



5-35834

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

**RECEIVED**  
 JAN 04 2021

**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 1

<b>Name as listed on the Certificate or Permit:</b> (Including any doing business as "dba" name) Loyd Moore, Jr.		
DBA: Richmond Auto Center		
Business Entity's Authorized Representative: Thomas Todd Moore		
Applicant currently holds Common Carrier Certificate or Contract Carrier Permit Number(s): A copy has been attached to this application as Exhibit "A"		6537
Business Address: #2 Federick Dr.		
City: Tallulah	State: LA	ZIP Code: 71282
Mailing Address: Post Office Box 792		
City: Tallulah	State: LA	ZIP Code: 71282
Telephone # (Include Area Code) 318-574-3986	Fax # (Include Area Code) 318-574-6153	Cell # (Include Area Code) 318-341-0211
Email Address: toddmoore182@gmail.com		
<b>Has your FEIN# changed? If so, please provide your new number:</b> <input type="text"/> - <input type="text"/> N <input type="text"/> O <input type="text"/> N <input type="text"/> E <input type="text"/>		
<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. <div style="text-align: right; margin-right: 100px;">Month/Day                      Month/Day</div>		
<b>COMPANY BUSINESS STRUCTURE    **Sole Proprietor</b>		
<b>Check one box</b> <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.		

Name as listed on the Certificate or Permit: (Including any doing business as "dba" name)

Lloyd Moore, Jr.

DBA: Richmond Auto Center

Business Entity's Authorized Representative: Thomas Todd Moore

Applicant currently holds Common Carrier Certificate or Contract Carrier Permit Number(s): A copy has been attached to this application as Exhibit "A" 6537

Business Address: #2 Federick Dr.

City: Tallulah State: LA ZIP Code: 71282

Mailing Address: Post Office Box 792

City: Tallulah State: LA ZIP Code: 71282

Telephone # (Include Area Code) 318-574-3986 Fax # (Include Area Code) 318-574-6153 Cell # (Include Area Code) 318-341-0211

Email Address: toddmoore182@gmail.com

Has your FEIN# changed? If so, please provide your new number: [ ] [ ] - N O N E [ ] [ ]

CONFIRM COMPANY TAX REPORTING YEAR (Check ONLY one box)

- Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year.
Company's Tax reporting year is on a FISCAL basis reporting from Month/Day to Month/Day each year.

COMPANY BUSINESS STRUCTURE \*\*Sole Proprietor

- Check one box: 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. Includes Date of Incorporation/Formation fields.

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.


**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)

Lloyd Moore, Jr. passed away in August 2019 under an court order Thomas Todd Moore was named as the Administrator of the Succession. Further Thomas Todd Moore is the only heir to the succession.


**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:

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 11 day of Dec, 2021

Thomas Todd Moore  
PRINTED NAME OF APPLICANT

Thomas Todd Moore  
SIGNATURE OF APPLICANT

**MARK FEDERICK, NOTARY**  
#062436  
PRINTED NAME OF NOTARY PUBLIC

[Signature]  
SIGNATURE OF NOTARY PUBLIC  
(including Notary Number)

**LPSC OFFICE USE ONLY**

Accepted by Staff Jammy Buel Date 1-5-2021

DOCKET # S-35834 PUBLISHED IN BULLETIN # 1236 ON 1-8-2021  
Date

A COMMON CARRIER CERTIFICATE IS HEREBY GRANTED TO LOYD MOORE, JR. D/B/A RICHMOND AUTO CENTER whose office or place of business is at TALLULAH, LOUISIANA authorizing operations in Louisiana intrastate commerce as a Wrecker/Tow Service by motor vehicle over irregular routes statewide.

(Issued pursuant to L.R.S. 45:164 and the rules and regulations of the Louisiana Public Service Commission. Except for cause beyond control, non-operation of an authority for a period of six (6) months could lead to its cancellation pursuant to La. R.S. 45:166, Paragraphs B and C.)

Said LOYD MOORE, JR. D/B/A RICHMOND AUTO CENTER shall perform such operations under prescribed rates or tariffs now or hereafter filed with the Commission and in compliance with all laws and rules and regulations of the Commission bearing thereon.

WITNESS THE SIGNATURE AND SEAL OF THE COMMISSION AT BATON ROUGE, LOUISIANA, THIS 21ST DAY OF SEPTEMBER, 2000.

LOUISIANA PUBLIC SERVICE COMMISSION



/S/ IRMA MUSE DIXON  
DISTRICT III  
CHAIRMAN IRMA MUSE DIXON

/S/ JAMES M. FIELD  
DISTRICT II  
VICE CHAIRMAN JAMES M. FIELD

/S/ DON OWEN  
DISTRICT V  
COMMISSIONER DON OWEN

/S/ C. DALE SITTIG  
DISTRICT IV  
COMMISSIONER C. DALE SITTIG

/S/ JACK "JAY" A. BLOSSMAN, JR.  
DISTRICT I  
COMMISSIONER JACK "JAY" A. BLOSSMAN, JR.

  
LAWRENCE C. ST. BLANC  
SECRETARY

MARRIED		FATHER/PARENT NAME - (LAST FIRST MIDDLE SUFFIX)		MOTHER/PARENT NAME - (LAST FIRST MIDDLE SUFFIX)		FATHER/PARENT PLACE OF BIRTH (CITY, STATE, COUNTRY)	
MURPHY, LLOYD THOMAS		MURPHY, LLOYD THOMAS		MURPHY, LLOYD THOMAS		UNKNOWN, UNITED STATES	
MOTHER/PARENT NAME - (LAST FIRST MIDDLE SUFFIX)		MOTHER/PARENT PLACE OF BIRTH (CITY, STATE, COUNTRY)		MOTHER/PARENT PLACE OF BIRTH (CITY, STATE, COUNTRY)		MOTHER/PARENT PLACE OF BIRTH (CITY, STATE, COUNTRY)	
COLLINS, ANNIE		COLLINS, ANNIE		COLLINS, ANNIE		UNKNOWN, UNITED STATES	
INFORMANT NAME - (LAST FIRST MIDDLE SUFFIX)		RELATIONSHIP TO DECEASED		INFORMANT'S ADDRESS		INFORMANT'S ADDRESS	
MURPHY, LLOYD THOMAS		SON		114 SHERMAN DRIVE - TALLAHASSEE, FLORIDA		TALLAHASSEE, FLORIDA	
EDUCATION (8TH THROUGH 12TH GRADE ONLY)		EDUCATION (8TH THROUGH 12TH GRADE ONLY)		EDUCATION (8TH THROUGH 12TH GRADE ONLY)		EDUCATION (8TH THROUGH 12TH GRADE ONLY)	
OF HISPANIC OR LATINO ANCESTRY (SPANISH OR SPANISH-AMERICAN)		OF HISPANIC OR LATINO ANCESTRY (SPANISH OR SPANISH-AMERICAN)		OF HISPANIC OR LATINO ANCESTRY (SPANISH OR SPANISH-AMERICAN)		OF HISPANIC OR LATINO ANCESTRY (SPANISH OR SPANISH-AMERICAN)	
RACE: WHITE		RACE: WHITE		RACE: WHITE		RACE: WHITE	
DEATH INFO		PLACE OF DEATH		CITY/TOWN		CITY/TOWN	
OTHER MALE MARKER (2B - 2D EAST)		OTHER MALE MARKER (2B - 2D EAST)		OTHER MALE MARKER (2B - 2D EAST)		OTHER MALE MARKER (2B - 2D EAST)	
FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)	
1100 EAST MONROE, LA 71201, UNITED STATES		1100 EAST MONROE, LA 71201, UNITED STATES		1100 EAST MONROE, LA 71201, UNITED STATES		1100 EAST MONROE, LA 71201, UNITED STATES	
DISPOSITION		METHOD OF DISPOSITION		PLACE OF DISPOSITION		DATE OF DISPOSITION	
BURIAL		BURIAL		BURIAL		BURIAL	
PLACE OF DISPOSITION (CITY, STATE, COUNTRY)		PLACE OF DISPOSITION (CITY, STATE, COUNTRY)		PLACE OF DISPOSITION (CITY, STATE, COUNTRY)		PLACE OF DISPOSITION (CITY, STATE, COUNTRY)	
TALLAHASSEE, FLORIDA, UNITED STATES		TALLAHASSEE, FLORIDA, UNITED STATES		TALLAHASSEE, FLORIDA, UNITED STATES		TALLAHASSEE, FLORIDA, UNITED STATES	
FUNERAL FACILITY		FUNERAL FACILITY NAME		ADDRESS OF FUNERAL HOME		ADDRESS OF FUNERAL HOME	
JONES, WENDELL FUNERAL HOME, INC.		JONES, WENDELL FUNERAL HOME, INC.		JONES, WENDELL FUNERAL HOME, INC.		JONES, WENDELL FUNERAL HOME, INC.	
NAME OF FUNERAL DIRECTOR (LAST FIRST MIDDLE SUFFIX)		NAME OF FUNERAL DIRECTOR (LAST FIRST MIDDLE SUFFIX)		NAME OF FUNERAL DIRECTOR (LAST FIRST MIDDLE SUFFIX)		NAME OF FUNERAL DIRECTOR (LAST FIRST MIDDLE SUFFIX)	
ROGAN, JOHN L.		ROGAN, JOHN L.		ROGAN, JOHN L.		ROGAN, JOHN L.	
SIGNATURE OF FUNERAL DIRECTOR		SIGNATURE OF FUNERAL DIRECTOR		SIGNATURE OF FUNERAL DIRECTOR		SIGNATURE OF FUNERAL DIRECTOR	
Weight		Weight		Weight		Weight	
MEDICAL INFO		DISEASES		DISEASES		DISEASES	
IF FLEEVARY		IF FLEEVARY		IF FLEEVARY		IF FLEEVARY	
DOES BACCO USE CONTRIBUTE TO DEATH?		DOES BACCO USE CONTRIBUTE TO DEATH?		DOES BACCO USE CONTRIBUTE TO DEATH?		DOES BACCO USE CONTRIBUTE TO DEATH?	
NO		NO		NO		NO	
CAUSE OF DEATH		IAPT - (Full free claim of events - diseases - injuries - if indicated - include any death certificate number or other identifying number) - DO NOT include external causes of death - DO NOT abbreviate.		IAPT - (Full free claim of events - diseases - injuries - if indicated - include any death certificate number or other identifying number) - DO NOT include external causes of death - DO NOT abbreviate.		IAPT - (Full free claim of events - diseases - injuries - if indicated - include any death certificate number or other identifying number) - DO NOT include external causes of death - DO NOT abbreviate.	
CORONARY HEART DISEASE - (Specify cause of condition including in death certificate)		CORONARY HEART DISEASE - (Specify cause of condition including in death certificate)		CORONARY HEART DISEASE - (Specify cause of condition including in death certificate)		CORONARY HEART DISEASE - (Specify cause of condition including in death certificate)	
IAPT - (Full free claim of events - diseases - injuries - if indicated - include any death certificate number or other identifying number) - DO NOT include external causes of death - DO NOT abbreviate.		IAPT - (Full free claim of events - diseases - injuries - if indicated - include any death certificate number or other identifying number) - DO NOT include external causes of death - DO NOT abbreviate.		IAPT - (Full free claim of events - diseases - injuries - if indicated - include any death certificate number or other identifying number) - DO NOT include external causes of death - DO NOT abbreviate.		IAPT - (Full free claim of events - diseases - injuries - if indicated - include any death certificate number or other identifying number) - DO NOT include external causes of death - DO NOT abbreviate.	
PARTIAL External cause of death - (Specify cause of condition including in death certificate)		PARTIAL External cause of death - (Specify cause of condition including in death certificate)		PARTIAL External cause of death - (Specify cause of condition including in death certificate)		PARTIAL External cause of death - (Specify cause of condition including in death certificate)	
INJURY INFORMATION		WAS AN ALLEGED PARTY TO DEATH?		INDICES USED IN DETERMINING CAUSE OF DEATH		INDICES USED IN DETERMINING CAUSE OF DEATH	
NO		NO		YES		YES	
PART OF INQUIRY		TYPE OF INQUIRY		TYPE OF INQUIRY		TYPE OF INQUIRY	
NONE		NONE		NONE		NONE	
LOCATION OF INQUIRY - (CITY, STATE, ZIP CODE, COUNTRY)		LOCATION OF INQUIRY - (CITY, STATE, ZIP CODE, COUNTRY)		LOCATION OF INQUIRY - (CITY, STATE, ZIP CODE, COUNTRY)		LOCATION OF INQUIRY - (CITY, STATE, ZIP CODE, COUNTRY)	
TALLAHASSEE, FLORIDA, UNITED STATES		TALLAHASSEE, FLORIDA, UNITED STATES		TALLAHASSEE, FLORIDA, UNITED STATES		TALLAHASSEE, FLORIDA, UNITED STATES	
CERTIFIER		SIGNATURE OF CERTIFIER		DATE		DATE	
SIGNATURE OF CERTIFIER		SIGNATURE OF CERTIFIER		DATE		DATE	
CERTIFIER NAME - (LAST FIRST MIDDLE SUFFIX)		CERTIFIER NAME - (LAST FIRST MIDDLE SUFFIX)		CERTIFIER NAME - (LAST FIRST MIDDLE SUFFIX)		CERTIFIER NAME - (LAST FIRST MIDDLE SUFFIX)	
DEVIN GEORGE		DEVIN GEORGE		DEVIN GEORGE		DEVIN GEORGE	
CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)	
1100 EAST MONROE, LA 71201, UNITED STATES		1100 EAST MONROE, LA 71201, UNITED STATES		1100 EAST MONROE, LA 71201, UNITED STATES		1100 EAST MONROE, LA 71201, UNITED STATES	
REGISTRAR		SIGNATURE OF REGISTRAR		DATE FILED		DATE FILED	
SIGNATURE OF REGISTRAR		SIGNATURE OF REGISTRAR		DATE FILED		DATE FILED	
DEVIN GEORGE		DEVIN GEORGE		8/23/2019		8/23/2019	



006012344

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. 40:92. CT SEQ

*Devin George*  
DEVIN GEORGE  
STATE REGISTRAR



AmeriTech, Incorporated

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LOYD THOMAS MOORE, JR.

Probate # 5094

FILED: September 5, 2019 BY: Shirley Thurlove

LETTERS OF ADMINISTRATION

THIS IS TO CERTIFY:

IN the matter of the Succession of LOYD THOMAS MOORE, JR.:

TO ALL WHOM THESE PRESENCE MAY COME - GREETINGS:

WHEREAS, THOMAS TODD MOORE, is named and appointed ADMINISTRATOR of the Succession of LOYD THOMAS MOORE, JR., deceased, after having applied to the Sixth Judicial District Court for the Parish of Madison, State of Louisiana, by petition praying said court to grant letters of administration therein.

NOW, THEREFORE, THOMAS TODD MOORE, has qualified for the office by complying with all the requirements of law relating thereto, and has been confirmed as ADMINISTRATOR and is hereby fully authorized and empowered to discharge and perform all and singular the duties of ADMINISTRATOR of the said estate of LOYD THOMAS MOORE, JR., according to law.

IN WITNESS WHEREFORE, these LETTERS OF ADMINISTRATION are issued in the name and under the seal of the Honorable Judge of the Sixth Judicial District Court for the Parish of Madison, State of Louisiana, at Tallulah, Louisiana, on this the 5<sup>th</sup> day of Sept., 2019.

Marion Hopkins  
Marion Hopkins, Clerk of Court  
Sixth Judicial District  
Parish of Madison

Shirley Thurlove  
Attested: Deputy Clerk of Court

A TRUE COPY ATTEST

Shirley Thurlove  
DY. CLERK OF COURT MADISON P.

CK # 1606  
AMT \$ 150<sup>00</sup>  
VOUCHER # 116455  
BY: ~~WAS~~  
FILE # 74227  
DOCKET # S-35834

**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.

<b>Name</b>	<b>Title</b> (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members)	<b>Ownership</b> Percentage of ownership and/or number of shares
Loyd Moore, Jr.	Owner	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)

Loyd Moore, Jr. passed away in August 2019 under an court order Thomas Todd Moore was named as the Administrator of the Succession. Further Thomas Todd Moore is the only heir to the succession.

**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
Thomas "Todd Moore"	Owner	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 Madison

BEFORE ME, the undersigned authority, Thomas Todd Moore (Applicant as Authorized Representative) who represents Richmond Auto Motive Center

(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 11 day of Dec, 2020

Thomas Todd Moore  
PRINTED NAME OF APPLICANT

Thomas Todd Moore  
SIGNATURE OF APPLICANT

**MARK FEDERICK, NOTARY**  
4850126  
PRINTED NAME OF NOTARY PUBLIC

[Signature]  
SIGNATURE OF NOTARY PUBLIC  
(including Notary Number)

**LPSC OFFICE USE ONLY**

Accepted by Staff Johnny Buel Date 1-5-2021

DOCKET # S-35834 PUBLISHED IN BULLETIN # 1236 ON 1-8-2021  
Date

**LOUISIANA PUBLIC SERVICE COMMISSION**

**COMMON CARRIER CERTIFICATE**

**AS A COMMON CARRIER WRECKER/TOW SERVICE BY MOTOR VEHICLE, OVER  
IRREGULAR ROUTES, STATEWIDE**

**NO. 6537**

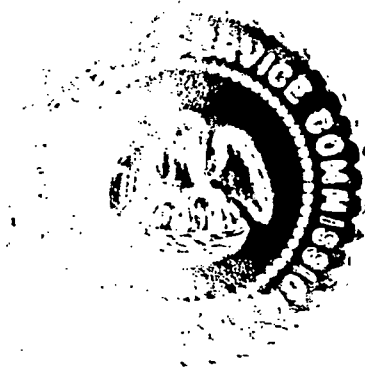
**A COMMON CARRIER CERTIFICATE IS HEREBY GRANTED TO LOYD MOORE, JR. D/B/A RICHMOND AUTO CENTER whose office or place of business is at TALLULAH, LOUISIANA authorizing operations in Louisiana intrastate commerce as a Wrecker/Tow Service by motor vehicle over irregular routes statewide.**

(Issued pursuant to L.R.S. 45:164 and the rules and regulations of the Louisiana Public Service Commission. Except for cause beyond control, non-operation of an authority for a period of six (6) months could lead to its cancellation pursuant to La. R.S. 45:166, Paragraphs B and C.)

Said **LOYD MOORE, JR. D/B/A RICHMOND AUTO CENTER** shall perform such operations under prescribed rates or tariffs now or hereafter filed with the Commission and in compliance with all laws and rules and regulations of the Commission bearing thereon.

**WITNESS THE SIGNATURE AND SEAL OF THE COMMISSION AT BATON  
ROUGE, LOUISIANA, THIS 21ST DAY OF SEPTEMBER, 2000.**

**LOUISIANA PUBLIC SERVICE COMMISSION**



**/S/ IRMA MUSE DIXON**  
DISTRICT III  
CHAIRMAN IRMA MUSE DIXON

**/S/ JAMES M. FIELD**  
DISTRICT II  
VICE CHAIRMAN JAMES M. FIELD

**/S/ DON OWEN**  
DISTRICT V  
COMMISSIONER DON OWEN

**/S/ C. DALE SITTIG**  
DISTRICT IV  
COMMISSIONER C. DALE SITTIG

**/S/ JACK "JAY" A. BLOSSMAN, JR.**

# STATE OF LOUISIANA CERTIFICATION OF VITAL RECORD

## CERTIFICATION OF DEATH

BIRTH NUMBER: **6012344**

STATE FILE NUMBER: 2019-027-00688

<b>DECEDENT</b>	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) MOORE JR, LOYD THOMAS		DATE OF BIRTH 04/30/1954	DATE OF DEATH 08/02/2019	TIME OF DEATH 09:04 PM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) FERRIDAY, LA UNITED STATES	SEX MALE	SOCIAL SECURITY NUMBER 439-90-3768		AGE 65 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):				
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 124 CLINTON STREET, TALLULAH, LA 71262 UNITED STATES			WITHIN CITY LIMITS? NO	PARISH/COUNTY LADISON
<b>PERSONAL</b>	EVER IN U.S. ARMED FORCES? NO	OCCUPATION MECHANIC	INDUSTRY OF OCCUPATION MECHANIC		
	MARITAL STATUS WIDOWED	NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX)			
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) MOORE SR, LOYD THOMAS	FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) UNKNOWN, UNITED STATES			
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) COLLINS, ANNIS	MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) UNKNOWN, UNITED STATES			
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) MOORE, THOMAS TODD	RELATIONSHIP TO DECEDENT SON	INFORMANT'S ADDRESS 104 SHERI KAY DRIVE, TALLULAH, LA 71262 UNITED STATES		
	EDUCATION: 9TH THROUGH 12TH, NO DIPLOMA				
	OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO				
	RACE: WHITE				
<b>DEATH INFO</b>	PLACE OF DEATH OTHER MILE MARKER 126 I 20 EAST	FACILITY NAME			
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 120 EAST, MONROE, LA 71201 UNITED STATES			PARISH/COUNTY OUACHITA	
<b>DISPOSITION</b>	METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MEMORIAL PARK CEMETERY			
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY) TALLULAH, LA UNITED STATES			DATE OF DISPOSITION 08/08/2019	
<b>FUNERAL FACILITY</b>	FUNERAL FACILITY NAME CROTHERS-GLENWOOD FUNERAL HOME, INC.	ADDRESS OF FUNERAL FACILITY 2 CROTHERS DR., TALLULAH, LA 71262 UNITED STATES			
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) ROGAN, JOHN E	LICENSE NUMBER E1436	CORONER NOTIFIED? Y		
	SIGNATURE OF FUNERAL DIRECTOR *e-sign*	DATE 8/23/2019			
<b>MEDICAL INFO</b>	MANNER OF DEATH	ACCIDENT			
	IF FEMALE? NO	NOT APPLICABLE			
	DID TOBACCO USAGE CONTRIBUTE TO DEATH? NO				
<b>CAUSE OF DEATH</b>	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) a. MULTIPLE INJURIES				UNK
	Sequentially list conditions, if any, leading to the cause listed on line a. b.				
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c.				
	d.				
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
	WAS AN AUTOPSY PERFORMED? YES		FINDINGS USED IN DETERMINING CAUSE? YES		
<b>INJURY INFORMATION</b>	PLACE OF INJURY ROADWAY	DATE OF INJURY 08/02/2019	TIME OF INJURY 09:04 PM	INJURY AT WORK Y	IF TRANSPORTATION INJURY, SPECIFY: PEDESTRIAN
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) INTERSTATE 20 EAST AT MP 126, MONROE, LA 71203 UNITED STATES			PARISH/COUNTY OUACHITA	
	DESCRIBE HOW INJURY OCCURRED HIT BY VEHICLE				
<b>CERTIFIER</b>	I CERTIFY THIS 'CORONER CASE' BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER: CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX) CERTIFIER TITLE: CORONER	*e-sign* O'NEAL, TERI B	DATE 8/21/2019		
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 103 MCMILLAN RD, WEST MONROE, LA 71291 UNITED STATES				
	BURIAL TRANSIT PERMIT 323512	PARISH OF ISSUE ORLEANS	DATE OF ISSUE 08/07/2019	DATE FILED WITH REGISTRAR 8/23/2019	
<b>REGISTRAR</b>	SIGNATURE OF REGISTRAR DEVIN GEORGE *e-sign*				

ISSUED BY: Rundlell, Katherine

Issued On: 8/23/2019 12:58:13 PM

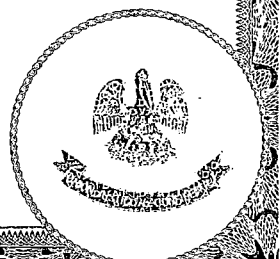


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I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID  
DO NOT ACCEPT

*Devin George*  
DEVIN GEORGE  
STATE REGISTRAR



STATE OF LOUISIANA PARISH OF MADISON SIXTH JUDICIAL DISTRICT COURT

SUCCESSION OF

LOYD THOMAS MOORE, JR.

Probate # 5094

FILED: September 5, 2019 BY: Shirley Thurlove

LETTERS OF ADMINISTRATION

THIS IS TO CERTIFY:

IN the matter of the Succession of LOYD THOMAS MOORE, JR.:

TO ALL WHOM THESE PRESENCE MAY COME - GREETINGS:

WHEREAS, THOMAS TODD MOORE, is named and appointed ADMINISTRATOR of the Succession of LOYD THOMAS MOORE, JR., deceased; after having applied to the Sixth Judicial District Court for the Parish of Madison, State of Louisiana, by petition praying said court to grant letters of administration therein.

NOW, THEREFORE, THOMAS TODD MOORE, has qualified for the office by complying with all the requirements of law relating thereto, and has been confirmed as ADMINISTRATOR and is hereby fully authorized and empowered to discharge and perform all and singular the duties of ADMINISTRATOR of the said estate of LOYD THOMAS MOORE, JR., according to law.

IN WITNESS WHEREFORE, these LETTERS OF ADMINISTRATION are issued in the name and under the seal of the Honorable Judge of the Sixth Judicial District Court for the Parish of Madison, State of Louisiana, at Tallulah, Louisiana, on this the 5<sup>th</sup> day of

Sept., 2019.

Marion Hudson