



June 2, 2016  
Executive Director Howland  
NH PUC  
21 S Fruit Street  
Concord NH 03301

RE: DM 16-606 Utility Choice Savings, LLC Registration to Provide Natural Gas Aggregation Service

Dear Executive Director Howland;

In response to your departments request I have attached several documents related to the formation of Utility Choice Savings, LLC.

1. State of New Hampshire Certification of Formation New Hampshire Limited Liability Company which has in the upper right corner the effective date and business ID#. Also at the bottom of the first page is the certification by the Secretary of State of the Certificate of Formation.
2. A cover letter from the Secretary of State acknowledging the Certificate of Formation
3. A Statement of Good Standing from the Secretary of State's web-site.

I hope this provides the correct document you need. If you need something additional please let me know and I will contact the Secretary of State for the correct document.

Thank You

A handwritten signature in blue ink, appearing to read 'George Clayton', is written over a faint, larger version of the signature.

George Clayton  
President

Utility Choice Savings

918 Flanders Rd Unit 4B Henniker NH 03242 - PH 603 301-4012 - Email [gclayton@utilitychoicesavings.com](mailto:gclayton@utilitychoicesavings.com)  
utilitychoiceenergy.com utilitychoicesavings.com

**Filed Documents**

**Date:** 6/2/2016

(Annual Report History, View Images, etc.)

**Business Name History**

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| <b>Name</b>                 | <b>Name Type</b> |
|-----------------------------|------------------|
| Utility Choice Savings, LLC | Legal            |

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**Limited Liability Company - Domestic - Information**

|                                       |   |
|---------------------------------------|---|
| <b>Business ID:</b>                   | 670269  |
| <b>Status:</b>                        | Good Standing                                 |
| <b>Entity Creation Date:</b>          | 4/23/2012                                     |
| <b>State of Business.:</b>            | NH  |
| <b>Principal Office Address:</b>      | 918 Flanders Rd Unit 4 B<br>Henniker NH 03242 |
| <b>Principal Mailing Address:</b>     | 918 Flanders Rd Unit 4 B<br>Henniker NH 03242 |
| <b>Last Annual Report Filed Date:</b> | 4/9/2016 12:46:34 PM                          |
| <b>Last Annual Report Filed:</b>      | 2016  |

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**Registered Agent**

|                         |   |
|-------------------------|---|
| <b>Agent Name:</b>      | InCorp Services, Inc.                   |
| <b>Office Address:</b>  | 152 S Mast Street<br>Goffstown NH 03045 |
| <b>Mailing Address:</b> |   |



# 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 [corporate@sos.state.nh.us](mailto:corporate@sos.state.nh.us). 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

Mailing address - 107 North Main Street, State House room 204, Concord, N.H. 03301-4989  
Physical Location - 25 Capitol Street, State House Annex - 3<sup>rd</sup> Floor, Concord NH  
Forms on Web - [www.nh.gov/sos/corporate](http://www.nh.gov/sos/corporate)

# State of New Hampshire

Filing fee: \$50.00  
Fee for Form SRA: \$50.00  
Total fees \$100.00

Form LLC-1  
RSA 304-C:12

Use black print or type.

Form must be single-sided, on 8 1/2" x 11" paper;  
double sided copies will not be accepted.

## CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

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

FIRST: The name of the limited liability company is Utility Choice Savings, LLC

SECOND: The nature of the primary business or purposes are To market energy and energy related products  
to customers.

THIRD: The name of the limited liability company's registered agent is \_\_\_\_\_

InCorp Services, Inc.

and the street address, town/city (including zip code and post office box, if any) of its registered office is  
(agent's business address) 152 South Mast Street, Goffstown, NH 03045

FOURTH: The latest date on which the limited liability company is to dissolve is Perpetually

FIFTH: The management of the limited liability company is not vested in a manager or managers.

SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the  
requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

\*Signature: \_\_\_\_\_

Print or type name: \_\_\_\_\_

George R Clayton Jr

Title: \_\_\_\_\_

Member

(Enter "manager" or "member")

Date signed: \_\_\_\_\_

4/30/12

\*Must be signed by a manager; if no manager, must be signed by a member.

DISCLAIMER: All documents  
available for public inspection

Mail fees, DATED AND SIGNED  
of State, 107 North Main Street

State of New Hampshire  
Form LLC 1 - Certificate of Formation 2 Page(s)



T1212405015

and will be

, Department

5/07  
LLC-1 V-1.0

**Form SRA – Addendum to Business Organization and Registration Forms  
Statement of Compliance with New Hampshire Securities Laws**

**Part I – Business Identification and Contact Information**

Business Name: Utility Choice Savings, LLC  
Business Address (include city, state, zip): 58 Genral Knox Rd, Weare H 03281  
Telephone Number: (440) 591-0384 E-mail: gclayton30@gmail.com  
Contact Person: George Clayton  
Contact Person Address (if different): \_\_\_\_\_

**Part II – Check ONE of the following items in Part II. If more than one item is checked, the form will be rejected.  
[PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below.  
However, you must insure that your business meets all of the requirements spelled out in A), B), and C):**

1.  Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:  
A) This business has 10 or fewer owners; and  
B) Advertising relating to the sale of ownership interests has not been circulated; and  
C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business.
2. \_\_\_\_\_ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - \_\_\_\_\_.
3. \_\_\_\_\_ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - \_\_\_\_\_.
4. \_\_\_\_\_ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

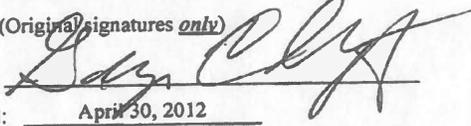
**Part III – Check ONE of the following items in Part III:**

1. \_\_\_\_\_ This business is not being formed in New Hampshire.
2.  This business is being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.

**Part IV – Certification of Accuracy**

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

|                                     |   |
|-------------------------------------|---|
| Name (print): <u>George Clayton</u> | Signature:  |
|                                     | Date signed: <u>April 30, 2012</u>  |
| Name (print): _____                 | Signature: _____  |
|                                     | Date signed: _____  |
| Name (print): _____                 | Signature: _____  |
|                                     | Date signed: _____  |