



Control Number: 43940



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

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

**DOCKET NUMBER:**

**Applicant**

**Applicant Name:** Nations Power, 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.: ]

(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:

Company has not had customers since 2011 and has been unable to secure financing to continue operations

## PART A – COMPANY ADMINISTRATIVE INFORMATION

### A-1. Application Contact Information

|  |                 |                     |                        |
|--|-----------------|---------------------|------------------------|
| <b>Contact Name:</b> J Michael Shivers               |                 | <b>Title:</b> CFO   |                        |
| <b>Street or Mailing address:</b> 221 W Lancaster ,, |                 |                     |                        |
| <b>Mailing address (Suite, Floor or Room):</b> #9001 |                 |                     |                        |
| <b>City:</b> Fort Worth                              |                 | <b>State:</b> TX    | <b>Zip Code:</b> 76102 |
| <b>Phone No.:</b> (214) 926-4530                     | <b>Fax No.:</b> |                     | <b>Toll Free No.:</b>  |
| <b>Email:</b>  |                 | <b>Web Address:</b> |                        |

### A-2. Authorized Representative Contact Information

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

### A-3. Regulatory Representative Contact Information

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

### A-4. Complaint Representative Contact Information

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

**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: |          | TITLE:        |  |
| Office No:       | Fax No:  | Toll Free No: |  |
| Cell No:         | Home No: |               |  |
| EMAIL:           | WEBSITE: |               |  |

|                    |          |               |  |
|--------------------|----------|---------------|--|
| 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> Nations Power, LLC |                         |                   |
| <b>Primary Contact:</b> Houston Tomaz   | <b>Title:</b> President |                   |
| <b>Physical Address:</b> 2800 Guilder   |                         |                   |
| <b>City:</b> Plano                      | <b>State:</b> TX        | <b>ZIP:</b> 75074 |
| <b>Email:</b>                           | <b>Website:</b>         |                   |
| <b>Phone:</b>                           | <b>Fax:</b>             | <b>Toll Free:</b> |

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

|                         |                 |             |
|-------------------------|-----------------|-------------|
| <b>Company Name:</b>    |                 |             |
| <b>Contact:</b>         | <b>Title:</b>   |             |
| <b>Mailing Address:</b> |                 |             |
| <b>City:</b>            | <b>State:</b>   | <b>ZIP:</b> |
| <b>Email:</b>           | <b>Website:</b> |             |

**(c). Texas Office Address**

|                      |
|----------------------|
| <b>Company Name:</b> |
|----------------------|

|                 |               |                   |  |
|-----------------|---------------|-------------------|--|
| <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> |
|--------------|---------------|---------------|---------------|
|              |               |               |               |
|              |               |               |               |
|              |               |               |               |
|              |               |               |               |
|              |               |               |               |

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

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

**Primary Certificate Name:** Nations Power, LLC

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

**Date and State where Business was established:** 2011 / Delaware

**Texas Comptroller's Tax ID. Number:** 12607690513

**Other Applicable Certification/File Numbers:**

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

**PUC Approved Name:** Nations Power, LLC

**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> |
|--------------|---------------------------|---------------------|
|              |                           |                     |
|              |                           |                     |
|              |                           |                     |

## **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: December 1, 2014

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

Date: 12/01/2014

**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.**

## **Attachment E – 2**

### **Customer Notification of REP Relinquishment of Certification**

Nations has not had any customers since 2011 and therefore no notification of the Relinquishment of Certification is warranted.

There are no outstanding debts of the company.

## **Attachment E - 3**

### **Other Notices of REP Relinquishment of Certification**

Nations is in the process of notifying the ISO (ERCOT), The Secretary of State of Texas and the Comptroller of the State of Texas about the Relinquishment of the Certification. These notifications will begin on December 9<sup>th</sup>, 2014

There are no outstanding debts of the company. There are no deposits due customers.



State of: Texas §

§

County of: Tarrant §

My name is Tarrant. I am the Chief Financial Officer of Nations Powe5r, LLC.

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 understands and will comply with all requirements applicable to a Retail Electric Provider.

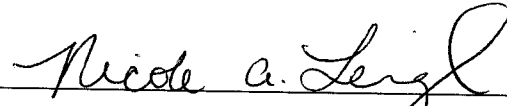
  
\_\_\_\_\_  
Signature

J Michael Shivers  
\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title of Signatory

CFO  
\_\_\_\_\_  
Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 9<sup>th</sup> December 2014

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

My commission expires on: Aug. 16, 2018.

