

PUBLIC UTILITY COMMISSION OF OREGON
ATTN: AGGREGATOR RENEWAL
P.O. BOX 2153
SALEM, OR 97308-2153
(503) 378-6634

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RENEWAL APPLICATION FOR REGISTRATION AS AN ELECTRICITY SERVICE AGGREGATOR IN OREGON

NOTE: The content and processing of this form is based on Oregon Administrative Rule 860-038-0380. All information that is submitted with this form is considered public record, except as provided for in Oregon Administrative Rule 860-001-0080.

INSTRUCTIONS: If you are requesting renewal, the original and one copy of this application and attachments must be sent to the Public Utility Commission of Oregon along with a \$25.00 check or money order made payable to the "Public Utility Commission of Oregon." **COMPLETE ALL APPLICABLE PARTS. ELECTRONIC SUBMISSION IS NOT ACCEPTED.**

Under your current registration, what is your exact legal name?

RESOURCE ENERGY SYSTEMS, LLC

Are you requesting renewal? Check the appropriate box and follow instructions:

- Yes, requesting renewal. Complete the application.
- No, not requesting renewal. Sign and return the application.

Is the information previously submitted to the Oregon Public Utility Commission correct for questions 1 to 3?

- Yes Skip to question 4.
- No Update the relevant information and then skip to question 4.

1.A. Exact Legal Name of Applicant

1.B. Applicant's Assumed Business Name(s) -- e.g., d.b.a., a.k.a. (if applicable) Must be registered with the OR Corporation Division

1.C. Business Address

1.D. Phone Number
Ext.

1.E. Fax Number

2.A. Name and Address of Person to be Contacted for Regulatory Information

2.B. Phone Number
Ext.

2.C. Fax Number

2.E. Email Address (if available)

2.D. Toll-free or Local Number Provided for Customers

DUPLICATE

3.A. Name and Address of Person to be Contacted for Further Information Regarding This Application

3.B. Phone Number
Ext.

3.C. Fax Number

3.D. Email Address (if available)

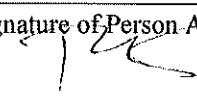
4. The applicant must continue to attest to the following statements. To confirm the Applicant's agreement to meet this requirement, place a check in the box preceding each statement.

- 4.A. The Applicant will furnish to consumers a toll-free number or local number that is staffed during normal business hours to enable a consumer to resolve complaints or billing disputes and a statement of the aggregator's terms and conditions that detail the customer's rights and responsibilities;
- 4.B. The Applicant will comply with all state and federal laws, rules, and Commission orders applicable to aggregators.
- 4.C. The Applicant will adequately respond to Commission information requests applicable to aggregators and related to the provisions of OAR 860-038-0380, within 10 business days.

5. The Applicant must continue to comply with the following requirements. To confirm the Applicant's ability to comply, place a check in the box preceding each statement.

- 5.A. The Applicant must take all reasonable steps, including corrective actions, to ensure that persons or agents hired by the aggregator, including but not limited to officers, directors, agents, employees, representatives, successors, and assigns adhere at all times to the terms of all state and federal laws, rules, and Commission orders applicable to aggregators.
- 5.B. Annually, 30 days prior to expiration, the Applicant must notify the Commission that it will not be renewing its registration or it must renew its registration by submitting an aggregator registration renewal form.
- 5.C. The Applicant must not make material misrepresentations in consumer solicitations, agreements, or in the administration of consumer contracts. The Applicant must not engage in dishonesty, fraud, or deceit that benefits the aggregator or disadvantages consumers.
- 5.D. The Applicant must promptly report to the Commission any circumstances or events that materially alter information provided to the Commission in the registration process.

By signature below, I declare that all information on this application is true and correct.

Signature of Person Authorized to Represent Applicant 	Title CFO
Printed Signature RICHARD PLUTZER	Date
Address 4 HIGH RIDGE PARK, SUITE 202	
City STAMFORD	State CT
Zip Code 06905	