

**APPLICATION FOR RENEWAL OF CSP REGISTRATION
NO CHANGES INCURRED TO APPLICATION OF RECORD**

JAN 13 2026

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Applicant (Company) Name and Docket No.:

Cohen Ventures, Inc., dba Energy Solutions - A-2024-3045179

Contact Information (name, address, phone number and email of person filing application):

Richard Boehner, Sr. Director - rboehner@energy-solution.com, 617-835-0776
419 15th St., Ste. 1000, Oakland, CA 94612

On behalf of the Applicant I am filing with the Commission this Application for Renewal of CSP Registration. There are NO CHANGES to the Applicant's CSP Application of record on file at the Commission at the Docket Number as indicated herein.

I have reviewed the Applicant's CSP Application of record and no information contained therein has changed. Furthermore, no compliance issues have occurred relating to the Applicant's CSP Application of record regarding responses to Questions 4.a - 4.d. Enclosed are the following items:

- a. Attachment providing all information relating to "Identity of the Applicant," pursuant to Question Nos. 1(a)-1(j) of the CSP Application;
- b. Renewal application fee of \$25;
- c. Affidavit, attesting to the truth and knowledge of these facts; and
- d. Proof of current liability insurance coverage.

Richard Boehner - Senior Director

Name and Title of person authorized by Applicant to file this Application


Signature

1/13/26
Date

The Applicant understands that the making of false statement(s) herein may be grounds for denying the Application for Renewal of Conservation Service Provider Registration, 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.

1. Identity of the Applicant

- a. **Legal Name of Applicant:** Cohen Ventures, Inc., dba Energy Solutions (See Exhibit 1: PA Certificate of Good Standing)
- b. **Trade or Commercial or Fictitious Names Used by Applicant (d/b/a/) List all that apply.**
 - i. Energy Solutions
- c. **Applicant Address:** 449 15th St., Suite 400, Oakland, CA 94612
- d. **Applicant Telephone Number:** 510-482-4420
- e. **Applicant Email Address:** compliance@energy-solution.com
- f. **Contact Information for Applicant:**
 - i. **Name:** Kayla Merchant
 - ii. **Mailing Address:** 449 15th St., Suite 400, Oakland, CA 94612
 - iii. **Telephone:** 510-482-4420
 - iv. **Email Address:** compliance@energy-solution.com
- g. **Predecessor(s) & Other Names used by Applicant for past five (5) years of date of this application:** None
- h. **Parent & Subsidiary Companies & Affiliates:** None
- i. **Contracts & Business Partnerships:**
 - i. **Check Box if Applicant Intends to or has operated under contract with or has partnered with an EDC within the past five (5) years. If "None," do not check the box and answer "None" below.**
 - ii. **Check Box if Applicant Intends to or has operated under contract (subcontractor) with or has partnered with a CSP Within the past five (5) years. If "None," do not check the box and answer "None" below.**
 - 1. ***CHECK BOX*:** Franklin Energy Services, LLC – 102 N. Franklin St., Port Washington, WI 53074; Carl Weston – cweston@franklinenergy.com – (805) 255-9294
 - a. Delivered Midstream program offerings for Duquesne Light Company and FirstEnergy in Phase IV Act 129 implementation.
 - iii. **Note: If any box is checked, please provide name(s) of EDC(s) and CSP(s) and contact information for each and briefly describe the nature of business services associated with each contract and/or partnership.**
 - 1. See above.
- j. **Identify principal officers (owners, executives, partners and/or directors) as appropriate for Applicant's organizational structure. Provide an**

organizational chart with the names, titles, business addresses, and telephone numbers for each office.

- i. **Sam Cohen: Chief Executive Officer/President**
 1. **Chris Burmester – Chief Sales and Strategy Officer**
 2. **David Weisong – Chief Information Officer**
 3. **Jamillah Spears – Chief People Officer**
 4. **Angela Rodriguez – Chief Financial Officer**
 5. **Scott McGaraghan – Chief Operating Officer**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodruff-Sawyer & Co. 50 California Street, Floor 12 San Francisco CA 94111	CONTACT NAME: WS Certificates PHONE (A/C No, Ext): 844-972-6326 E-MAIL ADDRESS: certificates@woodruff-sawyer.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Cohen Ventures, Inc. dba Energy Solutions 449 15th Street, Suite 400 Oakland, CA 94612	INSURER A: Federal Insurance Company NAIC # 20281	
	INSURER B: Vigilant Insurance Company 20397	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 217107040 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:		35953812	10/1/2025	10/1/2028	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		73581609	10/1/2025	10/1/2028	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		78890285	10/1/2025	10/1/2028	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A <small>(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</small>		71750547	10/1/2025	10/1/2028	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

Pennsylvania Public Utility Commission 400 North Street Keystone Bldg. Harrisburg, PA 17120	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Zoe Oberbay</i>
--	---

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

Regarding: Cohen Ventures, Inc.
Request Type: Certificate of Registration **Issuance Date:** December 02, 2025
Request No.: 068884741 **File No:** 0007131573
Receipt No.: 2319654
Filing Type: Foreign Business Corporation
Initial Filing Date: September 18, 2020
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Cohen Ventures, Inc.

is a foreign association duly registered to do business in this Commonwealth as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Albert Schmidt".

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

AFFIDAVIT

DATE OF DEPOSIT

JAN 13 2026

[Commonwealth/State] of MA :

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

SS.

County of NORFOLK :

RICHARD BOENLER, Affiant, being duly [sworn/affirmed] according to law, deposes and says that:

[He/she is the SR. DIRECTOR (Office of Affiant) of ENERGY SOLUTIONS (Name of Applicant);] ^{COHEN VENTURES INC DBA}

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

COHEN VENTURES INC DBA

That the Applicant herein ENERGY SOLUTIONS has the burden of producing information and supporting documentation demonstrating its technical and financial fitness to be registered as a conservation service provider pursuant to Act 129 of 2008.

That the Applicant herein COHEN VENTURES INC DBA ^{DBA ENERGY SOLUTIONS} acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required. COHEN VENTURES INC DBA

That the Applicant herein ENERGY SOLUTIONS acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents. COHEN VENTURES INC DBA

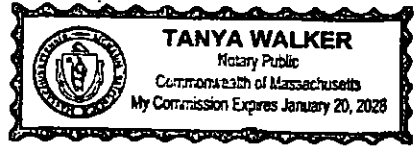
That the Applicant herein ENERGY SOLUTIONS acknowledges that it is under a duty to supplement information provided in answer to questions on this application and contained in supporting documents as requested by the Commission.

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 13TH day of JANUARY, 2026.

[Signature]
Signature of official administering oath



My commission expires: 1/20/28

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PRESS FIRMLY TO

Retail



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PME
TULSA, OK 74104
JAN 13, 2026

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To: PUC SECRETARY BUREAU

Agency: PUC

Floor:

External Carrier: EXPRESS

1/15/2026 7:44:58 AM



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PRIORITY MAIL EXPRESS



ER 225 184 209 US

JAN 13 2026

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (014) 592-8101

Kayla Merchant
Energy Solutions
1128 S. Florence Bl.
Tulsa, OK 74104

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
 - Sunday/Holiday Delivery Required (additional fee, where available*)
- *Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) PHONE ()

Secretary - Pennsylvania Public Utility
Commission
P.O. Box 3205
Harrisburg, PA 17105-3205

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17105

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

PAYMENT BY ACCOUNT (if applicable)

Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code Scheduled Delivery Date (MM/DD/YY) Postage

74114 01/16/26 \$ 33.40

Date Accepted (MM/DD/YY) Scheduled Delivery Time Insurance Fee COD Fee

01/13/26 6:00 PM \$ \$

Time Accepted Return Receipt Fee Live Animal Transportation Fee

1153 PM \$ \$

Special Handling/Fragile Sunday/Holiday Premium Fee Total Postage & Fees

\$ \$ 33.40

Weight (Flat Rate) Acceptance Employee Initials

3 lbs. 3 oz. BPO \$ RECEIVED

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time Employee Signature

AM PM

Delivery Attempt (MM/DD/YY) Time Employee Signature

AM PM

JAN 15 2026

LABEL 11-B, NOVEMBER 2023

PSN 7690-02-000-9996

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



USPS.COM/PICKUP



PS10001000006

EP13F Octo
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PEEL FROM THIS CORNER