



101 W Spruce Avenue, Suite 311  
North Wildwood, NJ 08260  
609-217-3407  
ABakey@comcast.net

May 2, 2025

Docket Number A-2023-3042056 – Natural Gas

PA PUC

As requested, I am providing the documentation associated with the Data Request letter April 29<sup>th</sup>.

**Data Requests**

- 1) Business Entity Filings and Registration (PA Dept of State)
- 2) Business Entity Filings and Registration (Home State – NJ)
- 3) Certificate of Service – Signed and also delivered to all utility and gov't entities where I am licensed
- 4) Customer Notice – see below

**Customer Notice**

Bakey Enterprises LLC, dba Bakey Energy Consulting will continue to market under the name Bakey Energy Consulting thus no change is being made.

Sincerely;

  
Andrew Bakey, PE  
President

RCVD PUC SEC BUR  
MAY 21 2025 PM 1:41

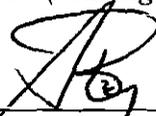
Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, [print name of appropriate company representative], 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).

Signature

Title

Date

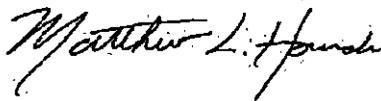


President

5/2/2025

In addition, to expedite completion of the application, please send a copy of your response to Jeff McCracken at [jmccracken@pa.gov](mailto:jmccracken@pa.gov). If any problems arise that prevent a full timely response or if any clarification of these data requests is needed, please contact Jeff McCracken of the Bureau of Technical Utility Services via e-mail at [jmccracken@pa.gov](mailto:jmccracken@pa.gov) (preferred) or (717) 783-6163.

Sincerely,



Matthew L. Homsher  
Secretary

Enclosures

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

BAKEY ENTERPRISES LLC  
0451221874

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 01/02/2025 and was assigned identification number 0451221874. Following are the articles that constitute its original certificate.

1. **Name:**  
BAKEY ENTERPRISES LLC
2. **Registered Agent:**  
JOSEPH M. KEMPTER
3. **Registered Office:**  
76 E EUCLID AVENUE  
SUITE 300  
HADDONFIELD, NEW JERSEY 08033
4. **Business Purpose:**  
THE PURPOSE OF THE COMPANY IS TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE ORGANIZED UNDER THE NEW JERSEY REVISED UNIFORM LIMITED LIABILITY COMPANY ACT AND TO ENGAGE IN ANY AND ALL NECESSARY OR INCIDENTAL ACTIVITIES.
5. **Duration:**  
PERPETUAL
6. **Effective Date of this Filing is:**  
01/02/2025
7. **Main Business Address:**  
101 WEST SPRUCE AVENUE  
UNIT 311  
NORTH WILDWOOD, NEW JERSEY 08260

ROUD PLS SEC EUR  
MAY 21 2 25 PM 141

**Signatures:**

JOSEPH M. KEMPTER  
AUTHORIZED REPRESENTATIVE

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
2nd day of January, 2025



Certificate Number : 4265113973

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingsCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingsCert/ISP/Verify_Cert.jsp)

Elizabeth Maher Muoio  
State Treasurer

RCVD PUC SEC SER  
MAY 21 2025 PM 1:41

AUTHORIZATION TO FILE A CERTIFICATE OF FORMATION  
BAKEY ENTERPRISES LLC  
(A NEW JERSEY LIMITED LIABILITY COMPANY)

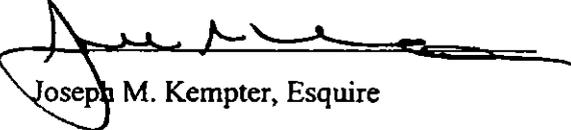
I, the undersigned, hereby authorize Joseph M. Kempter, Esquire to execute and file a Certificate of Formation with the New Jersey Department of the Treasury, Division of Revenue and Enterprise Services, on my behalf to organize the above-named limited liability company.

January 2, 2025

  
\_\_\_\_\_  
Andrew Bakey

I, Joseph M. Kempter, Esquire, do hereby accept the limited authority delegated to me to execute and file a Certificate of Formation on behalf of the above-named person.

January 2, 2025

  
\_\_\_\_\_  
Joseph M. Kempter, Esquire

**NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
CERTIFICATE OF ALTERNATE NAME**

**BAKEY ENTERPRISES LLC  
0451221874**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-name did on the 27th of January, 2025, file and record in this department a Certificate of Alternate Name.

1. **Business Name:** BAKEY ENTERPRISES LLC
2. **New Jersey Business Entity ID:** 0451221874
3. **Alternate Name:**

**Name:** BAKEY ENERGY CONSULTING  
**Activity To Be Conducted Using Alternate Name**  
ENERGY CONSULTING  
**Alternate Name is Valid Until:** 01/27/2030

**Signature and Title**  
ANDREW BAKEY, MANAGER



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
27th day of January, 2025*

*Elizabeth M. Muoio*

**Elizabeth M. Muoio  
State Treasurer**

*Certificate Number : 4267704950*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCerUJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCerUJSP/Verify_Cert.jsp)*

NJ-REG  
(9-2019)

STATE OF NEW JERSEY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
**BUSINESS REGISTRATION APPLICATION**  
Please read instructions carefully before filling out this form  
ALL SECTIONS MUST BE FULLY COMPLETED

**"NO FEE REQUIRED"**

MAIL TO:  
CLIENT REGISTRATION  
PO BOX 252  
TRENTON, NJ 08648-0252

OVERNIGHT DELIVERY:  
CLIENT REGISTRATION  
33 WEST STATE ST 3<sup>RD</sup> FL  
TRENTON, NJ 08608

Hotline  
609-292-9292  
[www.nj.gov/treasury/revenue/](http://www.nj.gov/treasury/revenue/)

REGISTRATION DETAIL

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

Reason(s) for amending application: \_\_\_\_\_

Application for an additional location of an existing registered business

Applying for a Business Registration Certificate  Employer of Domestic Household Employee(s)

Withholding for Employee(s) residing in NJ (Not doing business or employing in NJ)

B. FEIN # [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] OR Social Security # of Owner

Check Box if "Applied for"

C. Name Bakey Enterprises LLC

(If your business entity is a Corporation, LLC, LLP, LP or Non-Profit Organization, give entity name. IF NOT, give Name of Owner or Partners)

D. Trade Name Bakey Energy Consulting

E. Business Location: (Do not use P.O. Box for Location Address)

Street 101 West Spruce Avenue, Unit 311 Name \_\_\_\_\_

City North Wildwood State NJ Street \_\_\_\_\_

Zip Code 08260 City \_\_\_\_\_ State \_\_\_\_\_

(give 9 digit postal code) (give 9 digit postal code)

F. Mailing Name and Address: (if different from business location)

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

(give 9 digit postal code)

G. Beginning date for this business: [0][1] / [0][2] / [2][5] (see instructions) O/C \_\_\_\_\_

Month Day Year

H. Type of ownership (check one):

NJ Corporation  Sole Proprietor  Partnership  Out-of-State Corporation  LLP  Other \_\_\_\_\_

Limited Partnership  LLC (1085 Filer)  LLC (1120 Filer)  LLC (Single Member)  S Corporation (you must complete page 41)

I. New Jersey Business Code 2700 (see instructions)  Domestic (Household Employer)

J. County/Municipality Code 0507 (see instructions) K. County Cape May DLN \_\_\_\_\_

(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 SEP OCT NOV DEC

M. If an ENTITY (Item C) complete the following:

Date of Incorporation: [0][1] / [0][2] / [2][5] State of Incorporation NJ Fiscal Month 12

Month Day Year NJ Business/Corp. # 0461221874

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 [ ] [ ] [ ] [ ] [ ] [ ] (if known)

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

OWNERSHIP DETAIL

| NAME<br>(Last Name, First, MI)          | SOCIAL SECURITY NUMBER<br>TITLE         | HOME ADDRESS<br>(Street, City, State, Zip Code)           | PERCENT OF OWNERSHIP |
|---|---|---|----------------------|
| Bakey, Andrew, M.                       |   | 101 West Spruce Ave, Unit 311<br>North Wildwood, NJ 08260 | 100%                 |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |   |                      |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |   |                      |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |   |                      |

FEIN#:

NAME: Bakey Enterprises LLC

NJ-REG

**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 box(es)):  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 form CM-100 on page 44.

13. a. Are you a distributor or wholesaler of tobacco or nicotine products other than cigarettes? .....  Yes  No  
 b. Do you purchase tobacco or nicotine products other than cigarettes from outside the State of New Jersey? If yes, you are required to provide supplemental information directly to the Division of Taxation on Form TPT-R, Tobacco and Nicotine Products Registration. This form is available at <https://www.nj.gov/treasury/taxation/oprmtobacco.shtml>.  Yes  No  
 c. Do you intend to sell Container E-Liquid?  Yes  No  
 d. Are more than 50% of your retail business's sales derived from Container E-Liquid, electronic smoking devices, and related accessories?  Yes  No  
 Note: If yes, complete the Vapor Business License Application (form VB-R) This form is available at <https://www.nj.gov/treasury/taxation/oprmtobacco.shtml>.

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 of petroleum products? .....  Yes  No  
 Note: If yes, complete the REG-L form in this booklet and return with your completed NJ-REG. You will be sent a motor fuel license application (MFA-1) or you can download this application at [www.state.nj.us/treasury/taxation/oprmtf.shtml](http://www.state.nj.us/treasury/taxation/oprmtf.shtml).  Yes  No  
 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

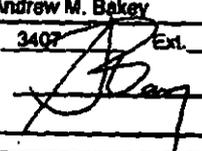
19. Will you be engaged in the business of renting motor vehicles for the transportation of persons or non-commercial freight? .....  Yes  No

20. Is your business a hotel, motel, bed & breakfast or similar facility (or do you provide other transient accommodation rentals (e.g., vacation rental, house, room, or similar lodging used on a transient basis) in the State of New Jersey? .....  Yes  No

21. Will this business be operating in the Sports and Entertainments District of Millville, NJ? .....  Yes  No  
 (if yes, will the business be engaged in obtaining gross receipts from any of the following (Circle all that apply if "Yes")  
 a. Sales, rental or leases of tangible personal property b. Sales of food & drink c. Charges of admission d. Rental charges for hotel occupancies

22. Do you make retail sales of new motor vehicle tires, or sell or lease motor vehicles? .....  Yes  No

23. Do you sell voice grade access telecommunications or mobile telecommunications to a customer with a primary place of use in this State? .....  Yes  No

24. Contact Information Person: Andrew M. Bakey Title: Member  
 Daytime Phone: (609) 217-3407 Ext. \_\_\_\_\_ E-mail Address: abakey@comcast.net  
 Signature of Owner, Partner or Officer:   
 Title: Member Date: 2/5/2025

**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



**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717.787.1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

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February 18, 2025

**Bakey Enterprises LLC**  
**ANDREW BAKEY**  
**300 ALEXANDER CT**  
**APT 2607**  
**PHILADELPHIA, PA 19103-1181**

**Entity Name:** Bakey Enterprises LLC  
**Entity File Date:** February 4, 2025  
**Entity Number:** 0014101916  
**Filing Type:** Foreign Limited Liability Company

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.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit [www.pa100.state.pa.us](http://www.pa100.state.pa.us) to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit [www.Business.pa.gov](http://www.Business.pa.gov) to find resources for businesses through all stages of development.

Beginning in 2025, annual reports are required for all domestic filing entities, limited liability general partnerships and registered foreign associations. More information will be forthcoming from the Bureau. However, to ensure that you receive notice of how and when to make annual reports, keep all information on file with the Bureau up-to-date, particularly registered office address.



0014101916



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**FOREIGN REGISTRATION STATEMENT**  
 Fee: \$250

Pennsylvania Department of State

**-FILED-**
 File #: 0014101916  
 Date Filed: 2/4/2025

B0781-0864 02/04/2025 2:31 PM Received by Pennsylvania Department of State

|   |   |
|---|---|
| <b>DSCB:15-412 (rev. 2/2017)</b>  |   |
| In compliance with the requirements of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that: |   |
| Foreign Business Type   |   |
| Filing type   | Foreign Limited Liability Company   |
| LLC filing type   | Limited Liability Company   |
| Association Name  |   |
| The full and proper name of the foreign association as registered in its jurisdiction of formation is   | Bakey Enterprises LLC   |
| Business name in Pennsylvania   | Bakey Enterprises LLC   |
| Effective Date  |   |
| The filing shall be effective when filed with the Department of State   |   |
| Additional Information  |   |
| Jurisdiction of Formation   | NEW JERSEY  |
| Select one of the following   | The association may not have series.  |
| The street address of the association's principal office.   |   |
| Principal Office Address  | ANDREW BAKEY<br>101 W SPRUCE AVE UNIT 311<br>NORTH WILDWOOD, NJ 08260-3126  |
| The mailing address of the association's principal office.  |   |
| Mailing Address   | ANDREW BAKEY<br>101 W SPRUCE AVE UNIT 311<br>NORTH WILDWOOD, NJ 08260-3126  |
| Home Jurisdiction Addresses   |   |
| Select one  | The association's home jurisdiction requires the association to maintain a street and mailing address in that jurisdiction. |
| Home Jurisdiction Street Address  | ANDREW BAKEY<br>101 W SPRUCE AVE UNIT 311<br>NORTH WILDWOOD, NJ 08260-3126  |
| Home Jurisdiction Mailing Address   | ANDREW BAKEY<br>101 W SPRUCE AVE UNIT 311<br>NORTH WILDWOOD, NJ 08260-3126  |
| Registered Office   |   |
| The address of this association's proposed registered office in this Commonwealth is  |   |
| ANDREW BAKEY<br>300 ALEXANDER CT<br>APT 2607<br>PHILADELPHIA, PA 19103-1181<br>PHILADELPHIA   |   |
| Additional provisions, if any   |   |
| Additional provisions   |   |



**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717.787.1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

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February 21, 2025

Bakey Energy Consulting  
ANDREW BAKEY  
300 ALEXANDER COURT  
APT 2607  
PHILADELPHIA, PA 19103-1181

|                          |                         |
|--------------------------|-------------------------|
| <b>Entity Name:</b>      | Bakey Energy Consulting |
| <b>Entity File Date:</b> | February 18, 2025       |
| <b>Entity Number:</b>    | 0014128210              |
| <b>Filing Type:</b>      | Fictitious Name         |

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.



0014128210



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State

**-FILED-**

File #: 0014128210  
 Date Filed: 2/18/2025

B0786-7771 02/18/2025 1:02 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

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:

## Fictitious Name

Fictitious name **Bakey Energy Consulting**

## Additional Information

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: **Energy Consulting**

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.

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

## Address

**ANDREW BAKEY**  
**300 ALEXANDER COURT**  
**APT 2607**  
**PHILADELPHIA, PA 19103-1181**  
  
**Philadelphia**

## Individuals interested in the business

| Full Name    | Address |
|--------------|---------|
| None Entered |         |

## Associations interested in the business

| Name of organization  | Form of Organization | Formation Locale | Principal Office | Registered Office Address |
|---|----------------------|------------------|------------------|---------------------------|
| <b>Bakey Enterprises LLC</b><br><b>Foreign Limited Liability Company</b><br>Principal Office Address<br><b>101 W SPRUCE AVE UNIT 311</b><br><b>ANDREW BAKEY</b><br><b>NORTH WILDWOOD, NJ 08260-3126</b><br>Registered Office Address<br><b>300 ALEXANDER CT, APT 2607, ANDREW BAKEY,</b><br><b>PHILADELPHIA, PA 19103-1181</b><br>State or Country of Origin<br><b>NEW JERSEY</b> |                      |                  | None             | None                      |

## Agents

| Full Name           |
|---------------------|
| <b>Andrew Bakey</b> |

B0786-7772 02/18/2025 1:02 PM Received by Pennsylvania Department of State

Additional provisions, if any

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

Electronic Signature

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

*Joseph M Kempter*

02/18/2025

Bakey Enterprises LLC

Date

**CERTIFICATE OF SERVICE**

On this the 2nd day of MAY 2025, I certify that a true and correct copy of the foregoing filing and all **NON-CONFIDENTIAL** attachments have been served, as either a hardcopy or a searchable PDF version on a cd-rom, upon the following:

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

**Office of Small Business Advocate**  
Forum Place  
555 Walnut Street, 1st Floor  
Harrisburg, PA 17101

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

**National Fuel Gas Distribution Corp.**  
Daniel Czechowicz, Director – Gas Supply Administration  
6363 Main Street  
Williamsville, NY 14221  
PH: 716.857.6917  
e-mail: [czechowiczd@natfuel.com](mailto:czechowiczd@natfuel.com)

**Peoples Natural Gas Company LLC - Peoples Natural Gas Division**  
Carol Scanlon  
375 North Shore Drive  
Pittsburgh, PA 15212  
PH: 412.208.6931  
e-mail: [Carol.Scanlon@peoples-gas.com](mailto:Carol.Scanlon@peoples-gas.com)

**Philadelphia Gas Works**  
Ryan Reeves, Director Supply Transportation & Control  
800 West Montgomery Avenue  
Philadelphia, PA 19122  
PH: 215.787.5103  
email: [pgwchoicesupply@pgworks.com](mailto:pgwchoicesupply@pgworks.com)

**Valley Energy Inc.**  
Ed Rogers  
523 South Keystone Avenue  
Sayre, PA 18840-0340  
PH: 570.888-9664  
email: [erogers@ctenterprises.org](mailto:erogers@ctenterprises.org)

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

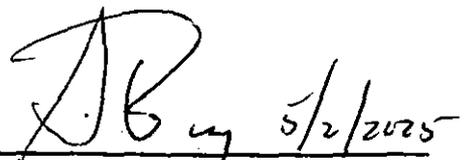
**Department of Revenue**  
**Bureau of Compliance**  
PO Box 281230  
Harrisburg, PA 17128-1230

**Columbia Gas of PA, Inc.**  
Transport Support Services  
290 W. Nationwide Blvd.  
Columbus, OH 43215  
PH: 614.460.4980  
e-mail: [transportevaluations@nisource.com](mailto:transportevaluations@nisource.com)

**PECO**  
Suzette Adams, Sr. Manager, Gas Supply and Transportation  
2301 Market Street, S-18  
Philadelphia, PA 19103  
PH: 215.841.6467  
Email: [Suzette.Adams@exeloncorp.com](mailto:Suzette.Adams@exeloncorp.com)

**Peoples Natural Gas Company LLC - Peoples Natural Gas Division**  
Carol Scanlon  
375 North Shore Drive  
Pittsburgh, PA 15212  
PH: 412.208.6931  
e-mail: [Carol.Scanlon@peoples-gas.com](mailto:Carol.Scanlon@peoples-gas.com)

**UGI Utilities, Inc. – Gas Division**  
Sherry Epler  
1 UGI Drive  
Denver, PA 17517  
PH: 610.796.3447  
Email: [sepler@uqi.com](mailto:sepler@uqi.com)

  
John Doe, President ABC Corp.

Retail



17120

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NJ 08210  
MAY 16, 2025

\$10.10

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★ MAIL ★

VISIT US AT USPS.COM®  
ORDER FREE SUPPLIES ONLINE

FROM:

BAKBY Enterprises  
101 W SAUCE AVE SUITE 311  
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08260

TO:

Commonwealth of PA  
PA PUC  
Jeff McCracken  
400 NORTH ST  
HARRISBURG, PA 17120

Label 228, March 2016

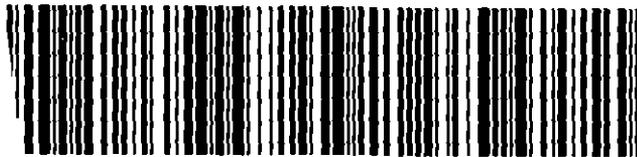
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EXPECTED DELIVERY DAY: 05/19/25

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|--|-------------------|
| Additional provisions, if any  |                   |
| <input type="checkbox"/> I qualify for a veteran/reservist-owned small business fee exemption (see help)               |                   |
| Electronic Signature   |                   |
| IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed. |                   |
| <i>Joseph M Kempter</i>  | <i>02/18/2025</i> |
| Bakey Enterprises LLC  | Date              |