

S-36922



LOUISIANA PUBLIC SERVICE COMMISSION

PO Box 91154; Baton Rouge, LA 70821

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

APPLICATION FOR STOCK TRANSFER OR CHANGE IN OWNERSHIP GREATER THAN 50% FOR WASTE CERTIFICATES OR PERMITS

BUSINESS ENTITY- APPLICANT INFORMATION

SECTION 1

<b>Name as listed on the Certificate of Permit:</b> (including any doing business as "dba" name) <b>SOUTHERN FLUID SOLUTIONS, LLC</b>												
DBA:												
Business Entity's Authorized Representative: <b>JON SCHILLINGS</b>												
Applicant currently holds Common Carrier Certificate or Contract Carrier Permit Number(s): A copy has been attached to this application as Exhibit "A"	<b>8295 (Waste) &amp; 8151 (Saltwater)</b>											
Business Address: <b>1061 COTTON FORD RD.</b>												
City: <b>CENTER</b>	State: <b>TX</b>	ZIP Code: <b>75935</b>										
Mailing Address: <b>1061 COTTON FORD RD.</b>												
City: <b>CENTER</b>	State: <b>TX</b>	ZIP Code: <b>75935</b>										
Telephone # (Include Area Code) <b>(936) 598-2500</b>	Fax # (Include Area Code) <b>(936) 591-8949</b>	Cell # (Include Area Code) <b>(936) 590-2233</b>										
Email Address: <b>JON@SOUTHERNFLUIDTX.COM</b>												
FEIN# <table border="1"><tr><td>8</td><td>2</td><td>-</td><td>2</td><td>4</td><td>8</td><td>0</td><td>6</td><td>1</td><td>8</td></tr></table>			8	2	-	2	4	8	0	6	1	8
8	2	-	2	4	8	0	6	1	8			
<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. Month/Day Month/Day												
<b>COMPANY BUSINESS STRUCTURE</b>												
Check one box	<input type="checkbox"/> Louisiana Domestic Corporation	Date of Incorporation _____										
	<input type="checkbox"/> Louisiana Domestic Limited Liability Company (LLC)	Date of Formation _____										
	<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 checked="" type="checkbox"/> Foreign* Limited Liability Company (LLC) in the State of <u>TEXAS</u>	Date of Formation <u>8/15/17</u>										
<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.

Name	Title (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members)	Ownership Percentage of ownership and/or number of shares
S2 ENTERPRISES OF TX, LLC	Member	87.5%
CHARLES D. ("CHUCK") TYRE	Member	12.5%

**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:**

JOHN GRINTON, KYLE MARIONNEAUX & KARA KANTROW

**FIRM NAME:**

MARIONNEAUX KANTROW, LLC

**Mailing Address:**

10202 JEFFERSON HWY., BLDG. C

**City:**

BATON ROUGE

**State:**

LA

**ZIP Code:**

70802

**Telephone # (Include Area Code)**

(225) 769-7473

**Fax # (Include Area Code)**

(225) 757-1709

**Cell # (Include Area Code)**

(225) 939-8545

**Email Address:**

JOHN@MKLAWLA.COM; KYLE@MKLAWLA.COM; KARA@MKLAWLA.COM

**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)

Please see the explanation attached as Exhibit C and the corresponding attachments, which are being filed CONFIDENTIALLY pursuant to Rule 12.1 of the Commission Rules of Practice and Procedure.

**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
Jon Schillings	Owner	50%
Chance Shoop	Owner	50%

**EQUIPMENT**

SECTION 4

Applicant currently commences operations with the following equipment but reserves the right to add additional vehicles: ( If additional space is needed, attach a separate sheet listing each vehicle)

Year (Ex. 2016)	Make (Ex. Peterbuilt)	Model (Ex. Tractor or Trailer)	Type (Ex. Vacuum, dump, roll-off, flat bed etc...)
See Attached (To be Supplemented)			

**TERMINALS AND SERVICE OF PROCESS**

SECTION 5

Please check one

- Applicant commences operations from the following LOUISIANA TERMINAL/LOCATION(S) as listed below: (If applicant has additional Louisiana terminals or locations, attach a separate sheet listing each location)

LOUISIANA TERMINAL LOCATION address: 7760 HWY 84 W

City: MANSFIELD	State: LA	ZIP Code: 71052
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- Applicant is located outside of Louisiana AGENT FOR SERVICE OF PROCESS is listed below: Any carrier domiciled outside of Louisiana and providing the intrastate transportation of waste for disposal in Louisiana shall register the company's name, address and telephone number with the Louisiana secretary of state and the Louisiana Public Service Commission. Service of process with respect to all civil, criminal, or administrative proceedings brought before any court or administrative agency located in the state may be served on the registered agent as filed with the Louisiana secretary of state by any means provided by the applicable rules or procedure for that court or agency providing service of process.

Agent For Service Of Process Name CORPORATE COMPLIANCE COMPANY, INC.

Mailing Address: 600 JEFFERSON STREET, SUITE 810

City: LAFAYETTE	State: LA	ZIP Code: 70501
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**BANKRUPTCY, LEVY AND RECEIVERSHIP INFORMATION**

SECTION 6

(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:

**FACTORS FOR CONSIDERATION FOR CHANGE IN CONTROL**

SECTION 7

(If additional space is needed, attach a separate sheet for each responses as needed)

1. Please provide details for the history of compliance with regulatory authorities in the state or any other jurisdiction.

The Company has at all times since its issuance maintained an active Certificate of Public Convenience and Necessity as a Common Carrier of Special Commodities Over Irregular Routes (Certificate No. 8295) with the Commission. Moreover, Applicant holds the following additional permits/licenses/authorizations: Railroad Commission of Texas Waste Haulers Permit Renewal WH No. 7074, Texas International Fuel Tax Agreement License No. TX82248061814, US DOT No. 3039724, MC-44066-C, which provide further evidence of its adherence and compliance with regulatory authorities in Louisiana and other jurisdictions.

In 2019, the Company was cited in LPSC Docket No. T-35404 for violations of La.R.S. 45:161 through 180.1 and General Order dated 1/23/18. The Company resolved this matter via stipulation.

2. Please provide details whether the change of control is fair and reasonable to the employees of the applicant.

The change in control will be fair and reasonable to all of the employees of Southern Fluid Solutions, LLC. There will be no reduction in personnel or workforce. To the contrary, the change of ownership has already occurred without impacting Southern Fluid Solutions' employees.

3. Please provide details of the impact which the change in control will have on the management and operations of the applicant.

The management and operation of Southern Fluid Solutions will remain intact and there will be no change in the day-to-day operation or business operations as a result of the change in control.

4. Has the common carrier certificate or contract carrier permit been dormant?  NO  YES\*

*\*The Commission will not approve the sale, lease, transfer or change in control of a dormant certificate or permit. A dormant certificate/permit is a certificate/permit that has not been substantially operated for the six months prior to the sale, lease, transfer or change in control, other than due to bankruptcy, receivership, or other legal proceedings, or to other causes beyond the carrier's control. Whether a carrier substantially operated a certificate is determined on a case-by-case basis by the administrative law judge, hearing officer, or Commission.*

**VERIFICATION OF APPLICANT**

**SECTION 8**

STATE OF Texas PARISH COUNTY OF Shelby

BEFORE ME, the undersigned authority, Jon Schillings (Applicant)  
who represents Southern Fluid Solutions, LLC (Business Entity)

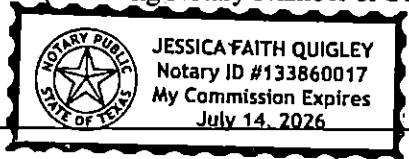
personally came and appeared, who, after being duly sworn, did depose and say that he/she is the APPLICANT in the above application; that he/she desires to TRANSFER ownership of 50% or more in its Common Carrier Certificate or Contract Carrier Permit, he/she represents that the foregoing responses are 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. FURTHERMORE; APPLICANT 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 28<sup>th</sup> day of June, 20 23

Jon Schillings for Southern Fluid Solutions, LLC Jon Schillings  
PRINTED NAME OF APPLICANT SIGNATURE OF APPLICANT

Jessica Faith Quigley / 133860017 Jessica Faith Quigley  
PRINTED NAME OF NOTARY PUBLIC SIGNATURE OF NOTARY PUBLIC  
(including Notary Number & Seal)



**LPSC OFFICE USE ONLY**

Accepted by Staff Jimmy Buel Date 7-5-23

DOCKET # S-36922 PUBLISHED IN BULLETIN # 1301 ON 7-7-23  
Date