

LOUISIANA PUBLIC SERVICE COMMISSION

PO Box 91154; Baton Rouge, LA 70821 (888) 342-5717 or (225) 342-4439

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BUSINESS ENTITY- APPLICANT INFORMATION

SECTION 1

Name as listed on the Certificate or Permit: (Including any do		
WellBuilt EnvironMental Solutions, L. DBA:		
Business Entity's Authorized Representative: Kendall Sa	lley	
Applicant currently holds Common Carrier Certificate or Co Number(s): A copy has been attached to this application as Exhibit "A"	ntract Carrier Permit	8389 4 8390
Business Address: 10079 Industriplex Ave		
Gonzales	State:	ZIP Code: 70737
Mailing Address: Po Box 1445		
City: Theodore	State:	ZIP Code: 36595
Telephone # (Include Area Code) Fax # (Include Area Code) '_251 - 455 - 3011 Fax # (Include Area Code)	Cell # (Inclu	ide Area Code)
Email Address: (Salleye GOWBES. Com		
► Has your FEIN# changed? If so, please provide your new numb	er: 82 - 19	57727
CONFIRM COMPANY TAX REPORTING		
Company's Tax reporting year is on a CALENDAR basis reporting Company's Tax reporting year is on a FISCAL basis reporting	orting January 01 to Dece	ember 31 each year.
COMPANY BUSINESS ST	TRUCTURE	
 Check Louisiana Domestic Corporation Louisiana Domestic Limited Liability Company (LLC) Louisiana Domestic Partnership Louisiana Limited Liability Partnership Foreign* Corporation in the State of Foreign* Limited Liability Company (LLC) in the State of Foreign* Partnership in the State of 	Date of Incorporation Date of Formation Date of Formation Date of Formation Date of Incorporation Date of Formation Date of Formation	6.23.2017
MUST attach copies of the company's Secretary of State Certifica Articles of Incorporation, Organization or Formation along with if applicable from your state of origin or existence as "Exhibit B amendments and last annual report filed with the Louisiana Sec Good Standing issued by the Louisiana Secretary of State's Office	copies of all amendme ". * <u>Foreign Entities</u> mu retary of State's Office a	nts and last annual reports st submit copies of the all

BUSINESS ENTITY- APPLICANT INFORMATION

SECTION 1 (Continued)

List the Names and Titles of all Officers and/or Members and percentage of ownership and/or number of shares (if applicable) **PRIOR** to the transfer as currently recognized with the Commission.

Name	Title (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members)	Ownership Percentage of ownership and/or number of shares
Sonya Gomel	Member	87%
Sonya Gomel Spencer Tuell	Member Member	13%

REPRESENTATION OF APPLICANT SECTION 2				
If Applicant is represented by legal cou following:	nsel or if this application is be	eing filed by	/ legal couns	el, please provide the
LEGAL COUNSEL'S NAME:				
FIRM NAME:				
Mailing Address:				
City:		State:		ZIP Code:
Telephone # (Include Area Code)	Fax # (Include Area Code)		Cell # (Incl	ude Area Code)
Email Address:			1	

DETAILS OF STOCK TRANSFER OR CHANGE IN OWNERSHIP

SECTION 3

Please attach a copy of the transfer or change in ownership agreement, a certified copy of the corporate resolution authorizing the stock transfer, and the appropriate stock certificate numbers (if applicable), to this application as **Exhibit "C"** and provide the details of the stock transfer or change in ownership below: (If additional space is needed, attach a separate sheet listing details to Exhibit C)

· · · ·
Kendall Salley earned 5% ownership of Well Built by meeting a
Kendall Salley earned 5% Ownership of WellBuilt by meeting a Financial Goal of #5M revenue Fir 2 Consecutive years
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DETAILS OF STOCK TRANSFER OR CHANGE IN OWNERSHIP

SECTION 3 (Continued)

If the stock transfer is approved, list the Names and Titles of all Officers and/or Members and percentage of ownership and/or number of shares (if applicable) **AFTER** the proposed transfer is complete.

Name	Title (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members)	Ownership Percentage of ownership and/or number of shares
Sonya Gomel	Vember	80.75%
Sonya Gomel Spencer Tuell Kendall Salley	Momber	14.25 %
Kendall Salley	Member	5%
J		

BANKRUPTCY, LEVY AND RECEIVERSHIP INFORMAT	ION
SECTION 4 (If additional space is needed, attach a separate sheet for each responses as needed)	
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 "D".	
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 VES*
*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 VES*
*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 VES*
*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 5 \wedge
STATE OF LUNWIGHT PARISHEOUNTY OF AJIENJII
BEFORE ME, the undersigned authority, Kendall Salley (Applicant as Authorized Representative) who represents Well Built Environmental Solutions
Authorized Representative) who represents Well Built Environmental Solutions
(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 to TRANSFER stock or ownership 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 <u>ab initio</u> and revocable upon complaint by any interested party or by ex parte
motion of the Louisiana Public Service Commission. Applicant further 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 3^{-1} day of 4^{-1}

CARUBA Kendall W. Salley PRINTED NAME OF APPLICANT SIGNA SIGNATURE OF APPLICANT CARUBBA My Commission Expires at Death (including Notary Number) PRINTED NAME OF NOTARY PUBLIC LPSC OFFICE USE ONLY Accepted by Staff ______ Date _____ Date _____ April 8,2025 DOCKET #______ S-37561 ____ PUBLISHED IN BULLETIN #______ ON _____ April 11, 2025