

ABC Annual Recertification under 83 IL Adm. Code 454

(2011)

CP 454

Licensee Name: FS Energy, LLC

ICC Docket # for current certification: 11-0723

List of each Retail Electric Supplier ("RES") the licensee had any contractual relationship with during the prior calendar year:

RES: NONE

1) The type of contractual relationship (such as subcontractor, affiliate, commission compensated):

N/A

2) The number of non-residential customers to which the licensee sold retail electric supply on behalf of RES:

N/A

3) The number of residential customers to whom the licensee sold retail electric supply on behalf of RES:

N/A

4) The number of non-residential customers for which the licensee procured retail electric service on behalf of the customer:

N/A

5) The number of residential customers for which the licensee procured retail electric service on behalf of the customer:

N/A

Licensee, FS Energy, LLC, reports that there were no changes to the original licensure qualifications as provided in its Application for Licensure of Agents, Brokers, and Consultants under Section 16-115C of the Public Utilities Act.

If there are changes regarding personnel whom the Licensee uses to meet the Managerial Licensing Requirements, please provide an exhibit containing occupational background information on the persons who are currently being used to satisfy the requirements of Section 454.60, as well as an updated organizational chart indicating their positions.

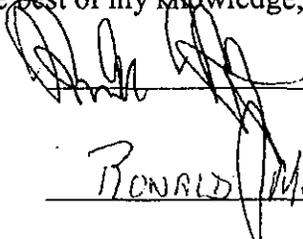
ILLINOIS COMMERCE COMMISSION  
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CP 454

If there are changes regarding personnel whom the Licensee uses to meet the Technical Licensing Requirements, please provide an exhibit containing occupational background information on the persons who are currently being used to satisfy the requirements of Section 454.70.

If there are no changes to report, state "NONE":

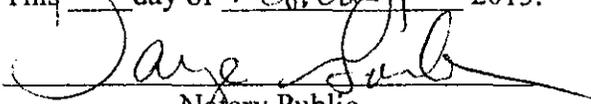
NONE

Licensee, FS Energy, LLC, will remain in continuing compliance with all requirements of the aforementioned Public Utilities Act. I certify that all the information provided in this annual report is true, correct, and complete to the best of my knowledge, information, and belief.

  
\_\_\_\_\_  
Signature  
RONALD MERNIGE  
\_\_\_\_\_  
Name  
VICE PRESIDENT  
\_\_\_\_\_  
Position Held  
212-634-5500  
\_\_\_\_\_  
Contact Phone #

Subscribed and sworn before me

This 8<sup>th</sup> day of February 2013.

  
\_\_\_\_\_  
Notary Public

TANYA GOODWINE  
NOTARY PUBLIC-STATE OF NEW YORK  
NO. 01606033499  
Qualified in New York County  
My Commission Expires November 22, 2013