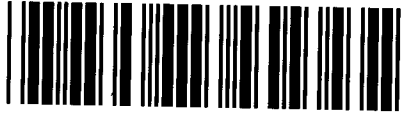




Control Number: 42811



Item Number: 1

Addendum StartPage: 0



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42811

Public Utility Commission of Texas

1701 N. Congress Avenue P.O. Box 13326  
Austin, Texas 78711-3326  
512-936-7000 • (Fax) 512-936-7003  
Web Site: www.puc.texas.gov

AUG 28 PM 3:42

Application for, or Amendment to, a Retail Electric Provider (REP) Certificate  
(Pursuant to PUC Substantive Rule §25.107)

DOCKET NUMBER: 42811

Applicant

Applicant Name: TXI Power Company

Second Applicant Name (if required):

Type of Certification

(a) Check only one of the following.

- New REP Option 1 Certification
- New REP Option 2 Certification
- New REP Option 3 Certification

REP Amendment [REP Certification No.: ] 10000

(b) If you are filing an amendment, check one or more of the following amendment categories requested in this filing: (Provide a written explanation of the Amendment in "c" below).

- |   |  |
|---|--|
| <input type="checkbox"/> Name Change amendment                      | <input type="checkbox"/> Corporate Restructuring                       |
| <input type="checkbox"/> Change in Ownership/Control                | <input type="checkbox"/> Change in Technical/Managerial Qualifications |
| <input type="checkbox"/> Change in Service Area                     | <input type="checkbox"/> Change in Financial Qualifications            |
| <input type="checkbox"/> Change in Type of Provider                 | <input type="checkbox"/> Other (Explain in "c" below)                  |
| <input checked="" type="checkbox"/> Relinquishment of Certification |  |

(c) Provide an explanation of the Amendment:


TXI Power Company ("TXI Power") currently holds Option II Retail Electric Provider Certificate No. 10000. It has not served any load since obtaining the certificate and has no immediate plans to serve load. TXI Power wishes to relinquish the certificate.

STATE OF TEXAS       §  
                                  §  
COUNTY OF DALLAS   §

**Affidavit of Ronnie A. Pruitt**

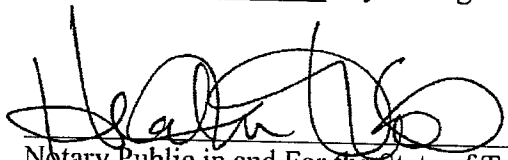
My name is Ronnie A. Pruitt. I am the Authorized Representative of the Applicant TXI Power Company.

I swear or affirm that I have personal knowledge of the facts stated in this Application to Relinquish Texas Retail Electric Provider Certificate No. 10000, that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this Application are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements applicable to a Retail Electric Provider.

  
\_\_\_\_\_  
Ronnie A. Pruitt  
Authorized Representative, TXI Power Company

SWORN TO AND SUBSCRIBED before me on the 18<sup>th</sup> day of August, 2014.



  
\_\_\_\_\_  
Notary Public in and For the State of Texas

My commission expires on: 9-21-16

## PART A – COMPANY ADMINISTRATIVE INFORMATION

### A-1. Application Contact Information

<b>Contact Name:</b> Miguel A. Huerta		<b>Title:</b> Attorney	
<b>Street or Mailing address:</b> 4401 Westgate Blvd., Ste. 300			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> Austin		<b>State:</b> TX	<b>Zip Code:</b> 78745
<b>Phone No.:</b> (512) 494-9500		<b>Fax No.:</b> (512) 494-9505	<b>Toll Free No.:</b>
<b>Email:</b> mhuerta@smithtrostle.com		<b>Web Address:</b> www.smithtrostle.com	

### A-2. Authorized Representative Contact Information

<b>Contact Name:</b> Ronnie A. Pruitt		<b>Title:</b> Authorized Representative	
<b>Street or Mailing address:</b> 1341 Mockingbird Lane			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> Dallas		<b>State:</b> TX	<b>Zip Code:</b> 75247
<b>Phone No.:</b> (972) 647-3874		<b>Fax No.:</b>	<b>Toll Free No.:</b> (800) 442-4910
<b>Email:</b> rpruitt@txi.com		<b>Web Address:</b> www.txi.com	

### A-3. Regulatory Representative Contact Information

<b>Contact Name:</b> Ronnie A. Pruitt		<b>Title:</b> Authorized Representative	
<b>Street or Mailing address:</b> 1341 Mockingbird Lane			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> Dallas		<b>State:</b> TX	<b>Zip Code:</b> 75247
<b>Phone:</b> (972) 647-3874		<b>Fax No.:</b>	<b>Toll Free No.:</b> (800) 442-4910
<b>Email:</b> rpruitt@txi.com		<b>Web Address:</b> www.txi.com	

### A-4. Complaint Representative Contact Information

<b>Contact Name:</b> Ronnie A. Pruitt		<b>Title:</b> Authorized Representative	
<b>Street or Mailing address:</b> 1341 Mockingbird Land			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> Dallas		<b>State:</b> TX	<b>Zip Code:</b> 75247
<b>Phone No.:</b> (972) 647-3874		<b>Fax No.:</b>	<b>Toll Free No.:</b> (800) 442-4910
<b>Email:</b> rpruitt@txi.com		<b>Web Address:</b> www.txi.com	

**A-5. Emergency Contact Information – The Applicant shall provide the following information concerning its 9-1-1 Contact Personnel as required in Substantive Rule §25.53(e). You may provide up to three 9-1-1 contacts per company. The Commission prefers that you provide at least two 9-1-1 Contacts.**

PRIMARY CONTACT: Ronnie A. Pruitt TITLE: Authorized Representative

Office No: (972) 647-3874 Fax No: Toll Free No: (800) 442-4910

Cell No: Home No:

EMAIL: rpruitt@txi.com WEBSITE: www.txi.com

SECONDARY CONTACT: TITLE:

Office No: Fax No: Toll Free No:

Cell No: Home No:

EMAIL: WEBSITE:

TERTIARY CONTACT: TITLE:

Office No: Fax No: Toll Free No:

Cell No: Home No:

EMAIL: WEBSITE:

**A-6. Principal Company Information**

**(a). Physical Address**

**Company Name:** TXI Power Company

**Primary Contact:** Ronnie A. Pruitt **Title:** Authorized Representative

**Physical Address:** 1340 Mockingbird Lane

**City:** Dallas **State:** TX **ZIP:** 75247

**Email:** apruitt@txi.com **Website:** www.txi.com

**Phone:** (972) 647-3874 **Fax:** **Toll Free:** (800) 442-4910

**(b). Mailing Address (if different from Physical Address)**

**Company Name:**

**Contact:** **Title:**

**Mailing Address:**

**City:** **State:** **ZIP:**

**Email:** **Website:**

**(c). Texas Office Address**

**Company Name:** Same as physical address in Dallas, Texas.

<b>Contact:</b>		<b>Title:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	
<b>Email:</b>		<b>Website:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Toll Free:</b>	

**A-7. Directors, Officers, or Principals Information – (Provide a list of the names, titles, phone number and office email)**

<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>

**A-8. Certificated Name(s)**

**(a). Primary Name on Certificate**

**Primary Certificate Name:** TXI Power Company

**Texas Secretary of State (or County) File Number:** 159654700

**Date and State where Business was established:** August 31, 2000 -- Texas

**Texas Comptroller's Tax ID. Number:** 17528978962

**Other Applicable Certification/File Numbers:**

**(b). EXISTING Approved Certificate Names (if applicable)(Maximum of 5 d/b/as)**

**PUC Approved Name:**

**PUC Approved Name:**

**PUC Approved Name:**

**PUC Approved Name:**

**PUC Approved Name:**

**(c). REQUESTED Certificate Names (if applicable)(Maximum of 5 d/b/as)**

<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>

<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
--------------	---------------------------	---------------------

<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
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**(d). DELETION of EXISTING Certificate Names (if applicable)**

**Name to be DELETED:**

**Name to be DELETED:**

**Name to be DELETED:**

**Name to be DELETED:**

**Name to be DELETED:**

**PART B – SERVICE AREA**

**B-1. Certificated Service Area**

**(a). Option 1 REP – Service Area by Geography (Select Only One)**

- Entire State of Texas
- By Service Area of one or more Transmission and Distribution Utilities (TDUs), Municipal Utilities, or Electric Cooperatives (Identify each requested utility and cooperative):
- Geographic Area of one or more Independent Organization within Texas (e.g. ERCOT) (Identify each organization):
- Specific Geographic Area. (Identify on Attachment B-1 the Zip Codes defining the requested service area.):

**(b). Option 2 REP – Service Area by Customer (Select Only One)**

- Provide as Attachment B-2 the affidavit from each customer required by §25.109(d)(2). (Identify the customer):

**(c). Option 3 REP – Service Area by Customer (Select Only One)**

- Provide as Attachment B-3 the affidavit which states that the Applicant is in compliance with §25.107(d)(3), §25.109, §25.211, and §25.212 (Registration of PGC, Registration of Distributed Generation, and compliance with National electric safety code and local building codes.) (Identify the entities involved):

**PART C – FINANCIAL REQUIREMENTS**

**C-1. Access to Capital – An Applicant must choose one of the three methods below to demonstrate that the Applicant meets the capital requirements stated in §25.107(f)(1)**

- Investment Grade Credit Rating.** If the Applicant elects to meet the requirements of §25.107(f)(1)(A)(i), provide as Attachment C-1 the documentation required by §25.107(f)(4)(A)

## PART E – RELINQUISHMENT OF CERTIFICATION

### E-1. Provision of Notice - 45 days prior to REP Relinquishment of Certification.

(a). Date that the REP satisfied or will satisfy the notice requirements of §25.107(i)(6).

Date: July 1, 2014

(b). Date that the REP intends to cease operations.

Date: The REP is not in operation and has never been in operation.

### E-2. Customer Notice of REP Relinquishment of Certification. Did the REP notify all of its customers that it intends to cease operations?

Yes     No. If Yes, provide a representative copy of the Customer Notice as Attachment E-2. If No, provide an explanation as Attachment E-2.

### E-3. Other Notices of REP Relinquishment of Certification. Did the REP notify the relevant ISO (e.g. ERCOT), the PUC's Customer Protection Division, the Texas Comptroller's Office, the Texas Secretary of State, and the Administrator of the Texas Universal Service Fund that the REP intends to cease operations?

Yes     No. If No, provide an explanation as Attachment E-3.

### E-4. Customer Deposits and Credits. Provide as Attachment E-4 proof that the REP has refunded any monies owed to customers.



**APPLICATION OF TXI POWER  
COMPANY TO RELINQUISH A  
RETAIL ELECTRIC PROVIDER  
CERTIFICATE**

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§  
§  
§

**BEFORE THE PUBLIC UTILITY**

**COMMISSION OF TEXAS**

**ATTACHMENT E-2**

TXI Power Company is not in operation, does not currently have any customers, and has never had any customers. As a result, TXI Power Company does not have a representative copy of the Customer Notice as it had no customers to notify.

**APPLICATION OF TXI POWER  
COMPANY TO RELINQUISH A  
RETAIL ELECTRIC PROVIDER  
CERTIFICATE**

§  
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§

**BEFORE THE PUBLIC UTILITY**

**COMMISSION OF TEXAS**

**ATTACHMENT E-3**

TXI Power Company will provide notice and a copy of this relinquishment application to the Electric Reliability Council of Texas and to other applicable entities upon filing.

**APPLICATION OF TXI POWER  
COMPANY TO RELINQUISH A  
RETAIL ELECTRIC PROVIDER  
CERTIFICATE**

§  
§  
§  
§

**BEFORE THE PUBLIC UTILITY**

**COMMISSION OF TEXAS**

**ATTACHMENT E-4**

TXI Power Company is not in operation, does not currently have any customers, and has never had any customers. As a result, TXI Power Company does not have monies owed to any customers.