



Control Number: 43602



Item Number: 1

Addendum StartPage: 0



RECEIVED
APR 21 AM 9:07
PUBLIC UTILITY COMMISSION
FILING CLERK

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

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

DOCKET NUMBER: 43602

Applicant										
Applicant Name: <i>Devonshire Energy LLC</i>										
Second Applicant Name (if required):										
Type of Certification										
<p>(a) Check only one of the following.</p> <p><input type="checkbox"/> New REP Option 1 Certification</p> <p><input type="checkbox"/> New REP Option 2 Certification</p> <p><input type="checkbox"/> New REP Option 3 Certification</p> <p><input checked="" type="checkbox"/> REP Amendment [REP Certification No.:] <i>10195</i></p>										
<p>(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).</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Name Change amendment</td> <td><input type="checkbox"/> Corporate Restructuring</td> </tr> <tr> <td><input type="checkbox"/> Change in Ownership/Control</td> <td><input type="checkbox"/> Change in Technical/Managerial Qualifications</td> </tr> <tr> <td><input type="checkbox"/> Change in Service Area</td> <td><input type="checkbox"/> Change in Financial Qualifications</td> </tr> <tr> <td><input type="checkbox"/> Change in Type of Provider</td> <td><input type="checkbox"/> Other (Explain in "c" below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Relinquishment of Certification</td> <td></td> </tr> </table>	<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	
<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:										
<i>Never became active, zero customers, no outstanding debt debt, no customer deposits</i>										

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Application Contact Information

Contact Name: <i>Brian Daigle</i>	Title: <i>Vice President</i>	
Street or Mailing address: <i>200 St Seaport Blvd. - 21L</i>		
Mailing address (Suite, Floor or Room):		
City: <i>Boston</i>	State: <i>MA</i>	Zip Code: <i>02210</i>
Phone No.: <i>617-563-3765</i>	Fax No.: <i>617-598-9492</i>	Toll Free No.: <i>N/A</i>
Email: <i>brian.daigle@fmr.com</i>	Web Address:	

A-2. Authorized Representative Contact Information

Contact Name:	Title:	
Street or Mailing address: <i>SAME</i>		
Mailing address (Suite, Floor or Room):		
City:	State:	Zip Code:
Phone No.:	Fax No.:	Toll Free No.:
Email:	Web Address:	

A-3. Regulatory Representative Contact Information

Contact Name:	Title:	
Street or Mailing address: <i>SAME</i>		
Mailing address (Suite, Floor or Room):		
City:	State:	Zip Code:
Phone:	Fax No.:	Toll Free No.:
Email:	Web Address:	

A-4. Complaint Representative Contact Information

Contact Name:	Title:	
Street or Mailing address: <i>SAME</i>		
Mailing address (Suite, Floor or Room):		
City:	State:	Zip Code:
Phone No.:	Fax No.:	Toll Free No.:
Email:	Web Address:	

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(c). 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.

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:

N/A

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

Date:

ASAP

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.

Never active, no customer deposits or debt.

State of: Massachusetts §
County of: Suffolk §

My name is Brian Daigle. I am the Vice President of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this Application for a Relinquish Certificate 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 for a Relinquish Certificate are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements applicable to a Retail Electric Provider.

Brian Daigle
Signature Title

Brian Daigle
Typed or Printed Name

Vice President
Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 14th of October 2014

[Signature]
Notary Public in and For the State of Massachusetts
My commission expires on: 9/21/2018



JOHN C. REECE
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 21, 2018