

**To: Melyssa Flaherty**

**Electric Supplier Application Phone: 603-216-3512**

l. Complete Legal Name of Supplier (include any d/b/a):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("Supplier") hereby requests to be qualified as a Supplier of electricity for certain customers of Liberty Utilities (Granite State Electric) Corp ("the Company") who choose to serve electric customers on the Company's distribution system. Supplier hereby provides the following information in connection with this request:

2. Type of legal entity: 0 Corporation Partnership Proprietorship Joint Venture Other

Date of

Incorporation/formation: ­­

State of

Incorporation/formation: \_\_

Please provide information below on officers, all general partners, joint venture principals, proprietor or other.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Address | Phone Number |
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3. Is your company a subsidiary of another company? Yes: No:

If yes, please provide the following on the Parent Company:

Name: Address:

Telephone:

4. Please answer the following: YES NO

a. Is the Supplier operating under any chapter of bankruptcy law? 0

b. Is the Supplier subject to liquidation or debt reduction procedures 0 0

under state laws, such as an assignment for the benefit of creditors, or any information creditors' committee agreements?

c. Is the Supplier aware of any changes in its business condition which would 0 0

negatively affect its financial condition, a condition of insolvency, or its

inability to exist as an ongoing business?

d. Does the Supplier have any delinquent balances outstanding for services 0 0

previously provided by Liberty Utilities or any of Liberty Utilities affiliates?

e. Does the Supplier have any pending collection lawsuits or collection judgments

outstanding or tax liens against it? 0 0

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5. Attach your most recent Credit Reports from Credit and Bond Rating Agencies.

6. Supplier certifies that they are an active participant of ISO-NE or they have a 3rd party agreement with and ISO-NE Participant. Please provide such documentation.

7. Supplier understands that Company must receive a complete application before the application will be accepted and processed. Supplier certifies they are a registered Competitive Electric Power Supplier by the New Hampshire Public Utilities Commission.

Supplier hereby represents that the information provided in this request is true to the best of its knowledge.

Supplier Contact for this request. Supplier Authorized Representative

Name: Signature: \_\_\_\_\_\_ Address: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone No.: Fax No.:­­­\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

5/14/2014