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**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**

Please contact Brent Killian at (717) 783-0350
if you have questions concerning these documents.

Thank you!

ST, PAO4B

From: pao4b@state.pa.us
Sent: Tuesday, May 18, 2010 11:23 AM
To: ST, PAO4B
Subject: PAO4B New Registration *291256*

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
Application For Registration - Foreign

- > Registered Limited Liability General Partnership (§ 8211)
- Registered Limited Liability Limited Partnership (§ 8211)
- Limited Partnership (§ 8582)
- Limited Liability Company (§ 8981)

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Document will be returned to the name and address you enter below.

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Name
Tom Spradling
Address
204 N I-35
Address
Suite A

City State Zip
Red Oak TX 75154

Commonwealth of Pennsylvania
APPLICATION FOR REGISTRATION 3 Page(s)



T1013967028

Email: tspradling@texzon.net

Fee: \$250

In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name to be registered is:
Texzon Utilities, Ltd.
2. (If the name set forth in paragraph 1 is not available for use in this Commonwealth, complete the following):
The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is :
3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:
Jurisdiction:TX Date of Formation:08/28/2006
4. The (a) address of this initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a)Number and Street	City	State	Zip	County
(b)Name of Commercial Registered Office Provider				County
National Registered Agents, Inc.				Dauphin

CC \$250
5. Check and complete one of the following:
The address of the office required to be maintained by it in the jurisdiction of its organiz

POWER OF ATTORNEY INTERNATIONAL FIDELITY INSURANCE COMPANY

HOME OFFICE: ONE NEWARK CENTER, 20TH FLOOR
NEWARK, NEW JERSEY 07102-5207

THIS POWER OF ATTORNEY IS VOID IF ALTERED OR ERASED. THE OBLIGATION OF THE COMPANY ON INDIVIDUAL UNDERTAKINGS NOT TO EXCEED TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000.00)

KNOW ALL MEN BY THESE PRESENTS, That INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and having its principal office in the City of Newark, New Jersey, does hereby constitute and appoint:

VALERIE ABER WAYNE GUTCHES

Phoenix, AZ

its true and lawful attorney(s) in fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents shall be as binding upon the said INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal office.

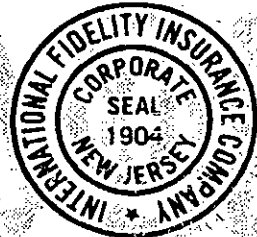
This Power of Attorney is executed, and may be revoked, pursuant to and by authority of Article 3-Section 3, of the By-Laws adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting called and held on the 7th day of February, 1974.

The President or any Vice President, Executive Vice President, Secretary or Assistant Secretary, shall have power and authority:

- (1) To appoint Attorneys-in-fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, and
- (2) To remove, at any time, any such attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of said Company adopted at a meeting duly called and held on the 29th day of April, 1982 of which the following is a true excerpt:

Now therefore the signatures of such officers and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.



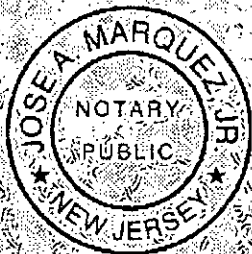
IN TESTIMONY WHEREOF, INTERNATIONAL FIDELITY INSURANCE COMPANY has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 29th day of August, A. D. 2003.

STATE OF NEW JERSEY
County of Essex

INTERNATIONAL FIDELITY INSURANCE COMPANY

[Signature]
Secretary

On this 29th day of August 2003, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said the he is the therein described and authorized officer of the INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate Seal of said Company; that the said Corporate Seal and his signature were duly affixed by order of the Board of Directors of said Company.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal at the City of Newark, New Jersey the day and year first above written.

[Signature]
A NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Nov. 21, 2010

CERTIFICATION

I, the undersigned officer of INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the By-Laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON IN THE HOME OFFICE OF SAID COMPANY, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 29th day of

June 2010
[Signature]
Assistant Secretary

APPENDIX B

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COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION

TAX CERTIFICATION STATEMENT

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

A completed Tax Certification Statement must accompany all applications for new licenses, renewals or transfers. Failure to provide the requested information and/or any outstanding state income, corporation, and sales (including failure to file or register) will cause your application to be rejected. If additional space is needed, please use white 8 1/2" x 11" paper. Type or print all information requested.

1. CORPORATE OR APPLICANT NAME Texzon Utilities, Ltd.	2. BUSINESS PHONE NO. (972) 938-0533 CONTACT PERSON(S) FOR TAX ACCOUNTS: Steve Wilson Tom Spradling
--	---

3. TRADE/FICTITIOUS NAME (IF ANY)

4. LICENSED ADDRESS (STREET, RURAL ROUTE, P.O. BOX NO.)	(POST OFFICE)	STATE	(ZIP)
204 N I-35 Suite A	Red Oak	TX	75154

5. TYPE OF ENTITY SOLE PROPRIETOR PARTNERSHIP CORPORATION

8. LIST OWNER(S), GENERAL PARTNERS, OR CORPORATE OFFICER(S)

NAME (PRINT) Grison Enterprises, L.L.C.	SOCIAL SECURITY NUMBER (OPTIONAL)
NAME (PRINT) Carolyn Griffith	SOCIAL SECURITY NUMBER (OPTIONAL)
NAME (PRINT) David Griffith	SOCIAL SECURITY NUMBER (OPTIONAL)
NAME (PRINT) Steve Wilson	SOCIAL SECURITY NUMBER (OPTIONAL)
NAME (PRINT) Valerie Wilson	SOCIAL SECURITY NUMBER (OPTIONAL)

9. LIST THE FOLLOWING STATE TAX IDENTIFICATION NUMBERS. (ALL ITEMS: A, B, AND C MUST BE COMPLETED).

A. SALES TAX LICENSE (8 DIGITS)	APPLICATION PENDING <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	C. CORPORATE BOX NUMBER (7 DIGITS)	APPLICATION PENDING <input type="checkbox"/> N/A <input type="checkbox"/>
[] [] - [] [] [] [] [] [] - []		[2] [8] [7] [3] [2] [0] [4]	
B. EMPLOYER ID (EIN) (9 DIGITS)	APPLICATION PENDING <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
[] [] [] - [] [] [] [] [] [] [] [] []			

10. Do you have PA employees either resident or non-resident? YES NO

11. Do you own any assets or have an office in PA? YES NO

NAME AND PHONE NUMBER OF PERSON(S) RESPONSIBLE FOR FILING TAX RETURNS

PA SALES AND USE TAX	EMPLOYER TAXES	CORPORATE TAXES Tom Spradling
PHONE	PHONE	PHONE (972) 938-0533

Telephone inquiries about this form may be directed to the Pennsylvania Department of Revenue at the following numbers: (717) 772-2673, TDD# (717) 772-2252 (Hearing Impaired Only)

FIRST CLASS

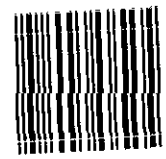
OF THE RETURN ADDRESS: FULLY AUTOMATIC LIFE
CERTIFIED MAIL™



7008 1300 0002 4864 7628



1000



17120

U.S. POSTAGE
PAID
RED OAK, TX
75154
JUL 07, 10
AMOUNT

\$6.15
00024468-02

Texzon Utilities
204 N I-35 Suite A
Red Oak, Texas 75154

FIRST CLASS MAIL

Rosemary Chiavetta, Secretary
Keystone Building, 2nd floor Room N201
Harrisburg, PA 17120

**RETURN RECEIPT
REQUESTED**