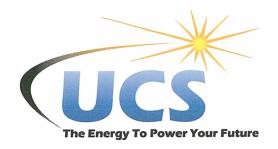
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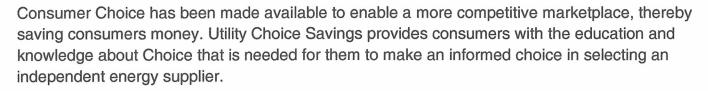
UTILITIES



July 22, 2012

New Hampshire Public Utilities Commission Debra Howland, Executive Director 21 South Fruit Street, Suite 10 Concord, NH 0330 1-2429

RE: Utility Choice Savings, LLC's Initial Registration for Electric Aggregator Sir/Madam:



As the Managing Member of Utility Choice Savings I have 5 years prior experience brokering natural gas and electricity. As a co founder and Chief Operations and Compliance Officer of Invado International, an international energy brokerage with over 34,000 residential, small commercial and large commercial customers I brokered energy through a team of Independent Reps operating in CA, IL, MI, OH, PA, NY, NJ, MD. GA, FL, KY and Quebec and Ontario Canada.

At the forefront of my focus is insuring we are compliant with state and local rules and regulations. Therefore, I have attached an original registration application, two copies of the initial registration application, an electronic copy of the original application and filing fee for your consideration.

If additional information is required for UCS to become licensed as an electric Aggregator in New Hampshire, please let me know and it will be provided.

Sincerely.

George Clayton

Member

www.claytongrc@yahoo.com

Garyanaren



FORM FOR APPLICATION FOR INITIAL REGISTRATION AS AN ELECTRIC AGGREGATOR

- (1) The legal name of the applicant as well as any trade name(s) under which it intends to operate in this state; Utility Choice Savings, LLC, AKA UCS.
- (2) The applicant's business address, telephone number, e-mail address and website address. as applicable; 58 General Knox Rd, Weare NH 03281, 440 836 9400, claytongrc@yahoo.com
- (3) The name(s), title(s), business address(es), telephone number(s), and e-mail address(es) of the applicant if an individual or of the applicant's principal(s), if the applicant is anything other than an individual; as an LLC Member, 58 General Knox Rd, Weare NH 03281, 440 836 9400, claytongrc@yahoo.com
- (4) The telephone number of the customer service department or the name, title, telephone number and e-mail address of the customer service contact person of the applicant, including toll free telephone numbers if available: George Clayton, 58 General Knox Rd, Weare NH 03281 phone 440 836 9400.
- (5) A copy of the applicant's authorization to do business in New Hampshire from the secretary of state, if anything other than an individual; Copy Attached
- (6) Description of the geographic areas of New Hampshire in which the applicant intends to provide service, UCS would like to provide aggregator service to the entire state of New Hampshire with no geographic restriction.
- (7) A statement that the applicant is not representing any supplier interest or a listing of any supplier interest the applicant intends to represent; UCS does not intend to represent any specific supplier interest.
- (8) Except as provided in 2003.04(e), payment of the required filing fee; See attached check
- (9) The signature of the applicant or its representative.

BY: Member Ly Quate July 22, 2012

Filed
Date Filed: 05/02/2012
Business ID: 670269
William M. Gardner
Secretary of State

State of New Hampshire

Filing fee:

\$50.00

Fee for Form SRA: \$50.00

Total fees

\$100.00

Use black print or type.

Form must be single-sided, on 8½" x 11" paper; double sided copies will not be accepted.

Form LLC-1 RSA 304-C:12

LLC-1 V-1.0

CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

SOBIMITO THE LODGO WITH	O CERTII ICATE (i i oldwarion.		
FIRST: The name of the limit	ed liability_company	y is Utility Choice Savings, LLC		
SECOND: The nature of the pto customers.	orimary business or	purposes are To market energy and energy	gy related products	
THIRD: The name of the limi	ted liability compan	y's registered agent is	•	
and the street address , town/c (agent's business address) 152		ode and post office box, if any) of its	registered office is	
FIFTH: The management of the	ne limited liability co	A DO	ager or managers.	
Print or type name: _		George R Clayton or		
Title:				
		,	(Enter "manager" or "member")	
	Date signed: _	4/30/12		
. *N	fust be signed by a I	manager; if no manager, must be sig	ned by a member.	
DISCLAIMER: All document available for public inspection	Si Form LLC 1	tate of New Hampshire - Certificate of Formation 2 Page(s)	ind will be	
Mail fees, <u>DATED AND SIG</u> of State, 107 North Main Stre		T1212405015	, Department	
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State of New Hampshire

Department of State Corporation Division

603-271-3246



Enclosed is the acknowledgment copy of your Certificate of Formation. It acknowledges this office's receipt and filing of your documents.

Should you have any questions, you may contact the Corporation Division at the above number or email us at <u>corporate@sos.state.nh.us</u>. Please reference your Business ID # located in the filed section of the enclosed acknowledgement copy of Certificate of Formation.

Please visit our website for helpful information regarding all your business needs.

Regards,

New Hampshire Department of State Corporation Division

Business ID#: 670269