



August 2, 2021

VIA EFILING

Secretary Chiavetta
Pennsylvania Public Utility Commission
400 North Street, Keystone Building
Harrisburg, PA 17120
rchiavetta@pa.gov

**RE: All Choice Energy MidAmerica LLC EGS License Application ("Application") -
Docket No.: A-2021-3024563**

Dear Secretary Chiavetta:

The undersigned is counsel to All Choice Energy MidAmerica LLC ("Applicant").

Applicant previously submitted the aforementioned Application via the PA PUC eFiling System and hereby respectfully submits the enclosed amended pages to said Application to reflect Applicant's intention to conduct all business as an EGS in the Commonwealth of Pennsylvania under the d/b/a "Raava Energy".

Should you have any questions or require further information, please contact me directly at 917-664-1305 or jsteamer@steamerhart.com.

Sincerely,

A handwritten signature in black ink that reads "Julie B. Steamer". The signature is written in a cursive style with a long horizontal flourish at the end.

Julie B. Steamer

Encl.

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of All Choice Energy MidAmerica LLC, d/b/a Raava Energy, 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:
All Choice Energy MidAmerica LLC d/b/a Raava Energy
3 School Street, Suite 101B
Glen Cove, New York 11542
www.raavaenergy.com
Phone: 844-344-2672
*Applicant will only do business as an EGS in Pennsylvania under the d/b/a Raava Energy.
- 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: (Required of ALL Applicants)** 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 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.

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.

See attached.

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

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

<input type="checkbox"/> Return document by mail to: Return per instructions on the expedite counter form. Name _____ Address _____ City _____ State _____ Zip Code _____ <input type="checkbox"/> Return document by email to: _____	<p style="text-align: center;">Registration of Fictitious Name DSCB:54-311 (rev. 2/2017)</p> <p style="text-align: center;"> TCO210604DP0710</p>
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Read all instructions prior to completing. This form may be subm

Fee: \$70 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:
Raava 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:
RETAIL ENERGY SERVICE PROVIDER

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):
3 SCHOOL STREET SUITE 101B GLEN COVE, NEW YORK 11542

Number and street	City	State	Zip	County
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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):

All Choice Energy MidAmerica LLC	LLC	Pennsylvania
Name	Form of Organization	Organizing Jurisdiction
3 SCHOOL STREET SUITE 101B GLEN COVE, NEW YORK 11542		
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
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 have caused this Application for Registration of Fictitious Name to be executed this

 3 day of June , 2021 .

Individual Signature	Individual Signature
Individual Signature	Individual Signature
All Choice Energy MidAmerica LLC	
Entity Name	Entity Name
/s/ Christopher Polke	
Signature	Signature
Manager	
Title	Title

c. **PROPOSED SERVICES:** Describe in detail the electric services or the electric generation services which the Applicant proposes to offer.

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

- Citizens' Electric
- Duquesne Light
- Met-Ed
- PECO
- Penelec
- Penn Power

- Pike
- PPL
- UGI Utilities
- Wellsboro
- West Penn

Entire Commonwealth of PA

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

- Residential Customers
- Small Commercial Customers - (25 kW and Under)
- Residential and Small Commercial as Mixed Meter ONLY **(CANNOT BE TAKEN WITH RESIDENTIAL AND/OR SMALL COMMERCIAL ABOVE)**
- Large Commercial Customers - (Over 25 kW)
- 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.

The anticipated commencement date shall be the date on which this application has been approved, Applicant has been accepted as a Member of PJM and the EDI flight test has been successfully completed by the Applicant.

The Applicant anticipates that the aforementioned requirements for commencement of activities in the Commonwealth shall be between October 1, 2021 and November 1, 2021.

13. SIGNATURE

Applicant: _____
 By: Christopher Polke _____
 Title: CEO _____

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 are complete.

**Applicant: All Choice Energy MidAmerica LLC
 d/b/a Raava Energy**

	Signature	
	Filing Fee (CERTIFIED CHECK OR MONEY ORDER ONLY)	
	Application Affidavit	
	Operations Affidavit	
	Proof of Publication	
	Bond, Letter of Credit, or Parental/Affiliate Guarantee	
	Tax Certification Statement	
	Commonwealth Department of State Verification	
	Certificate of Service	

Applicant's Use

PUC Secretary's Bureau