

BEFORE THE NEBRASKA PUBLIC SERVICE COMMISSION

In the Matter of the Application of)	
)	
)	APPLICATION FOR
seeking authority to operate as a)	COMPETITIVE NATURAL GAS
Competitive Natural Gas)	PROVIDER AUTHORITY
Provider in the State of)	
Nebraska.)	

Pursuant to Neb. Rev. Stat. §§ 66-1848 and 66-1849, and 291 Neb. Admin. Code § 9-011, ("Applicant") seeks authority from the Nebraska Public Service Commission ("Commission") to operate as a Competitive Natural Gas Provider ("CNGP") within the State of Nebraska. In support of its application, Applicant provides the following information:

Neb. Rev. Stat. § 66-1848

The Applicant intends to conduct the following type of business in Nebraska, for which it is seeking certification:

- CNGP only _____
- CNGP and Aggregator _____
- Aggregator only _____

291 Neb. Admin. Code § 9-011.02A

1. The Applicant's full legal name, and any trade names under which the Applicant will operate in Nebraska, are as follows:

Commission Use Only

2. The Applicant is (check one):

_____ A publically owned corporation and a copy of its most recent Annual Report to Shareholders is attached as an Exhibit to this application.

_____ A privately held corporation.

3. The name of the Parent Company of the Applicant is:

4. Insert a description of the business structure of the Applicant. An organizational chart is attached to this application as Exhibit Number _____.

5. The Applicant is legally certified to conduct business in the State of Nebraska. Evidence of the Applicant's registration and authority to conduct business in Nebraska by the Nebraska Secretary of State for all trade names under which Applicant will operate is attached to this application as Exhibit Number _____.

6. The Applicant is incorporated in the following state:

_____.

7. The address of Applicant's headquarters is:

NOTE: THIS DOCUMENT IS FOR REFERENCE PURPOSES ONLY AND IS NOT INTENDED TO BE FILED WITHOUT ADDITIONAL EDITING.

8. The individual to which any questions regarding this application should be addressed is:

Name: _____

Title: _____

Address: _____

Phone number: _____

Email address: _____

291 Neb. Admin. Code § 9-011.02B

9. A document listing the names, business addresses, business telephone numbers, and business email addresses of the principal officers of the Applicant who can be contacted regarding its operations in Nebraska is attached as Exhibit Number ____.

10. A telephone number(s) at which the Applicant can be contacted 24 hours a day is as follows:

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291 Neb. Admin. Code § 9-011.02C

11. Applicant hereby lists the names and addresses of all the Applicant's affiliates (including parent entities) engaged in the provision of Competitive Natural Gas and/or Aggregator Service in any other state or jurisdiction and indicate which, if any, are duly certificated in Nebraska:

12. The following is a complete and accurate list of the jurisdictions in which the Applicant or one of its affiliates are certificated to operate as a competitive natural gas provider and/or aggregator:

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291 Neb. Admin. Code § 9-011.02D

13. The following is an complete and accurate list of all legal actions and/or formal complaints pertaining to the provision of competitive natural gas services filed against the Applicant or its affiliates in a court or public utility regulatory body, other than the Nebraska Commission, that were pending in the 12 months prior to the date of this application.

Note: Please include number of such proceedings, the type of proceeding, the jurisdiction where such action occurred, and the current status of any applicable proceeding(s).

14. A copy of each of the final orders in the above-listed proceedings are attached to this application as Exhibit Number _____.

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291 Neb. Admin. Code § 9-011.02E

15. The following is a complete and accurate list of the states and jurisdictions in which the Applicant or an affiliate has had a license or certificate to supply competitive natural gas service suspended, revoked, or denied, or where the Applicant or affiliate voluntarily withdrew from providing CNGP or aggregator service.

Note: Applicant must include identification of the title and number of any applicable proceedings.

16. A copy of any final orders in such proceedings or the citation to the website where the text of the orders can be found is attached as Exhibit Number ____.

291 Neb. Admin. Code § 9-011.02F

17. Applicant presents the following to demonstrate it has the operational and financial capability to obtain and deliver the services it proposes to offer.

- a. Financial capability. A balance sheet, statement of income, statement of cash flow, and if applicable, a statement of shareholders' equity and the Applicant's debt structure, including bond rating are attached as Exhibit Number ____.

NOTE: A request for confidential treatment of these materials may be filed with the Commission pursuant to 291 Neb. Admin. Code § 9-006.

- b. Operational ability. A roster of officers and directors, a description of the professional backgrounds of the

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Applicant's principal managerial and technical personnel, and an operational flow chart are attached to this application as Exhibit Number ____.

18. The Applicant sets forth the following description of the Applicant's facilities and services it intends to render in Nebraska:

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ATTESTATIONS

- 19. Applicant hereby commits to comply with all applicable statutes, regulations, and orders in its provision of CNGP and aggregation services within the State of Nebraska. Applicant understands that if granted CNGP or aggregator authority, it will be required to file an annual report with the Commission.

- 20. Applicant hereby acknowledges that any inaccuracies, misstatements of fact, or falsehoods within this application may result in the denial and/or revocation of CNGP or aggregator authority by the Commission.

- 21. Applicant acknowledges that if it is granted CNGP or aggregator authority, a failure to comply with applicable statutes, regulations, and orders may result in fines and/or the revocation of the authority granted.

The Applicant respectfully requests that the Commission grant its Application for authority to provide CNGP services within the State of Nebraska.

Respectfully submitted,

Signature

Printed Name:

Title:

Mailing Address:

Phone Number:

Email Address:

Date:

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STATE OF _____)
) ss.
COUNTY OF _____)

I, _____, a notary duly commissioned in
_____ County, _____, hereby swear
and acknowledge that on the ____ day of _____, _____,
_____, who
is personally known to me and who provided satisfactory
identification pursuant to Neb. Rev. Stat. § 64-105, came
under oath and signed the foregoing document in my presence.

SUBSCRIBED AND SWORN to before me this _____ day of
_____, 20____.

Notary Public

[Seal]

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INTENDED TO BE FILED WITHOUT ADDITIONAL EDITING.**