EXHIBIT A
PROPERTY OWNER/MANAGER PROPERTY LIST

ABACO ENERGY, LLC CUSTOMER NAME (Please Print): _____

SOC SEC #/DRIVER'S LIC #/TAX ID#: _____

TELEPHONE NUMBER: (_____)_____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON NAME: _____

ACCOUNT # (Internal Use Only)	SERVICE ADDRESS (Including Apt. or Unit No.) (Required)	CITY (Required)

Dated this _____ day of _____, 20____.

_____
Authorized Signature

ADDITIONAL PROPERTIES:

ACCOUNT # (Internal Use Only)	SERVICE ADDRESS (Including Apt. or Unit No.) (Required)	CITY (Required)

Dated this _____ day of _____, 20____.

_____
Authorized Signature