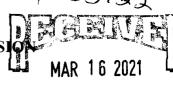
T- 35922





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



UA. PUBLIC SERVICE COMMISSION

WASTE BY MOTOR VEHICLE APPLICATION

ON THE PROPERTY OF THE PROP

Applicant desires to secure from the Louisiana Public Service Commission a Common Carrier Certificate authorizing applicant to operate as a **COMMON CARRIER OF WASTE BY MOTOR VEHICLE**.

BUSINESS ENTITY- APPLICANT INFORMATION

SECTION 1

Business Entity Nam	e: Rosco Contractino	g, LLC	***		, <u>,</u>	
DBA: (Including any doing business as "	dba" name)					
Business Entity's Authori		Brad Antie				
Business Address: 2630 A	American Way					
City: Port Allen				State: LA		ZIP Code: 70767
Mailing Address:	(677			<u> </u>	<u></u>	
City: Port Allen			State: LA		ZIP Code: 70767	
Telephone # (Include Area 225-228-2773	225-22	a Code)		Cell # (Inclu 225-235-071	de Area Code) 1	
Email Address: Bantie@ros	sco-res.com					
FEIN #: 85-4022131		OR	SS#			
V 0 1 T	COMPANY TAX					
	rting year is on a CALE rting year is on a FISCA					
Company's Tax Tepon		Y OWNERS		Month Day		each year.
<u>.</u>			SHIP AND	OR INTER		
Charle	Domestic Corporation					Incorporation
one	Domestic Limited Lia Domestic Partnership		oany (LLC	()		Formation 11/24/2020
DOX	Limited Liability Partne					Formation
	Corporation in the Sta	•				
	Limited Liability Com			te of		Incorporation Formation
	Partnership in the State					Formation
	r					Torridion
MUST attach copies of the origin or existence. *Forei the paperwork filed with the	gn Entities must also re	gister with t	he Louisiar	na Secretary	of State's Offic	ce (La. SOS); submit copies of

BUSINESS ENTITY- APPLICANT INFORMATION SECTION 1 (Continued) List Names of Officers and/or Members and percentage of ownership or number of shares below and check one box to indicate title. Name Title (Corporations list President, Vice President, Ownership percentage of Secretary, Treasurer and LLC companies list Members) ownership or number of shares Gerard Smith Member 50% **Brad Antie** Member 25% John Lusk Member 25%

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:			·····								
	Samantha P. Griffin										
FIRM NAME: Taylor Wellons Politz &	Duhe										
Mailing Address: 1515 Poydras Stree	t, Stuite 1900										
City: New Orleans		State: LA		ZIP Code: 70112							
Telephone # (Include Area Code) 504-525-9888	Fax # (Include Area Code)		Cell # (Incl	ude Area Code)							
Email Address: sgriffin@twpdlaw.com	•										

AUTHORITY TYPE SECTION 3

(Please check all types of waste you desire to acquire in this application below)

Non-hazardous oilfield wastes (i.e. Exploration & Production wastes as defined by RS 45:162)	
Non-hazardous industrial solid waste (as defined by RS 45:162)	ļ
Hazardous waste (as defined by RS 45:162)	

GEOGRAPHICAL LOCATION

SECTION 4

	Mark this box if you are seeking authority
~	STATEWIDE
	STATEWIDE

OR applicant desires to transport waste as outlined in Section 3 originating in the following parishes:

Acadia	Allen	Ascension	Assumption		
Avoyelles	Beauregard	Bienville	Bossier		
Caddo	Calcasieu	Caldwell	Cameron		
Catahoula	Claiborne	Concordia	DeSoto		
East Baton Rouge	East Carroll	East Feliciana	Evangeline		
Franklin	Grant	Iberia	Iberville		
Jackson	Jefferson	Jefferson Davis	Lafayette		
Lafourche	LaSalle	Lincoln	Livingston		
Madison	Morehouse	Natchitoches	Orleans		
Ouachita	Plaquemines	Pointe Coupee	Rapides		
Red River	Richland	Sabine	St. Bernard		
St. Charles	St. Helena	St. James	St. John the Baptist		
St. Landry	St. Martin	St. Mary	St. Tammany		
Tangipahoa	Tensas	Terrebonne	Union		
Vermilion	Vernon	Washington	Webster		
West Baton Rouge	West Carroll	West Feliciana	Winn		

EQUIPMENT SECTION 5

Applicant proposes to commence operations with the following equipment: (If additional space is needed, attach a separate sheet listing each vehicle)										
Year	Make	Model	Туре							
(Ex. 2016)	(Ex. Peterbuilt)	(Ex. Tractor or Trailer)	(Ex. Vacuum, dump, roll-off, flat bed etc)							
	SEE ATTACHED									

TERMINALS AND SERVICE OF PROCESS

SECTION 6

Plea	Please check one											
	Applicant is located outside of Louisiana and understands if authority is granted a LOUISIANA TERMINAL in which operations shall commence, must be established prior to issuance of the certificate.											
~	Applicant proposes to commence 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)											
LOUIS	LOUISIANA TERMINAL/LOCATION address: 2630 American Way											
City:	ort Allen	State: LA	ZIP Code: 70767									

TERMINALS A SE	ECTION 6 (Contin		<u>88</u>
OUT OF STATE CARRIERS MUST LIST AGE Louisiana and providing the intrastate transportation of waste for di Louisiana secretary of state and the Louisiana Public Service Con brought before any court or administrative agency located in the st means provided by the applicable rules or procedure for that court	ENT FOR SERV iisposal in Louisiana s mmission. Service of tate may be served on	VICE OF PROCESS hall register the company's process with respect to all of the registered agent as filed.	name, address and telephone number with the
Agent For Service Of Process Name			
Mailing Address:			
City:	State:	ZIP Code	::
	RIFICATION 5	_	41 0
BEFORE ME, the undersigned authority,	_	NTY OF <u>West</u>	Datun Konge
(Applicant) who represents Rose Contract Entity) personally came and appeared, who, after APPLICANT in the above application; that he/she do a Common Carrier Certificate, authorizing the application aread same and is familiar with the contents the the best of his/her knowledge. FURTHERMORE, the rules and regulations of the Louisiana Public S motor vehicles, and to file with the Commission at a computation of rates, schedules and other required by law and by the rules and regulations of the Louisiana Public S and to file with the Commission at computation of rates, schedules and other required by law and by the rules and regulations of the Louisiana Public S and understands that the information of Department of Revenue for purposes of Inspection and Department of R	lesires to secure licant to operate reof and that fa APPLICANT a service Commistariff which sho data; and to file contained in this contained in this	e from the Louisiana e as a carrier of Wa cts as stated therein agrees to comply we ssion respecting the two the services to be such evidence of in- ervice Commission application may be	a Public Service Commission ste as stated; and that he/she h are true and correct, and to ith all provisions of law and e operation of public service be rendered and the basis for surance or bonds as required h prior to commencement of
SWORN TO AND SUBSCRIBED before me this Rosco Contracting, LUC		y of <u>March</u> , 2	0 <u>21</u> be
PRINTED NAME OF APPLICANT By menber SIGNATURE OF APPLICANT		GNATURE OF NO COLUMN NOTATION OF THE COLUMN N	The state of the s
Accepted by Staff Accepted by Staff	OFFICE USE OF	NLY Date	3-17-2021
DOCKET# T- 359 22 PUBLISHEI	D IN BULLETI	N#_ 1241	ON 3-19-2021

Docket No.: 1-35922

LOUISIANA PUBLIC SERVICE COMMISSION

F	Exhibit
	confidential sealed documents
	Oversized document
	Non-paper exhibit
	Photographs
	Other:

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/09/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

th	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	the o	ertifi	and conditions of the po cate holder in lieu of such	ı endor	sement(s).		an endorsement. A state	ment o	n			
	DUCER				CONTA NAME:	Allie Hopi	kins						
Que	erbes & Nelson				PHONE (A/C, No	o, Ext): (318) 2	21-5241	FAX (A/C, No):	(318) 4	29-0599			
214	Milam Street				E-MAIL ADDRESS: ahopkins@qnins.com								
Shri	eveport			LA 71101	INSURER(S) AFFORDING COVERAGE								
INSU	·			LA 71101	INSURER A : Zurich American Insurance Company								
INSU	ROSCO Contracting, LLC				INSURER B:								
	2630 American Way				INSURER C:								
	2630 American Way				INSURER D :								
	Port Allen			14 70707	INSURE								
~~				LA 70767	INSURE								
				NUMBER: ROSCO CON				REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR. INDICEMBER 1 POLICY FEE 1 POLICY FEE 1													
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	_				
	COMMERCIAL GENERAL LIABILITY					,	,20,,,,,,,,		1,000	,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$ 300,0				
								MED EXP (Any one person)	\$ 5,000	1			
Α				GLO577847404		07/01/2020	07/01/2021	PERSONAL & ADV INJURY	\$ 1,000	,000			
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE S	\$ 2,000				
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,000			
	OTHER:			V-14-20-20-2					\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000			
	ANY AUTO							BODILY INJURY (Per person)	\$				
Α	OWNED SCHEDULED AUTOS AUTOS			577847504		07/01/2020	07/01/2021	' '	\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
								DECOV	\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$			*******					5				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							➤ PER OTH- STATUTE ER					
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		WC577847304		07/01/2020	07/01/2021	E.L. EACH ACCIDENT S	1,000				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$					
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT S	1,000	.000			
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, r	nay be at	tached if more sp	ace is required)						
CER	TIFICATE HOLDER				CANC	ELLATION							
	Louisiana Public Service Commi: 602 N 5th St.	ssion			ACC		ATE THEREOF H THE POLICY	SCRIBED POLICIES BE CANC , NOTICE WILL BE DELIVERE PROVISIONS.		BEFORE			
	Baron Rouge			LA 70821			_	I Miz					
								ACORD CORPORATION A	\ II riab	te reconied			

R. Kyle Ardoin SECRETARY OF STATE

11/24/2020

State of Louisiana Secretary of State



COMMERCIAL DIVISION 225.925.4704

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

ONLINE FILING brad.antie@kentmaterials.com

ROSCO CONTRACTING LLC

It has been a pleasure to approve and place on file your articles of organization. The appropriate evidence is attached for your files.

Payment of the filing fee is acknowledged by this letter.

In addition to email and text notifications, business owners now have the option to enroll in our secured business filings (SBF) service. This service is available online, at no charge, by filing a notarized affidavit. Upon enrollment, an amendment cannot be made to your entity without approval using your personal identification number. This is another way to protect your business from fraud and identity theft.

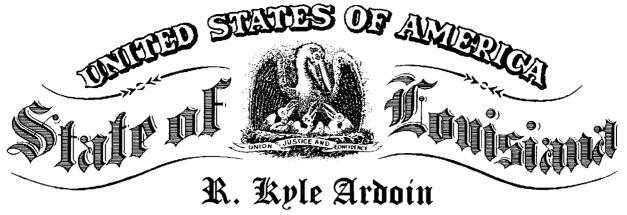
Please note that as of January 1, 2018, business owners in the following parishes will be required to file all available business documents online through geauxBIZ: Ascension, Bossier, Caddo, Calcasieu, East Baton Rouge, Jefferson, Lafayette, Livingston, Orleans, Ouachita, Rapides, St. Tammany, Tangipahoa and Terrebonne.

Online filing options are available if changes are necessary to your registration or if you need to file an annual report. Please visit our website at **GeauxBiz.com** for your future business needs.

Sincerely,

Rev 09/09

The Commercial Division WEB



SECRETARY OF STATE

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

a copy of the Articles of Organization and Initial Report of

ROSCO CONTRACTING LLC

Domiciled at PORT ALLEN, LOUISIANA,

Was filed and recorded in this Office on November 24, 2020,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

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.

November 24, 2020

Certificate

Certificate ID: 11302704#2NJ62

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

Secretary of State
WEB 44165221K

R. Kyle Ardoin SECRETARY OF STATE

November 24, 2020

November 24, 2020.

State of Louisiana Secretary of State



COMMERCIAL DIVISION 225.925.4704

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

The attached document of ROSCO CONTRACTING LLC was received and filed on

WEB 44165221K

STATE OF LOUISIANA

ARTICLES OF ORGANIZATION

(R.S. 12:1301)

1. The name of this limited liability company is:

ROSCO CONTRACTING LLC

2. This company is formed for the purpose of:

ENGAGING IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED

3. The duration of this limited liability company is: (may be perpetual):

PERPETUAL

4. This company is:

MEMBER-MANAGED

Other provisions:

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

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: BRAD ANTIE (11/24/2020)

TITLE: MANAGING MEMBER

LIMITED LIABILITY COMPANY INITIAL REPORT

(R.S. 12:1305 (E))

The name of this limited liability company is:

ROSCO CONTRACTING LLC

The location and municipal address (not a P.O. Box only) of this limited liability company's registered office:

2630 AMERICAN WAY BLDG PORT ALLEN, LA, 70767

Mailing Address:

PO BOX 677

PORT ALLEN, LA, 70767

The full name and municipal address (not a P.O. Box only) of each of this limited liability company's registered agent(s) is/are:

BRAD ANTIE

2630 AMERICAN WAY

PORT ALLEN, LA, 70767

The name and municipal address (not a P.O. Box only) of the managers or members:

BRAD ANTIE (MANAGER) 2630 AMERICAN WAY

PORT ALLEN, LA, 70767

GERARD SMITH (MEMBER)

2630 AMERICAN WAY PORT ALLEN, LA, 70767

JOSH LUSK (MEMBER) 2630 AMERICAN WAY PORT ALLEN, LA, 70767

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

BY TYPING MY NAME BELOW, HIEREBY CERTIFY THAT I AM THE ORGANIZER. **ELECTRONIC SIGNATURE:** BRAD ANTIE (11/24/2020)

TITLE: MANAGING MEMBER

SECRETARY OF STATE



Agent Affidavit and Acknowledgement of Acceptance

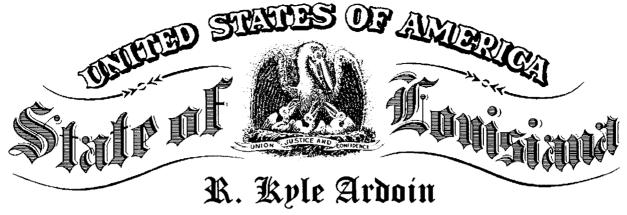
Charter Number: 44165221K

Charter Name: ROSCO CONTRACTING LLC

The agent / agents listed below accept the appointment of registered agent for and on behalf of the Charter Name above.

Date Responded Agent(s) 11/24/2020 BRAD ANTIE Agent(s) Electronic Signature

BRAD ANTIE



SECRETARY OF STATE

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

ROSCO CONTRACTING LLC

A limited liability company domiciled in PORT ALLEN, LOUISIANA,

Filed charter and qualified to do business in this State on November 24, 2020,

I further certify that the records of this Office indicate the company 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 company 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,

March 15, 2021

TARY OF STR

Certificate ID: 11355537#5PK73

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

L 12 fr No. Secretary of State

Docket No.: 7-35922

LOUISIANA PUBLIC SERVICE COMMISSION

Exhibit	
Confidential sealed d	ocuments financial
Oversized document	V
Non-paper exhibit	
Photographs	
Other:	

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

Rosco Holdings Equipment List

Permit/Cert																									Permit/Cert.									
Inspection Expire	lune-21	February-21	March-21	February-21	February-21	February-21	October-21	September-21	March-21	January-22	December-21	January-22	February-21	June-21	July-21	March-21	January-22	February-21	April-21	July-21	April-21	June-21	July-21		Inspection Expire	November-20	September-20		Inspection Expire		November-20	Exempt		July-19
Geaux Pass	-																								Geaux Pass				Geaux Pass	YES				
Date Recvd.																	2/6/2017	2/10/2017	2/18/2017	2/14/2017	3/10/2017	7/1/2019	7/17/2019		Date Recvd.				Date Recvd.		4/21/2017	4/25/2017	5/1/2017	12/20/2017
F/M/v	\$96,000	\$96,000	\$96,000	\$96,000	\$96,000	\$96,000	\$96,000	\$96,000	\$96,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$131,000	\$131,000	\$130,000	\$130,000	\$130,000	\$143,954	\$190,985		F/M/V	\$14,000	\$35,000		F/M/v	\$7,500	\$5,500	\$800	\$5,500	\$35,590
STATE	₹	4	4	⊴	\$	≤	4	4	Ŋ	N	Ā	A	Ŋ	۲	Ы	ΓA	Υ	LA	Ą	4	4	LA.	4		STATE	۸	4		STATE	4	LA.	LA	4	4
LICENSE #	P227755	P227756	P227826	P227827	P227828	P227829	P227830	P227831	P227832	P227695	P227696	P227697	P227698	P228205	P228206	P228207	P246133	P246135	P246156	P246157	P246216	P260030	P260070		LICENSE #	C372366	C423159		FICENSE #	L476583	J500237	J510067	1998617	J619709
VIN NUMBER	1NKZXPEX7FJ474594	1NKZXPEX9FJ474595	1NKZXPEX0GJ474597	1NKZXPEX2GJ474598	1NKZXPEX4GJ474599	1NKZXPEX7GJ474600	1NKZXPEX9GJ474601	1NKZXPEX0GJ474602	1NKZXPEX2GJ474603	1NPCXPEX9FD301559	1NPCXPEX7FD301558	1NPCXPEX5FD301557	1NPCXPEX5FD301560	1NPCXPEX8GD301473	1NPCXPEX1GD301475	1NPCXPEXXGD301474	5KKMAVDV4HPJG5094	SKKMAVDV8HPJG5096	1NKZXPEX0HJ177055	1NKZXPEX2HJ177056	1NKZXPEX9JJ180204	1NKZX4TX6U392353	1NKZX4TX4U392352		VIN NUMBER	1HTMKAAN12H527015	1GBOCUEG7GZ317370		VIN NUMBER	5BSAU1225CC027841	1P9UT2623HL731339	4LYUS1013HH007402	1P9VN1220HL731345	56ZL1UG20GP000053
MODEL	T880	T880	T880	1880	Т880	T880	T880	T880	T880	267	267	267	267	267	267	567	4700	4700	T880	T880	Т880	T880	T880		MODEL	4400	2500		MODEL					
MAKE	KENWORTH	PETERBILT	WESTERN STAR	WESTERN STAR	KENWORTH	KENWORTH	KENWORTH	KENWORTH	KENWORTH	17,444	MAKE	INTERNATIONAL	CHEVY SINGLE 2X4		MAKE	HOCR (2A)	PRO PULL	MCCLAIN	PRO PULL	THUNDER CREEK (Fuel)														
# YEAR	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2016	2016	2016	2017	2017	2017	2017	2018	2020	2020	2007	TEAK	2002	2016		YEAR	2012	2017	2017	2017	2016
ROSCO (R01	R02	R03	R04	R05	R06	R07	R08	R09	R10	R11	R12	R13	R14	R15	R16	R17	R18	R19	R20	R21	R22	R23					į						
KM#	KM06A	KM30	KM32	KM33	KM34	KM35	KM36	KM37	KM38	KM39	KM40	KM41	KM42	KM43	KM44	KM45	KM47	KM49	KM50	KM51	KM52	KM53	KM54	#847	#IAI	KMS6	KMS9		₩W#	KMT1	KMT7	KMT8	KMT9	KMT10
TYPE	Dump Truck 3 Axle	Tono	adkı	Water Truck	Service Truck		Туре	Utility Trailer																										
YARD	PORT ALLEN	PORT ALLEN	PORT ALLEN		PORT ALLEN	\dashv		\dashv	+	+		+	-	+	+	+	\dashv	+	\dashv	+	\dashv	+	PORT ALLEN	VARD		PORT ALLEN	ON-CALL		YARD	PORT ALLEN				