

**CONSERVATION SERVICE PROVIDER (“CSP”) APPLICATION
FOR REGISTRATION IN THE COMMONWEALTH OF PENNSYLVANIA**

Conservation Service Providers (“CSPs”) have a specific role under Act 129, which requires a covered Electric Distribution Company’s Energy Efficiency and Conservation (EE&C) plan to include one or more CSPs to implement at least a portion of the EE&C Plan. 66 Pa.C.S. § 2806.1(b)(1)(i)(E). CSPs provide information and technical assistance to EDCs on *measures* that enable a person to increase energy efficiency or reduce energy consumption. CSPs must have no direct or indirect ownership, partnership or other affiliated interest with an EDC. 66 Pa.C.S. § 2806.1 (m). Only registered CSPs may advise an EDC and/or provide consultation, design, or administration or management services to an EDC related to the implementation of the EDC’s EE&C Plan. As such, registration of business entities as approved CSPs is required before entering into a contractual agreement with an EDC exclusively for the provision of consultation, design, administration, management or advisory services regarding that EDC’s EE&C plan. This registry is not intended as a resource for business, whose sole purpose is the installation of measures, supplying of equipment or other contracting work for use by the general public and EDC customers. If providing such services, registration as a CSP is not required for entering into an agreement with an EDC.

Any CSP subcontractor with an annual contract cost that equals or exceeds 10% of the CSP annual contract cost and is directly performing services pursuant to a contract with a CSP which has contracted with an EDC after Commission approval should also register as a CSP. This does not include third party contractors which participate in or support an EE&C Plan but are not directly contracted with a CSP which has a direct contractual relationship with the EDC subject to Act 129.

To qualify an applicant must have at least two years of experience in providing program consultation, design, administration, management or advisory services related to energy efficiency and conservation services. CSP registration is not required of entities that limit their services to the installation of energy efficiency measures or the provision of equipment or materials to EDC customers or the public in general.

1. IDENTITY OF THE APPLICANT

- a. Legal Name of Applicant: The National Theatre for Children, Inc.

Attach proof of compliance with appropriate Pennsylvania Department of State filing requirements.¹

See Exhibit A

¹ A copy of any document from the Pennsylvania Department of State (Pa. Dept. of State) documenting the Applicant’s Pa. Dept. of State entity number is adequate. However, the document must indicate that the Applicant’s Pa. Dept. of State registration is “active.” Certified copies of Pa. Dept. of State documents are not required.

b. Trade or Commercial or Fictitious Names Used by Applicant (d/b/a)—List all that apply.

The Applicant will be using a fictitious name or doing business as (“d/b/a”). Identify names below. If more space is needed, list names on the back of this page or append list to completed application.

The Applicant will not be using a fictitious name.

c. Applicant Address: 7003 W. Lake St., Suite 200
Minneapolis, MN 55426

d. Applicant Telephone No: 763-452-1100

e. Applicant Email Address: PROWAN@NATIONALTHEATRE.COM

f. Contact Information for Applicant. PLEASE NOTE: Upon approval of this application, this Contact Information will be listed on the Commission’s CSP Registry.

- Name PATRICK ROWAN
- Mailing Address 7003 W. LAKE ST. SUITE 200
Minneapolis, MN 55426
- Telephone 763-452-1100
- Email Address PROWAN@NATIONALTHEATRE.COM

g. Predecessor(s) & Other Names used by Applicant for past five (5) years of date of this application. Provide Name(s), Address(es) and Telephone No.(s).

Check Box if any Predecessor(s) is currently or was previously registered in Pennsylvania as a CSP. If affirmative, please provide Docket No(s). (A-[Year]-[Seven (7) Digits]) and names for all registered CSPs.

h. Parent & Subsidiary Companies & Affiliates:

- Parent Name and Contact Information. Provide name and contact information for parent company. Check Box if any parent company is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If "None," do not check the box and answer "None" below.

N/A

- Subsidiaries and Contact Information. Provide name and contact information for all subsidiary companies. Check Box if any subsidiary is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If "None," do not check the box and answer "None" below.

N/A

- Affiliate(s) and Contact Information. Provide name and contact information for all affiliate companies. Check Box if any affiliate is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If "None," do not check the box and answer "None" below.

N/A

i. Contracts & Business Partnerships:

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.

- 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.

If any box above 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.

- j. Identify principal officers (owners, executives, partners and/or directors), as appropriate for Applicant's organizational structure. Provide an organizational chart and the names, titles, business addresses and telephone numbers for each office.

Ward Eames, Founder, 7003 W. Lakes St, Suite 200, MPLS, MN 55426
Margaret Eames, CEO + Owner, 7003 W. Lake St. Suite 200, MPLS, MN 55426
Patrick Rowan, President, 7003 W. Lake St., Suite 200, MPLS, MN 55426
763-452-1100

- k. Attach to this Application a brief biography or single page professional resume for all principal officers and management directly responsible for Applicant's operations.

l. Provide Applicant's Employer Identification No. (EIN): 411381625

2. **REGISTERED AGENT**

- a. If the Applicant does not maintain a principal office in the Commonwealth, the Applicant is required by the Pennsylvania Department of State to designate an approved Registered Agent as its representative in the Commonwealth. Check one of the Boxes below, as applicable:

YES, the Applicant has registered its business with the Pennsylvania Department of State. Following is the Name and Contact information for the Applicant's Department-Approved Registered Agent.

- Registered Agent's Name
Corporation Service Company
- Registered Agent's Mailing Address
2595 Interstate Drive, Suite 103
- Registered Agent's Telephone
847-289-1100 Harrisburg, PA 17110
- Registered Agent's Email Address

NO, the Applicant has not registered its business with the Pennsylvania Department of State. STOP—To avoid denial of your application and forfeiture of your application fee, you should contact the Pennsylvania Department of State Bureau of Corporations to register as a business entity within the Commonwealth PRIOR TO completion and filing of this application with the Pennsylvania Public Utility Commission.

b. Applicant has registered its business with the Pennsylvania Department of State. Please check appropriate registration type for Applicant as designated with the Department.

- Sole proprietor (15 Pa. C.S. §4124)
- Domestic corporation (none)
- Domestic general partnership (15 Pa. C.S. §4124)
- Domestic limited liability company (15 Pa. C.S. §8913)
- Domestic limited liability partnership (15 Pa. C.S. §8201)
- Foreign corporation (15 Pa. C.S. §4124)
- Foreign general or limited partnership (15 Pa. C.S. §4124)
- Foreign limited liability company (15 Pa. C.S. §8981)
- Foreign limited liability general partnership (15 Pa. C.S. §8211)
- Foreign limited liability limited partnership (15 Pa. C.S. §8211)

c. If Applicant is not domiciled in the Commonwealth of Pennsylvania and is registered as a "foreign" entity as identified in Question 2.b., please identify all other states where applicant is registered and name the appropriate state department(s):

MN Dept. of State + Dept. of Revenue
Arkansas Dept. of State + Dept. of Revenue
CA Dept. of State + Dept. of Revenue
FL Dept. of State + Dept. of Revenue
Missouri Dept. of State + Dept. of Revenue
North Carolina Dept. of State + Dept. of Revenue
New Jersey Dept. of State + Dept. of Revenue
South Carolina Dept. of State + Dept. of Revenue
Virginia Dept. of State + Dept. of Revenue

3. **APPLICANT'S OPERATIONS**

Respond to each of the following four questions relating to Applicant's operations and its technical and financial fitness. Respond to each item and attach any additional information and/or statements to this Application as appropriate.

a. Describe nature of business:
The National Theatre for children (NTC) brings educational outreach
programs to K-12 schools to educate students in various subjects through
live theatre, in-school events, video, live stream, print and digital materials.
travels

b. Current status of business (check one):

- Applicant is presently doing business in Pennsylvania
- Applicant is presently not doing business in Pennsylvania

c. The Applicant proposes to provide the following information and technical services to an EDC. Check all services that apply and identify all EDCs with whom Applicant intends to conduct business.

- Consultation
 - Design
 - Administration
 - Management
 - Advisory
- EDCs: NTC provides in-school and livestream
electrical safety and conservation
programs on behalf of PPL and PECCO

d. Attach to this Application a copy of any certification(s) or similar documentation that would demonstrate the technical fitness of Applicant, such as membership in trade associations, professional licenses, technical certifications, and/or names of current or past clients with a description of dates and types of services provided by Applicant.

See Exhibit B

e. Attach to this Application proof of current liability insurance coverage.

See Exhibit C

4. **COMPLIANCE**

Respond to each of the following Questions. Provide a statement as to the resolution or present status of any such proceedings, if applicable.

- a. In the past three years has the Applicant, the parent company, an affiliate or predecessor or partner (contractor/subcontractor business relationship) of the Applicant, or any person identified by the Applicant in this Application, been investigated or convicted of a crime involving fraud, theft, larceny, deceit, violation of consumer protection law, violation of deceptive trade law or similar activity, whether before an administrative body or in a judicial forum, in which the Applicant, an affiliate, a predecessor of either, or a person identified herein has been a defendant or a respondent?

- No
- Yes. Provide explanation:

- b. Is the Applicant, the parent company, an affiliate, or a predecessor of either, currently delinquent with any state or federal taxing authority?

- No
- Yes. Provide explanation:

- c. Identify all bankruptcy or liquidation proceedings for the prior three years. If none, state "None" below.

None

- d. Identify all customer complaints filed with a regulatory or prosecutor agency for the prior three years of the date of this application. In none, state "None" below.

None

5. **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:

Signature of Principal Official: _____



Official's Name & Title
(Please Print)

: PATRICK ROWAN - PRESIDENT

Date

: 5/19/2026

APPENDIX A - AFFIDAVIT

[Commonwealth/State] of Minnesota :



: ss.

County of Hennepin :

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

[He/she is the PRESIDENT (Office of Affiant) of THE NATIONAL THEATRE FOR CHILDREN, INC (Name of Applicant);] (NTC)

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

That the Applicant herein NTC 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 NTC acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required.

That the Applicant herein NTC 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 NTC 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 20th day of May, 2020.

[Signature]
Signature of official administering oath

My commission expires: Jan. 31st, 2028.

Exhibit A

An Official Pennsylvania Government Website

Home Business UCC Trademark CROP

Search

Initial Filings

Business Search

As of 05/19/2026 we have processed all business filings received in our office through 05/14/2026.

Business Search Info

the national theatre for children, inc

Advanced

Filing Information

Initial Filing Date	09/27/2013	Status	Active	Entity Type	Foreign Business Corporation	Formed In	MINNESOTA	Address	Corporation Service Company
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Results: 1

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2:03 PM 5/19/2026



The National Theatre for Children

Exhibit B

NTC is currently an active member of:

- AESP (Association of Energy Services Professionals)
- MEEA (Midwest Energy Efficiency Association)
- PLMA (Peak Load Management Association)

NTC Former & Current Client List (partial):

Client: Duke Energy

Date: 2011-2022

Description: In-school and Livestream Energy Efficiency Program, with residential opt-in home energy kits

Location: Indiana, North & South Carolina

Client: Florida Power & Light

Date: 2012 - Present

Description: In-school and Livestream Energy Efficiency Program

Location: Florida

Client: PPL

Date: 2009 - Present

Description: In-school and Livestream Electrical Safety Program

Location: Pennsylvania

Client: PECO

Date: 2009 - Present

Description: In-school and Livestream Energy Efficiency Program

Location: Pennsylvania

Client: Inland Empire Utility Agency

Date: 2009 - Present

Description: In-school and Livestream Water Conservation/ Pollution Program

Location: Southern California

Client: Piedmont/ Enbridge Energy

Date: 2009 - Present

Description: In-school and Livestream Natural Gas Safety & Conservation Program

Location: North Carolina

7003 West Lake Street, Suite 200 - Minneapolis, MN 55426
(763) 452-1100 - www.ntccorporate.com



Exhibit C



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/14/2026

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 Ross Nesbit Agencies, Inc. 5900 Rowland Road Minnetonka MN 55343		CONTACT NAME: Holly Schmitz PHONE (A/C No. Ext): (952) 941-9418 E-MAIL ADDRESS: hschmitz@nesbitagencies.com FAX (A/C No.): (952) 941-9615	
INSURED The National Theatre for Children, Inc. 7003 West Lake Street, Suite 200 Minneapolis MN 55426		INSURER(S) AFFORDING COVERAGE INSURER A: Westfield Insurance Company NAIC # 24112 INSURER B: Evanston INSURER C: Employers Assurance Company 25402 INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 25-26 GL, Auto, Umb, WC **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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse Molestation Coverage GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CMM476929N	04/14/2026	04/14/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CMM476929N	04/14/2026	04/14/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		EZXS3197282	04/14/2026	04/14/2027	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N / A	EIG523353802	04/14/2026	04/14/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER	CANCELLATION 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