

5-36921

LOUISIANA PUBLIC SERVICE COMMISSION

PO Box 91154; Baton Rouge, LA 70821

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



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

RECEIVED

BUSINESS ENTITY- APPLICANT INFORMATION

JUN 28 2023

SECTION 1

LA. PUBLIC SERVICE COMMISSION
TRANSPORTATION

Name as listed on the Certificate or Permit: (Including any doing business as "dba" name) Bart's Office Furniture Repairs, Inc.		
DBA:		
Business Entity's Authorized Representative: Courtney Davis		
Applicant currently holds Common Carrier Certificate or Contract Carrier Permit Number(s): A copy has been attached to this application as Exhibit "A"		7449
Business Address: 2838 Elysian Fields Ave.		
City: New Orleans	State: La	ZIP Code: 70122
Mailing Address: 2838 Elysian Fields Ave.		
City: New Orleans	State: La	ZIP Code: 70122
Telephone # (Include Area Code) 504-484-6324	Fax # (Include Area Code) 504-833-9598	Cell # (Include Area Code) 504-606-9001
Email Address: courtney@barts-office.com		
Has your FEIN# changed? If so, please provide your new number: 7 2 - 0 8 9 4 3 9 9		
CONFIRM COMPANY TAX REPORTING YEAR (Check ONLY one box)		
<input type="checkbox"/> Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year. <input checked="" type="checkbox"/> Company's Tax reporting year is on a FISCAL basis reporting from <u>07/01</u> to <u>06/30</u> each year. <div style="text-align: center;">Month/Day Month/Day</div>		
COMPANY BUSINESS STRUCTURE		
Check one box <input checked="" 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 <u>07/15/1980</u> 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
Kathleen Thibodeaux	President	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)

I (Courtney Davis) purchased Bart's Office Furniture Repairs from my mother, Kathleen Thibodeaux.

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
Courtney Davis	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 East Baton Rouge
BEFORE ME, the undersigned authority, Courtney Davis (Applicant as
Authorized Representative) who represents Bart's Office Furniture Repairs, 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 22 day of June, 2023

Courtney Davis

PRINTED NAME OF APPLICANT



SIGNATURE OF APPLICANT

Leon Ray IV, attorney

PRINTED NAME OF NOTARY PUBLIC



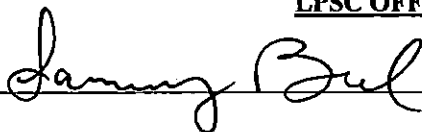
SIGNATURE OF NOTARY PUBLIC

(including Notary Number)

LSBA # 37849

LPSC OFFICE USE ONLY

Accepted by Staff



Date

7-5-2023

DOCKET #

S-36921

PUBLISHED IN BULLETIN #

1301

ON

7-7-2023

Date