

DM 11-085

Puc 2006.02 Form for Initial and Renewal Registration of Aggregators.

(a) The registration application required by Puc 2003.04(a) and Puc 2003.05(b) shall include the following:

(1) The legal name of the applicant as well as any trade name(s) under which it intends to operate in Economy Utilities L.L.C. D.B.A The Fuel Club this state;

(2) The applicant's business address, telephone number, e-mail address and website address, as applicable; P.O. Box 568, Claremont, N.H. 03743 (603-477-1940) jerry@thefuelclub.com
www.thefuelclub.com www.economyutilities.com

(3) The name(s), title(s), business address(es), telephone number(s), and e-mail address(es) of the applicant if an individual or of the applicant's principal(s), if the applicant is anything other than an

individual; Jerry L. Pritchett, Manager, (603-543-1940) jerry@thefuelclub.com
www.thefuelclub.com www.economyutilities.com

(4) The telephone number of the customer service department or the name, title, telephone number (603-477-1940) Jerry L. Pritchett, Manager and e-mail address of the customer service contact person of the applicant, including toll free telephone numbers if available Jerry@thefuelclub.com www.thefuelclub.com
www.economyutilities.com

(5) A copy of the applicant's authorization to do business in New Hampshire from the secretary of

state, if anything other than an individual; Enclosed

(6) Description of the geographic areas of New Hampshire in which the applicant intends to provide Within the Entire State of New Hampshire borders

service, consistent with Puc 2006.01(a)(10) above;
20 Puc 2000

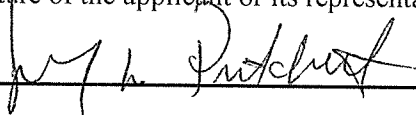
NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES

(7) A statement that the applicant is not representing any supplier interest or a listing of any supplier Economy Utilities LLC and it's affiliates will not represent any suppliers interest or listing of any supplier.

interest the applicant intends to represent; and

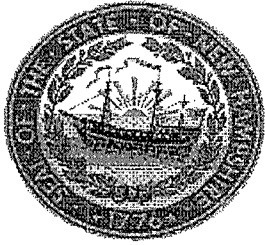
(8) Except as provided in 2003.04(e), payment of the required filing fee; and
Enclosed \$250.00 filing fee

(9) The signature of the applicant or its representative.



Manager, Jerry L. Pritchett 4/19/2011





State of New Hampshire 2011 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.
REPORT DUE BY April 1, 2011
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/11/2011
Business ID: 381454
William M. Gardner
Secretary of State

ECONOMY UTILITIES, LLC
PO BOX 568
CLAREMONT, NH 03743

ADDRESS OF PRINCIPAL OFFICE:
40 HEWITT ROAD
CLAREMONT, NH 03743
REGISTERED AGENT AND OFFICE:
PRITCHETT, JERRY
7 BENTON AVENUE
CLAREMONT, NH 03743

ENTITY TYPE: LLC
BUSINESS ID: 381454
STATE OF DOMICILE: NEW HAMPSHIRE
TELECOMMUNICATIONS-LONGDISTANCE, INTERNET (AGENT FOR),
MEMBERSHIP SALES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.
 The new mailing address _____
 The new principal office address _____
PO Box is acceptable.

MANAGERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT **A**
MANA. Jerry Pritchett
STREET 40 Hewitt Road
CITY/STATE/ZIP Claremont Nh 03743
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
MEMBERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS **B**
MEMB. Jerry Pritchett
STREET 40 Hewitt Road
CITY/STATE/ZIP Claremont Nh 03743
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.
4 **Sign here:** Jerry Pritchett
Please print name and title of signer: Jerry Pritchett / AUTHORIZED PARTY
NAME TITLE

FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL):



038145420111000
WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529