Hospital Energy Services, LLC. 110 Riverview Drive Guilford, CT 06437 (203) 668-3522 <u>mark@hospitalenergy.com</u>

August 21, 2014

NHPUC 25AUG'14AM11:12

Ms. Debra A. Howland Executive Director New Hampshire PUC 21 South Fruit Street, Suite 10 Concord, NH 03301-2429

2/9 Re: Reinstatement of Hospital Energy Natural Gas Aggregator PM 14-171

Dear Ms. Howland

Hospital Energy Services, LLC hereby files its Natural Gas Aggregator Notice and Registration. As you may recall, we had requested that the Commission approve withdrawal of our license **D**M 14-171 as our firm had no natural gas revenue and did not want to be charged the \$2,000 aggregator fee. Since that time, the Commission has approved an exemption of the fee for licensees in our position. Since we hope to solicit hospital natural gas business as an adjunct to our existing electricity business in the state, we respectfully request that our natural gas license be reinstated.

We were advised by Commission staff that due to the recent change in Commission proecudre regarding exemptions, we might waive the license application fee. We have also attached the Exemption form for your reference. Kindly acknowledge receipt of this filing. Many thanks!

Sincerely,

hand

Mark Mininberg President

LINKED

Puc 3006.02 Form for Initial and Renewal Registration of Aggregators.

(a) The registration application required by Puc 3003.04(a) and Puc 3003.05(b) shall include the following:

(1) The legal name of the applicant as well as any trade name(s) under which it intends to operate in this state:

Hospital Energy Services, LLC We may also operate in the State as Hospital Energy, LLC

(2) The applicant's business address, telephone number, e-mail address and website address, as applicable;

110 Riverview Drive Guilford, CT 06437 (203) 668 3522 www.hospitalenergy.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 anything other than an individual;

Mark Mininberg President 110 Riverview Drive Guilford, CT 06437 (203) 668 3522 mark@hospitalenergy.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:

Mark Mininberg President 110 Riverview Drive Guilford, CT 06437 (203) 668 3522 Toll-Free: (800) 661 2165 Ext. 1 mark@hospitalenergy.com

(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:

See attached Registration of Foreign Limited Liability Company.



Aggregator Assessment Exemption Claim Form

Pursuant to N.H. RSA 363-A:5, your company may be eligible for an exemption from assessment.

RSA 363-A:5: Any public utility or other assessed entity that is not an entity to which RSA 363-A:2, I(c) or (d) applies, and that earned less than \$10,000 in gross revenue during the preceding fiscal year shall not be liable for any assessment pursuant to this chapter.

If you are entitled to the exemption please complete the form below and return the signed original within 10 days but no later than September 1 to:

Business Manager, N.H. Public Utilities Commission 21 South Fruit Street, Suite 10, Concord, NH 03301.

Company name: Hospital Energy Servius, LLC

Registration type (electric aggregator or gas aggregator):

gras aggregator

PUC docket number granting aggregator registration:

DM 14-171

Energy Suppliers with which retail customers were placed during most recent fiscal year:

None

Gross revenue earned in New Hampshire during the most recent fiscal year (July 1, 2013 through June 30, 2014): $None \neq \emptyset$

| Prepared by: | Mark Mini | nberg | |
|-----------------------------------------|-----------|----------------|--------------------------|
| Email: | Markehosp | italenersy.com | Telephone: (203)668-3522 |
| Date form was completed: $\frac{8}{2i}$ | | | |
| Signature Mark Minisherg | | | |

(Please print signatory's name.)

By the signature above, the signatory affirms that the information provided on this form is true and accurate. False statements will be referred for prosecution pursuant to Puc 202.08, in accordance with NH RSA 641:1 and NH RSA 641:2.