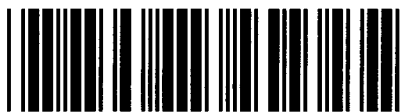


Control Number: 43628



Item Number: 1

Addendum StartPage: 0



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

2014 OCT 27 AM 11:34
FILED

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

DOCKET NUMBER: ... 43628

Applicant

Applicant Name: INFUSE ENERGY LLC

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.:] 10223

(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 checked="" type="checkbox"/> Other (Explain in "c" below) |
| <input type="checkbox"/> Relinquishment of Certification | |

(c) Provide an explanation of the Amendment:

Amending C-2 "Protection of Customer Deposits"

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Application Contact Information

Contact Name: Joshua Pesikoff		Title: President/Chief Executive Officer	
Street or Mailing address: 2020 Southwest Freeway			
Mailing address (Suite, Floor or Room): Suite 325			
City: Houston		State: TX	Zip Code: 77098
Phone No.: (713) 425-3793		Fax No.: (888) 316-8581	Toll Free No.: (844) 463-8732
Email: jpesikoff@infuseenergy.com		Web Address: www.infuseenergy.com	

A-2. Authorized Representative Contact Information

Contact Name: Joshua Pesikoff		Title: President/Chief Executive Officer	
Street or Mailing address: 2020 Southwest Freeway			
Mailing address (Suite, Floor or Room): Suite 325			
City: Houston		State: TX	Zip Code: 77098
Phone No.: (713) 425-3793		Fax No.: (888) 316-8581	Toll Free No.: (844) 463-8732
Email: jpesikoff@infuseenergy.com		Web Address: www.infuseenergy.com	

A-3. Regulatory Representative Contact Information

Contact Name: Joshua Pesikoff		Title: President/Chief Executive Officer	
Street or Mailing address: 2020 Southwest Freeway			
Mailing address (Suite, Floor or Room): Suite 325			
City: Houston		State: TX	Zip Code: 77098
Phone: (713) 425-3793		Fax No.: (888) 316-8581	Toll Free No.: (844) 463-8732
Email: jpesikoff@infuseenergy.com		Web Address: www.infuseenergy.com	

A-4. Complaint Representative Contact Information

Contact Name: Scott Ireland		Title: Chief Operating Officer	
Street or Mailing address: 2020 Southwest Freeway			
Mailing address (Suite, Floor or Room): Suite 325			
City: Houston		State: TX	Zip Code: 77098
Phone No.: (713) 425-3793		Fax No.: (888) 316-8581	Toll Free No.: (844) 463-8732
Email: sireland@infuseenergy.com		Web Address: www.infuseenergy.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: Joshua Pesikoff		TITLE: President/Chief Executive Officer	
Office No: (713) 425-3793	Fax No: (888) 316-8581	Toll Free No: (844) 463-8732	
Cell No: (713) 294-4049		Home No: (713) 294-4049	
EMAIL: jpesikoff@infuseenergy.com		WEBSITE: www.infuseenergy.com	
SECONDARY CONTACT: Scott Ireland		TITLE: Chief Operating Officer	
Office No: (713) 425-3793	Fax No: (888) 316-8581	Toll Free No: (844) 463-8732	
Cell No: (832) 563-9671		Home No: (832) 563-9671	
EMAIL: sireland@infuseenergy.com		WEBSITE: www.infuseenergy.com	
TERTIARY CONTACT: Joshua Pesikoff		TITLE: President/Chief Executive Officer	
Office No: (713) 425-3793	Fax No: (888) 316-8581	Toll Free No: (844) 463-8732	
Cell No: (713) 294-4049		Home No: (713) 294-4049	
EMAIL: jpesikoff@infuseenergy.com		WEBSITE: www.infuseenergy.com	
A-6. Principal Company Information			
(a). Physical Address			
Company Name: INFUSE ENERGY LLC			
Primary Contact: Joshua Pesikoff		Title: President/Chief Executive Officer	
Physical Address: 2020 Southwest Freeway, Suite 325			
City: Houston		State: TX	ZIP: 77098
Email: jpesikoff@infuseenergy.com		Website: www.infuseenergy.com	
Phone: (713) 425-3793		Fax: (888) 316-8581	Toll Free: (844) 463-8732
(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: INFUSE ENERGY LLC			

Contact: Joshua Pesikoff		Title: President/Chief Executive Officer	
Address: 2020 Southwest Freeway, Suite 325			
City: Houston		State: TX	
		ZIP: 77098	
Email: jpesikoff@infuseenergy.com		Website: www.infuseenergy.com	
Phone: (713) 425-3793		Fax: (888) 316-8581	
		Toll Free: (844) 463-8732	

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

Name: Joshua Pesikoff	Title: Pres/CEO	Phone: (713) 425-3793	Email: jpesikoff@infuseenergy.com
Name: Scott Ireland	Title: COO	Phone: (713) 425-3793	Email: sireland@infuseenergy.com
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:

A-8. Certificated Name(s)

(a). Primary Name on Certificate

Primary Certificate Name: INFUSE ENERGY LLC
Texas Secretary of State (or County) File Number: 0801751189
Date and State where Business was established: 03/18/2013
Texas Comptroller's Tax ID. Number: 32050467045
Other Applicable Certification/File Numbers: NA

(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)

Name:	Texas SoS File No.	Date Active:
Name:	Texas SoS File No.	Date Active:
Name:	Texas SoS File No.	Date Active:

Name:	Texas SoS File No.	Date Active:
Name:	Texas SoS File No.	Date Active:
(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)

demonstrating an Investment Grade Credit Rating. If the Applicant relies on a guarantor to satisfy this requirement, provide the documentation required by §25.107(f)(1)(A)(i) for the guarantor and provide agreements or commitments demonstrating compliance with §25.107(f)(4)(G).

Tangible Net Worth. If the Applicant elects to meet the requirements of §25.107(f)(1)(A)(ii), provide as Attachment C-1 the documentation required by §25.107(f)(4)(B) demonstrating Tangible Net Worth greater than or equal to \$100,000,000, a minimum current ratio of 1.0, and a debt to total capitalization ratio not greater than 0.60. If the Applicant relies on a guarantor to satisfy these requirements, provide the documentation required by §25.107(f)(1)(A)(ii) for the guarantor and provide agreements or commitments demonstrating compliance with §25.107(f)(4)(G).

Shareholders' Equity and Letter of Credit. If the Applicant elects to meet the requirements of §25.107(f)(1)(B), provide as Attachment C-1 the documentation required by §25.107(f)(4)(C) and §25.107(f)(4)(F) demonstrating Shareholders' Equity of not less than \$1,000,000 and an irrevocable stand-by Letter of Credit payable to the Commission of \$500,000. If the Applicant believes that it is exempt from the Shareholders' Equity requirement under §25.107(f)(1)(B)(iii), include in Attachment C-1 the documentation required by §25.107(f)(4)(F) and provide documentation demonstrating that the Applicant began serving load on or before January 1, 2009.

C-2. Protection of Customer Deposits. An Applicant that wishes to have the option of collecting customer deposits or residential advance payments must indicate its intention to do so and must comply with the requirements of §25.107(f)(2).

Yes No. Does the Applicant wish to have the option of collecting deposits or advance payments from customers? If Yes, provide as Attachment C-2 the documentation required by §25.107(f)(4)(D), (E), or (F) to demonstrate compliance with §25.107(f)(2).

C-3. Financial standards required for billing and collection of transition charges.

Yes No. Will the Applicant comply with §25.107(f)(5), relating to financial standards required of REPs for the billing and collection of transition charges?

C-4. Financial History – (Insolvency, Bankruptcy, Dissolution, Merger or Acquisition).

Yes No. Does the Applicant or a Predecessor in Interest of the Applicant have any history of insolvency, bankruptcy, dissolution, merger, or acquisition during the 60 months immediately preceding the application? If Yes, provide as Attachment C-4 an explanation of each incident.

C-5. Financial Reporting Year.

Identify the last month and day of the fiscal reporting year of the applicant and its guarantor, if applicable.

Date:

State of: Texas §

§

County of: Harris §

§

My name is Joshua Pesikoff. I am the Chief Executive Officer of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this application for, or amendment to, a Retail Electric Provider (REP), that I am competent to testify to those facts, 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 has provided all information as an attachment to this application regarding any current principal or permanent employee that was a principal of a REP that experienced a mass transition of its customers to a Provider of Last Resort (POLR). Included in such information will be a disclosure of any settlements regarding outstanding debts defaulted upon by such principal's REP, including the return of any owed customer deposits and any additional relevant information related to that default.


Signature

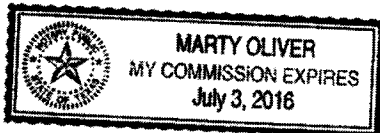
Joshua Pesikoff

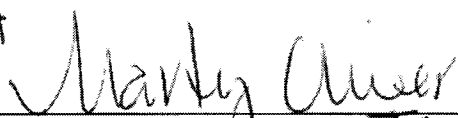
Typed or Printed Name

President/Chief Executive Officer

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 10/14/14




Marty Oliver
Notary Public in and For the State of Texas.
My commission expires on: _____