

Control Number: 43850



Item Number: 1

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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:

Applicant

Applicant Name: Pro Power Providers, 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

[X] REP Amendment [REP Certification No.: ] 10216

(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).

- Name Change amendment
Change in Ownership/Control
Change in Service Area
Change in Type of Provider
Relinquishment of Certification
Corporate Restructuring
Change in Technical/Managerial Qualifications
Change in Financial Qualifications
Other (Explain in "c" below)

(c) Provide an explanation of the Amendment:

Change in upstream ownership. No other changes to information relied upon for REP certification or subsequent amendment granted in docket 42374. Please see Confidential Attachment A-1 for more information on upstream ownership change. Other portions of this application (Sections B, C, D, and E) have been removed as they are not affected by this amendment request.

## PART A – COMPANY ADMINISTRATIVE INFORMATION

### A-1. Application Contact Information

<b>Contact Name:</b> Jason Bear		<b>Title:</b> Vice President of Operations	
<b>Street or Mailing address:</b> 201 Foch Street			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> Fort Worth		<b>State:</b> Texas	<b>Zip Code:</b> 76107
<b>Phone No.:</b> (817) 953-3280		<b>Fax No.:</b> (817) 878-2456	<b>Toll Free No.:</b> (844) 776-7693
<b>Email:</b> jbear@propowerproviders.com		<b>Web Address:</b> www.propowerproviders.com	

### A-2. Authorized Representative Contact Information

<b>Contact Name:</b> Jason Bear		<b>Title:</b> Vice President of Operations	
<b>Street or Mailing address:</b> 201 Foch Street			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> Fort Worth		<b>State:</b> Texas	<b>Zip Code:</b> 76107
<b>Phone No.:</b> (817) 953-3280		<b>Fax No.:</b> (817) 878-2456	<b>Toll Free No.:</b> (844) 776-7693
<b>Email:</b> jbear@propowerproviders.com		<b>Web Address:</b> www.propowerproviders.com	

### A-3. Regulatory Representative Contact Information

<b>Contact Name:</b> Jason Bear		<b>Title:</b> Vice President of Operations	
<b>Street or Mailing address:</b> 201 Foch Street			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> Fort Worth		<b>State:</b> Texas	<b>Zip Code:</b> 76107
<b>Phone:</b> (817) 953-3280		<b>Fax No.:</b> (817) 878-2456	<b>Toll Free No.:</b> (844) 776-7693
<b>Email:</b> jbear@propowerproviders.com		<b>Web Address:</b> www.propowerproviders.com	

### A-4. Complaint Representative Contact Information

<b>Contact Name:</b> Jason Bear		<b>Title:</b> Vice President of Operations	
<b>Street or Mailing address:</b> 201 Foch Street			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> Fort Worth		<b>State:</b> Texas	<b>Zip Code:</b> 76107
<b>Phone No.:</b> (817) 953-3280		<b>Fax No.:</b> (817) 878-2456	<b>Toll Free No.:</b> (844) 776-7693
<b>Email:</b> jbear@propowerproviders.com		<b>Web Address:</b> www.propowerproviders.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 Jason Bear		TITLE Vice President of Operations	
Office No: (817) 953-3280	Fax No: (817) 878-2456	Toll Free No: (844) 776-7693	
Cell No: (817) 247-4641	Home No:		
EMAIL: jbear@propowerproviders.com	WEBSITE: www.propowerproviders.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**

<b>Company Name:</b> Pro Power Providers, LLC			
<b>Primary Contact:</b> Charles McArthur		<b>Title:</b> CEO	
<b>Physical Address:</b> 2733 Whitmore			
<b>City:</b> Fort Worth		<b>State:</b> Texas	<b>ZIP:</b> 76107
<b>Email:</b> cmcarthur@propowerproviders.com		<b>Website:</b> www.propowerproviders.com	
<b>Phone:</b> (817) 953-3278		<b>Fax:</b> (817) 878-2456	<b>Toll Free:</b> (844) 776-7693

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

<b>Company Name:</b> Pro Power Providers, LLC			
<b>Contact:</b> Charles McArthur		<b>Title:</b> CEO	
<b>Mailing Address:</b> P.O. Box 470486			
<b>City:</b> Fort Worth		<b>State:</b> Texas	<b>ZIP:</b> 76147
<b>Email:</b> cmcarthur@propowerproviders.com		<b>Website:</b> www.propowerproviders.com	

**(c). Texas Office Address**

<b>Company Name:</b> Pro Power Providers, LLC			
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<b>Contact:</b> Charles McArthur		<b>Title:</b> CEO
<b>Address:</b> 2733 Whitmore		
<b>City:</b> Fort Worth	<b>State:</b> Texas	<b>ZIP:</b> 76107
<b>Email:</b> cmcarthur@propowerproviders.com		<b>Website:</b> www.propowerproviders.com
<b>Phone:</b> (817) 953-3278	<b>Fax:</b> (817) 878-2456	<b>Toll Free:</b> (844) 776-7693

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

<b>Name:</b> Peter Schleider	<b>Title:</b> Executive Chairman of the Board	<b>Phone:</b> (612) 308-9043	<b>Email:</b> pschleider@propowerproviders.com
<b>Name:</b> Charles McArthur	<b>Title:</b> CEO	<b>Phone:</b> (817) 953-3278	<b>Email:</b> cmcarthur@propowerproviders.com
<b>Name:</b> Robert Schleider	<b>Title:</b> Corp. Secretary & Treasurer	<b>Phone:</b> (303) 808-9443	<b>Email:</b> rschleider@propowerproviders.com
<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:** Pro Power Providers, LLC

**Texas Secretary of State (or County) File Number:** 801779329

**Date and State where Business was established:** May 3, 2013

**Texas Comptroller's Tax ID. Number:** 32050906869

**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>



State of: Texas §

§

County of: Tarrant §

§

My name is Robert Schleider. 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, 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.

[Handwritten Signature]

Signature

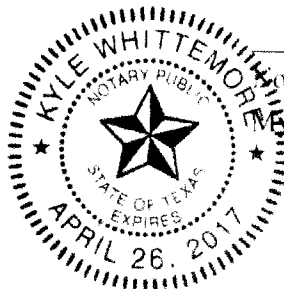
Robert Schleider

Typed or Printed Name

Vice President

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 11/24/2014



[Handwritten Signature]  
Notary Public in and For the State of TEXAS  
My commission expires on: April 26, 2017

State of: Texas §

§

County of: Tarrant §

My name is Robert Schleider. 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 Retail Electric Provider 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 Retail Electric Provider 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.

*Robert D. Schleider*

Signature Title

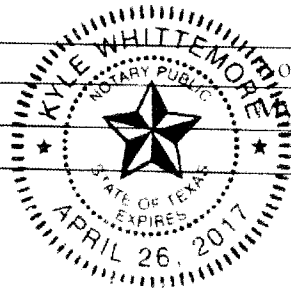
Robert Schleider

Typed or Printed Name

Vice President

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 11/24/2014



*[Signature]* Notary Public in and For the State of TEXAS  
commission expires on: April 26, 2017