

**A-5. Contact person for regulatory matters.**

Name: Zachary Sheffer Title: Product Structure Analyst  
Street Address: 415 Norway Street  
City: York State: Pa Zip: 17403  
Telephone: 717-771-0761 Email: zsheffer@shipleenergy.com

**A-6. Contact person for PUCO Staff use in investigating consumer complaints.**

Name: Angela Arkward Title: Customer Relations Manager  
Street Address: 415 Norway Street  
City: York State: Pa Zip: 17403  
Telephone: 717-771-0781 Email: regulatorycompliance@shipleenergy.com

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

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Toll-free \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**A-8. Applicant's federal employer identification number.**

FEIN: \_\_\_\_\_

**A-9. Applicant's form of ownership (select one).**

Sole Proprietorship	Limited Liability Partnership (LLP)	Corporation	Partnership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Liability Company (LLC)	Other: _____		
<input type="checkbox"/>			

**A-10. Identify current or proposed service areas.**

Identify each service area in which the applicant is currently providing service or intends to provide service and identify each customer class that the applicant is currently serving or intends to serve.

**Service area selection:**

Columbia Gas of Ohio	Dominion Energy Ohio	Duke Energy Ohio	Vectren Energy Delivery of Ohio
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

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**in**

**Case No(s). 19-0576-GA-CRS**

Summary: Amended Application Material Change to sections A-5,A-6 in Certification Case 19-0576-GA-CRS electronically filed by Mr. Zachary K Sheffer on behalf of Click Energy