

Dear Ms. Rotenberg:

On August 28, 2012 South Shore Trading and Distributors d/b/a South Shore Energy Solutions' (South Shore's) application for an Electric Generation Supplier license was accepted for filing and docketed with the Public Utility Commission. The application was incomplete. In order for us to complete our analysis of your application, the Energy Industry Group requires answers to the attached question(s).

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, Ruth Rotenberg, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

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2012 NOV 26 AM 11:25  
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SECRETARY'S BUREAU

# BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of \_\_\_\_\_, d/b/a \_\_\_\_\_, for approval to offer, render, furnish, or supply electricity or electric generation services as a(n) [as specified in item #4b below] to the public in the Commonwealth of Pennsylvania (Pennsylvania).

To the Pennsylvania Public Utility Commission:

## 1. IDENTIFICATION AND CONTACT INFORMATION

a. **IDENTITY OF THE APPLICANT:** Provide name (including any fictitious name or d/b/a), primary address, web address, and telephone number of Applicant:

South Shore Trading and Distributors Inc  
2937 W. ESTES AVE  
CHICAGO, IL 60645  
773-262-7793

www.southshoreenergysolutions.com

b. **PENNSYLVANIA ADDRESS / REGISTERED AGENT:** If the Applicant maintains a primary address outside of Pennsylvania, provide the name, address, telephone number, and fax number of the Applicant's secondary office within Pennsylvania. If the Applicant does not maintain a physical location within Pennsylvania, provide the name, address, telephone number, and fax number of the Applicant's Registered Agent within Pennsylvania.

c. **REGULATORY CONTACT:** Provide the name, title, address, telephone number, fax number, and e-mail address of the person to whom questions about this Application should be addressed.

d. **ATTORNEY:** Provide the name, address, telephone number, fax number, and e-mail address of the Applicant's attorney. If the Applicant is not using an attorney, explicitly state so.

e. **CONTACTS FOR CONSUMER SERVICE AND COMPLAINTS:** Provide the name, title, address, telephone number, FAX number, and e-mail of the person and an alternate person responsible for addressing customer complaints. These persons will ordinarily be the initial point(s) of contact for resolving complaints filed with the Applicant, the Electric Distribution Company, the Pennsylvania Public Utility Commission, or other agencies. The main contact's information will be listed on the Commission website list of licensed EGSs.

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## 2. BUSINESS ENTITY FILINGS AND REGISTRATION

a. **FICTITIOUS NAME:** *(Select appropriate statement and provide supporting documentation as listed.)*

The Applicant will be using a fictitious name or doing business as ("d/b/a")

Provide a copy of the Applicant's filing with Pennsylvania's Department of State pursuant to 54 Pa. C.S. §311, Form PA-953.

**or**

The Applicant will not be using a fictitious name.

b. **BUSINESS ENTITY AND DEPARTMENT OF STATE FILINGS:**

*(Select appropriate statement and provide supporting documentation. As well, understand that Domestic means being formed within Pennsylvania and foreign means being formed outside Pennsylvania.)*

The Applicant is a sole proprietor.

- If the Applicant is located outside the Commonwealth, provide proof of compliance with 15 Pa. C.S. §4124 relating to Department of State filing requirements.

**or**

The Applicant is a:

- domestic general partnership (\*)
- domestic limited partnership (15 Pa. C.S. §8511)
- foreign general or limited partnership (15 Pa. C.S. §4124)
- domestic limited liability partnership (15 Pa. C.S. §8201)
- foreign limited liability general partnership (15 Pa. C.S. §8211)
- foreign limited liability limited partnership (15 Pa. C.S. §8211)

- Provide proof of compliance with appropriate Department of State filing requirements as indicated above.
- Give name, d/b/a, and address of partners. If any partner is not an individual, identify the business nature of the partner entity and identify its partners or officers.
- Provide the state in which the business is organized/formed and provide a copy of the Applicant's charter documentation.
- \* If a corporate partner in the Applicant's domestic partnership is not domiciled in Pennsylvania, attach a copy of the Applicant's Department of State filing pursuant to 15 Pa. C.S. §4124.

**or**

- h. **START DATE:** Provide the approximate date the Applicant proposes to begin services within the Commonwealth.

## 5. COMPLIANCE

- a. **CRIMINAL/CIVIL PROCEEDINGS:** State specifically whether the Applicant, an affiliate, a predecessor of either, or a person identified in this Application, has been or is currently the defendant of a criminal or civil proceeding within the last five (5) years.

Identify all such proceedings (active or closed), by name, subject and citation; whether before an administrative body or in a judicial forum. If the Applicant has no proceedings to list, explicitly state such.

The applicant, affiliate, predecessor of either or a person identified in this application has not nor is currently the defendant of a criminal or civil proceeding within last 5 years.

- b. **SUMMARY:** If applicable; provide a statement as to the resolution or present status of any such proceedings listed above.

- c. **CUSTOMER/REGULATORY/PROSECUTORY ACTIONS:** Identify all formal or escalated actions or complaints filed with or by a customer, regulatory agency, or prosecutory agency against the Applicant, an affiliate, a predecessor of either, or a person identified in this Application, for the prior five (5) years, including but not limited to customers, Utility Commissions, and Consumer Protection Agencies such as the Offices of Attorney General. If the Applicant has no actions or complaints to list, explicitly state such.

- d. **SUMMARY:** If applicable; provide a statement as to the resolution or present status of any actions listed above.



FIFTH THIRD BANK

(CHICAGO)  
P.O. BOX 630900 CINCINNATI OH 45263-0900



Statement Period Date: 8/1/2012 - 8/31/2012  
Account Type: Bus Basics Checking  
Account Number: 7236340381  
Banking Center: Lincolnshire  
Banking Center Phone: 847-634-4249  
Commercial Client Services: 1-800-589-5355  
www.53.com

SOUTH SHORE TRADING AND  
DISTRIBUTORS INC  
2937 W ESTES AVE  
CHICAGO IL 60645-2933  
0  
6232



*Confidential*

**Account Summary - 7236340381**

<b>08/01</b>	<b>Beginning Balance</b>	<b>\$242,164.63</b>	Number of Days in Period	31
5	Checks	\$(20,615.90)		
5	Withdrawals / Debits	\$(5,400.51)		
4	Deposits / Credits	\$38,279.26		
<b>08/31</b>	<b>Ending Balance</b>	<b>\$254,427.48</b>		

**Checks**

5 checks totaling \$20,615.90

\* Indicates gap in check sequence    i = Electronic Image    s = Substitute Check

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
0000 i	08/21	10,000.00	129*i	08/14	1,099.76	1191 i	08/17	758.07
0000*i	08/31	8,000.00	1190*i	08/17	758.07			

**Withdrawals / Debits**

5 items totaling \$5,400.51

Date	Amount	Description
08/15	306.20	IRS USATAXPYMT 274262824068370 SOUTH SHORE TRADING & 081512
08/16	59.53	IL DEPT OF REVEN EDI EDI PYMNTS 12WHE001393707 102 SOUTH SHORE TRADI TXP*3000754120001*0112*20120930*T*5953\ 081612
08/23	761.67	WEB INITIATED PAYMENT AT CITI CARD ONLINE PAYMENT 110833665268630 082312
08/29	268.13	WEB INITIATED PAYMENT AT CHASE EPAY 1390650172 082912
08/30	4,004.98	WEB INITIATED PAYMENT AT AMEX EPayment ACH PMT W6850 083012

**Deposits / Credits**

4 items totaling \$38,279.26

Date	Amount	Description
08/20	43.79	CHAMP ENERGY 053 IL BROKER 082012 IL 082012 1 SOUTH SHORE TRADING 082012
08/21	12,960.54	DEPOSIT
08/24	2,356.34	INTERSTATE GAS BROKER'S 381 South Shore Trading 082412
08/31	22,918.59	DEPOSIT

**Daily Balance Summary**

Date	Amount	Date	Amount
08/14	241,064.87	08/20	239,226.79
08/15	240,758.67	08/21	242,187.33
08/16	240,699.14	08/23	241,425.66
08/17	239,183.00	08/24	243,782.00
		08/29	243,513.87
		08/30	239,508.89
		08/31	254,427.48

PLANNING A TRIP? PURCHASE OR EXCHANGE MORE THAN 90 FOREIGN CURRENCIES FROM YOUR LOCAL FIFTH THIRD BANK, AS EARLY AS THE NEXT BUSINESS DAY. THERE MAY BE A FEE FOR NEXT BUSINESS DAY DELIVERY ON SOME CURRENCIES. CONTACT YOUR BANKING CENTER FOR DETAILS ON CURRENCY EXCHANGE FEES.

DDA001 / FTCH / 20120831 / 3065 / 6232



**Suggested instructions for balancing either your checking or savings account.**

1. Enter Ending Balance from statement. (1) \$ \_\_\_\_\_

2. List Deposits / Credits made after statement date:

Date	Amount	Date	Amount

Enter total of above Deposits/Credits. (2) \$ \_\_\_\_\_

3. Compute sub-total (#1 plus #2). (3) \$ \_\_\_\_\_

4. List Checks and Withdrawals / Debits not yet paid by bank:

Check #/Date	Amount	Check #/Date	Amount

Enter total of above Checks and Withdrawals / Debits. (4) \$ \_\_\_\_\_

5. Subtract line 4 from line 3. This should be your present account balance. (5) \$ \_\_\_\_\_

**Having trouble balancing your statement?**

**If revised bank balance is MORE than your checkbook balance:**

- a) Have you verified your addition and subtraction above and in your checkbook?
- b) Does the above list include all of your outstanding checks, withdrawals and debits?
- c) Have you added all ATM deposits in your checkbook?
- d) Have you added all credits and advances in your checkbook?

**If revised bank balance is LESS than your checkbook balance:**

- a) Have you verified your addition and subtraction above and in your checkbook?
- b) Have you deducted service and other bank charges in your checkbook?
- c) Have you deducted all ATM withdrawals in your checkbook?
- d) Have you deducted all credit line and preauthorized payments in your checkbook?

**ERROR RESOLUTION PROCEDURE FOR ELECTRONIC TRANSACTIONS**

If you believe there is an error on your statement or receipt, or if you need more information about a transaction, please contact us as soon as you can. You can call us at 1-800-972-3030, or write us at Fifth Third Bank Customer Service, Madisonville Operations Center, Mail Drop 1MCC3A, Cincinnati, OH 45263, or visit your nearest Fifth Third Banking Center. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. (1) Tell us your name and account number. (2) Describe the error or the transaction you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. (3) Tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for a new account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

**Preauthorized Transfers.** If you are the recipient of preauthorized deposits, you may contact us at 1-800-972-3030 during normal business hours or visit the Fifth Third Bank web site at [www.53.com](http://www.53.com) to confirm receipt of a preauthorized deposit.

Docket No A-2012-2321411

South Shore Trading and Distributors

Data Request reply

Item	Cost	Volume	Unit

Bond: - South Shore will not take title to electricity

- South Shore will not pay electricity bills on behalf of its customers

Enclosed is a corrected confidential bank statement as well as the verification statement and corrected ~~the~~ responses for 1 + 2.

Ruth Rotenberg

55T  
2937 W ESTES  
CHICAGO, IL

60645

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PA P.U.C.  
SECRETARY'S BUREAU

CAROL STREAM IL 601

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Rosemary Chavetta Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA

17105326565

17105-3265