential order.

IMPORTANT REQUIREMENT: The renewal application must be docketed in the applicant’s original GA-AGG case number. Therefore, applicant should enter that number on the renewal application form when filing a renewal application.

III. *When to File:* Pursuant to Rule 4901:1-27-09 of the Ohio Administrative Code, renewal applications shall be filed between 30 and 60 days to the prior certificate’s expiration date.

IV. *Renewal Application Form:* The renewal application form is available on the PUCO Web site, www.puco.ohio.gov or directly from the Commission located at: Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, Ohio 43215-3793.

V. *Confidentiality:* An applicant may file financial statements, financial arrangements, and forecasted financial statements under seal. If these exhibits are filed under seal, they will be afforded protective treatment for a period of six years from the date of the certificate for which the information is being provided.

An applicant may file a motion for a protective order for other information not filed under seal per the previous paragraph. If the motion is filed in conformance with rule 4901:1-27-07 of the Administrative Code, it shall be automatically approved on the thirty-first day after the date of filing and the information shall be afforded protective treatment for a period of six years from the date of the certificate for which the information is being provided, unless the commission or an attorney examiner appointed by the commission rules otherwise.

At the expiration of the six-year period provided for in the previous paragraphs, the information will be automatically released into the open record. An applicant wishing to extend a protective order beyond the six-year time period must comply with paragraph (F) of rule 4901-1-24 of the Administrative Code.

VI. *Commission Process for Certification Renewal:* An application for renewal shall be made on forms approved and supplied by the Commission. The applicant shall complete the

appropriate renewal form in its entirety and supply all required attachments, affidavits, and evidence of capability specified by the form at the time an application is filed. The Commission renewal process begins when the Commission's Docketing Division receives and time/date stamps the application. An incomplete application may be suspended or rejected. An application that has been suspended as incomplete will cause delay in renewal.

The Commission may approve, suspend, or deny an application within 30 days. If the Commission does not act within 30 days, the renewal application is deemed automatically approved on the 31st day after the official filing date. If the Commission suspends the renewal application, the Commission shall notify the applicant of the reasons for such suspension and may direct the applicant to furnish additional information. The Commission shall act to approve or deny a suspended application within 90 days of the date that the renewal application was suspended.

Upon Commission approval, the applicant shall receive notification of approval and a numbered, renewed certificate that specifies the service(s) for which the applicant is certified and the dates for which the certificate is valid. Unless otherwise warranted, the renewed certification designation will remain consistent with the previously granted certification. For example, a certified marketer will renew as a certified marketer.

Unless otherwise specified by the Commission, the competitive retail natural gas service (CRNGS) supplier's renewed certificate is valid for an additional period of two years, beginning and ending on the dates specified on the certificate. The applicant may renew its certificate in accordance with Rule 4901:1-27-09 of the Ohio Administrative Code. CRNGS suppliers, which include marketers, shall inform the Commission of any material change to the information supplied in a renewal application within thirty (30) days of such material change in accordance with Rule 4901:1-27-11 of the Ohio Administrative Code.

VII. *Contractual Arrangements for Capability Standards:* If the applicant is relying upon contractual arrangements with a third-party, to meet any of the certification requirements, the applicant must provide with its application all of the following:

- The legal name of any contracted entity;
- A statement that a valid contract exists between the applicant and the third-party;
- A detailed summary of the contract(s), including all services provided thereunder; and
- The documentation and evidence to demonstrate the contracting entity's capability to meet the requirements as if the contracting entity was the applicant.

VIII. Questions: Questions regarding filing procedures should be directed to CRNGS@puc.state.oh.us

IX. *Governing Law:* The certification/renewal of CRNGS suppliers is governed by Chapters 4901:1-27 and 4901:1-29 of the Ohio Administrative Code, and Section 4929.20 of the Ohio Revised Code.



Date Received	Renewal Certification Number	ORIGINAL AGG Case Number
		13 - 1262 - GA-AGG

RENEWAL 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-15 - 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 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 renew its certificate as: (check all that apply)

☐ Retail Natural Gas Aggregator ☒ Retail Natural Gas Broker

A-2 Applicant information:

Legal Name US Energy Consulting Group LLC
Address 9355 113th Street, #4991, Seminole, FL 33772
Telephone No. (866) 942-6020 Web site Address www.USECG.com
Current PUCO Certificate No. 13-311G(1) Effective Dates June 28 2013-June 28 2019

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

Name US Energy Consulting Group LLC
Address 2628 Texter Road, Lexington, OH 44904
Web site Address www.USECG.com Telephone No. (866) 942-6020

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

US Energy Consulting Group LLC	Gulf Coast Energy LLC

A-5 Contact person for regulatory or emergency matters:

Name Laura Edwards Title Member/Owner
Business Address 9355 113th Street, #4991, Seminole, FL 33772
Telephone No. (866) 942-6020 Fax No. (866) 670-5364 Email Address LEdwards@USECG.com

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

Name Laura Edwards Title Member/Owner
Business address 9355 113th Street, #4991, Seminole, FL 33772
Telephone No. (866) 942-6020 Fax No. Email Address LEdwards@USECG.com

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

Customer service address 9355 113th Street, #4991, Seminole, FL 33772
Toll-Free Telephone No. (866) 942-6020 Fax No. Email Address LEdwards@USECG.com

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

Name Terri Haeseker Title Sales Rep
Business address 2628 Texter Road, Lexington, OH 44904
Telephone No. (866) 942-6020 Fax No. (866) 670-5364 Email Address LEdwards@USECG.com

A-9 Applicant's federal employer identification number 27-3768864

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

☐ Sole Proprietorship ☐ Partnership
☐ Limited Liability Partnership (LLP) ☒ Limited Liability Company (LLC)
☐ Corporation ☐ 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	2014	End Date	
<input checked="" type="checkbox"/>	Small Commercial	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Large Commercial	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Industrial	Beginning Date of Service	2014	End Date	

☒ **Dominion East Ohio**

<input checked="" type="checkbox"/>	Residential	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Small Commercial	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Large Commercial	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Industrial	Beginning Date of Service	2014	End Date	

☒ **Duke Energy Ohio**

<input checked="" type="checkbox"/>	Residential	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Small Commercial	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Large Commercial	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Industrial	Beginning Date of Service	2014	End Date	

☒ **Vectren Energy Delivery of Ohio**

<input checked="" type="checkbox"/>	Residential	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Small Commercial	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Large Commercial	Beginning Date of Service	2014	End Date	
<input checked="" type="checkbox"/>	Industrial	Beginning Date of Service	2014	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 "Company History,"** provide a concise description of the applicant's company history and principal business interests.
- A-16 Exhibit A-16 "Articles of Incorporation and Bylaws,"** provide the articles of incorporation filed with the state or jurisdiction in which the applicant is incorporated and any amendments thereto, *only if the contents of the originally filed documents changed since the initial application.*
- A-17 Exhibit A-17 "Secretary of State,"** provide evidence that the applicant is still 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 renewed certification (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 for which it is seeking renewed certification since applicant last filed for certification.

- 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 since applicant last filed for certification.

13

☒ 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 since applicant last filed for certification.

☒ 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.
(This is generally only applicable to publicly traded companies who publish annual reports.)
- 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. 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 Exhibit C-4 “Financial Arrangements,” provide copies of the applicant's financial arrangements 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 guarantor 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 Exhibit C-5 “Forecasted Financial Statements,” provide two years of forecasted income statements for the applicant's **NATURAL GAS 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 current credit rating as reported by two of the following organizations: Duff & Phelps, Fitch IBCA, Moody's Investors Service, Standard & Poor's, 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 an 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.

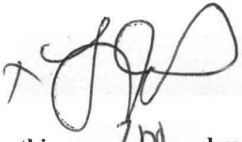
C-7 Exhibit C-7 “Credit Report,” provide a copy of the applicant's current credit report from Experion, Dun and Bradstreet, or a similar organization. An applicant that provides an investment grade credit rating for Exhibit C-6 may enter “N/A” for Exhibit C-7.

- C-8 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 within the two most recent years preceding the application.
- C-9 Exhibit C-9 "Merger Information,"** 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.

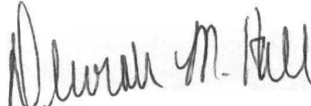
SECTION D – APPLICANT TECHNICAL CAPABILITY

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  , Mxbr / Pres

Sworn and subscribed before me this 2nd day of May Month 2019 Year

 Deborah M. Hall, Notary

Signature of official administering oath Print Name and Title

My commission expires on

March 22, 2022





The Public Utilities Commission of Ohio

Competitive Retail Natural Gas Service
Affidavit Form
(Version 1.07)

In the Matter of the Application of)

US Energy Consuling Group LLC)

for a Certificate or Renewal Certificate to Provide)

Competitive Retail Natural Gas Service in Ohio.)

Case No. 13 - 1262 GA AGG

County of Pinellas

State of Florida

Laura L Edwards

[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

2nd

day of

May

Month

2019

Year

Signature of Official Administering Oath

Print Name and Title



My commission expires on

March 22, 2022

(CRNGS Broker/Aggregator Renewal - Version 1.08, Revised May 2016)

Page 7 of 7

A-14 Exhibit A-14 Principal Officers, Directors & Partners

Laura Edwards, Owner/Member
1275 66th Street N., #49221
St. Petersburg, FL 33710
(727) 906-1292
LEdwards@USECG.com

A-15 Exhibit A-15 Company History

US Energy Consulting Group (USECG) has been in business since Oct. 2010. The intention was to seek licensing and contract with suppliers. Since inception, USECG selling energy to clients through brokers licensed and with contracts in place. The owner, Laura Edwards, has been in the energy industry since 2007 and her principal business interests as the owner of USECG are to become licensed in all states requiring licensing for energy brokers, obtain contracts with suppliers and begin to grow her business into a 10-15 employee company focusing on customer retention and adding other areas of business that complement energy deregulation such as energy auditing and recycling.

A-15 Exhibit A-15 Company History

US Energy Consulting Group (USECG) has been in business since Oct. 2010. The intention was to seek licensing and contract with suppliers. Since inception, USECG selling energy to clients through brokers licensed and with contracts in place. The owner, Laura Edwards, has been in the energy industry since 2007 and her principal business interests as the owner of USECG are to become licensed in all states requiring licensing for energy brokers, obtain contracts with suppliers and begin to grow her business into a 10-15 employee company focusing on customer retention and adding other areas of business that complement energy deregulation such as energy auditing and recycling.

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000107321
FILED 8:00 AM
October 14, 2010
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
US ENERGY CONSULTING GROUP, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4711 66TH ST. N.
ST. PETERSBURG, FL. 33709

The mailing address of the Limited Liability Company is:
4711 66TH ST. N.
ST. PETERSBURG, FL. 33709

Article III

The purpose for which this Limited Liability Company is organized is:
ENERGY CONSULTING SERVICES, GREEN ENERGY, ENERGY MARKETING

Article IV

The name and Florida street address of the registered agent is:
LAURA L EDWARDS
4711 66TH ST. N.
ST. PETERSBURG, FL. 33709

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LAURA L EDWARDS

Article V

The name and address of managing members/managers are:

Title: PRES
LAURA L EDWARDS
3400 55TH ST. N.
ST. PETERSBURG, FL. 33710

Title: VP
JAY J GETMAN
3400 55TH ST. N.
ST. PETERSBURG, FL. 33710

L10000107321
FILED 8:00 AM
October 14, 2010
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

10/07/2010

Signature of member or an authorized representative of a member

Signature: LAURA L EDWARDS



Fri May 24 2019

Entity#: 2157593
Filing Type: FOREIGN LIMITED LIABILITY COMPANY
Original Filing Date: 12/11/2012
Location: --
Business Name: US ENERGY CONSULTING GROUP, LLC

Status: Active
Exp. Date: -

Agent/Registrant Information

TERRI HAESEKER
2628 TEXTER RD
LEXINGTON OH 44904
12/11/2012
Active

Filings

Filing Type	Date of Filing	Document ID
REG. OF FOR. PROFIT LIM. LIAB. CO.	12/11/2012	201234800451

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th of May, A.D. 2019

Ohio Secretary of State

Handwritten signature of Frank LaRose in cursive script.

B-1 “Jurisdictions of Operation”

13-0407	Illinois
EA-0230	New Jersey
13-331G(1)	Ohio (motion to extend, filing new case 3-0756-EL-AGG)
A-2013-2392573	Pennsylvania

B-2 Exhibit B-2 "Experience & Plans"

Laura Edwards as the owner of US Energy Consulting Group (USECG), has almost a decade of experience in selling energy. Ms. Edwards started selling energy as an account executive for other companies in business to sell energy and then became a manager for a company. Her responsibilities were managing all sales reps working in the actual call center as other call centers in other locations.

USECG contracts customers following the guidelines of the suppliers in which USECG partners with. Any and all agents are trained appropriately to clearly explain and confirm a customer's understanding of all contractual obligations the client will have once enrolled into their utility's customer choice program, including the name of the supplier as well as its contact information, how to cancel without penalty, the number of days to cancel without penalty, term length, as well as early termination consequences and fees if applicable.

Additionally, the customers are informed on what the process is to pay their bill if it is any different from their current habits. All customers, before contracting with a supplier via USECG receive a cost analysis clearly depicting apples to apples price comparison. All rates quoted include any taxes and/or other charges, if applicable so that the customer is fully aware of any and all charges and there are no surprises.

All agents for USECG ensure that the customer, if already contracted with the supplier, is made aware of any early termination fees with that current supplier before the customer decides to enroll through USECG. If there are any termination fees, USECG will include those fees in the detailed cost analysis so the customer can make an informed decision. The team at USECG responds to customer inquiries and/or complaints within one business day in order to remedy any situation immediately.

Exhibit B-3 Summary of Experience

Prior to USECG, the owner has been selling energy since 2007 primarily focused on chain restaurants and convenience stores and working with the energy broker companies she worked for to find the best rate possible. The biggest client was 91 convenient stores using a combined 35 million kwh. The average client she sells is approximately 200,000 kwh and focuses primarily on seriously finding the right supplier with the best rate without worrying about how she is paid. Of course being paid is vital but there are some suppliers who pay a year's usage upfront but that is rarely the right supplier to put a large user with. She focuses on the big picture by developing relationships with each client. They all have her cell phone number and email and know they can reach out to her at anytime.

The manager of USECG focuses on property management companies and mom and pop stores. As he says, it all adds up and they should be saving money as well. The average user is approximately 30,000 kwh. He maintains the same big picture dogma as the owner and stays in touch with his clients, making sure they are happy with their billing, etc. He will be training the sales managers who in turn will be training the sales agents for USECG.

B-4 Exhibit B-4 "Disclosure of Liabilities and Investigations"

US Energy consulting Group does not have any existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact our financial or operational status or ability to provide the services it is seeking to be certified to provide.

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000107321

Entity Name: US ENERGY CONSULTING GROUP, LLC**Current Principal Place of Business:**9355 113TH STREET
#4991
SEMINOLE, FL 33772

C-1 Exhibit C-1 "Annual Reports"

FILED
Feb 12, 2018
Secretary of State
CC9091905475**Current Mailing Address:**9355 113TH STREET
#4991
SEMINOLE, FL 33772 US**FEI Number:** 27-3768864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, LAURA L
9355 113TH STREET
#4991
SEMINOLE, FL 33772 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	PRES
Name	EDWARDS, LAURA L
Address	9355 113TH STREET #4991
City-State-Zip:	ST PETERSBURG FL 33772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA HOME EDWARDS

PRES

02/12/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000107321

Entity Name: US ENERGY CONSULTING GROUP, LLC**Current Principal Place of Business:**9355 113TH STREET
#4991
SEMINOLE, FL 33772

C-1 Exhibit C-1 "Annual Reports" continued

FILED
Apr 26, 2019
Secretary of State
8254263217CC**Current Mailing Address:**9355 113TH STREET
#4991
SEMINOLE, FL 33772 US**FEI Number: 27-3768864****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, LAURA L
9355 113TH STREET
#4991
SEMINOLE, FL 33772 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	PRES
Name	EDWARDS, LAURA L
Address	9355 113TH STREET #4991
City-State-Zip:	ST PETERSBURG FL 33772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA L EDWARDS

PRES

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date

C-2 Exhibit C-2 “SEC Filings”

The applicant, US Energy Consulting Group, is not required to file with the SEC because it is not a publicly traded company.

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

Thank you for participating in IRS *e-file*.

Taxpayer name LAURA EDWARDS

Taxpayer address (optional)

10575 125TH STREET

SEMINOLE FL 33778

1. ☐ Your federal income tax return for _____ was filed electronically with the _____ Submission Processing Center. The electronic filing services were provided by _____.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on 04/17/2018. The Submission ID assigned to your extension is 5003712018107013j2ps.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

IF you live in . . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Delaware, Maine, Massachusetts, Missouri, New Hampshire, New York, Vermont	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
Connecticut, District of Columbia, Maryland, Pennsylvania, Rhode Island, West Virginia	Internal Revenue Service P.O. Box 37910 Hartford, CT 06176-7910
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V (2017)

Department of the Treasury
Internal Revenue Service (99)

2017

Form 1040-V Payment Voucher

- G Use this voucher when making a payment with Form 1040.
G Do not staple this voucher or your payment to Form 1040.
G Make your check or money order payable to the 'United States Treasury.'
G Write your social security number (SSN) on your check or money order.

Enter the amount of your payment G	7,991.
---	---------------

REV 02/15/18 PRO 1555

LAURA EDWARDS

10575 125TH STREET
SEMINOLE FL 33778

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

~~20171212~~ UN EDWA 30 0 201712 610

C-3 Exhibit C-3 "Financial Statements continued"

Form 1040	Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return	2017	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
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For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20		See separate instructions.
Your first name and initial LAURA	Last name EDWARDS	Your social security number [REDACTED]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 10575 125TH STREET		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SEMINOLE FL 33778		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☒ Married filing separately. Enter spouse's SSN above and full name here. **JAY J GETMAN**

4 ☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b ☐ **Spouse**

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **1**

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	47,000.		
	8a	Taxable interest. Attach Schedule B if required	8a			
	b	Tax-exempt interest. Do not include on line 8a	8b			
	9a	Ordinary dividends. Attach Schedule B if required	9a			
	b	Qualified dividends	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes	10			
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12			
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13			
	14	Other gains or (losses). Attach Form 4797	14			
15a	IRA distributions	15a		b Taxable amount	15b	
16a	Pensions and annuities	16a		b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		72,912.		
18	Farm income or (loss). Attach Schedule F	18				
19	Unemployment compensation	19				
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount	21				
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		119,912.		

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 35	36	
	37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	119,912.																				
	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>																						
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>																						
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	24,296.																				
	41	Subtract line 40 from line 38	41	95,616.																				
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.																				
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	91,566.																				
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	19,083.																				
	45	Alternative minimum tax (see instructions). Attach Form 6251	45																					
	46	Excess advance premium tax credit repayment. Attach Form 8962	46																					
	47	Add lines 44, 45, and 46	47	19,083.																				
	48	Foreign tax credit. Attach Form 1116 if required	48																					
	49	Credit for child and dependent care expenses. Attach Form 2441	49																					
	50	Education credits from Form 8863, line 19	50																					
	51	Retirement savings contributions credit. Attach Form 8880	51																					
	52	Child tax credit. Attach Schedule 8812, if required	52																					
	53	Residential energy credits. Attach Form 5695	53																					
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54																					
55	Add lines 48 through 54. These are your total credits	55																						
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	19,083.																					
Other Taxes	57	Self-employment tax. Attach Schedule SE	57																					
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58																					
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59																					
	60a	Household employment taxes from Schedule H	60a																					
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b																					
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61																					
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62																					
63	Add lines 56 through 62. This is your total tax	63	19,083.																					
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	11,250.																				
	65	2017 estimated tax payments and amount applied from 2016 return	65																					
	66a	Earned income credit (EIC)	66a																					
	b	Nontaxable combat pay election 66b	66b																					
	67	Additional child tax credit. Attach Schedule 8812	67																					
	68	American opportunity credit from Form 8863, line 8	68																					
	69	Net premium tax credit. Attach Form 8962	69																					
	70	Amount paid with request for extension to file	70																					
	71	Excess social security and tier 1 RRTA tax withheld	71																					
	72	Credit for federal tax on fuels. Attach Form 4136	72																					
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73																						
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	11,250.																					
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																					
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a																					
	b	Routing number <table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
	X	X	X	X	X	X	X	X	X	X														
X	X	X	X	X	X	X	X	X	X															
d	Account number <table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77																						
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	7,991.																				
	79	Estimated tax penalty (see instructions)	79	158.																				

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No**

Designee's name ▶ Tammi Fernandez	Phone no. ▶ (352) 683-5371	Personal identification number (PIN) ▶ 14630
--	-----------------------------------	---

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SALES	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Print/Type preparer's name Tammi Fernandez	Preparer's signature	Date 10/13/2018	Check <input type="checkbox"/> if self-employed PTIN P00585746
Firm's name ▶ Warren's Tax and Accounting Service	Firm's EIN ▶ 26-0537170		Phone no. (352) 683-5371
Firm's address ▶ 8346 Forest Oaks Blvd. Spring Hill FL 34606			

US Energy Consulting Group LLC
C-3 Exhibit C-3 "Financial Statements continued
Itemized Deductions

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

LAURA EDWARDS

Your social security number

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions)	1		
	2 Enter amount from Form 1040, line 38 2	2		
	3 Multiply line 2 by 7.5% (0.075).	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid	5 State and local (check only one box):			
	a <input type="checkbox"/> Income taxes, or	5	1,087.	
	b <input checked="" type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions)	6	6,593.	
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ►	8		
	9 Add lines 5 through 8		9	7,680.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	16,616.
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11		
12 Points not reported to you on Form 1098. See instructions for special rules		12		
13 Mortgage insurance premiums (see instructions)		13		
14 Investment interest. Attach Form 4952 if required. See instructions		14		
15 Add lines 10 through 14		15	16,616.	
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18 Carryover from prior year	18		
	19 Add lines 16 through 18	19		
Casualty and Theft Losses	20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20		
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ►	21		
	22 Tax preparation fees	22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23		
	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38 25	25		
	26 Multiply line 25 by 2% (0.02)	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28		
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	24,296.	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

LAURA EDWARDS

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note:** If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	US ENERGY CONSULTING GROUP LLC	S	<input type="checkbox"/>	27-3768864	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				72,912.
B				
C				
D				
29a Totals				72,912.
b Totals				
30 Add columns (g) and (j) of line 29a			30	72,912.
31 Add columns (f), (h), and (i) of line 29b			31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	72,912.

Part III Income or Loss From Estates and Trusts

33		(a) Name		(b) Employer identification number	
A					
B					
Passive Income and Loss				Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
(f) Other income from Schedule K-1					
A					
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a			35	
36	Add columns (c) and (e) of line 34b			36	()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	72,912.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

US Energy Consulting Group LLC
C-3 Exhibit C-3 "Financial Statements continued"

Form 1040-V 2018

Page **2**

IF you live in . . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Delaware, Maine, Massachusetts, Missouri, New Hampshire, New York, Vermont	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
Connecticut, District of Columbia, Maryland, Pennsylvania, Rhode Island, West Virginia	Internal Revenue Service P.O. Box 37910 Hartford, CT 06176-7910
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2018

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V
 Department of the Treasury
 Internal Revenue Service (99)

2018

Payment Voucher

► Do not staple or attach this voucher to your payment or return.

3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars	Cents
	5,578.	

REV 12/22/18 PRO 1555

LAURA EDWARDS

**10575 125TH STREET
 SEMINOLE FL 33778**

**INTERNAL REVENUE SERVICE
 P.O. BOX 1214
 CHARLOTTE, NC 28201-1214**

9580 UN EDWA 30 0 201812 610

Form **1040**Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

(99)

2018

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing status: ☐ Single ☐ Married filing jointly ☒ Married filing separately ☐ Head of household ☐ Qualifying widow(er) **JAY J GETMAN**

Your first name and initial: **LAURA** Last name: **EDWARDS** Your social security number: **██████-9580**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number: **██████-9934**

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **10575 125TH STREET** Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **SEMINOLE FL 33778** If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here

Joint return?
See instructions.
Keep a copy for
your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name

Preparer's signature

PTIN

Firm's EIN

Check if:

Tammi Fernandez**P00585746****26-0537170**☒ 3rd Party DesigneeFirm's name ▶ **Warren's Tax and Accounting Service**

Phone no. (352) 683-5371

☐ Self-employedFirm's address ▶ **8346 Forest Oaks Blvd. Spring Hill FL 34606****For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.**Form **1040** (2018)

Form 1040 (2018)

Page **2**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	60,000.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 87,744.	6	147,744.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	147,744.
8	Standard deduction or itemized deductions (from Schedule A)	8	21,171.
9	Qualified business income deduction (see instructions)	9	17,549.
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	109,024.
11	a Tax (see inst.) 20,455. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	20,455.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	20,455.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	20,455.
16	Total tax. Add lines 13 and 14	16	15,000.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	15,000.
19	Add any amount from Schedule 5	19	
20a	Add lines 16 and 17. These are your total payments	20a	
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	5,578.
23	Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number X X X X X X X X X X X X X X X X	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	123.

Direct deposit?
See instructions.

US Energy Consulting Group LLC
C-3 Exhibit C-3 "Financial Statements continued
Additional Income and Adjustments to Income

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

LAURA EDWARDS

Your social security number

██████ - 9580

Additional Income	1-9b	Reserved		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	87,744.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount ►	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	87,744.
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ►	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRO

**SCHEDULE A
(Form 1040)****Itemized Deductions**

OMB No. 1545-0074

2018Attachment
Sequence No. **07**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040

Your social security number

LAURA EDWARDS

[REDACTED] - 9580

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040, line 7 **2**
- 3** Multiply line 2 by 7.5% (0.075) **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid****5** State and local taxes.

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ▶ ☒

5a 1,286.**b** State and local real estate taxes (see instructions)**5b** 6,628.**c** State and local personal property taxes**5c****d** Add lines 5a through 5c**5d** 7,914.**e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)**5e** 5,000.**6** Other taxes. List type and amount ▶**6****7** Add lines 5e and 6**7** 5,000.**Interest You
Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).**8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ ☐**a** Home mortgage interest and points reported to you on Form 1098**8a** 16,171.**b** Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶**8b****c** Points not reported to you on Form 1098. See instructions for special rules**8c****d** Reserved**8d****e** Add lines 8a through 8c**8e** 16,171.**9** Investment interest. Attach Form 4952 if required. See instructions**9****10** Add lines 8e and 9**10** 16,171.**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions**11****12** Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500**12****13** Carryover from prior year**13****14** Add lines 11 through 13**14****Casualty and
Theft Losses****15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions**15****Other
Itemized
Deductions****16** Other—from list in instructions. List type and amount ▶**16****Total
Itemized
Deductions****17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8**17** 21,171.**18** If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐

US Energy Consulting Group LLC
C-3 Exhibit C-3 "Financial Statements continued

Schedule E (Form 1040) 2018

Attachment Sequence No. **13**

Page **2**

Name(s) shown on return. Do not enter name and social security number if shown on other side.

LAURA EDWARDS

Your social security number

██████ - 9580

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations – **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ **Yes** ☒ **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	US ENERGY CONSULTING GROUP LLC	S	<input type="checkbox"/>	27-3768864	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1		(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					87,744.
B					
C					
D					
29a Totals					87,744.
b Totals					
30 Add columns (h) and (k) of line 29a.				30	87,744.
31 Add columns (g), (i), and (j) of line 29b.				31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	87,744.

Part III Income or Loss From Estates and Trusts

33			(a) Name		(b) Employer identification number	
A						
B						
Passive Income and Loss			Nonpassive Income and Loss			
(c) Passive deduction or loss allowed (attach Form 8582 if required)			(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
			(f) Other income from Schedule K-1			
A						
B						
34a	Totals					
b	Totals					
35	Add columns (d) and (f) of line 34a				35	
36	Add columns (c) and (e) of line 34b				36	()
37	Total estate and trust income or (loss). Combine lines 35 and 36				37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18 ▶	41	87,744.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions) .	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules .	43	

US Energy Consulting Group LLC
C-3 Exhibit C-3 "Financial Statements continued
**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2018
Attachment
Sequence No. **72**

Name(s) shown on your tax return

LAURA EDWARDS

Your social security number or EIN

██████-9580

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	87,744.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	-87,744.		
c	Combine lines 4a and 4b		4c	0.
5a	Net gain or loss from disposition of property (see instructions)			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)			
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	0.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)			
b	State, local, and foreign income tax (see instructions)			
c	Miscellaneous investment expenses (see instructions)			
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	0.
Individuals:				
13	Modified adjusted gross income (see instructions)	147,744.		
14	Threshold based on filing status (see instructions)	125,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	22,744.		
16	Enter the smaller of line 12 or line 15		16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	0.
Estates and Trusts:				
18a	Net investment income (line 12 above)			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions)			
c	Subtract line 19b from line 19a. If zero or less, enter -0-			
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 01/15/19 PRO

Form **8960** (2018)

C-4 Exhibit C-4 "Financial Arrangements"

The applicant has no financial arrangements with any entity whatsoever.

✖✖

Type text here

Exhibit C-5 “Forecasted Financial Statements”**US Energy Consulting Group Income Statement**

US Energy Consulting Group, LLC
Income Statement
3/31/2016

	Period May 2019 - May 2020	Period May 2020 - May 2021
REVENUES		
Energy Sales	\$ 2,200,000.00	\$ 2,500,000.00
	-	-
	-	-
	-	-
TOTAL REVENUES	2,200,000.00	2,500,000.00
Expenses		
Advertising	5,000.00	6,000.00
Loss	5,000.00	5,000.00
Commissions	1,750,000.00	2,000,000.00
Office Products	3,000.00	6,000.00
Payroll Taxes and Benefits-Direct	5,000.00	10,000.00
Rent	15,000.00	20,000.00
Utilities	2,000.00	4,000.00
Travel	6,000.00	10,000.00
Licenses/Bonding/Biz Registrations	3,000.00	3,000.00
TOTAL COST OF GOODS SOLD	1,794,000.00	2,064,000.00
NET INCOME (LOSS)	406,000.00	436,000.00

May 24, 2019 - Report + FICO® Score

▼

Experian®

Equifax®

TransUnion®

Summary

▼

Your summary includes the information that identifies this Report as yours, as well as summaries of the other sections of the Report.

Learn More



Compare all 3 Credit Reports and Scores

The information in each of your Credit Reports from the three credit bureaus can be different. Add your Equifax and TransUnion Credit Reports and FICO Scores.

Review my 3 reports and scores

Accounts Summary

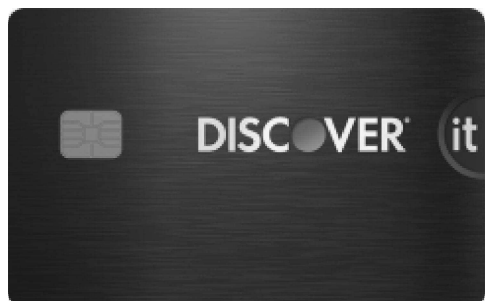
Open Credit Cards	13
Open Retail Cards	7
Open Real Estate Loans	1

Open Installment Loans	C-7 Exhibit C-7 "Credit Report"	7
Total Open Accounts		28
Accounts Ever Late		0
Collections Accounts		0
Time Since Negative		Never
Average Account Age		9 Years 8 Months
Oldest Account		36 Years 8 Months

Suggested For You

Advertiser Disclosure

We matched your credit profile with this exciting offer.



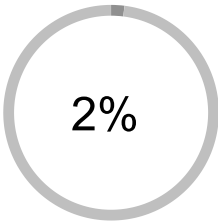
(<https://usa.experian.com/api/offer-redirect/ed6783e8-af29-419f-b205-f55f830878f0/5ee82fe4-02a5-402b-b4c4-f28084615bd9>) **Discover it® Cash Back**

Apply Now

(<https://usa.experian.com/api/offer-redirect/ed6783e8-af29-419f-b205-f55f830878f0/5ee82fe4-02a5-402b-b4c4-f28084615bd9?site=fcr&memberType=fr&placement=right-topright-prequal&segment=1a&marketingId=B887072E-4F9E-AE1D-0D1B150C3907&sessionId=B3F32F48-5DAD-8F1D-D908-26713A71E9E1&ecsStaticId=1A4CB94E-6E5D-A1E9-414C-8F1E7BD12BE2&isAuth=true&offerType=>

Learn more ►

My Overall Credit Usage




Credit Debt
\$12,631

Total Credit
\$158,800

Utilities

Electric Bill	Not Connected
Wireless Bill	Not Connected
Gas Bill	Not Connected
Water Bill	Not Connected

Introducing Experian Boost!

 It's quick, easy and free!.



Add utilities to your Experian credit file to give your credit a boost.

My Debt Summary

Credit and Retail Card Debt	\$12,631
Real Estate Debt	\$369,643
Installment Loans Debt	\$102,874
Collections Debt	\$0
Total Debt	\$485,148

C-7 Exhibit C-7 "Credit Report continued

Inquiries 6**Public Records 0****Personal Information**

Name

LAURA L EDWARDS

Also Known As

EDWARDS LAURA

Birth Year

1964

Address(es)

10575 125TH ST**LARGO, FL 33778-3404****9355 113TH ST ## 4991****SEMINOLE, FL 33772-2829****3400 55TH ST N****SAINT PETERSBURG, FL 33710-2047**

Employer(s)

US ENERGY CONSULTING GROUP LLC**TECHNOGRAPHICS**

Statements

Personal Statement(s)**No Statement(s) present at this time**

US Energy Consulting Group

C-8 Exhibit C-8 “Bankruptcy Information”

There have been no bankruptcies, 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 Exhibit C-9 “Merger Information”

There have been no mergers, dissolutions or acquisitions of the applicant since its inception in Oct 2010.

C-10 Exhibit C-10 “Corporate Structure”

Applicant is a stand-alone entity with no affiliate or subsidiary companies.

US Energy Consulting Group

Exhibit D-1 “Operations”

US Energy Consulting Group functions as an energy consultant firm for business consumers and shows the client all options available for gas and electricity products by providing cost analyses and details on the various products, i.e. fixed, variable, index variable, etc. Based on our experience within the energy industry, we may make recommendations due to the current market conditions and historical trends. All of our consultants understand the industry inside and out and make sure the customer understands as much about their options as possible. Our goal is to earn a customer for life and when they have any questions they know they have an energy consultant they can turn to for answers and solutions.

Exhibit D-2 “Operations Expertise”

With over ten years of commodities experience as a company, our team of energy managers has a unique understanding of how the energy market impacts your company's finances. Utilization of this knowledge has given us an exceptional presence offering top tier programs in the marketplace. We offer electric and gas products as well as energy auditing and recycling opportunities. We offer businesses a long-term energy management relationship. Our goal is to earn a customer for life and when they have any questions they know they have an energy consultant they can turn to for answers and solutions.

Exhibit D-3 “Key Technical Personnel”

Laura Edwards, Member/Owner/VP, Sales - (866) 942-6020 ext. 201; LEdwards@USECG.com

Earned her Bachelor's Degree from Eckerd College, a private school in St. Petersburg, Florida. After graduating, Laura began working her way up in the marketing arena and eventually became the VP of Sales and Marketing for a national company earning such accounts as Fed Ex, Sprint, IBM, EarthLink, UPS, Black Box, Cisco Systems, and many more. With these experiences and relationships, she segued into the energy market and has acquired a vast knowledge of deregulation resulting in her ability to match the company with the appropriate supplier to best meet their energy needs. In addition, she specializes in the alternative energy solutions available in the ever-growing market. Laura is certified in power factor correction filter technology. Laura is also instrumental in obtaining all supplier contracts in order to be able to shop as many suppliers as possible to genuinely obtain the best pricing for USECG potential clients.

Joseph Piraino, Sales Manager (866) 942-6020 ext. 202; jpiraino@USECG.com

Joe has worked for USECG since its inception in 2010 and became an instant star as a sales rep. He was promoted to sales manager June 2012 and manages 10 sales reps. He is a retired New York firefighter and is very disciplined and maintains and instills integrity in every area of our business. He has earned many accounts which he maintains and all but one of his accounts have renewed at least twice. Our clients trust him extensively and refer to him as their energy consultant.

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Summary: Certificate Renewal Certificate for Case Number 13-1262-GA-AGG electronically filed by Mrs. Laura L Edwards on behalf of US Energy Consulting Group LLC and Edwards, Laura Leigh Mrs.