

SECTION 1: School District Information (continued)

3. Authorized School District Consultant (If Applicable)

Sara Leon
 First Name Last Name
 Attorney
 Title
 Powell & Leon LLP
 Firm Name
 512-494-1177 512-494-1188
 Phone Number Fax Number
 sleon@powell-leon.com
 Email Address

4. On what date did the district determine this application complete? November 25, 2014
5. Has the district determined that the electronic copy and hard copy are identical? Yes No

SECTION 2: Applicant Information

1. Authorized Company Representative (Applicant)

Megan McKavanagh
 First Name Last Name
 Assistant Controller
 Title Energy Transfer Partners, L.P.
 Organization
 800 E. Sonterra Blvd., Suite 400
 Street Address
 800 E. Sonterra Blvd., Suite 400
 Mailing Address
 San Antonio Texas 78258-3941
 City State ZIP
 210-572-0457 210-403-6664
 Phone Number Fax Number
 megan.mckavanagh@energytransfer.com
 Business Email Address

2. Will a company official other than the authorized company representative be responsible for responding to future information requests? Yes No

2a. If yes, please fill out contact information for that person.

First Name Last Name
 Title Organization
 Street Address
 Mailing Address
 City State ZIP
 Phone Number Fax Number
 Mobile Number (optional) Business Email Address

3. Does the applicant authorize the consultant to provide and obtain information related to this application? Yes No