

S-37401

RECEIVED

Oct 08 2024

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

FISCAL  
LA Public Service Commission



**APPLICATION FOR STOCK TRANSFER/CHANGE IN OWNERSHIP  
LESS THAN 50% FOR ALL CARRIERS OR TRANSFER DUE TO  
ESTATE PLANNING, INHERITANCE OR BUSINESS CONTINUITY  
FOR NON-WASTE OR SALTWATER CARRIERS**

**BUSINESS ENTITY- APPLICANT INFORMATION**  
SECTION I

|  |  |   |  |  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|--|--|--|
| <b>Name as listed on the Certificate or Permit:</b> (Including any doing business as "dba" name)   |  |   |  |  |   |  |  |  |  |  |  |  |
| DBA: <i>Smiths 3rd Generation Towing, Inc</i>  |  |   |  |  |   |  |  |  |  |  |  |  |
| Business Entity's Authorized Representative: <i>Candy Jett</i>   |  |   |  |  |   |  |  |  |  |  |  |  |
| Applicant currently holds Common Carrier Certificate or Contract Carrier Permit Number(s): A copy has been attached to this application as Exhibit "A"   | <i>7750</i>  |   |  |  |   |  |  |  |  |  |  |  |
| Business Address:<br><i>3220 Barksdale Blvd</i>  |  |   |  |  |   |  |  |  |  |  |  |  |
| City: <i>Bossier City</i>  | State: <i>La</i>   | ZIP Code: <i>71112</i>                            |  |  |   |  |  |  |  |  |  |  |
| Mailing Address:<br><i>Same</i>  |  |   |  |  |   |  |  |  |  |  |  |  |
| City:  | State:   | ZIP Code:   |  |  |   |  |  |  |  |  |  |  |
| Telephone # (Include Area Code)<br><i>318 746-0666</i>   | Fax # (Include Area Code)<br><i>318 746-0919</i>               | Cell # (Include Area Code)<br><i>318 426-4165</i> |  |  |   |  |  |  |  |  |  |  |
| Email Address: <i>Candyjett@aol.com</i>  |  |   |  |  |   |  |  |  |  |  |  |  |
| Has your FEIN# changed? If so, please provide your new number: <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>   |  |   |  |  | - |  |  |  |  |  |  |  |
|  |  | -   |  |  |   |  |  |  |  |  |  |  |
| <b>CONFIRM COMPANY TAX REPORTING YEAR (Check ONLY one box)</b>   |  |   |  |  |   |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year.   |  |   |  |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Company's Tax reporting year is on a FISCAL basis reporting from _____ to _____ each year.<br>Month/Day Month/Day   |  |   |  |  |   |  |  |  |  |  |  |  |
| <b>COMPANY BUSINESS STRUCTURE</b>  |  |   |  |  |   |  |  |  |  |  |  |  |
| Check <input type="checkbox"/>   | Louisiana Domestic Corporation                                 | Date of Incorporation _____                       |  |  |   |  |  |  |  |  |  |  |
| one <input checked="" type="checkbox"/>  | Louisiana Domestic Limited Liability Company (LLC)             | Date of Formation _____                           |  |  |   |  |  |  |  |  |  |  |
| box <input type="checkbox"/>   | Louisiana Domestic Partnership                                 | Date of Formation _____                           |  |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | Louisiana Limited Liability Partnership                        | Date of Formation _____                           |  |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | Foreign* Corporation in the State of _____                     | Date of Incorporation _____                       |  |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | Foreign* Limited Liability Company (LLC) in the State of _____ | Date of Formation _____                           |  |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | Foreign* Partnership in the State of _____                     | Date of Formation _____                           |  |  |   |  |  |  |  |  |  |  |
| MUST attach copies of the company's Secretary of State Certificate of Good Standing & Amendments made to the Articles of Incorporation, Organization or Formation along with copies of all amendments and last annual reports if applicable from your state of origin or existence as "Exhibit B". *Foreign Entities must submit copies of the all amendments and last annual report filed with the Louisiana Secretary of State's Office along with a Certificate of Good Standing issued by the Louisiana Secretary of State's Office. |  |   |  |  |   |  |  |  |  |  |  |  |

**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<br>Percentage of ownership<br>and/or number of shares |
|-------------------|--|---|
| Michael Jett      | President  | 50%   |
| ShanKay Broussard | Secretary  | 50%   |
|                   |  |   |
|                   |  |   |

**REPRESENTATION OF APPLICANT**

SECTION 2

If Applicant is represented by legal counsel or if this application is being filed by legal counsel, please provide the following:

LEGAL COUNSEL'S NAME:

FIRM NAME:

Mailing Address:

City:

State:

ZIP Code:

Telephone # (Include Area Code)

Fax # (Include Area Code)

Cell # (Include Area Code)

Email Address:

**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)

Stock was transferred because I, ShanKay Broussard, want to relinquish my stock. I no longer have interest in wanting to be a business owner and all that it entails.

**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.

| <b>Name</b>    | <b>Title</b> (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members) | <b>Ownership</b><br>Percentage of ownership and/or number of shares |
|----------------|---|---|
| Michael L Jett | President   | 100%  |
|                |   |   |
|                |   |   |
|                |   |   |
|                |   |   |

**BANKRUPTCY, LEVY AND RECEIVERSHIP INFORMATION**

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  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 5**

STATE OF Louisiana PARISH/COUNTY OF Bossier

BEFORE ME, the undersigned authority, Michael L Jett (Applicant as Authorized Representative) who represents Smith's 3rd Generation Towing, Inc (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 ab initio 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 28th day of June, 2024

Michael L Jett  
PRINTED NAME OF APPLICANT

[Signature]  
SIGNATURE OF APPLICANT

Joseph Crowmover  
PRINTED NAME OF NOTARY PUBLIC

Joseph Crowmover 66264  
SIGNATURE OF NOTARY PUBLIC  
(including Notary Number)

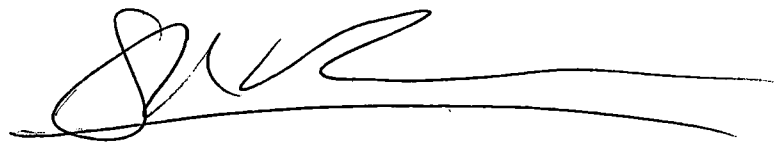
**LPSC OFFICE USE ONLY**

Accepted by Staff [Signature] Date 10-9-24

DOCKET # S-37401 PUBLISHED IN BULLETIN # 1334 ON 10-11-24  
Date

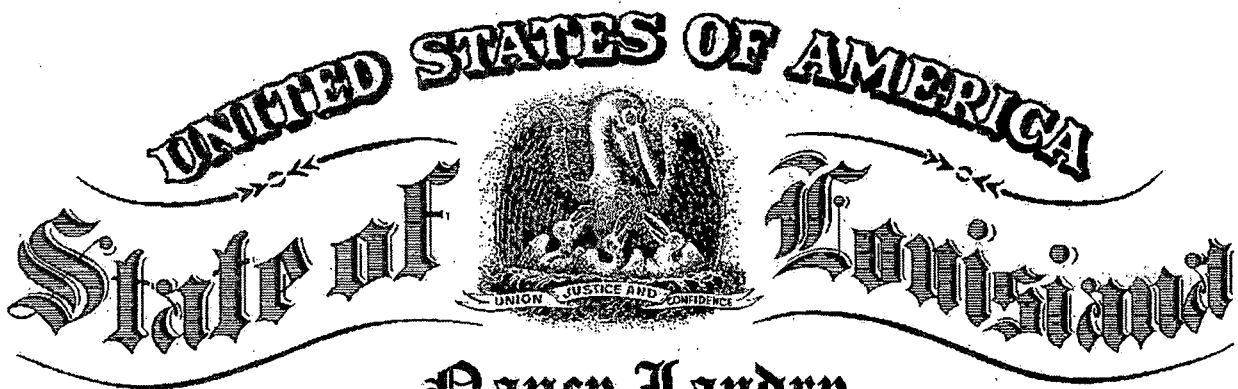
Smith's 3<sup>rd</sup> Generation Towing, Inc.  
dba Smith's Towing & Recovery, Inc.  
3220 Barksdale Blvd.  
Bossier City, LA 71112

I Shana Kay Bruss <sup>as a</sup> relinquish my  
45% of ownership of  
Smith's 3<sup>rd</sup> Generation Towing, Inc  
To Michael L. Jett on this  
14<sup>th</sup> of August 2024



Joseph Rowner 66264  
Notary

8/14/24



**Nancy Landry**  
SECRETARY OF STATE

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

**SMITH'S 3RD GENERATION TOWING, INC.**

A corporation domiciled in BOSSIER CITY, LOUISIANA,

Filed charter and qualified to do business in this State on July 08, 2011,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

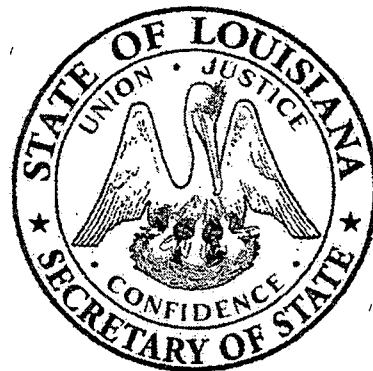
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 27, 2024

*Nancy Landry*

*Secretary of State*

Web 40556951D



Certificate ID: 11939054#XYN83

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](http://www.sos.la.gov)

Nancy Landry  
Secretary of State



**DOMESTIC CORPORATION**

**ANNUAL REPORT**

**For Period Ending**  
7/8/2024



40556951D



2024

**Mailing Address Only (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)**

40556951 D  
SMITH'S 3RD GENERATION TOWING, INC.

C/O MICHAEL L. JETT  
3220 BARKSDALE BLVD  
BOSSIER CITY, LA 71112

**(INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)**

Registered Office Address in Louisiana (Do not use P. O. Box)  
3220 BARKSDALE BLVD  
BOSSIER CITY, LA 71112

Issued Shares, if any: 0

Federal Tax ID Number

Our records indicate the following registered agents for the corporation. Indicate any changes or deletions below. All agents must have a Louisiana address. Do not use a P. O. Box.

**A NEW REGISTERED AGENT REQUIRES A NOTARIZED SIGNATURE**

MICHAEL L. JETT  
3220 BARKSDALE BLVD BOSSIER CITY, LA 71112

I hereby accept the appointment of registered agent(s).

Sworn to and subscribed before me on  
NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

**New Registered Agent Signature**

**Notary Signature**

**Date**

This report reflects a maximum of three officers or directors from our records for this corporation. Indicate any changes or deletions below. Include a listing of all names along with each title held and their address. Do not use a P. O. Box. If additional space is needed attach an addendum.

MICHAEL L. JETT  
3220 BARKSDALE BLVD BOSSIER CITY, LA 71112

Director

Our records indicate the following addresses for the corporation. Indicate any changes below.

Principal office address (Do not use a P. O. Box):  
3220 BARKSDALE BLVD BOSSIER CITY, LA 71112

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

|               |  |                          |                       |                    |
|---------------|--|--------------------------|-----------------------|--------------------|
| <b>SIGN →</b> | To be signed by an officer, director or agent<br>michael jett<br>(SIGNED ELECTRONICALLY) | Title<br>president       | Phone                 | Date<br>09/09/2024 |
|               | Signee's address   | Email Address<br>ON FILE | (For Office Use Only) |                    |

Enclose filing fee of \$30.00

Return by: 7/8/2024

Make remittance payable to Secretary of State  
Do Not Send Cash  
Do Not Staple

To: Commercial Division  
P. O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone (225) 925-4704

web site: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)

**DO NOT STAPLE**

Docket No.: S-37401

LOUISIANA PUBLIC SERVICE COMMISSION

Exhibit \_\_\_\_\_

- Confidential sealed documents
- Oversized document
- Non-paper exhibit
- Photographs
- Other:

ISF Returns  
&  
Payments

*Please contact the Records Division of the Louisiana Public Service Commission at (225) 342-3157 for more information about this item.*