

**NEBRASKA PUBLIC SERVICE COMMISSION
APPLICATION TO CHANGE NAME**

PURPOSE

The following form is for informational purposes only, and intended only to assist Applicants in the completion of their application. If any difference exists between this document and any law, regulation or case law, then such law, regulation or case law shall control.

All jurisdictional utilities and competitive natural gas providers (CNGPs) certificated by the Nebraska Public Service Commission shall provide an application and filing fee as set forth below in order to change the name under which services are provided.

Applicants seeking approval of a name change shall submit an **original and eight (8) copies of the application** to the Commission to the address below.

Executive Director
Nebraska Public Service Commission
300 The Atrium, 1200 N Street
P.O. Box 94927
Lincoln, NE 68509-4927

CNGPs/Aggregators should include a **\$125 application fee**. Jurisdictional utilities need not include a fee as costs will be directly assessed to them.

The application fee is required to cover the administrative costs of accepting and processing a filing. In addition, each Applicant may be assessed additional costs and expenses reasonably attributable to the application consistent with Neb. Rev. Stat. § 66-1840. Notice of the application will be published in the Daily Record, Omaha, Nebraska.

Applicants **must notify** the Commission during the pendency of the certification request of any material change in the representations and commitments required by this subsection **within 14 days** of such change.

Questions should be directed to the Natural Gas Department of the Nebraska Public Service Commission at (402) 471-3101.

PROVIDER HOLDING AUTHORITY:		
Current Company Name:	Docket Number Granting Operating Authority:	For Commission's use
CenterPoint Energy Services, Inc.	NG - 0049	
Any d/b/a of Company and Associated Docket Nos.:		
Continuum Retail Energy Services, LLC and Post Rock Gas, LLC (NG-0014 .1); CenterPoint Energy Service Retail, LLC (NG0049.2)		
Names Company Previously Provided Service Under and Associated Docket Nos.:		
		<p>RECEIVED By Deena Ackerman at 1:26 pm, Jun 03, 2020</p>

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PROVIDER CONTACT INFORMATION:		
Legal Contact Name:		
Debora K. Churches		
Legal Contact Address:		
1111 Louisiana Street, 11th Floor Houston, TX 77002		
Legal Contact Phone Number:	Legal Contact Fax Number:	Legal Contact Email Address:
713-207-5777		Debora.Churches@Centerpointenergy.com
Regulatory Contact Name:		
Debora K. Churches		
Regulatory Contact Address:		
1111 Louisiana Street, 11th Floor Houston, TX 77002		
Regulatory Contact Phone Number:	Regulatory Contact Fax Number:	Regulatory Contact Email Address:
713-207-5777		Debora.Churches@Centerpointenergy.com
Questions Regarding this Application Should be Directed to (Contact Name):		
Debora K. Churches		
Contact Address:		
1111 Louisiana Street, 11th Floor Houston, TX 77002		
Contact Phone Number:	Contact Fax Number:	Contact Email Address:
713-207-5777		Debora.Churches@Centerpointenergy.com

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PROPOSED NAME CHANGE:

Symmetry Energy Solutions, LLC

DATE PROPOSED NAME APPROVED BY SECRETARY OF STATE:

May 27, 2020

ANY CHANGES TO d/b/a of COMPANY:

OTHER INFORMATION:

Applicant *shall* attach evidence of authority to do business in Nebraska, certificates of registration by the Nebraska Secretary of State for all approved trade names under which the applicant will operate, and the applicant's state of incorporation and any further information that may assist the Commission in evaluating this application.

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REPRESENTATIVE SUBMITTING NOTICE	
Name:	Rob Ellis III
Title:	VP, Sales
Signature of Applicant or Applicant's Attorney (Print completed PDF form and sign): <i>[Handwritten Signature]</i>	
Date:	<i>6/2/20</i>

VERIFICATION	
I, <u>Rob Ellis III</u> , being of proper age and duly sworn, states that I am the <u>VP, Sales</u> of Applicant, that I have read the foregoing Application, that I am familiar with the contents thereof, and that such is true, accurate, and correct to the best of my knowledge.	
Name:	Rob Ellis III
Title:	VP, Sales
Signature (Print completed PDF form and sign): <i>[Handwritten Signature]</i>	
Date:	<i>6/2/20</i>

STATE OF TENNESSEE)
) ss.
COUNTY OF Williamson)

SUBSCRIBED AND SWORN to before me this 2 day of June, 2020

Witness my hand and official seal.



Crystal Williams

Notary Public