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## ENERGY SERVICES COMPANY (ESCO) RETAIL ACCESS APPLICATION FORM (RAAF)

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### 1. Business Information

A. Business Name: US Power Supply, LLC

B. Address: 918 E Divide Ave

City: Bismarck                      State: ND                      Zip: 58501

Telephone: 701-222-2290                      Fax: None

Website Address: <https://www.USPowerSupply.com/>

Customer Service Email Address: [customerservice@uspowersupply.com](mailto:customerservice@uspowersupply.com).

Toll Free Number: 877-718-0651

If you intend to market your services under a DBA, list name here:

B. List energy affiliates, including upstream owners and subsidiaries, (include additional sheets if necessary):

Name: [REDACTED]

Contact Name:

Address: [REDACTED]

City: [REDACTED]                      State: [REDACTED]                      Zip: [REDACTED]

Telephone: 701-222-2290                      Fax:

Email Address:

C. During the previous 36 months, have any criminal or regulatory sanctions been imposed against any senior officer of the ESCO applicant or any entity holding ownership interests of 10% or more in the ESCO? Yes  No

- a. If yes, provide the name and title of each such person as well as a detailed explanation of the sanctions and any relevant context (add additional sheets if necessary):

D. List all states that your company has operated in within the last [REDACTED]

E. List all trade names used in other states: US Energy Supply, LLC does not use any other trade names in other states.

2. Contact Information

A. Executive Contact

[REDACTED]

B. Regulatory Contact

[REDACTED]

C. Marketing Contact

[REDACTED]

D. EDI Vendor Vendor Name: [REDACTED]

[REDACTED]

3. Markets for Which Eligibility is Sought (“√” relevant boxes):

Market:	Industrial and Large Commercial	Residential and Small Non-Residential (the Mass Market)
Eligibility Sought:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4. Identify the Types and Locations of Markets

- A. **Eligible ESCOs that have completed Phase III Testing**, place an “√” in the applicable cells of the table below to 1) designate the individual utility retail access programs in which you participate, and the customer market(s) in each program you serve, 2) indicate the commodities you offer in each service territory; and 3) indicate the billing options you offer in each territory.
- B. If you are a **new ESCO applying for eligibility**, please leave this section blank.
- C. If you are an **ESCO that has eligibility but are not serving**, leave this section blank. When you complete Phase III Testing or begin serving you should resubmit this form with the appropriate boxes checked.

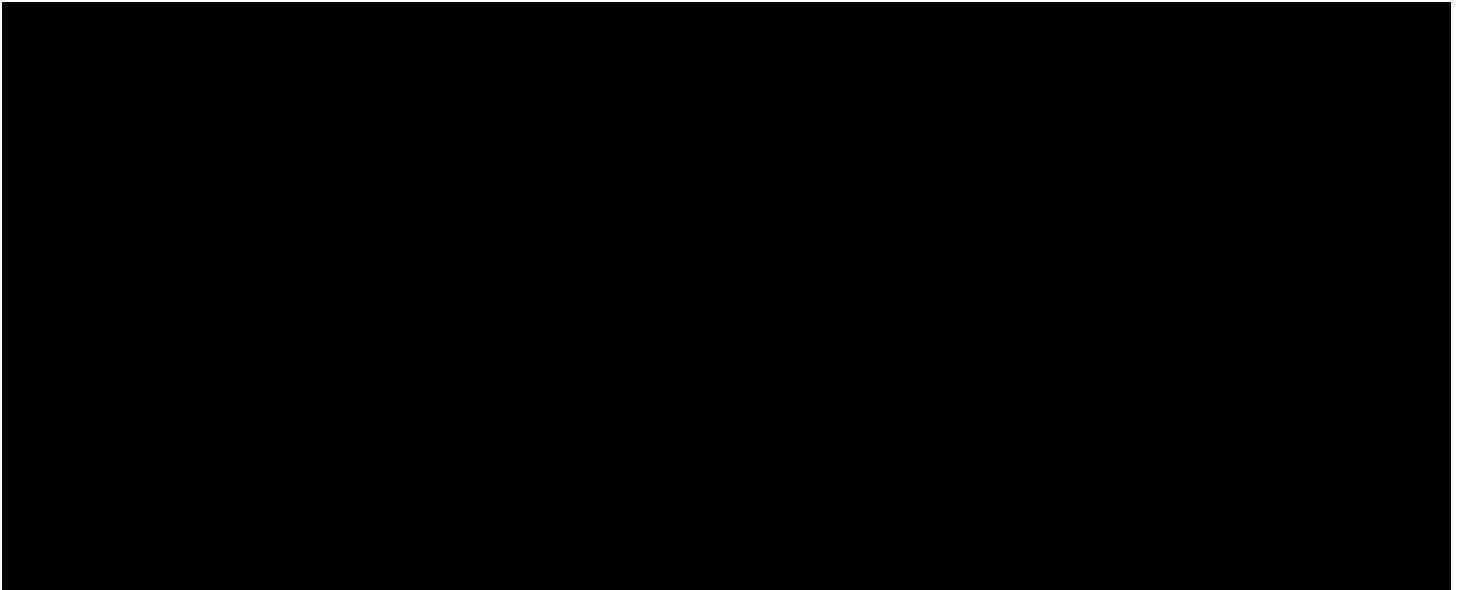
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<sup>1</sup> National Fuel users Single Retailer EDI transactions to support ECB.

5. Identify Method(s) of Marketing



6. Identify Types of Products Offered



## 7. Additional Requirements

- A. Copy and proof of acceptance of your registration with the NYS Dept of State and a copy of your certificate of assumed name (if applicable);
- B. Comprehensive copy of your standard sales agreement(s) for each service class and commodity, including presentation of the customer disclosure statement;
- C. Marketing representative ID badge;
- D. Marketing standards quality assurance plan;
- E. Third party verification script;
- F. Sample forms of notices for assignment, discontinuance and transfer of 5000 or more customers to other providers;
- G. Sample of your billing format;
- H. Procedures you will use to obtain customer's authorization for historic usage and credit information;
- I. Copies of information and promotional materials used for mass marketing purposes;
- J. HEFPA documents, if providing energy supply to residential customers;
- K. Internal procedures for the prevention of slamming or cramming;
- L. A list of entities, including contractors and sub-contractors, that will market on behalf of your ESCO;
- M. Attestation that you will comply with the requirements of the New York State's Environmental Disclosure Program, if you intend to serve electric customers;
- N. NYS DPS Office of Consumer Services Service Provider Form;
- O. Letter from utility that you have successfully completed EDI Phase 1 Testing;
- P. Complaint data from each state in which your company has served within the last 24 months. If your company operates under multiple trade names, you must identify each name used separately and the state in which it was used;
- Q. List and describe any security/data breaches associated with customer proprietary information that occurred in any jurisdiction in which it operates, under any trade name, within the 24 months prior to the application, and actions taken by the applicant in response to the incident. ESCOs also shall provide specific policies and procedures addressing how they intend to secure customer data;
- R. Disclose any history of bankruptcy, dissolution, merger, or acquisition activities during the 24 months prior to this application for each trade name used as well as affiliates of the ESCO, including upstream owners and subsidiaries; and,
- S. Provide an officer certification, in which a high-level officer affirms that the ESCO is willing and able to comply with all applicable laws and regulations.

## 8. Signature

The person signing this application attests to the following: that he or she is an owner, partner, or officer of the business named on this application, the answers and materials contained in this application package are true and the application package submitted is complete and accurate. An ESCO that knowingly makes false statements in this application package is subject to denial or revocation of eligibility.

