



January 11, 2017

Rosemary Chiavetta
Secretary of the Commission
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17120

RE: Docket No. A-2016-2577373
LLC Formation Documentation

Dear Ms. Chiavetta:

On December 21, 2016, we received a letter from your office indicating that Blue Sky Power's application was incomplete for a Broker only Electric Generation Supplier license due to failure to provide limited liability company formation documentation. The same day, we overnighted out Blue Sky Power's Certificate of Formation issued October 20, 2008 by the New Jersey Department of Treasury. We then confirmed with Mr. Jakab pursuant to the attached emails the exact information required by the Commission. As described in the emails, Blue Sky Power provided electronically, the original Filing Notification and Business Registration Application. Enclosed, please find hard copies of these documents for the Commission's consideration.

Should you and the Commission have any questions or need additional documentation or information, please feel free to contact me.

I, Benjamin S. Parvey II, 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).

Respectfully submitted,

Benjamin S. Parvey II

RECEIVED

JAN 11 2017

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

encl

21 Tanner Street, Suite 103 • Haddonfield, NJ 08033
Office: 856-888-1311 • Mobile: 202-285-6931 • Fax: 856-795-6222
E-mail: bparvey@BlueSkyPower.com
www.BlueSkyPower.com

NEW JERSEY DIVISION OF THE TREASURY
DIVISION OF REVENUE BUSINESS GATEWAY SERVICES

FILING NOTIFICATION
BLUE SKY POWER LLC
0400255032

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 10/20/2008 and was assigned identification number 0400255032. Following are the articles that constitute its original certificate.

Name:
BLUE SKY POWER LLC

The Registered Agent:
BENJAMIN S. PARVEY II

The Registered Office:
132 HADDON AVENUE
HADDONFIELD, NJ 08033

Business Purpose:
Utilities

Members/Managers:
BENJAMIN PARVEY
132 HADDON AVENUE
HADDONFIELD, NJ 08033
MATTHEW T. STANGER
10 TRAPPER ROAD
SEWELL, NJ 08080
GEORGE H. HUTCHINSON III
116 N. HADDON AVENUE
HADDONFIELD, NJ 08033

The Main Business Address:
132 HADDON AVENUE
HADDONFIELD, NJ 08033

Signatures:
BENJAMIN S. PARVEY II
AUTHORIZED REPRESENTATIVE

*** This is not a legal document. Its sole use is intended strictly for notification purposes only ***

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JAN 11 2017

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Entity Number: 0400255032

BENJAMIN S. PARVEY II
132 HADDON AVENUE

HADDONFIELD
NEW JERSEY, 08033

NJ-REG

STATE OF NEW JERSEY
DIVISION OF REVENUE

BUSINESS REGISTRATION APPLICATION

MAIL TO:
CLIENT REGISTRATION
PO BOX 252
TRENTON, NJ 08646-0252

*** NO FEE REQUIRED ***

Please read instructions carefully before filling out this form.
ALL SECTIONS MUST BE FULLY COMPLETED.

OVERNIGHT DELIVERY:
CLIENT REGISTRATION
847 ROEBLING AVENUE
TRENTON, NJ 08611

FAX:
(609) 292-4291

REGISTRATION DETAILS

A. Please indicate the reason for your filing this application:

- Original application for a new business
- Moved previously registered business to new location (REG-C.L. can be used in lieu of NJ-REG)
- Amended application for an existing business
- Re-requests for amending application
- Application for an additional location of an existing registered business
- Applying for a Business Registration Certificate

B. FEIN # 30 2567458 OR Soc. Sec. # of Owner

Check Box if "Applied for"

C. Name Blue Sky Power, LLC
(If your business will be a Corporation, LLC, LLP or Nonprofit Organization, give legal name. IF NOT, give Name of Owner or Partner)

D. Trade Name _____

E. Business Location (Use house P.O. Box for Local Address) F. Mailing Name and Address (If different from business address)

Street 132 Haddon Avenue
City Haddonfield State N J
Zip Code 0 8 0 3 3

Name _____
Street _____
City _____ State
Zip Code

(See instructions for providing alternate addresses)

(Give 5-digit Zip)

BUSINESS DETAILS

G. Beginning date for this business 10 / 20 / 08 (See instructions) D/C

H. Type of ownership (check one)
 NJ Corporation Sole Proprietor Partnership Out-of-State Corporation LLP Other
 Limited Partnership LLC (1065 Filer) LLC (1120 Filer) LLC (Single Member) S Corporation (You must complete page 41)

I. New Jersey Business Code: 2 9 0 0 (see instructions)

FOR OFFICIAL USE ONLY
DLN _____

J. County / Municipality Code 0 4 1 7 (see instructions) K. County Camden
(New Jersey only)

L. Will this business be SEASONAL? Yes No

If YES: Circle months business will be open
 JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

M. If an ENTITY (item G) complete the following:
Date of Incorporation: _____ / _____ / _____ State of Incorporation Fiscal month

Is this a Subsidiary of another corporation? YES NO
If YES, give name and Federal ID# of parent _____

N. Standard Industrial Code (If known) O. NAICS 2 2 1 0 0 0 (If known)

P. Provide the following information for the owner, partners or responsible corporate officers: (If more space is needed, attach rider)

OWNERSHIP DETAILS

NAME <small>(Last Name, First, MI)</small>	SOCIAL SECURITY NUMBER <small>TITLE</small>	HOME ADDRESS <small>(Street, City, State, Zip)</small>	PERCENT OF OWNERSHIP
Parvey II, Benjamin	Member	132 Haddon Ave Haddonfield, NJ 08033	34
Stanger, Matthew T.	Member	10 Trapper Rd Sewell, NJ 08080	33
Hutchinson III, George H.	Member	116 N. Haddon Ave Haddonfield, NJ 08033	33

BE SURE TO COMPLETE NEXT PAGE

FEIN#

26 556 1453

NAME: Blue Sky Power, LLC

NJ-REG

Each Question Must Be Answered Completely

1. Have you or any other person, partnership or commission paid or committed to pay wages to employees working in New Jersey within the next 6 months?
Cover date of last wage or salary payment: 07-01-09
If you answered "No" to question 1, please be aware that if you began paying wages you are required to notify the Client Registration Bureau at PO Box 252, Trenton, NJ 08646-0252, or phone (609) 292-1738.

2. Date cumulative gross payroll exceeds \$100?
Month: Year:
3. Will you be paying wages, salaries or commissions to New Jersey residents working outside New Jersey?

4. Will you be the payer of personal liability insurance to New Jersey residents?
5. Will you be holding up employment or change in New Jersey (as defined in Chapter 47 Rules of Legalized Games of Chance) where proceeds from any one prior exceed \$1,000?

6. Is this business a PEO (Employee Leasing Company)? (If yes, see page 5)

7. Did you acquire: Substantially all the assets, Trade or business, Employees, of any previous employing unit?
If answer is "No" go to question 1.
If answer is "Yes" indicate by a check whether acquired in whole or in part, and list business name, address and registration number of predecessor or acquired unit and the date business was acquired by you. If more than one, list separately. Continue on separate sheet if necessary.

Table with columns: Name of Acquired Unit, NJ Employee ID, ACQUIRED (Assets, Trade or Business, Employees), PERCENTAGE ACQUIRED.

8. Subject to certain regulations, the law provides for the transfer of the predecessor's employment experience to a successor where the whole of a business is acquired from a subject predecessor employer. The transfer of the employment experience is required by law.

Are the predecessor and successor units owned or controlled by the same interests?
9. Is your employment agricultural?
10. Is your employment household?

11. If yes, please indicate the date in the calendar quarter in which gross cash wages totaled \$1,000 or more.
12. Are you a 501(c)(3) organization?
If "Yes," to apply for sales tax exemption, obtain form REG-1E at www.state.nj.us/treasury/taxation/epm/epm1e.htm

13. Were you subject to the Federal Unemployment Tax Act (FUTA) in the current or preceding calendar year?
(See instruction sheet for explanation of FUTA). If "Yes," indicate year.

14. a. Does the employing unit claim exemption from liability for contributions under the Unemployment Compensation Law of New Jersey?
If "Yes," please state reason. (Use additional sheets if necessary.)

b. If exemption from the mandatory provisions of the Unemployment Compensation Law of New Jersey is claimed, does this employing unit wish to voluntarily elect to become subject to its provisions for a period of not less than two complete calendar years?

15. Types of Business: 1. Manufacturer, 2. Service, 3. Wholesale, 4. Construction, 5. Retail, 6. Government.

Principal product or service in New Jersey only.
Type of Activity in New Jersey only.

16. List below each place of business and each class of industry in New Jersey, even though you may have only one place of business or engage in only one class of industry.
a. Do you have more than one employing facility in New Jersey?

Summary table with columns: NJ WORK LOCATIONS (Street Address, City, Zip Code, County), NATURE OF BUSINESS (NAICS Code, Principal Product or Service, Complete Description, %), No. of Workers at Each Location and in Each Class of Industry.

FEIN:

11-936743

NAME: Blue Sky Power, LLC

NJ-REG

14081

Each Question Must Be Answered Completely

- 11 a. Will you collect New Jersey Sales Tax and/or pay Use Tax? Yes No
GIVE EXACT DATE YOU EXPECT TO MAKE FIRST SALE _____
Month _____ Day _____ Year _____
- b. Will you need to make exempt purchases for your inventory or to produce your product? Yes No
- c. Is your business located in (check applicable boxes) Atlantic City Salem County
 North Wildwood Wildwood Crest Wildwood
- d. Do you have more than one location in New Jersey that collects New Jersey Sales Tax? (if yes, see instructions) Yes No
- e. Do you in the regular course of business, sell, store, deliver or transport natural gas or electricity to users or customers in this state whether by mains, lines or pipes located within this State or by any other means of delivery? Yes No
- 12. Do you intend to sell cigarettes? Yes No
Note: If yes, complete the REG-L form on page 45 in this booklet and return with your completed NJ-REG. To obtain a cigarette retail or vending machine license complete the form CM-100 on page 47.
- 13 a. Are you a distributor or wholesaler of tobacco products other than cigarettes? Yes No
- b. Do you purchase tobacco products other than cigarettes from outside the State of New Jersey? Yes No
- 14. Are you a manufacturer, wholesaler, distributor or retailer of "litter-generating products"? (See instructions for retailer liability and definition of litter-generating products) Yes No
- 15. Are you an owner or operator of a sanitary landfill facility in New Jersey? Yes No
IF YES, indicate D.E.P. Facility # and type (See instructions) _____
- 16 a. Do you operate a facility that has the total combined capacity to store 200,000 gallons or more of petroleum products? Yes No
- b. Do you operate a facility that has the total combined capacity to store 20,000 gallons (equals 167,043 pounds) of hazardous chemicals? Yes No
- c. Do you store petroleum products or hazardous chemicals at a public storage terminal? Yes No
Name of terminal _____
- 17 a. Will you be involved with the sale or transport of motor fuels and/or petroleum? Yes No
Note: If yes, complete the REG-L form in this booklet and return with your completed NJ-REG. To obtain a motor fuels retail or transport license complete and return the CM-100 in this booklet.
- b. Will your company be engaged in the refining and/or distributing of petroleum products for distribution in this State or the importing of petroleum products into New Jersey for consumption in New Jersey? Yes No
- c. Will your business activity require you to issue a Direct Payment Permit in lieu of payment of the Petroleum Products Gross Receipts Tax on your purchases of petroleum products? Yes No
- 18. Will you be providing goods and services as a direct contractor or subcontractor to the state, other public agencies including local governments, colleges and universities and school boards, or to casino licensees? Yes No
- 19. Will you be engaged in the business of renting motor vehicles for the transportation of persons or non-commercial freight? Yes No
- 20. Is your business a hotel, motel, bed & breakfast or similar facility and located in the State of New Jersey? Yes No
- 21. Do you hold a permit or license, issued by the New Jersey Department of Transportation, to erect and maintain an outdoor advertising sign or to engage in the business of outdoor advertising? Yes No Fee expired effective 7/1/07
- 22. Do you make retail sales of new motor vehicle tires, or sell or lease motor vehicles? Yes No
- 23. Do you provide "cosmetic medical procedures" or goods or occupancies directly associated with such procedures? Yes No
(See description of Cosmetic Procedures Gross Receipts Tax in the list of Taxes of the State of New Jersey, page 5.)
Type of Business _____
- 24. Do you sell voice grade access telecommunications or mobile telecommunications to a customer with a primary place of use in this State? Yes No
- 25. Will you make retail sales of "fur clothing"? Yes No
(See full description of Fur Clothing Retail Gross Receipts Tax in the list of Taxes of the State of New Jersey, page 5.)
- 26. Contact Information: Person _____ Title _____
Daytime Phone: (____) _____ Ext. _____ E-mail address: _____
Signature of Owner, Partner or Officer _____
Title _____ Date _____

NO FEE IS REQUIRED TO FILE THIS FORM

IF YOU ARE A SOLE PROPRIETOR OR A PARTNERSHIP WITHOUT EMPLOYEES - STOP HERE -
IF YOU HAVE EMPLOYEES PROCEED TO THE STATE OF NJ NEW HIRE REPORTING FORM ON PAGE 29

IF YOU ARE FORMING A CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR A LIMITED LIABILITY PARTNERSHIP YOU MUST CONTINUE ANSWERING APPLICABLE QUESTIONS ON PAGES 23 AND 24

Subject: RE: PUC Application A-2016-2577373 - Requested Information
Date: Wednesday, December 21, 2016 at 2:37:10 PM Eastern Standard Time
From: Jakab, Stephen
To: Ben Parvey
Attachments: image001.jpg, image002.jpg

These documents look good.

From: Ben Parvey [mailto:BParvey@blueskypower.com]
Sent: Wednesday, December 21, 2016 2:25 PM
To: Jakab, Stephen
Subject: Re: PUC Application A-2016-2577373 - Requested Information

Thank you Stephen, please let me know exactly what you are looking for if the attached does not cover it. We keep precise records here and we are happy to provide anything you are looking for, but I am not sure what else you require regarding formation. We do substantial governmental, state and municipal work and regularly respond to Public RFPs with our Business Registration Certificate, Certificate of Formation and Good Standing Certificates.

We have pulled the formation files and are also providing the attached original Filing Notification and Business Registration Application, the two filings which led to receipt of the Certificate of Formation and the Business Registration Certificate. If there is anything else I can provide, please let me know and we will get it to you.

Thank you, Ben

Benjamin S. Parvey II
Blue Sky Power
21 Tanner Street
Suite 103
Haddonfield, NJ 08033
Phone: 856-888-1311
Mobile: 202-285-6931
Fax: 856-795-6222
bparvey@BlueSkyPower.com
www.BlueSkyPower.com

From: "Jakab, Stephen" <sjakab@pa.gov>
Date: Wednesday, December 21, 2016 at 1:40 PM
To: Ben <BParvey@blueskypower.com>
Subject: RE: PUC Application A-2016-2577373 - Requested Information

Benjamin,

TUS is looking for more than the Certificate of Formation. TUS requested that you send the Commission Blue Sky's complete formation documentation. If you don't have that, then send your application for formation.

Thank you for your cooperation.

Stephen Jakab | Financial Analyst

Pennsylvania Public Utility Commission
Bureau of Technical Utility Services
| sjakab@pa.gov
End of line...

From: Ben Parvey [<mailto:BParvey@blueskypower.com>]
Sent: Wednesday, December 21, 2016 1:27 PM
To: Chiavetta, Rosemary; Jakab, Stephen
Subject: Re: PUC Application A-2016-2577373 - Requested Information

Dear Secretary Chiavetta and Mr. Jakab,

Today we received a certified letter from your office requesting Blue Sky Power's limited liability company formation documentation. Pursuant to that request we have attached the original Certificate of Formation issued by the State of New Jersey Department of Treasury on October 20, 2008. In our original application, we provided the Business Registration Certificate and Certificate of Good Standing referencing our formation date. For reference, we also are attaching hereto, the letter received from your office and the relevant sections of the application.

I hope this Certificate of Formation is the formation documentation requested and we will have an application that may be deemed complete. Please let me know if there is any additional information we can provide.

Copies will also be sent via FedEx to your office for receipt tomorrow morning.

Have very Happy Holidays. Respectfully submitted, Ben

Benjamin S. Parvey II
Blue Sky Power
21 Tanner Street
Suite 103
Haddonfield, NJ 08033
Phone: 856-888-1311
Mobile: 202-285-6931
Fax: 856-795-6222
bparvey@BlueSkyPower.com
www.BlueSkyPower.com

ORIGIN ID:WRIA (856) 479-9095
BENJAMIN S. PARVEY II
BLUE SKY POWER LLC
21 TANNER STREET
SUITE 103
HADDONFIELD, NJ 08033
UNITED STATES US

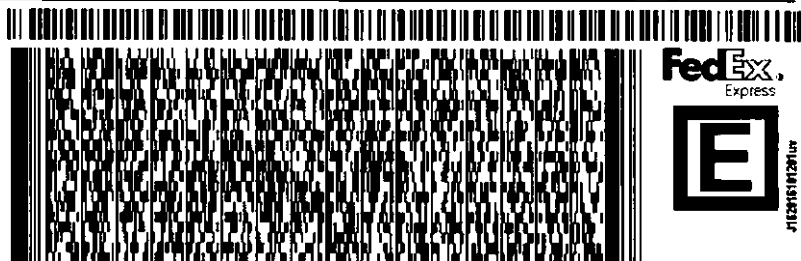
SHIP DATE: 11JAN17
ACTWGT: 0.20 LB
CAD: 1018801277/NET3790

BILL SENDER

TO ROSEMARY CHIAVETTA, COMMS SECRETARY
PA PUBLIC UTILITY COMMISSION
400 NORTH STREET, KEYSTONE BUILDING
2ND FLOOR
HARRISBURG PA 17120

544J11199714EB

(202) 285-6931 REF
INV PO. DEPT.

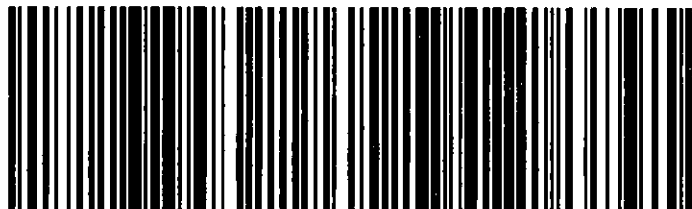


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