Subject: Licensee/Exemptee Contact and Service List Information

The Secretary

Dear Secretary:

888 First Street, N.E. Washington, D.C. 20426

Federal Energy Regulatory Commission

| party designat related issues. | ted as the person responses. By signing this doc provided email address | consible for the project ument I am certifying t | as licensed/ex hat the contact | and telephone number of empted for all non-dam (s) provided are eRegist omatically enrolled as t | safety stered |
|-----------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------|
| * Name: | Adam Rousselle | | Title Proje | ct Manager | |
| * Address 1: | 2113 Middle Street | | | | |
| Address 2: | Suite 102 | | | | |
| * City: | Sullivans Island | * State: Sou | th Carolina | * Zip Code: 29842 | |
| * Email: | arousselle@reaggregators.com | | | | |
| Гelephone: | *(office) | (cell) 267- | 254-6107 | (fax) | |
| representative Name: Address 1: | for day-to-day proje | official name, title, additional properties. If not pro | ress, and telephyvided, party degrees. Title | none number of the authesignated above will be | norized used. |
| Address 2: | | | | | |
| City: | | * State: | * Zi | p Code: | |
| * Email: | | | | | |
| Telephone: | * (office) | (cell) | | (fax) | |
| V <i>OTE</i> : Require | d fields are indicated by | * Prepared by: | Signature/Ty | Michael A. Wo | |
| and and | wit indicated to | , · ii a project nas mi | muhic incensees. | vembrees, brease comblett | ; one form |

* Project No.

* Licensee/

* Project Name:

P-14869

Project

Exemptee Name: Michael A. Werner

Sacaton Energy Storage

Ramm Power Group LLC

rm for each co-licensee, and submit the forms together in one filing.

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| Document Content(s) |
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