



Control Number: 50870



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:

50870

Applicant

Applicant Name: WINDROSE POWER AND GAS 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.:] 10254

(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 checked="" 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 type="checkbox"/> Relinquishment of Certification | |

(c) Provide an explanation of the Amendment:

Addition of the DBA Windrose to our certificate.

000001

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Application Contact Information

Contact Name: Thomas K. Strickland	Title: President
Street or Mailing address: 2203 Timberloch	
Mailing address (Suite, Floor or Room): Suite 213	
City: The Woodlands	State: TX Zip Code: 77380
Phone No.: (281) 364-8382	Fax No.: (281) 681-1761 Toll Free No.: (800) 483-1836
Email: strick@windroseenergy.com	Web Address: www.windroseenergy.com

A-2. Authorized Representative Contact Information

Contact Name: Thomas K. Strickland	Title: President
Street or Mailing address: 2203 Timberloch	
Mailing address (Suite, Floor or Room): Suite 213	
City: The Woodlands	State: TX Zip Code: 77380
Phone No.: (281) 364-8382	Fax No.: (281) 681-1761 Toll Free No.: (800) 483-1836
Email: strick@windroseenergy.com	Web Address: www.windroseenergy.com

A-3. Regulatory Representative Contact Information

Contact Name: Thomas K. Strickland	Title: President
Street or Mailing address: 2203 Timberloch	
Mailing address (Suite, Floor or Room): Suite 213	
City: The Woodlands	State: TX Zip Code: 77380
Phone: (281) 364-8382	Fax No.: (281) 681-1761 Toll Free No.: (800) 483-1836
Email: strick@windroseenergy.com	Web Address: www.windroseenergy.com

A-4. Complaint Representative Contact Information

Contact Name: Thomas K. Strickland	Title: President
Street or Mailing address: 2203 Timberloch	
Mailing address (Suite, Floor or Room): Suite 213	
City: The Woodlands	State: TX Zip Code: 77380
Phone No.: (281) 364-8382	Fax No.: (281) 681-1761 Toll Free No.: (800) 483-1836
Email: strick@windroseenergy.com	Web Address: www.windroseenergy.com

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: Thomas K. Strickland		TITLE: President	
Office No: (281) 364-8382	Fax No: (281) 681-1781	Toll Free No: (800) 483-1836	
Cell No: (281) 731-4430		Home No: (281) 731-4430	
EMAIL: strick@windroseenergy.com		WEBSITE: www.windroseenergy.com	
SECONDARY CONTACT: Kim Janicki		TITLE:	
Office No: (281) 364-8382	Fax No:	Toll Free No: (800) 483-1836	
Cell No: (281) 743-2863		Home No: (281) 743-2863	
EMAIL: kimincypress@gmail.com		WEBSITE: www.windroseenergy.com	
TERTIARY CONTACT:		TITLE:	
Office No:	Fax No:	Toll Free No:	
Cell No:		Home No:	
EMAIL:		WEBSITE:	
A-6. Principal Company Information			
(a). Physical Address			
Company Name: Windrose Power and Gas, LLC			
Primary Contact: Thomas K. Strickland		Title: President	
Physical Address: 2203 Timberloch, Suite 213			
City: The Woodlands	State: TX	ZIP: 77380	
Email: strick@windroseenergy.com		Website: www.windroseenergy.com	
Phone: (281) 364-8382	Fax: (281) 681-1781	Toll Free: (800) 483-1836	
(b). Mailing Address (if different from Physical Address)			
Company Name:			
Contact:		Title:	
Mailing Address:			
City:	State:	ZIP:	
Email:		Website:	
(c). Texas Office Address			
Company Name: Windrose Power and Gas, LLC			

Contact: Thomas K. Strickland		Title: President	
Address: 2203 Timberloch, Suite 213			
City: The Woodlands	State: TX		ZIP: 77830
Email: strick@windroseenergy.com		Website: www.windroseenergy.com	
Phone: (281) 364-8382	Fax: (281) 681-1781		Toll Free: (800) 483-1836
A-7. Directors, Officers, or Principals Information – (Provide a list of the names, titles, phone number and office email)			
Name: Thomas K. Strickland	Title: President	Phone: (281) 364-8382	Email: strick@windroseenergy.com
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
A-8. Certificated Name(s)			
(a). Primary Name on Certificate			
Primary Certificate Name: Windrose Power and Gas, LLC			
Texas Secretary of State (or County) File Number: 8004831836			
Date and State where Business was established: November 3, 2015; Texas			
Texas Comptroller's Tax ID. Number: 32058745426			
Other Applicable Certification/File Numbers: 802234512			
(b). EXISTING Approved Certificate Names (if applicable)(Maximum of 5 d/b/as)			
PUC Approved Name: Windrose Energy			
PUC Approved Name: Super Power			
PUC Approved Name:			
PUC Approved Name:			
PUC Approved Name:			
(c). REQUESTED Certificate Names (if applicable)(Maximum of 5 d/b/as)			
Name: Windrose	Texas SoS File No. 802324512	Date Active: 12/20/2019	
Name:	Texas SoS File No.	Date Active:	
Name:	Texas SoS File No.	Date Active:	

Name:	Texas SoS File No.	Date Active:
Name:	Texas SoS File No.	Date Active:
(d). DELETION of EXISTING Certificate Names (if applicable)		
Name to be DELETED:		
Name to be DELETED:		
Name to be DELETED:		
Name to be DELETED:		
Name to be DELETED:		

PART B – SERVICE AREA

B-1. Certificated Service Area

(a). Option 1 REP – Service Area by Geography (Select Only One)

- ☐ Entire State of Texas
- ☐ By Service Area of one or more Transmission and Distribution Utilities (TDUs), Municipal Utilities, or Electric Cooperatives (Identify each requested utility and cooperative):
- ☐ Geographic Area of one or more Independent Organization within Texas (e.g. ERCOT) (Identify each organization):
- ☐ Specific Geographic Area. (Identify on Attachment B-1 the Zip Codes defining the requested service area.):

(b). Option 2 REP – Service Area by Customer (Select Only One)

- ☐ Provide as Attachment B-2 the affidavit from each customer required by §25.109(d)(2). (Identify the customer):

(c). Option 3 REP – Service Area by Customer (Select Only One)

- ☐ Provide as Attachment B-3 the affidavit which states that the Applicant is in compliance with §25.107(d)(3), §25.109, §25.211, and §25.212 (Registration of PGC, Registration of Distributed Generation, and compliance with National electric safety code and local building codes.) (Identify the entities involved):

PART C – FINANCIAL REQUIREMENTS

C-1. Access to Capital – An Applicant must choose one of the three methods below to demonstrate that the Applicant meets the capital requirements stated in §25.107(f)(1)

- ☐ **Investment Grade Credit Rating.** If the Applicant elects to meet the requirements of §25.107(f)(1)(A)(i), provide as Attachment C-1 the documentation required by §25.107(f)(4)(A)

AFFIDAVIT

State of: Texas §

§

County of: Montgomery §

My name is Thomas K Strickland. I am the President of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this Application for a Retail Electric Provider Certificate that I am competent to testify to them, 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 for a Retail Electric Provider Certificate are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements applicable to a Retail Electric Provider.

Thomas K Strickland

Signature Title

Thomas K Strickland

Typed or Printed Name

President

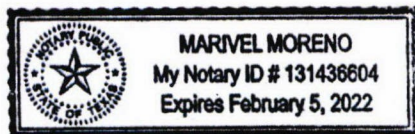
Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 19th of May, 2020

Marivel Moreno

Notary Public in and For the State of Texas

My commission expires on: 2-5-22



000006

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughes
Secretary of State

Office of the Secretary of State

December 30, 2019

Windrose Power and Gas, LLC
2203 Timberloch Place, Suite 213
The Woodlands, TX 77380 USA

RE: Windrose Power and Gas, LLC
File Number: 802324512

Assumed Name:
Windrose

File Date: 12/20/2019

It has been our pleasure to file the assumed name certificate for the above referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Come visit us on the internet at <https://www.sos.texas.gov/>

Phone: (512) 463-5555
Prepared by: Adrian K. Smith

Fax: (512) 463-5709
TID: 10336

Dial: 7-1-1 for Relay Texas
Document: 933660630002