



**APPLICATION FOR SIMPLE NAME CHANGE
FOR ALL MOTOR CARRIERS**

BUSINESS ENTITY- APPLICANT INFORMATION

Section 1

Current Name as listed on the Certificate or Permit: (Including any doing business as "dba" name) <i>Adam Scott dba Lakeside Service</i>																						
DBA: <i>Lakeside Service</i>																						
Business Entity's Authorized Representative: <i>Adam Scott</i>																						
The LPSC Certificate and/or Permit number(s) involved in this request is (are):		<i>6865</i>																				
Business Address: <i>7248 Hwy 65 N</i>																						
City: <i>Lake Providence</i>	State: <i>la</i>	ZIP Code: <i>71054</i>																				
Mailing Address: <i>1087 Hwy 134</i>																						
City: <i>Lake Providence</i>	State: <i>la</i>	ZIP Code: <i>71054</i>																				
Telephone # (Include Area Code) <i>318-418-0713</i>	Fax # (Include Area Code) <i>318-366-5549</i>	Cell # (Include Area Code) <i>318-418-0713</i>																				
Email Address: <i>Kirby-lakeside@yahoo.com</i>																						
FEIN #: <table border="1"><tr><td>8</td><td>3</td><td>-</td><td>3</td><td>3</td><td>4</td><td>1</td><td>8</td><td>1</td><td>4</td></tr></table>	8	3	-	3	3	4	1	8	1	4	OR	SS#: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
8	3	-	3	3	4	1	8	1	4													
Provide the new name you want on your LPSC certificate: <i>Lakeside Service, LLC</i>																						
Has there been any change in ownership since the certificate was granted? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES* <small>*If you answered yes above you must also complete the proper change of ownership form in addition to this form.</small>																						
Provide reasons for the requested name change: <i>To have business as a limited liability company</i>																						

RECEIVED
MAY 04 2021

LA. PUBLIC SERVICE COMMISSION
TRANSPORTATION

BANKRUPTCY, LEVY AND RECEIVERSHIP INFORMATION

Section 2

(If additional space is needed, attach a separate sheet for each response)

1. Is the certificate holder current with inspection and supervision fee reports and payments with the Louisiana Department of Revenue?

☐ NO
☒ YES

Copies of the Certificate or Permit Holder's last 4 quarters of Quarterly Inspection & Supervision Reports filed with the LDR along with proof of payments MUST be attached to this application as Exhibit "A".

2. Is the common carrier certificate or contract carrier permit pledged or otherwise encumbered?

☒ NO
☐ YES*

*If you answered yes to number 2, give the names and addresses of those whose favor the authority is encumbered:

3. Does the Louisiana Department of Revenue and taxation hold a levy against this the common carrier certificate or contract carrier permit?

☒ NO
☐ YES*

*If you answered yes to number 3, attach a copy of the Notice of Levy to this application as an **Exhibit**

4. Are there any other levies against the common carrier certificate or contract carrier permit?

☒ NO
☐ YES*

*If you answered yes to number 4, attach copies of the levies to this application as an **Exhibit** and list the names and addresses of parties holding the levies; the nature of the levies and amount(s) claimed under each levy below.

5. Is the applicant involved in any bankruptcy proceeding?

☒ NO
☐ YES*

*If you answered yes to number 5, attach a copy of the Notice of Bankruptcy to this application as an **Exhibit** and list the name(s) of counsel for the party(s) with an interest in the common carrier certificate or contract carrier permit below:

VERIFICATION

Section 3

STATE OF Louisiana PARISH/COUNTY OF East Carroll
BEFORE ME, the undersigned authority, Adam Scott (Applicant as
Authorized Representative) who represents Lakeside Service, LLC
(Business Entity) personally came and appeared, who, after being duly sworn, did depose and say that he/she is the
APPLICANT in the above application; that he/she desires a name change in its Common Carrier Certificate or
Contract Carrier Permit, he/she represents that the foregoing responses are good, true, and accurate. Applicant
acknowledges that should any response be shown to have been either a negligent or intentional misrepresentation
of the facts, action taken by the Louisiana Public Service Commission in reliance of the responses contained herein
may be declared void ab initio and revocable upon complaint by any interested party or by ex parte motion of the
Louisiana Public Service Commission. And understands that the information contained in this application may be
shared with the Louisiana Department of Revenue for purposes of Inspection and Supervision Fees.

Applicant's signature reflects an understanding of the consequences attributable to misstatements or
misrepresentations of fact.

SWORN TO AND SUBSCRIBED before me this 26th day of April, 20 21

Adam Scott

PRINTED NAME OF APPLICANT

Adam Scott

SIGNATURE OF APPLICANT

Cheryl L. Lane

PRINTED NAME OF NOTARY PUBLIC



Cheryl L. Lane

SIGNATURE OF NOTARY PUBLIC
(including Notary Number)

LPSC OFFICE USE ONLY

Accepted by Staff

Danny Buel

Date

5-5-21

DOCKET #

S-35970

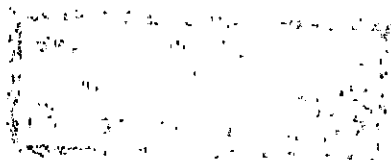
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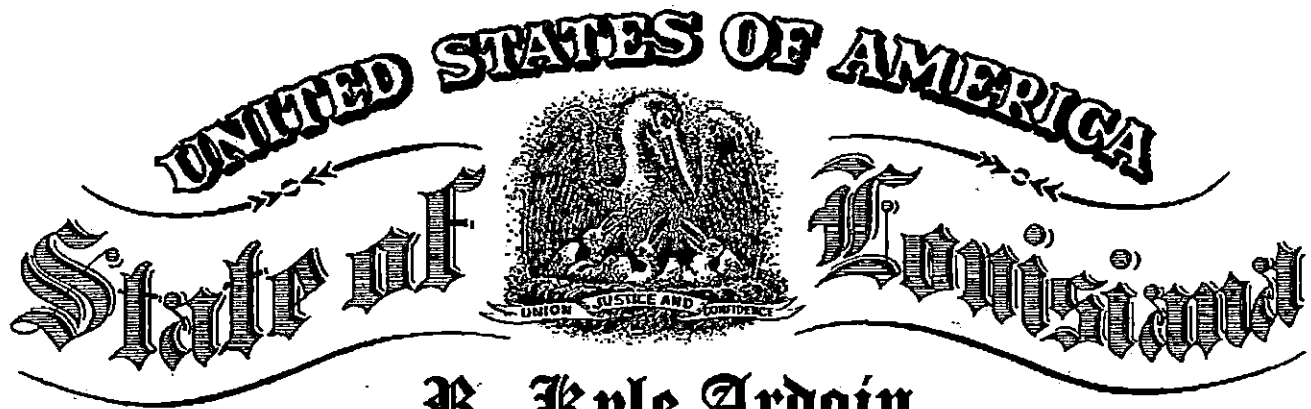
1245

ON

5-14-21

Date





R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

LAKESIDE SERVICE LLC

Domiciled at LAKE PROVIDENCE, LOUISIANA,

Was filed and recorded in this Office on January 28, 2019,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 28, 2019

Secretary of State

WEB 43337182K



Certificate ID: 11036918#LUL73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

STATE OF LOUISIANA

ARTICLES OF ORGANIZATION

(R.S. 12:1301)

1. The name of this limited liability company is:

LAKESIDE SERVICE LLC

2. This company is formed for the purpose of:

ENGAGING IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES
MAY BE FORMED

3. The duration of this limited liability company is: (may be perpetual):

PERPETUAL

4. The company is:

MEMBER-MANAGED

Other provisions:

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the
filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: MARSHA SIHA (1/28/2019)

TITLE: ORGANIZER

LIMITED LIABILITY COMPANY INITIAL REPORT

(R.S. 12:1305 (E))

The name of this limited liability company is:

LAKESIDE SERVICE LLC

**The location and municipal address (not a P.O. Box only) of this limited liability company's
registered office:**

7248 HIGHWAY 65N

LAKE PROVIDENCE, LA, 71254

Mailing Address:

7248 HIGHWAY 65N

LAKE PROVIDENCE, LA, 71254

**The full name and municipal address (not a P.O. Box only) of each of this limited liability
company's registered agent(s) is/are:**

DONNA SCOTT

1087 HIGHWAY 134

LAKE PROVIDENCE, LA, 71254

The name and municipal address (not a P.O. Box only) of the managers or members:

ADAM SCOTT (MEMBER)

1087 HIGHWAY 134

LAKE PROVIDENCE, LA, 71254

1087 HIGHWAY 134
LAKE PROVIDENCE, LA, 71254

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: MARSHA SIHA (1/28/2019)

TITLE: ORGANIZER