



Control Number: 49779



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ELECTRICITY BROKER REGISTRATION FORM



PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:

- ☐ This is a new broker registration
- ☐ This supplies information for a pending broker registration
- ☒ This amends an existing, completed broker registration

Provide an explanation of the amendment:

Change in name/ownership of original registration (Cable Group, LLC DBA Dawn Energy Consulting)

2. Authorized Representative or Attorney to contact about this application:

Name Claele Smith Title President/Owner

Business Mailing Address 5706 E. Mockingbird Ln. Ste 115

City Dallas State TX Zip 75206

Telephone Number 2142405311

Email Address claele@dawnenergyconsulting.com

3. Registering Entity: List the registering entity's legal business name, mailing address, telephone number, and email address.

Business Name Vassar Group Inc DBA Dawn Energy Consulting

Mailing address 5706 E. Mockingbird Ln. Ste 115

City Dallas State TX Zip 75206

Telephone Number 2142405311

Email Address claele@dawnenergyconsulting.com

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4. Description of the brokerage services provided by the registering person and type of customers served.

Description of Services:

Electricity Management / Consultation / Broker to commercial and residential customersTypes of Customers: *Check all that apply*☒ Residential☒ Industrial☐ Other☒ Commercial☒ Municipalities**5. Other Names.** List any trade, commercial, and doing-business-as (d/b/a) names, other than the legal name listed in #3 above, under which the registering entity intends to operate. Any name in which a corporation intends to operate must be registered with the Texas Secretary of State.**1st** _____**2nd** _____**3rd** _____**4th** _____**6. Customer Service Contact.** List the telephone number, business mailing address, and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the name, title, business mailing address, email address, and telephone number of the customer service contact person.**Customer Service Department****Telephone Number****Email Address** claele@dawnenergyconsulting.c**Name** Claele Smith**Title** President/Owner**Business mailing address** 5706 E. Mockingbird Ln. Ste 115**City** Dallas**State**
TX**Zip** 75206**Telephone Number** 2142405311**Email Address** claele@dawnenergyconsulting.com**7. Regulatory contact person.** List the name, business mailing address, telephone number, and email address for a regulatory contact person.**Name** Claele Smith**Title** President/Owner**Business mailing address** 5706 E. Mockingbird Ln. Ste 115**City** Dallas**State**
TX**Zip** 75206**Telephone Number** 2142405311**Email Address** claele@dawnenergyconsulting.com

AFFIDAVIT

My name is Claele Smith. I am the owner, partner, or an officer (Circle One) of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that the applicant is authorized to do business in Texas under all applicable laws and is in good standing with the Texas Secretary of State; that all statements made in the application are true, correct and complete; and that any material changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the applicant understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.

DocuSigned by:



726CB8E3F2C044F

Signature of Registering Entity's Owner, Partner, or Officer

Claele Smith

Printed Name

Vassar Group Inc DBA Dawn Energy Consulting

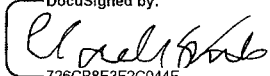
Name of Registering Entity

Sworn and subscribed before me this 19th day of May, 2020.
Month Year

Notary Public in and For the State of _____.

My commission expires on _____.

The included Affidavit acknowledges that the newly provided information is up to date. We were not able to find an operating notary due to the COVID-19 issues and ask that you waive this requirement

DocuSigned by:

726CB8E3F2C044F..

Claele Smith

Dawn Energy Consulting

Owner

5/19/2020