

DM 20-024
Electric Aggregator Registration
Puc 2006.02
Rev. 2/27/2020
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MHPLIC 28FEB'20PM1/29

Electric Load Aggregation Application Form

This form may be used to: (1) apply for initial registration as an electric load aggregator in New Hampshire, (2) apply for renewal of registration as an electric load aggregator in New Hampshire, and (3) notify the Commission of any changes to information in a previously-filed electric aggregator application form. This form is provided as a convenience for filing only; you are required to provide all information specified under Puc 2006.02 when applying for initial or renewal registration as an electric aggregator, but you are not required to use this form when doing so.

| | Indicate whether this application is for an initial registration or for a renewal. Initial ☐ Renewal ⊠ | | | | | |
|-------------------|---|---|--|--|--|--|
| | | Applicant's General Information | | | | |
| Puc 2006.02(a) | Legal Name | Cost Control Associates, Inc. | | | | |
| | Trade Name (d/b/a) (if applicable) | | | | | |
| Puc 2006.02(b) | Business Mailing Address | 310 Bay Road | | | | |
| | | Queensbury, NY 12804 | | | | |
| | Telephone Number | 518-798-4437 | | | | |
| | E-Mail Address | sharon.laake@costcontrolassociates. com | | | | |
| | Website Address (if applicable) | www.costcontrolassociates.com | | | | |
| Puc 2006.02(c) | Provide the name(s), title(s), bus individual, or of the applicant's pr your response exceeds the space | iness address(es), telephone number(s), and e-mail address(es) of the applicant, if an incipal(s),1 if the applicant is anything other than an individual. Use additional sheets if e provided on the form. | | | | |
| | Name | Keith Laake | | | | |
| | Title | President/ Director | | | | |
| | Business Mailing Address | 310 Bay Road | | | | |
| | | Queensbury, NY 12804 | | | | |
| | Telephone Number | 518-798-4437 | | | | |
| | E-Mail Address | keith.laake@costcontrolassociates.co | | | | |
| | 23 8 9 1 98 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| | Name | Allison Levin | | | | |
| | Title | Vice President/ Secretary/ Director | | | | |
| | Business Mailing Address | 310 Bay Road | | | | |
| | | Queensbury, NY 12804 | | | | |
| | Telephone Number | 518-797-4437 | | | | |
| | Email Address | allison.levin@costcontrolassociates.c om | | | | |
| | | | | | | |
| | Name | Sharon Laake | | | | |
| | Title | Treasurer/ Director | | | | |
| | Business Mailing Address | 310 Bay Road | | | | |
| | | Queensbury, NY 12804 | | | | |
| | Telephone Number | 518-798-4437 | | | | |
| | E-Mail Address | sharon.laake@costcontrolassociates. | | | | |

^{1 &}quot;Principals" means, for a corporation, any of its officers, directors, or controlling shareholders, for a limited liability company, any of its managers or controlling members, for a partnership, any of its general partners, and for any other business entity, any of its personnel exercising executive functions and any of its controlling equity owners.



| Customer Service Contact | | | | |
|--------------------------|---|---------------------------------------|--|--|
| Puc 2006.02(d) | Name | Joseph Scicutella | | |
| | Title | Analyst | | |
| | Telephone Number | 518-797-4437 | | |
| | Toll-Free Telephone Number (if available) | 800-836-3787 | | |
| | E-Mail Address | joe.scicutella@costcontrolassociates. | | |

| | | Customer Complaints Contact | |
|----------------------|--------------------------|---------------------------------------|--|
| Puc 2006.02(e)(1) | Name | Joseph Scicutella | |
| | Title | Analyst | |
| | Business Mailing Address | 310 Bay Road | |
| | | Queensbury, NY 12804 | |
| | Telephone Number | 518-798-4437 | |
| | E-Mail Address | joe.scicutella@costcontrolassociates. | |

| | | Regulatory Compliance Matters Contact |
|----------------------|--------------------------|---|
| Puc 2006.02(e)(2) | Name | Keith Laake |
| | Title | President |
| | Business Mailing Address | 310 Bay Road |
| | | Queensbury, NY 12804 |
| | Telephone Number | 518-797-4437 |
| | E-Mail Address | keith.laake@costcontrolassociates.co m |

| Commission Assessment Payments Contact | | | | |
|--|--------------------------|--------------------------------------|--|--|
| Puc 2006.02(e)(3) | Name | Sharon Laake | | |
| | Title | Office Manager | | |
| | Business Mailing Address | 310 Bay Road | | |
| | | Queensbury, NY 12804 | | |
| | Telephone Number | 518-797-4437 | | |
| | E-Mail Address | sharon.laake/2costcontrolassociates. | | |

| | Separate Attachments: Business Authority and Trade Name | | | | |
|-------------------|---|--|--|--|--|
| Puc 2006.02(f) | Provide, as a separate attachment, evidence of the applicant's authorization to do business in New Hampshire from the New Hampshire secretary of state by submitting either of the following: (1) a recent printout of the applicant's listing on the N.H. Secretary of State website with the status "In Good Standing" or words of similar import; or (2) a copy of a certificate from the N.H. Secretary of State's office stating that the applicant is authorized to do business | | | | |
| Puc 2006.02(g) | in New Hampshire. Provide, as a separate attachment, evidence of the applicant's registration of the trade name, if any, to be used by the applicant in New Hampshire from the New Hampshire secretary of state by submitting either of the following: (1) a recent printout of the applicant's trade name on the N.H. Secretary of State website with the status "Active" and indicating that the trade name is owned by the applicant; or | | | | |
| | (2) a copy of a certificate from the N.H. Secretary of State's office indicating that the applicant has registered as doing | | | | |



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| business under the trade name. | | | | |
|--------------------------------|--|--|--|--|
| backing and an are tracer | | | | |



| Please respond to each of the following questions with either "Yes" or "No." | | | | |
|--|---|----|--|--|
| Puc 2006.02(h)(1) | Has applicant or any of its principals ever been convicted of any felony that has not been annulled by a court? | No | | |
| Puc 2006.02(h)(2) | Has applicant or any of its principals, within the 10 years immediately prior to application, had any civil, criminal, or regulatory sanctions or penalties imposed against it, him, or her pursuant to any state or federal consumer protection law or regulation? | No | | |
| Puc 2006.02(h)(3) | Has applicant or any of its principals, within the 10 years immediately prior to application, settled any civil, criminal, or regulatory investigation or complaint involving any state or federal consumer protection law or regulation? | No | | |
| Puc 2006.02(h)(4) | Is applicant or any of its principals currently the subject of any pending civil, criminal, or regulatory investigation or complaint involving any state or federal consumer protection law or regulation? | No | | |
| Puc 2006.02(h)(5) | Has applicant or any of its principals been denied authorization to provide competitive electricity supply service or electric aggregation service in any other state or jurisdiction? | No | | |
| | If an affirmative answer is provided to any item above, then provide a detailed explanation of the occurrence and the related circumstances. Use additional sheets as needed. | | | |

| | Other States | |
|----------------|---|--------------|
| Puc 2006.02(i) | Please list other states or jurisdictions in which the applicant currently conducts business relating to the aggregation of electric customers. | SEE ATTACHED |

| Puc 2006.02(j) | Please respond to the following question with either "Yes" or "No." Is the applicant representing any supplier interest? | No |
|----------------|--|------------------|
| | If the response to the preceding question is "Yes," please list the supplier(s) represented. Use addineeded. | tional sheets if |

| | Expected Marketing Start Date | |
|-------------------|---|----------------|
| Puc 2006.02(k) | Provide the date upon which the applicant expects to commence marketing its services to customers in New Hampshire. | 6/1/18 Date |

| 200.24E-14 | Attestation and Signature | |
|---------------------------|---|-----------------|
| Puc 2006.02(I) and (m) | BY SIGNING BELOW, THE APPLICANT REPRESENTATIVE CERTIFIES THAT IT HAS THE AUTHORITY TO FILE THE APPLICATION ON BEHALF OF THE AGGREGATOR AND ATTESTS THAT THE CONTENTS OF THE APPLICATION ARE TRUTHFUL, ACCURATE, AND COMPLETE. | |
| | Signature of the applicant or its authorized representative | 2/27/20 Date |
| | Name: SHARON LAAKE | |
| | Title: TREASURER | |

| Filing Instructions |
|--|
| Mail an original and two paper copies of this form and all separate attachments to: Executive Director, NHPUC, 21 South Fruit St., Suite 10, Concord, NH 03301 |
| Executive.Director@puc.nh.gov |

COST CONTROL ASSOCIATES

EXHIBIT A – OFFICERS AND DIRECTORS

Keith Laake, President/ Director

310 Bay Rd., Queensbury, NY 12804

Sharon Laake/ Treasurer/Director

310 Bay Rd., Queensbury, NY 12804

Judith Eberius, Director

310 Bay Rd., Queensbury, NY 12804

Allison Levin, Vice President/ Secretary/ Director 310 Bay Road, Queensbury, NY 12804

State of New Hampshire Department of State

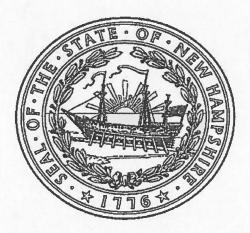
CERTIFICATE OF AUTHORITY OF

COST CONTROL ASSOCIATES, INC.

The Secretary of State of the State of New Hampshire hereby certifies that an Application of COST CONTROL ASSOCIATES, INC. for a Certificate of Authority to transact business in this State, duly signed pursuant to the provisions of the New Hampshire Business Corporation Act, has been received in this office.

ACCORDINGLY the undersigned, by virtue of the authority vested in him by law, hereby issues this Certificate of Authority to COST CONTROL ASSOCIATES, INC. to transact business in this State under the name of COST CONTROL ASSOCIATES, INC., and attaches hereto a copy of the Application for such Certificate.

Business ID: 792903



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 6th day of April A.D. 2018.

William M. Gardner

Secretary of State

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COST CONTROL ASSOCIATES, INC. is a New York Profit Corporation registered to transact business in New Hampshire on April 06, 2018. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 792903

Certificate Number: 0004817459



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 27th day of February A.D. 2020.

William M. Gardner

Secretary of State

| | Cost Control Associates Broker License/Registration #'s |
|----|---|
| | |
| DE | |
| FL | |
| IL | |
| MA | |
| MD | |
| ME | |
| NH | |
| ОН | |
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| MI | |
| FL | |
| NJ | |
| GA | |
| VA | |
| CA | |