

**Blue Line Marketing, LLC, *d/b/a* *Blueline Energy***

700 Commerce Drive Suite 500 Oak Brook, IL. 60523  
Phone: 630-288-4637 Fax: 630-288-4601

December 8, 2017

Pennsylvania Public Utility  
Commission Secretary  
400 North Street, Keystone Building  
Harrisburg, PA 17120

*Re: Blue Line Marketing, LLC, d/b/a Blueline Energy*

Dear Sir or Madam:

Enclosed for filing with the Commission on behalf of Blue Line Marketing, LLC, d/b/a Blueline Energy, is an Application Form for Parties Wishing to Offer, Render, Furnish, or Supply Natural Gas Supply Services to the Public in the Commonwealth of Pennsylvania, along with all required exhibits. Please note that any financial exhibits are labeled as confidential and are being filed under seal, and thus, should be subject to the automatic protection from disclosure.

If you require anything further, please contact the undersigned.

Sincerely,



Michael S. Wood, President

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BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

PA PUC

SECRETARY'S BUREAU

Application of Blue Line Marketing, LLC d/b/a Blue Line Energy, for approval to offer, render, furnish, or supply natural gas supply services as a(n) Broker/Marketer 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:

Blue Line Marketing, LLC d/b/a BlueLine Energy  
700 Commerce Drive, Suite 500  
Oak Brook, IL 60523  
630-288-4637

- 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.

CT Corporation System  
600 North 2nd Street, Suite 401  
Harrisburg, PA 17101-1071  
Phone: 717-234-2300 Fax: 717-238-8232

- 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.

Michael S. Wood, President, regulatory@bluelineenergy.biz  
700 Commerce Drive, Suite 500  
Oak Brook, IL 60523  
630-288-4637  
Fax: 630-288-4601

- 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.

BlueLine Energy is not using an attorney in Pennsylvania.

- 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 (2 REQUIRED)** responsible for addressing customer complaints. These persons will ordinarily be the initial point(s) of contact for resolving complaints filed with the Applicant, the Natural Gas 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 NGSS.

Michael S. Wood, President, regulatory@bluelineenergy.biz  
700 Commerce Drive, Suite 500  
Oak Brook, IL 60523  
630-288-4637  
Fax: 630-288-4601

Jennifer Fels, General Manager, jennfels@bluelinemarketing.biz  
700 Commerce Drive, Suite 500  
Oak Brook, IL 60523  
630-288-4637  
Fax: 630-288-4601

**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. See Exhibit 2a.

**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**

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The Applicant is a:

- domestic corporation (15 Pa. C.S. §1308)
- foreign corporation (15 Pa. C.S. §4124)
- domestic limited liability company (15 Pa. C.S. §8913)
- foreign limited liability company (15 Pa. C.S. §8981)
- Other (Describe):

- Provide proof of compliance with appropriate Department of State filing requirements as indicated above. A copy of BlueLine Energy's PA filing is attached as Exhibit 2b.1.

- Provide the state in which the business is incorporated/organized/formed and provide a copy of the Applicant's charter documentation.

Blue Line Marketing is an Illinois limited liability company d/b/a BlueLine Energy

- Give name and address of officers.

Michael S. Wood, President  
700 Commerce Drive, Suite 500  
Oak Brook, IL 60523

A copy of Blue Line Marketing's Articles of Organization  
is attached in Exhibit 2b.2

### **3. AFFILIATES AND PREDECESSORS**

*(both in state and out of state)*

**a. AFFILIATES:** Give name and address of any affiliate(s) currently doing business and state whether the affiliate(s) are jurisdictional public utilities. If the Applicant does not have any affiliates doing business, explicitly state so. Also, state whether the applicant has any affiliates that are currently applying to do business in Pennsylvania.

BlueLine Energy does not have any affiliates.

**b. PREDECESSORS:** Identify the predecessor(s) of the Applicant and provide the name(s) under which the Applicant has operated within the preceding five (5) years, including address, web address, and telephone number, if applicable. If the Applicant does not have any predecessors that have done business, explicitly state so.

BlueLine Energy does not have any predecessors.

#### 4. OPERATIONS

a. **APPLICANT'S PRESENT OPERATIONS:** *(select and complete the appropriate statement)*

Definitions

- Supplier – an entity which provides natural gas supply services to retail gas customers utilizing the jurisdictional facilities of an natural gas distribution company
- Broker/Marketer - an entity that acts as an intermediary in the sale and purchase of natural gas but does not take title to the natural gas.

- The Applicant is presently doing business in Pennsylvania as a
- natural gas interstate pipeline
  - municipality providing service outside its municipal limits
  - local gas distribution company
  - retail supplier of natural gas services in the Commonwealth
  - a natural gas producer
  - a broker/marketer engaged in the business of supplying natural gas services
  - Other. (Identify the nature of service being rendered)

**OR**

- The Applicant is not presently doing business in Pennsylvania.

b. **APPLICANT'S PROPOSED OPERATIONS:** The Applicant proposes to operate as a:

- Supplier or Aggregator of natural gas services
- Municipal supplier of natural gas services
- Cooperative supplier of natural gas services
- Broker/Marketer engaged in the business of supplying natural gas services
  - Check here to verify that your organization will not be taking title to the natural gas nor will you be making payments for customers.
- Other (Describe):

**c. PROPOSED SERVICES:** Describe in detail the natural gas supply services which the Applicant proposes to offer.

Blue Line is seeking to enter into the broker/marketer field in Pennsylvania to sell retail natural gas service on behalf of alternative retail natural gas suppliers pursuant to contractual agreements with those suppliers.

**d. PROPOSED SERVICE AREA:** Check the box of each Natural Gas Distribution Company for which the Applicant proposes to provide service.

- |   |  |
|---|--|
| <input type="checkbox"/> Columbia                     | <input type="checkbox"/> Philadelphia Gas Works      |
| <input type="checkbox"/> National Fuel Gas            | <input type="checkbox"/> UGI Central Penn            |
| <input type="checkbox"/> PECO                         | <input type="checkbox"/> UGI Penn natural            |
| <input type="checkbox"/> Peoples Gas – Equitable Div. | <input type="checkbox"/> UGI Utilities               |
| <input type="checkbox"/> Peoples Natural Gas          | <input type="checkbox"/> Valley Energy               |
| <input type="checkbox"/> Peoples Gas Company          | <input checked="" type="checkbox"/> All of the above |

**e. CUSTOMERS:** Applicant proposes to provide services to:

- Residential Customers
- Small Commercial Customers - (Less than 6,000 Mcf annually)
- Residential and Small Commercial as Mixed Meter ONLY (CANNOT BE TAKEN WITH RESIDENTIAL AND/OR SMALL COMMERCIAL ABOVE)
- Large Commercial Customers - (6,000 Mcf or more annually)
- Industrial Customers
- Governmental Customers
- All of above (Except Mixed Meter)
- Other (Describe):

**f. START DATE:** Provide the approximate date the Applicant proposes to actively market within the Commonwealth.

January 1, 2018

**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. None.

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.

NA

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

NA

- 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.

None.

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

NA

**6. PROOF OF SERVICE**

**Required of ALL Applicants regardless of operating as a supplier, broker, marketer, or aggregator.**  
*(Example Certificate of Service is attached at Appendix C)*

- a.) **STATUTORY AGENCIES:** Pursuant to Section 5.14 of the Commission's Regulations, 52 Pa. Code §5.14, provide proof of service of a signed and verified Application with attachments on the following:

Office of Consumer Advocate  
5th Floor, Forum Place  
555 Walnut Street  
Harrisburg, PA 17120

Office of the Attorney General  
Bureau of Consumer Protection  
Strawberry Square, 14th Floor  
Harrisburg, PA 17120

Office of the Small Business Advocate  
Commerce Building, Suite 202  
300 North Second Street  
Harrisburg, PA 17101

Commonwealth of Pennsylvania  
Department of Revenue  
Bureau of Compliance  
Harrisburg, PA 17128-0946

Bureau of Investigation & Enforcement  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street, 2 West  
Harrisburg, PA 17120

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b.) **NGDCs:** Pursuant to Sections 1.57 and 1.58 of the Commission's Regulations, 52 Pa. Code §§1.57 and 1.58, provide Proof of Service of the Application and attachments upon each of the Natural Gas Distribution Companies the Applicant proposed to provide service in. Upon review of the Application, further notice may be required pursuant to Section 5.14 of the Commission's Regulations, 52 Pa. Code §5.14. Contact information for each NGDC is as follows.

<p><b>Columbia Gas of PA, Inc.</b>  Michele Caddell  290 W. Nationwide Blvd.  Columbus, OH 43215  PH: 614.460.6841  FAX: 614.460.8447  e-mail: <a href="mailto:mcaddell@nisource.com">mcaddell@nisource.com</a></p>	
<p><b>Peoples Natural Gas – Equitable Division</b>  Lynda Petrichevich  225 North Shore Drive  Pittsburgh, PA 15212  PH: 412.208.6528  FAX: 412.208.6577  e-mail: <a href="mailto:Lynda.w.petrichevich@peoples-gas.com">Lynda.w.petrichevich@peoples-gas.com</a></p>	<p><b>National Fuel Gas Distribution Corp.</b>  David D. Wolford  6363 Main Street  Williamsville, NY 14221  PH: 716.857.7483  FAX: 716.857.7479  e-mail: <a href="mailto:wolfordd@natfuel.com">wolfordd@natfuel.com</a></p>
<p><b>The Peoples Natural Gas Company</b>  Lynda Petrichevich  225 North Shore Drive  Pittsburgh, PA 15212  PH: 412.208.6528  FAX: 412.208.6577  e-mail: <a href="mailto:Lynda.w.petrichevich@peoples-gas.com">Lynda.w.petrichevich@peoples-gas.com</a></p>	<p><b>PECO</b>  Carlos Thillet, Manager, Gas Supply and Transportation  2301 Market Street, S9-2  Philadelphia, PA 19103  PH: 215.841.6452  Email: <a href="mailto:carlos.thillet@exeloncorp.com">carlos.thillet@exeloncorp.com</a></p>
<p><b>Peoples Gas Company</b>  Lynda Petrichevich  225 North Shore Drive  Pittsburgh, PA 15212  PH: 412.208.6528  FAX: 412.208.6577  e-mail: <a href="mailto:Lynda.w.petrichevich@peoples-gas.com">Lynda.w.petrichevich@peoples-gas.com</a></p>	<p><b>Philadelphia Gas Works</b>  Nicholas LaPergola  800 West Montgomery Avenue  Philadelphia, PA 19122  PH: 215.684.6278  email: <a href="mailto:nicholas.lapergola@pgworks.com">nicholas.lapergola@pgworks.com</a></p>
<p><b>UGI Central Penn</b>  David Lahoff  2525 N. 12<sup>th</sup> Street, Suite 360  Reading, PA 19612-2677  PH: 610.796.3520  Email: <a href="mailto:dlahoff@uqi.com">dlahoff@uqi.com</a></p>	<p><b>UGI</b>  David Lahoff  2525 N. 12<sup>th</sup> Street, Suite 360  Reading, PA 19612-2677  PH: 610.796.3520  Email: <a href="mailto:dlahoff@uqi.com">dlahoff@uqi.com</a></p>
<p><b>Valley Energy Inc.</b>  Ed Rogers  523 South Keystone Avenue  Sayre, PA 18840-0340  PH: 570.888-9664  FAX: 570.888.6199  email: <a href="mailto:erogers@ctenterprises.org">erogers@ctenterprises.org</a></p>	<p><b>UGI Penn Natural</b>  David Lahoff  2525 N. 12<sup>th</sup> Street, Suite 360  Reading, PA 19612-2677  PH: 610.796.3520  Email: <a href="mailto:dlahoff@uqi.com">dlahoff@uqi.com</a></p>



## 7. FINANCIAL FITNESS

- a. **BONDING:** In accordance with 66 Pa. C.S. Section 2208(c), no natural gas supplier license shall be issued or remain in force unless the applicant or holder furnishes a bond or other security in a form and amount to ensure the financial responsibility of the natural gas supplier. The criteria used to determine the amount and form of such bond or other security shall be set by each NGDC. Provide documentation that the applicant has met the security requirement of each NGDC by submitting the letters sent by the NGDCs stating what bonding amounts they require.

A copy of letters from the NGDC's will be filed as a supplement to this application, once received.

- b. **FINANCIAL RECORDS, STATEMENTS, AND RATINGS:** Applicant must provide sufficient information to demonstrate financial fitness commensurate with the service proposed to be provided. Examples of such information which may be submitted include the following:

- Actual (or proposed) organizational structure including parent, affiliated or subsidiary companies.
- Published Applicant or parent company financial and credit information (i.e. 10Q or 10K). (SEC/EDGAR web addresses are sufficient)
- Applicant's accounting statements, including balance sheet and income statements for the past two years.
- Evidence of Applicant's credit rating. Applicant may provide a copy of its Dun and Bradstreet Credit Report and Robert Morris and Associates financial form, evidence of Moody's, S&P, or Fitch ratings, and/or other independent financial service reports.
- A description of the types and amounts of insurance carried by Applicant which are specifically intended to provide for or support its financial fitness to perform its obligations as a licensee.
- Audited financial statements exhibiting accounts over a minimum two year period.
- Bank account statement, tax returns from the previous two years, or any other information that demonstrates Applicant's financial fitness.

See Exhibit 7b.

- c. **SUPPLIER FUNDING METHOD:** If Applicant is operating as anything other than **Broker/Marketer only**, explain how Applicant will fund its operations. Provide all credit agreements, lines of credit, etc., and elaborate on how much is available on each item.

N/A

- d. **BROKER PAYMENT STRUCTURE:** If applicant is a broker/marketer, explain how your organization will be collecting your fees.

Fees will be paid by the natural gas suppliers that contract with BlueLine Energy.

- e. **ACCOUNTING RECORDS CUSTODIAN:** Provide the name, title, address, telephone number, FAX number, and e-mail address of Applicant's custodian for its accounting records.

Dino A. Marnell, President  
Marnell Financial Services, Ltd.  
27575 Ferry Road, Suite 100  
Warrenville, IL 60555

- f. **TAXATION:** Complete the TAX CERTIFICATION STATEMENT attached as Appendix D to this application.

*All sections of the Tax Certification Statement must be completed. Absence (submitting N/A) of any of the TAX identifications numbers (items 7A through 7C) shall be accompanied by supporting documentation or an explanation validating the absence of such information.*

*Items 7A and 7C on the Tax Certification Statement are designated by the Pennsylvania Department of Revenue. Item 7B on the Tax Certification Statement is designated by the Internal Revenue Service.*

## 8. TECHNICAL FITNESS:

To ensure that the present quality and availability of service provided by natural gas distribution companies does not deteriorate, the Applicant shall provide sufficient information to demonstrate technical fitness commensurate with the service proposed to be provided.

- a. **EXPERIENCE, PLAN, STRUCTURE:** such information may include:

- Applicant's previous experience in the natural gas industry.
- Summary and proof of licenses as a supplier of natural gas services in other states or jurisdictions.
- Type of customers and number of customers Applicant currently serves in other jurisdictions.
- Staffing structure and numbers as well as employee training commitments.
- Business plans for operations within the Commonwealth.
- Any other information appropriate to ensure the technical capabilities of the Applicant.

See Exhibit 8a.

- b. **PROPOSED MARKETING METHOD** (*check all that apply*)

- Internal – Applicant will use its own internal resources/employees for marketing
- External NGS – Applicant will contract with a **PUC LICENSED NGS**
- Affiliate – Applicant will use a **NON-NGS affiliate that is a nontraditional marketer and/or marketing services consultant**
- External Third-Party – Applicant will contract with a **NON-NGS third party nontraditional marketer and/or non-selling marketer**
- Other (Describe):

**c. DOOR TO DOOR SALES:** Will the Applicant be implementing door to door sales activities?

- Yes  
 No

If yes, will the Applicant be using verification procedures?

- Yes  
 No

If yes, describe the Applicant's verification procedures.

**d. OVERSIGHT OF MARKETING:** Explain all methods Applicant will use to ensure all marketing is performed in an ethical manner, for both employees and subcontractors.

Bluc Line has a strict training and retraining policy, quality control procedures in place, and conducts live monitoring of employee and subcontractor job performance.

**e. OFFICERS:** Identify Applicant's chief officers, and include the professional resumes for any officers directly responsible for operations. All resumes should include date ranges and job descriptions containing actual work experience.

Michael S. Wood, President  
See attached Exhibit 8e.

**9. DISCLOSURE STATEMENT:**

*(Not applicable for an applicant applying for a license exclusively as a broker/marketer.)*

**DISCLOSURE STATEMENTS:** If proposing to serve Residential and/or Small Commercial (less than 6,000 Mcf annually) Customers, provide a Residential and/or Small Commercial disclosure statement. A sample disclosure statement is provided as Appendix E to this Application.

- Natural gas should be priced in clearly stated terms to the extent possible. Common definitions should be used. All consumer contracts or sales agreements should be written in plain language with any exclusions, exceptions, add-ons, package offers, limited time offers or other deadlines prominently communicated. Penalties and procedures for ending contracts should be clearly communicated.

N/A

## 10. VERIFICATIONS, ACKNOWLEDGEMENTS, AND AGREEMENTS

- a. **STANDARDS OF CONDUCT AND DISCLOSURE:** As a condition of receiving a license, Applicant agrees to conform to any Uniform Standards of Conduct and Disclosure as set forth by the Commission. Further, the Applicant agrees that it must comply with and ensure that its employees, agents, representatives, and independent contractors comply with the standards of conduct and disclosure set out in Commission regulations at 52 Pa. Code § 62.114.

AGREED

- b. **REPORTING REQUIREMENTS:** Applicant agrees to provide the following information to the Commission:

- **Reports of Gross Receipts:** Applicant shall file an annual report with the Commission on an annual basis no later than April 30<sup>th</sup> following the end of the calendar year per 52 Pa. Code § 62.110.

AGREED

- c. **TRANSFER OF LICENSE:** The Applicant understands that if it plans to transfer its license to another entity, it is required to request authority from the Commission for permission prior to transferring the license. See 66 Pa. C.S. § 2208(d). Transferee will be required to file the appropriate licensing application.

AGREED

- d. **ANNUAL FEES:** The Public Utility Code authorizes the PUC to collect an annual fee of \$350 from suppliers, brokers, marketers, and aggregators selling natural gas in the Commonwealth of PA, and a supplemental fee based on annual gross intrastate revenues, applicable to suppliers only.

ACKNOWLEDGED

- e. **FURTHER DEVELOPMENTS:** Applicant is under a continuing obligation to amend its application if substantial changes occur to the information upon which the Commission relied in approving the original filing. See 52 Pa. Code § 62.105.

AGREED

- f. **FALSIFICATION:** The Applicant understands that the making of false statement(s) herein may be grounds for denying the Application or, if later discovered, for revoking any authority granted pursuant to the Application. This Application is subject to 18 Pa. C.S. §§4903 and 4904, relating to perjury and falsification in official matters.

AGREED

- g. NOTIFICATION OF CHANGE:** If your answer to any of these items changes during the pendency of your application or if the information relative to any item herein changes while you are operating within the Commonwealth of Pennsylvania, you are under a duty to so inform the Commission, within thirty (30) days, as to the specifics of any changes which have a significant impact on the conduct of business in Pennsylvania. See 52 Pa. Code § 62.105.

AGREED

- h. CEASING OF OPERATIONS:** Applicant is also required to officially notify the Commission if it plans to cease doing business in Pennsylvania, 90 days prior to ceasing operations.

AGREED

- i. FILING FEE:** The Applicant has enclosed or paid the required, non-refundable filing fee by **CERTIFIED CHECK OR MONEY ORDER** in the amount of \$350.00 payable to the Commonwealth of Pennsylvania. The Commission does not accept corporate or personal checks for filing fees.

PAYMENT ENCLOSED

## **11. AFFIDAVITS**

**(All affidavits must be notarized before filing.)**

- a.) APPLICATION AFFIDAVIT:** Complete and submit with your filing an officially notarized Application Affidavit stating that all the information submitted in this application is truthful and correct. An example copy of this Affidavit can be found at Appendix A.
- b.) OPERATIONS AFFIDAVIT:** Provide an officially notarized affidavit stating that you will adhere to the Public Utility Code of Pennsylvania and applicable federal and state laws. An example copy of this Affidavit can be found at Appendix B.

**12. NEWSPAPER PUBLICATIONS**

**Required of ALL Applicants regardless of operating as a supplier, broker, marketer, or aggregator.**

Notice of filing of this Application must be published in newspapers of general circulation covering each county in which the applicant intends to provide service. The newspapers in which proof of publication are required is dependent on the service territories the applicant is proposing to serve.

The chart below dictates which newspapers are necessary for each NGDC. For example, an applicant that wants to operate in Peoples – Equitable would need to run ads in both The Erie Times-News and the Pittsburgh Post-Gazette. If the applicant is proposing to serve the entire Commonwealth, please file proof of publication in all seven newspapers.

The only acceptable verification of this requirement is with Notarized Proofs of Publication, which may be requested from each newspaper and must be supplied with this application. Applicants do not need a docket number in their publication. Docket numbers will be issued when all criteria on the item 14 checklist (see below) are satisfied.

	Erie Times-News	Harrisburg Patriot-News	Philadelphia Daily News	Pittsburgh Post-Gazette	Scranton Times-Tribune	Williamsport Sun-Gazette	Johnstown Tribune-Democrat
Columbia Gas	X	X		X		X	X
National Fuel Gas				X			
PECO			X				
Peoples - Equitable	X			X			
Peoples Natural Gas	X			X			X
Peoples Gas Company				X			
Philadelphia Gas Works			X				
UGI		X	X		X		
UGI Central Penn	X	X	X	X	X	X	X
UGI Penn Natural		X			X	X	
Valley Energy					X	X	
Entire Commonwealth	X	X	X	X	X	X	X

(Example Publications are provided at Appendices F and G)

**13. SIGNATURE**

Applicant: Blue Line Marketing, LLC

By: 

Title: Michael S. Wood, President

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**14. CHECKLIST**

For the applicant's convenience, please use the following checklist to ensure all relevant sections are complete. The Commission Secretary's Bureau will not accept an application unless each of the following sections is complete.

**Applicant:** Blue Line Marketing, LLC

Applicant's Use	<b>Signature</b>	PUC Secretary's Bureau Use
	<b>Filing Fee (ONLY CERTIFIED CHECK OR MONEY ORDER)</b>	
	<b>Application Affidavit</b>	
	<b>Operations Affidavit</b>	
	<b>Proof of Publication</b>	
	<b>Tax Certification Statement</b>	
	<b>Commonwealth Department of State Verification</b>	
	<b>Certificate of Service</b>	

Appendix A

APPLICATION AFFIDAVIT

[Commonwealth/State] of Illinois :

County of DuPage :

ss.

Michael S. Wood, Affiant, being duly [sworn/affirmed] according to law, deposes and says that:

[He/she is the President (Office of Affiant) of Blue Line Marketing, LLC (Name of Applicant);]

[That he/she is authorized to and does make this affidavit for said Applicant;]

That the Applicant herein Blue Line Marketing, LLC has the burden of producing information and supporting documentation demonstrating its technical and financial fitness to be licensed as a natural gas supplier pursuant to 66 Pa. C.S. § 2208 (c)(1).

That the Applicant herein Blue Line Marketing, LLC has answered the questions on the application correctly, truthfully, and completely and provided supporting documentation as required.

That the Applicant herein Blue Line Marketing, LLC acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

That the Applicant herein Blue Line Marketing, LLC acknowledges that it is under a duty to supplement information provided in answer to questions on this application and contained in supporting documents as requested by the Commission.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief, and that he/she expects said Applicant to be able to prove the same at hearing.

[Signature]  
Signature of Affiant

Sworn and subscribed before me this 8<sup>th</sup> day of December, 2017.

Maureen E. Gerbasi  
Signature of official administering oath

My commission expires March 28, 2020



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Appendix B

OPERATIONS AFFIDAVIT

[Commonwealth/State] of Illinois :

ss.

County of DuPage :

Michael S. Wood, Affiant, being duly [sworn/affirmed] according to law deposes and says that:

[He/she is the President (Office of Affiant) of Blue Line Marketing, LLC (Name of Applicant);]

[That he/she is authorized to and does make this affidavit for said Applicant;]

That Blue Line Marketing, LLC, the Applicant herein, acknowledges that [Applicant] may have obligations pursuant to this Application consistent with the Public Utility Code of the Commonwealth of Pennsylvania, Title 66 of the Pennsylvania Consolidated Statutes; or with other applicable statutes or regulations including Emergency Orders which may be issued verbally or in writing during any emergency situations that may unexpectedly develop from time to time in the course of doing business in Pennsylvania.

That Blue Line Marketing, LLC, the Applicant herein, asserts that [he/she/it] possesses the requisite technical, managerial, and financial fitness to render natural gas supply service within the Commonwealth of Pennsylvania and that the Applicant will abide by all applicable federal and state laws and regulations and by the decisions of the Pennsylvania Public Utility Commission.

That Blue Line Marketing, LLC, the Applicant herein, certifies to the Commission that it is subject to, will pay, and in the past has paid, the full amount of taxes imposed by Articles II and XI of the Act of March 4, 1971 (P.L. 6, No. 2), known as the Tax Reform Act of 1971 and any tax imposed by Chapter 22 of Title 66. The Applicant acknowledges that failure to pay such taxes or otherwise comply with the taxation requirements of Chapter 28 shall be cause for the Commission to revoke the license of the Applicant. The Applicant acknowledges that it shall report to the Commission its jurisdictional natural gas sales for ultimate consumption, for the previous year or as otherwise required by the Commission. The Applicant also acknowledges that it is subject to 66 Pa. C.S. §506 (relating to the inspection of facilities and records).

Applicant, by filing of this application waives confidentiality with respect to its state tax information in the possession of the Department of Revenue, regardless of the source of the information, and shall consent to the Department of Revenue providing that information to the Pennsylvania Public Utility Commission.

PA PUC  
SECRETARY'S BUREAU

2017 DEC 11 AM 10:32

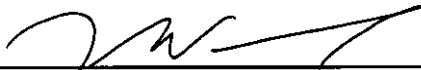
RECEIVED

**Appendix B (Continued)**

That Blue Line Marketing, LLC, the Applicant herein, acknowledges that it has a statutory obligation to conform with 66 Pa. C.S. §506 and the standards and billing practices of 52 PA. Code Chapter 56.

That the Applicant agrees to provide all consumer education materials and information in a timely manner as requested by the Office of Communications or other Commission bureaus. Materials and information requested may be analyzed by the Commission to meet obligations under applicable sections of the law.

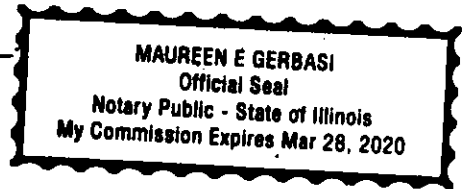
That the facts above set forth are true and correct/true and correct to the best of his/her knowledge, information, and belief.

  
Signature of Affiant

Sworn and subscribed before me this 8<sup>th</sup> day of December, 2017.

  
Signature of official administering oath

My commission expires March 28, 2020



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SECRETARY'S BUREAU

**Appendix C**

*Required of ALL Applicants regardless of operating as a supplier, broker, marketer, or aggregator.*

**Example  
CERTIFICATE OF SERVICE**

On this the 8<sup>th</sup> day of December 2017, I certify that a true and correct copy of the foregoing application form for licensing within the Commonwealth of Pennsylvania as a Natural Gas Supplier and all **NON-CONFIDENTIAL** attachments have been served, as either a hardcopy or a searchable PDF version on a cd-rom, upon the following:

<p><b>Office of Consumer Advocate</b> 5th Floor, Forum Place 555 Walnut Street Harrisburg, PA 17120</p>	<p><b>Office of the Attorney General</b> Bureau of Consumer Protection Strawberry Square, 14th Floor Harrisburg, PA 17120</p>
<p><b>Office of the Small Business Advocate</b> Commerce Building, Suite 202 300 North Second Street Harrisburg, PA 17101</p>	<p><b>Commonwealth of Pennsylvania</b> Department of Revenue Bureau of Compliance Harrisburg, PA 17128-0946</p>
<p><b>Columbia Gas of PA, Inc.</b> Michele Caddell 290 W. Nationwide Blvd. Columbus, OH 43215 PH: 614.460.6841 FAX: 614.460.8447 e-mail: <a href="mailto:mcaddell@nisource.com">mcaddell@nisource.com</a></p>	<p><b>Bureau of Investigation &amp; Enforcement</b> <b>Pennsylvania Public Utility Commission</b> Commonwealth Keystone Building 400 North Street, 2 West Harrisburg, PA 17120</p>
<p><b>Peoples Natural Gas – Equitable Division</b> Lynda Petrichevich 225 North Shore Drive Pittsburgh, PA 15212 PH: 412.208.6528 FAX: 412.208.6577 e-mail: <a href="mailto:Lynda.w.petrichevich@peoples-gas.com">Lynda.w.petrichevich@peoples-gas.com</a></p>	<p><b>National Fuel Gas Distribution Corp.</b> David D. Wolford 6363 Main Street Williamsville, NY 14221 PH: 716.857.7483 FAX: 716.857.7479 e-mail: <a href="mailto:wolfordd@natfuel.com">wolfordd@natfuel.com</a></p>
<p><b>The Peoples Natural Gas Company</b> Lynda Petrichevich 225 North Shore Drive Pittsburgh, PA 15212 PH: 412.208.6528 FAX: 412.208.6577 e-mail: <a href="mailto:Lynda.w.petrichevich@peoples-gas.com">Lynda.w.petrichevich@peoples-gas.com</a></p>	<p><b>PECO</b> Carlos Thillet, Manager, Gas Supply and Transportation 2301 Market Street, S9-2 Philadelphia, PA 19103 PH: 215.841.6452 Email: <a href="mailto:carlos.thillet@exeloncorp.com">carlos.thillet@exeloncorp.com</a></p>
<p><b>Peoples Gas Company</b> Lynda Petrichevich 225 North Shore Drive Pittsburgh, PA 15212 PH: 412.208.6528 FAX: 412.208.6577 e-mail: <a href="mailto:Lynda.w.petrichevich@peoples-gas.com">Lynda.w.petrichevich@peoples-gas.com</a></p>	<p><b>Philadelphia Gas Works</b> Nicholas LaPergola 800 West Montgomery Avenue Philadelphia, PA 19122 PH: 215.684.6278 email: <a href="mailto:nicholas.lapergola@pgworks.com">nicholas.lapergola@pgworks.com</a></p>

<b>UGI Central Penn</b> David Lahoff 2525 N. 12 <sup>th</sup> Street, Suite 360 Reading, PA 19612-2677 PH: 610.796.3520 Email: <a href="mailto:dlahoff@ugi.com">dlahoff@ugi.com</a>	<b>UGI</b> David Lahoff 2525 N. 12 <sup>th</sup> Street, Suite 360 Reading, PA 19612-2677 PH: 610.796.3520 Email: <a href="mailto:dlahoff@ugi.com">dlahoff@ugi.com</a>
<b>Valley Energy Inc.</b> Ed Rogers 523 South Keystone Avenue Sayre, PA 18840-0340 PH: 570.888-9664 FAX: 570.888.6199 email: <a href="mailto:erogers@ctenterprises.org">erogers@ctenterprises.org</a>	<b>UGI Penn Natural</b> David Lahoff 2525 N. 12 <sup>th</sup> Street, Suite 360 Reading, PA 19612-2677 PH: 610.796.3520 Email: <a href="mailto:dlahoff@ugi.com">dlahoff@ugi.com</a>



Michael S. Wood, President

**RECEIVED**  
2017 DEC 11 AM 10:38  
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SECRETARY'S BUREAU

**BLUE LINE MARKETING, LLC**

**EXHIBITS TO APPLICATION FOR PARTIES WISHING  
TO OFFER, RENDER, FURNISH, OR SUPPLY  
NATURAL GAS SUPPLY SERVICES TO THE PUBLIC IN  
THE COMMONWEALTH OF PENNSYLVANIA**

**PREPARED FOR THE PENNSYLVANIA PUBLIC  
UTILITY COMMISSION**

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2017 DEC 11 PM 1:06

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# BLUE LINE MARKETING, LLC

## EXHIBIT 2a

### Registration of Fictitious Name

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O.BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.PA.GOV

Christopher Schuering  
506 Vermont Street  
Quincy IL 62301

Blueline Energy


THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT [www.dos.pa.gov/BusinessCharities](http://www.dos.pa.gov/BusinessCharities) OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT [www.corporations.pa.gov/Search/CorpSearch](http://www.corporations.pa.gov/Search/CorpSearch) .

ENTITY NUMBER : 6601539

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Entity# : 6601539  
Date Filed : 09/05/2017  
Pedro A. Cortés  
Secretary of the Commonwealth

<input type="checkbox"/> Return document by mail to: <b>Christopher Schuering</b> <hr/> Name <b>506 Vermont Street,</b> <hr/> Address <b>Quincy IL 62301</b> <hr/> City State Zip Code <input type="checkbox"/> Return document by email to: _____	<b>Registration of Fictitious Name</b> DSCB:54-311 (rev.2/2017)  <b>311</b>
---	--

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70.00

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:  
Blueline Energy

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:  
Marketing and brokering for retail electric suppliers and natural gas suppliers.

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

700 Commerce Drive, Suite 500	Oak Brook	IL	60523	Out Of State
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip

5. Each entity, other than an individual, interested in such business is (are):

Blue Line Marketing, LLC	Limited Liability Company	IL
Name	Form of Organization	Organizing Jurisdiction
700 Commerce Drive, Suite 500, Oak Brook, Out Of State, IL, United States, 60523		
Principal Office Address		
PA Registered Office, if any		



6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

---

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration of Fictitious Name to be executed this

5th day of September, 2017.

**Blue Line Marketing, LLC**

Entity Name

**Michelle Rumore**

Signature

**General Manager**

Title

# **BLUE LINE MARKETING, LLC**

## **EXHIBIT 2b.1**

### **Foreign Registration Statement**

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**2017 DEC 11 AM 10:38**

**PA PUC  
SECRETARY'S BUREAU**

Entity# : 6601322  
Date Filed : 09/05/2017  
Pedro A. Cortés  
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Document will be returned to the name and address entered below.			
Christopher Schuering			
Name			
506 Vermont Street,			
Address			
Quincy	IL	62301	
City	State	Zip Code	

Foreign Registration Statement	
DSCB: 15-412	
(rev. 2/2017)	
	
412	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$\$250.00

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- Business Corporation       Limited Partnership       Business Trust  
 Nonprofit Corporation       Limited Liability (General) Partnership       Professional Association  
 Limited Liability Company       Limited Liability Limited Partnership

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

Blue Line Marketing, LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

\_\_\_\_\_

3. The jurisdiction of formation:

IL

4. The street and mailing address of the association's principal office.

700 Commerce Drive, Suite 500      Oak Brook      IL      60523

Number and street      City      State      Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

700 Commerce Drive, Suite 500      Oak Brook      IL      60523

Number and street      City      State      Zip

5. The (a) address of the association's registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) \_\_\_\_\_  
 Number and street City OR State Zip County

(b) c/o: CT CORPORATION SYSTEM Dauphin  
 Name of Commercial Registered Office Provider County

6. Check one of the following:

- The association may not have series.
- The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
- The Foreign Registration Statement shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
 Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

- The association is a limited liability company which is not organized to render any of the below professional service(s).
  - The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)
- \_\_\_ Chiropractic \_\_\_ Dentistry \_\_\_ Law \_\_\_ Medicine and surgery  
 \_\_\_ Optometry \_\_\_ Osteopathic medicine and surgery \_\_\_ Podiatric medicine \_\_\_ Public accounting  
 \_\_\_ Psychology \_\_\_ Veterinary medicine

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof 5th day of September, 2017 this \_\_\_\_\_

Blue Line Marketing, LLC  
 \_\_\_\_\_  
 Name of Association  
 Michelle Rumore  
 \_\_\_\_\_  
 Signature  
 General Manager  
 \_\_\_\_\_  
 Title

**BLUE LINE MARKETING, LLC**

**EXHIBIT 2b.2**

**ILLINOIS ARTICLES OF ORGANIZATION AND  
ADOPTION OF D/B/A**

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Form **LLC-5.5**

**Illinois  
Limited Liability Company Act  
Articles of Organization**

**FILE # 04881303**

**Secretary of State Jesse White**  
Department of Business Services  
Limited Liability Division  
www.cyberdriveillinois.com

**Filing Fee: \$500**  
**Expedited Fee: \$100**  
**Approved By: JMD1**

**FILED**  
**JUL 09 2014**  
**Jesse White**  
**Secretary of State**

1. Limited Liability Company Name: BLUE LINE MARKETING, LLC

2. Address of Principal Place of Business where records of the company will be kept:  
1919 S. HIGHLAND AVE., STE 300

LOMBARD, IL 60148

3. Articles of Organization effective on the filing date.

4. Registered Agent's Name and Registered Office Address:

CHRIS SCHUERING  
506 VERMONT ST  
QUINCY, IL 62301-2902

ADAMS

5. Purpose for which the Limited Liability Company is organized:

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. The Limited Liability Company is managed by the manager(s).

DEERING, JAMES C.  
1919 S. HIGHLAND AVE., STE 300  
LOMBARD, IL 60148

WOOD, MICHAEL S.  
1919 S. HIGHLAND AVE, STE 300  
LOMBARD, IL 60148

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: JULY 09, 2014

CHRISTOPHER SCHUERING  
506 VERMONT  
QUINCY, IL 62301

Form **LLC-5.25**  
May 2012

Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdrivellinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois  
Limited Liability Company Act  
**Articles of Amendment**

**SUBMIT IN DUPLICATE**  
Type or print clearly.  
This space for use by Secretary of State.

Filing Fee: \$150  
Approved: *Rak*

FILE # 04881303

This space for use by Secretary of State.

**FILED**  
**AUG 28 2014**  
JESSE WHITE  
SECRETARY OF STATE

1. Limited Liability Company Name: Blue Line Marketing, LLC

2. Articles of Amendment effective on:  
 the file date  
 a later date (not to exceed 30 days after the file date) \_\_\_\_\_  
Month, Day, Year

3. Articles of organization are amended as follows (check applicable item(s) below):
- a) Admission of a new member (give name and address below)\*
  - b) Admission of a new manager (give name and address below)\*
  - c) Withdrawal of a member (give name below)\*
  - d) Withdrawal of a manager (give name below)\*
  - e) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable.)
  - f) Change of registered agent and/or registered agent's office (give new name and/or address below, Address change to P.O. box alone or c/o is unacceptable.)
  - g) Change in the Limited Liability Company's name (give new name below)
  - h) Change in date of dissolution or other events of dissolution enumerated in Item 6 of the Articles of Organization
  - i) Other (give information in space below)
  - j) Establish authority to issue series (see back filing fee \$400)\*

\* Changes in members/managers may, but are not required to be reported in an amendment to the Articles of Organization.

Additional information:

*d* James C. Deering and Michael S. Wood are withdrawing as managers. Bobcat Holdings, LLC, is being admitted as the new sole manager. Bobcat Holdings, LLC's address is: 1209 Orange Street, Wilmington, DE 19801.


*08972271*

New Name of LLC (as changed): \_\_\_\_\_

The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

(continued)

- 4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act, and, if adopted by the managers, was approved by not less than the minimum number of managers necessary to approve the amendment, member action not being required; or, if adopted by the members, was approved by not less than the minimum number of members necessary to approve the amendment.
- 5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: August 26, 2014  
Month/Day Year  
  
Signature (Must comply with Section 5-45 of ILLCA.)  
James C. Deering, manager  
Name and Title (name or roles)

If the member or manager signing this document is a company or other entity, State Name of Company and whether it is a member or manager of the LLC.

**\* The following paragraph is adopted when Item 3j is checked:**

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.



Form **LLC-1.20**

**Illinois**  
**Limited Liability Company Act**  
Application to Adopt an Assumed Name

FILE # **04881303**

Secretary of State Jesse White  
Department of Business Services  
Limited Liability Division  
Room 351 Howlett Building  
501 S. Second St.  
Springfield, IL 62756  
www.cyberdriveillinois.com

Filing Fee: 90.00  
Approved: TLB

FILED  
Aug 15, 2017  
Jesse White  
Secretary of State

1. Limited Liability Company Name: BLUE LINE MARKETING, LLC

2. State under the laws of which the company is organized: IL

3. The Limited Liability Company intends to adopt and transact business under the assumed name of:  
BLUELINE ENERGY

The right to use the assumed name shall be effective from the date this application is filed by the Secretary of State until 07/01/2020, the first day of the company's anniversary month in the next year, which is evenly divisible by five.

4. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Application to Adopt, Change, Cancel or Renew an Assumed Name is to the best of my knowledge and belief, true, correct and complete.

Dated Aug 15, 2017  
Month & Day Year

MICHAEL S. WOOD

Name

MANAGER

Title

BOBCAT HOLDINGS, LLC

/ Manager

If applicant is a company or other entity, state name of company.

**BLUE LINE MARKETING, LLC**

**EXHIBIT 7a**

**LETTERS FROM NGDCs STATING**

**BONDING REQUIREMENTS**

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SECRETARY'S BUREAU

The local gas utilities have been served, as soon as letters are received we will forward those to the commission.

# BLUE LINE MARKETING, LLC

## EXHIBIT 8a TECHNICAL FITNESS

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SECRETARY'S BUREAU

Blue Line Marketing, LLC is an Illinois Limited Liability Company formed in July of 2014. Since formation, Blue Line has provided telemarketing services to a single electric and gas service provider in various states. Blue Line Marketing, LLC is not currently certified, licensed, registered, or otherwise authorized to provide retail natural gas service or retail/wholesale electric services. Blue Line is currently seeking licensing as a broker/marketer in OH, IL and PA so that it can contract with suppliers to arrange for such services to customers.

Blue Line's President, Michael Wood, has over 27 years of managerial and operational experience. From 2013 to the present, Mike has been a consultant for a multi-state alternative retail electric and natural gas supplier for residential and commercial customers. In this position, he has structured a third-party capital program, backed by electric contract cash flows, which continues to fund customer acquisition and growth. He makes an ongoing assessment and provides recommendations regarding the organizational structure, strategy, capital structure, and managerial and financial reporting. Mike is well versed in all areas of the retail electric and gas supply business, including, but not limited to marketing, contracting with customers, customer service, and obtaining supply. Mike joined Blue Line Marketing, LLC when it was formed in July of 2014, and is currently its President. Mike's extensive experience with the electric and natural gas industry carries over to his work with Blue Line. Mike handles all the typical duties held by the President of any company.

**GOEHL, SCHUERING, CASSENS & BIER**  
ATTORNEYS AT LAW  
506 VERMONT STREET  
QUINCY, ILLINOIS  
62301

NEOPOST PRIORITY MAIL

12/08/2017

US POSTAGE

\$007.40<sup>00</sup>



ZIP 62301  
041L10250005

Pennsylvania Public Utility  
Commission Secretary  
400 North St. Keystone Building  
Harrisburg, PA 17120