

S-36375

LOUISIANA PUBLIC SERVICE COMMISSION

PO Box 91154; Baton Rouge, LA 70821

(888) 342-5717 or (225) 342-4439



RECEIVED
JUN 07 2022
LA. PUBLIC SERVICE COMMISSION
TRANSPORTATION

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

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BUSINESS ENTITY- APPLICANT INFORMATION
SECTION 1

Name as listed on the Certificate or Permit: (Including any doing business as "dba" name)		
ROBERT ARNAUD		
DBA: ROBBIE'S WRECKER SERVICE		
Business Entity's Authorized Representative: SUSAN ARNAUD (SURVIVING SPOUSE)		
Applicant currently holds Common Carrier Certificate or Contract Carrier Permit Number(s): A copy has been attached to this application as Exhibit "A"		6540
Business Address: 1199 EAST ARDOIN ST		
City: EUNICE	State: LA	ZIP Code: 70535
Mailing Address: 1199 EAST ARDOIN ST		
City: EUNICE	State: LA	ZIP Code: 70535
Telephone # (Include Area Code) 337-457-4795	Fax # (Include Area Code)	Cell # (Include Area Code) 337-580-2525
Email Address: ROBBIESWRECKERSERVICE@GMAIL.COM		
Has your FEIN# changed? If so, please provide your new number: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
CONFIRM COMPANY TAX REPORTING YEAR (Check ONLY one box)		
<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. <div style="text-align: center;">Month/Day Month/Day</div>		
COMPANY BUSINESS STRUCTURE		
Check one box	<input type="checkbox"/> Louisiana Domestic Corporation <input type="checkbox"/> Louisiana Domestic Limited Liability Company (LLC) <input type="checkbox"/> Louisiana Domestic Partnership <input type="checkbox"/> Louisiana Limited Liability Partnership <input type="checkbox"/> Foreign* Corporation in the State of _____ <input type="checkbox"/> Foreign* Limited Liability Company (LLC) in the State of _____ <input type="checkbox"/> 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 _____
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 Percentage of ownership and/or number of shares
ROBERT ARNAUD	OWNER/OPERATOR (SELF EMPLOYED)	100%

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)

My husband, Robert Arnaud died of COVID19. He was the owner operator of Robbie's Wrecker Service. He owned 100% or the business. Though through our marriage we both actually owned 50% of the business.

Since his death, Lousiana law states that I now have 100% of the business.

i wish to transfer 100% of this business to my son, Robert D. Arnaud II, I am attaching a copy of the death certificate.

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
Robert D. Arnaud II	Owner/Operator (Self-Employed) Sole Proprietorship	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 Acadia
BEFORE ME, the undersigned authority, Susan Arnaud (Applicant as
Authorized Representative) who represents Robbie's Wrecker Service
(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 27 day of May, 2022

Susan Arnaud

PRINTED NAME OF APPLICANT

Susan Arnaud

SIGNATURE OF APPLICANT

Kelli Vidrine

PRINTED NAME OF NOTARY PUBLIC

Kelli Vidrine #005428

SIGNATURE OF NOTARY PUBLIC

(including Notary Number)

LPSC OFFICE USE ONLY

Accepted by Staff

Lanny Buhl

Date

6-8-22

DOCKET #

S-36375

PUBLISHED IN BULLETIN #

1273

ON

6-10-22

Date

STATE OF LOUISIANA

CERTIFICATION OF VITAL RECORD

CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2021-038-00872

8731072

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		DATE OF BIRTH	DATE OF DEATH	TIME OF DEATH
	ARNAUD, ROBERT DEAN		09/08/1954	09/21/2021	01:30 PM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY)		SEX	SOCIAL SECURITY NUMBER	AGE
	ORANGE, TX UNITED STATES		MALE		67 YEARS
PERSONAL	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX)				
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)			WITHIN CITY LIMITS?	PARISH/COUNTY
	1199 E. ARDOIN ST., EUNICE, LA 70535 UNITED STATES			NO	ACADIA
	EVER IN U.S. ARMED FORCES?		OCCUPATION	INDUSTRY OF OCCUPATION	
	NO		OPERATOR	TOWING	
	MARITAL STATUS		NAME OF SURVIVING SPOUSE - (LAST, FIRST, MIDDLE, SUFFIX)		
	MARRIED		PELLERIN, SUSAN		
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX)		FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY)		
	ARNAUD, NELSON		ST LANDRY PARISH, LA UNITED STATES		
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX)		MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY)		
ARNOLD, LAURA		ST LANDRY PARISH, LA UNITED STATES			
INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		RELATIONSHIP TO DECEDENT	INFORMANT'S ADDRESS		
ARNAUD, SUSAN		WIFE	1199 E. ARDOIN ST., EUNICE, LA 70535 UNITED STATES		
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE					
OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO					
RACE: WHITE					
DEATH INFO	PLACE OF DEATH		FACILITY NAME		
	INPATIENT		OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER		
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		PARISH/COUNTY		
5000 HENNESSY BLVD., BATON ROUGE, LA 70808 UNITED STATES		EAST BATON ROUGE			
DISPOSITION	METHOD OF DISPOSITION		PLACE OF DISPOSITION		
	CREMATION		UNKNOWN		
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY)		DATE OF DISPOSITION		
UNKNOWN, UNITED STATES		09/22/2021			
FUNERAL FACILITY	FUNERAL FACILITY NAME		ADDRESS OF FUNERAL FACILITY		
	QUIRK & SON FUNERAL HOME - EUNICE		121 S. 6TH ST., EUNICE, LA 70535 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX)		LICENSE NUMBER	CORONER NOTIFIED?	
	QUIRK, PAM		U1408	N	
SIGNATURE OF FUNERAL DIRECTOR		DATE			
"e-sign"		9/23/2021			
MEDICAL INFO	MANNER OF DEATH		NATURAL		
	IF FEMALE?		NOT APPLICABLE		
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		UNKNOWN		
CAUSE OF DEATH	PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				APPROXIMATE INTERVAL: Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)				4 WEEKS
	a. HYPOXIC RESPIRATORY FAILURE				
	Sequentially list conditions, if any, leading to the cause listed on line a.				
	b. COVID-19				
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
WAS AN AUTOPSY PERFORMED?		FINDINGS USED IN DETERMINING CAUSE?			
NO		NOT APPLICABLE			
INJURY INFORMATION	PLACE OF INJURY		DATE OF INJURY	TIME OF INJURY	INJURY AT WORK
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		PARISH/COUNTY		
	5000 HENNESSY BLVD., BATON ROUGE, LA 70808 UNITED STATES		EAST BATON ROUGE		
DESCRIBE HOW INJURY OCCURRED					
CERTIFIER	I CERTIFY THAT I ATTENDED THE DECEDENT FROM 9/5/2021 TO 9/5/2021 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER		DATE		
	"e-sign"		9/22/2021		
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX)		TURLAPATI, NAVEEN VENKATA		
	CERTIFIER TITLE: CERTIFYING PHYSICIAN				
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				
5000 HENNESSY BLVD., BATON ROUGE, LA 70808 UNITED STATES					
BURIAL TRANSIT PERMIT		PARISH OF ISSUE	DATE OF ISSUE	DATE FILED WITH REGISTRAR	
443459		ORLEANS	09/22/2021	9/23/2021	
REGISTRAR	SIGNATURE OF REGISTRAR		DEVIN GEORGE "e-sign"		
	ISSUED BY: Theriot, Erin Elyse		Issued On: 9/28/2021 12:40:09 PM		



008731072

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I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

DEVIN GEORGE
STATE REGISTRAR

