



## LOUISIANA PUBLIC SERVICE COMMISSION

PO Box 91154; Baton Rouge, LA 70821

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

T-37400  
**RECEIVED**  
OCT 04 2024**APPLICATION TO TRANSFER CERTIFICATE OR PERMIT TO ANOTHER ENTITY WITH THE SAME OWNERSHIP**LA. PUBLIC SERVICE COMMISSION  
TRANSPORTATION

Certificate or Permit Holder desires to transfer its Certificate or Permit number **7991** (attached as Exhibit "A") to the listed Acquiring Entity in Section 2 pursuant to General Order dated October 08, 2019.

**CERTIFICATE OR PERMIT HOLDER INFORMATION**

## SECTION 1

<b>Name as listed on the Certificate or Permit:</b> (Including any doing business as "dba" name) <b>Topcat Oilfield Services LLC</b>			
DBA: <b>Topcat Oilfield Transport</b> <i>SM</i>			
Business Entity's Authorized Representative: Johnny Mumphrey			
Business Address: 2800 Stanolind St			
City: Longview		State: Tx	ZIP Code: 75604
Mailing Address: 2800 Stanolind St			
City: Longview		State: Tx	ZIP Code: 75604
Telephone # (Include Area Code) 903-500-2813	Fax # (Include Area Code)	Cell # (Include Area Code) 903-399-3642	
Email Address: jmumphrey@topcatcompanies.com			
FEIN #: 7 5 - 2 8 7 6 7 5 2	OR	SS#	
<b>CERTIFICATE OR PERMIT HOLDER - OWNERSHIP INFORMATION</b>			
List Names of Officers and/or Members and percentage of ownership or number of shares below and check one box to indicate title.			
<b>Name</b>	<b>Title</b> (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members)	<b>Ownership</b> percentage of ownership or number of shares	
L. Ali Sheikh	President/Owner	100%	

**ACQUIRING ENTITY'S COMPANY INFORMATION**  
SECTION 2

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

**Sunshine Oilfield Transport LLC**

DBA:

~~Sunshine Oilfield Services~~ **SM**

Business Entity's Authorized Representative: Tom Stamper

Business Address:

2800 Stanolind St

City:

Longview

State:

Tx

ZIP Code:

75604

Mailing Address:

City:

State:

ZIP Code:

Telephone # (Include Area Code)

Fax # (Include Area Code)

Cell # (Include Area Code)

903-738-3741

Email Address:

tstamper@sunshineoilfieldservices.com

FEIN #:

9 9 - 4 2 5 7 4 3 5

OR

SS#

- - - - -

**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 \_\_\_\_\_ to \_\_\_\_\_ each year.  
Month/Day Month/Day

**COMPANY OWNERSHIP AND/OR INTEREST**

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 **TX**

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 & Articles of Incorporation or Formation from your state of origin or existence.**  
**\*Foreign Entities must also register with the Louisiana Secretary of State's Office (La. SOS); submit copies of the paperwork filed with the La. SOS along with a copy of the Certificate of Good Standing issued by the La. SOS.**

**ACQUIRING ENTITY'S - OWNERSHIP INFORMATION**

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, Secretary, Treasurer and LLC companies list Members)	Ownership percentage of ownership or number of shares
L Ali Sheikh	President/Owner	100%

## **REPRESENTATION OF APPLICANTS**

### **SECTION 3**

If Applicant is represented by legal counsel or if this application is being filed by legal counsel, please provide the following:

<b>LEGAL COUNSEL'S NAME:</b>		
<b>FIRM NAME:</b>		
Mailing Address:		
City:	State:	ZIP Code:
Telephone # (Include Area Code)	Fax # (Include Area Code)	Cell # (Include Area Code)
Email Address:		
<b>REPRESENTS:    CERTIFICATE HOLDER    <input type="checkbox"/>    ACQUIRING ENTITY    <input type="checkbox"/></b>		

<b>LEGAL COUNSEL'S NAME:</b>		
<b>FIRM NAME:</b>		
Mailing Address:		
City:	State:	ZIP Code:
Telephone # (Include Area Code)	Fax # (Include Area Code)	Cell # (Include Area Code)
Email Address:		
<b>REPRESENTS:    CERTIFICATE HOLDER    <input type="checkbox"/>    ACQUIRING ENTITY    <input type="checkbox"/></b>		

## **ACQUIRING ENTITY'S EQUIPMENT**

### **SECTION 4**

Acquiring Entity currently proposes to commence operations with the following equipment but reserves the right to add additional vehicles if the authority is granted: ( 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...)
2015	Freightliner	Straight truck	Bobtail
2004	International	Straight Truck	Bobtail
2005	International	Straight Truck	Bobtail
2014	International	Straight Truck	Bobtail
2019	Freightliner	Tractor	Vaccum
2019	Freightliner	Tractor	Vaccum
2015	Peterbilt	Tractor	Vaccum
2016	Western Star	Tractor	Vaccum
2015	Western Star	Tractor	Vaccum
2023	Freightliner	Tractor	Vaccum
2023	Freightliner	Tractor	Vaccum

## ACQUIRING ENTITY'S TERMINALS AND SERVICE OF PROCESS

### SECTION 5

Please check one		
<input checked="" type="checkbox"/> Applicant is located outside of Louisiana and understands if additional authority is granted a LOUISIANA TERMINAL in which operations shall commence, must be established prior to issuance of the certificate.		
<input type="checkbox"/> 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)		
LOUISIANA TERMINAL/LOCATION address:		
City:	State:	ZIP Code:
<b>TERMINALS AND SERVICE OF PROCESS</b>		
OUT OF STATE CARRIERS MUST LIST AGENT FOR SERVICE OF PROCESS 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 Muhammad Asif Sayani		
Mailing Address: 807 Wooded Creek		
City: Wylie	State: Tx	ZIP Code: 75002

## 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 or Permit 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?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*
*If you answered yes to number 3, attach a copy of the Notice of Levy to this application as an <b>Exhibit</b>	
4. Are there any other levies against the common carrier certificate or contract carrier permit?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*
*If you answered yes to number 4, attach copies of the levies to this application as an <b>Exhibit</b> 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 Certificate or Permit Holder involved in any bankruptcy proceeding?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*
*If you answered yes to number 5, attach a copy of the Notice of Bankruptcy to this application as an <b>Exhibit</b> and list the name(s) of counsel for the party(s) with an interest in the common carrier certificate or contract carrier permit below:	
6. Is the Acquiring Entity involved in any bankruptcy proceeding?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*
*If you answered yes to number 6, attach a copy of the Notice of Bankruptcy to this application as an <b>Exhibit</b> and list the name(s) of counsel for the party(s) with an interest in the common carrier certificate or contract carrier permit below:	
<b><u>FACTORS FOR CONSIDERATION FOR TRANSFER</u></b> <b>SECTION 7</b> (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 for the Acquiring Entity.	
Sunshine Oilfield Transport is a new company and has had no history established with any regulatory group in any jurisdiction.	

2. Please provide details whether the transfer or change of control is fair and reasonable to the employees of the both the Acquiring Entity and the Certificate or Permit Holder.

This will be a fair transfer to all parties involved.

3. Please provide details of the impact which the transfer or change in control will have on the management and operations of Acquiring Entity.

There will be no impact. Same ownership and management.

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 the Commission. Please provide details you wish for the Commission to consider if the certificate or permit has been dormant:*

**VERIFICATION OF APPLICANT(S)**

SECTION 9

STATE OF Texas PARISH/COUNTY OF Gregg

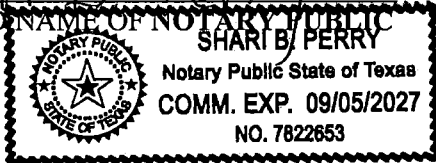
BEFORE ME, the undersigned authority, Johnny Murphy (Representative of the Certificate Holder & Acquiring Entity) who represents Topcat Oilfield Services LLC the Topcat Oilfield Transport (Certificate Holder & Acquiring Entity) personally came and appeared, who, after being duly sworn, did depose and say that he/she is the APPLICANT in the above application; that he/she desires to transfer its Louisiana Public Service Commission Certificate or Permit; and that he/she has read same and is familiar with the contents thereof and that facts as stated therein are true and correct, and to the best of his/her knowledge. FURTHERMORE, APPLICANT agrees to comply with all provisions of law and the rules and regulations of the Louisiana Public Service Commission respecting the operation of public service motor vehicles, and to file with the Commission a tariff which shows the services to be rendered and the basis for computation of rates, schedules and other required data for certificates or approved contracts for permits; and to file such evidence of insurance or bonds as required by law and by the rules and regulations of the Louisiana Public Service Commission prior to commencement of operations. And understands that the information contained in this application may be shared with the Louisiana Department of Revenue for purposes of Inspection and Supervision Fees.

SWORN TO AND SUBSCRIBED before me this 1 day of Oct, 2024

Johnny Murphy  
PRINTED NAME OF APPLICANT REPRESENTING THE ENTITY(S)

[Signature]  
SIGNATURE OF APPLICANT REPRESENTING THE ENTITY(S)

Shari B Perry  
PRINTED NAME OF NOTARY PUBLIC



[Signature]  
SIGNATURE OF NOTARY PUBLIC

(including Notary Seal & Number)

**LPSC OFFICE USE ONLY**

Accepted by Staff

[Signature]

Date

10-4-24

DOCKET # S-37400

PUBLISHED IN BULLETIN #

1334

ON

10-11-24

Date



## **Sunshine Oilfield Transport LLC.**

2800 Stanolind st. Longview, Texas 75604 903-295-7000

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### **Sunshine Oilfield Transport Organization**

#### **Management Team**

Tom Stamper- CEO

[tstamper@sunshineoilfieldservices.com](mailto:tstamper@sunshineoilfieldservices.com)

Mark Peloquin- Operations Manager

[mpeloquin@sunshineoilfieldservices.com](mailto:mpeloquin@sunshineoilfieldservices.com)

#### **Trucking Operations Team**

Ray Coppa-Dispatch/Truckpusher

[rcoppa@sushineoilfieldservices.com](mailto:rcoppa@sushineoilfieldservices.com)

#### **Financial Team**

Koger Bates- Controller

[kbates@sunshineoilfieldservices.com](mailto:kbates@sunshineoilfieldservices.com)

Meagan Baird-A/P-A/R

[mbaird@sunshineoilfieldservices.com](mailto:mbaird@sunshineoilfieldservices.com)

#### **Regulatory**

Mark Peloquin- Operations Manager

[mpeloquin@sunshineoilfieldservices.com](mailto:mpeloquin@sunshineoilfieldservices.com)

#### **Safety**

Tony Taylor

[tony@taylorsafety.net](mailto:tony@taylorsafety.net)





**Nancy Landry**  
SECRETARY OF STATE

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

an Application for Certificate of Authority of

**TOPCAT OILFIELD SERVICES LLC**

Domiciled at LONGVIEW, TEXAS, was filed in this Office on May 23, 2024,

I further certify that no certificate of withdrawal has been issued.

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,

September 27, 2024

*Nancy Landry*

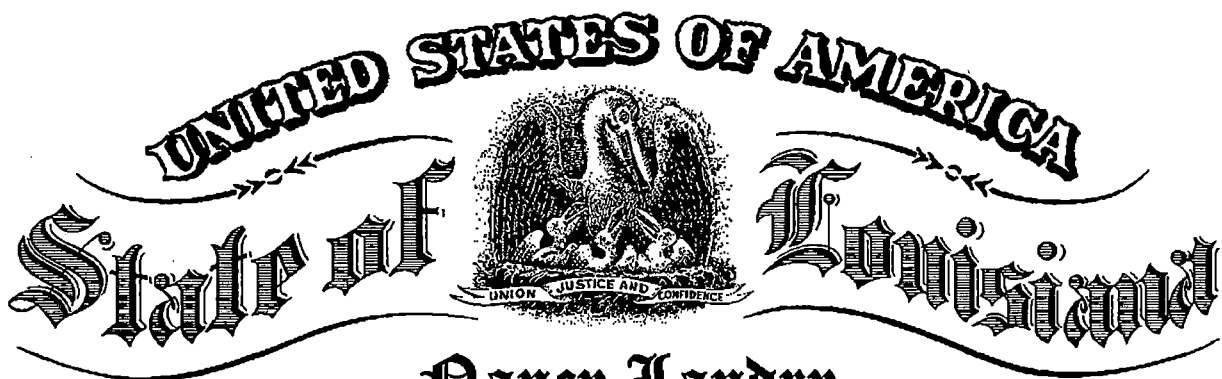
*Secretary of State*

Web 45951836Q



Certificate ID: 11939011#BFG62

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](http://www.sos.la.gov)



**Nancy Landry**

**SECRETARY OF STATE**

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

**TOPCAT OILFIELD SERVICES LLC**

A limited liability company domiciled in LONGVIEW, TEXAS,

Filed charter and qualified to do business in this State on May 23, 2024,

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,

September 27, 2024

*Nancy Landry*

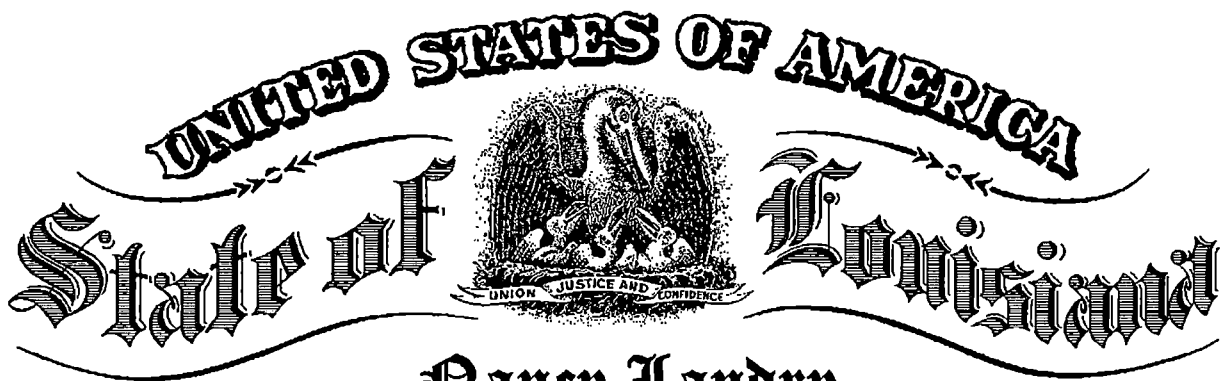
*Secretary of State*

Web 45951836Q



Certificate ID: 11939012#KHH62

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](http://www.sos.la.gov)



**Nancy Landry**  
SECRETARY OF STATE

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

In response to your request we are pleased to provide the information on the subject Limited Liability Company (Non-Louisiana) which filed an application for certificate of authority in this office on May 23, 2024.

**Name:** TOPCAT OILFIELD SERVICES LLC

**Type:** Limited Liability Company (Non-Louisiana)

**City:** LONGVIEW

**Status:** ACTIVE

**Business:** TOPCAT OILFIELD SERVICES LLC

**Charter Number:** 45951836Q

**Registration Date:** 5/23/2024

**State of Origin:** TEXAS

**Domicile Address**  
2800 STANOLIND STREET  
LONGVIEW, TX 75604

**Mailing Address**  
2025 WOODBERRY AVE  
OFC  
SHREVEPORT, LA 71106

**Principal Business Office**  
2800 STANOLIND STREET  
LONGVIEW, TX 75604

**Registered Office in Louisiana**  
2025 WOODBERRY AVE.  
OFC  
SHREVEPORT, LA 71106

**Principal Business Establishment in Louisiana**

2025 WOODBERRY AVE  
SHREVEPORT, LA 71106

**Status:** ACTIVE

**Annual Report Status:** In Good Standing

**Qualified:** 5/23/2024

**Last Report Filed:** N/A

**Type:** Limited Liability Company (Non-Louisiana)

**Registered Agent(s)**

**Agent:** WILL DOWNS  
**Address:** 2025 WOODBERRY AVE.  
OFC  
**City, State, Zip:** SHREVEPORT, LA 71106  
**Appointment Date:** 5/23/2024

**Officer(s)**

**Additional Officers:** No

**Officer:** WILL DOWNS  
**Title:** Manager  
**Address:** 2025 WOODBERRY AVE.  
2025 WOODBERRY AVE.  
**City, State, Zip:** SHREVEPORT, LA 71106

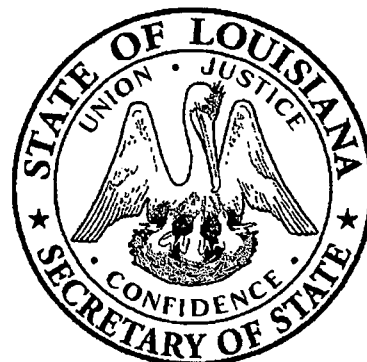
In testimony whereof, I have hereunto set my  
hand and caused the Seal of my Office to be  
affixed at the City of Baton Rouge on,

September 27, 2024

*Nancy Landry*

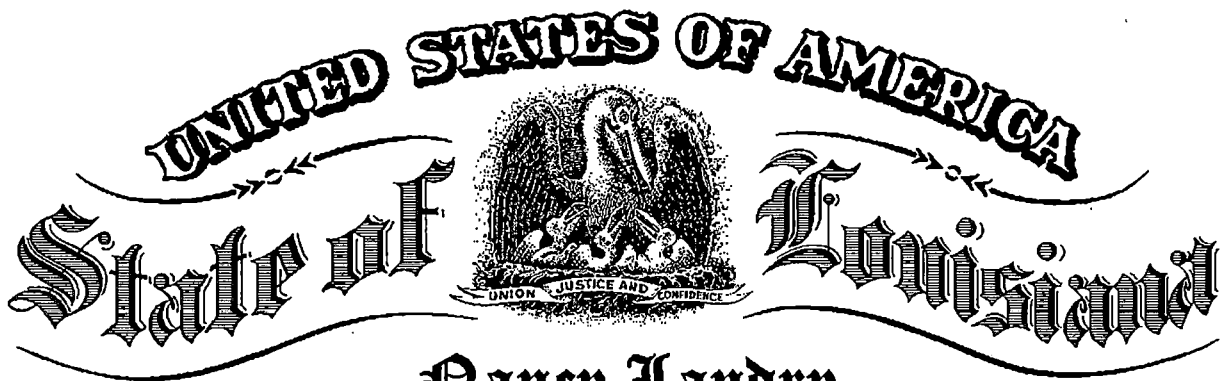
*Secretary of State*

Web 45951836Q



**Certificate ID:** 11939013#TLJ62

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](http://www.sos.la.gov)**



**Nancy Landry**  
SECRETARY OF STATE

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

the Application Form for Certificate of Authority of

**TOPCAT OILFIELD SERVICES LLC**

Domiciled at LONGVIEW, TEXAS,

Was filed and recorded in this Office on May 23, 2024.

Thus authorizing the limited liability company to exercise the same rights and privileges accorded similar domestic limited liability companies, subject to the provisions of R. S. Title 12, Chapter 22, Part VIII.

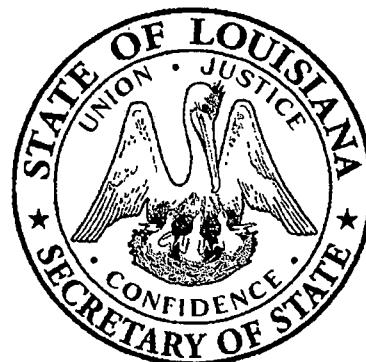
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 23, 2024

*Nancy Landry*

*Secretary of State*

WEB 45951836Q



Certificate ID: 11887911#4PK73

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](http://www.sos.la.gov)



**Nancy Landry**  
SECRETARY OF STATE

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

the attached document(s) of

**TOPCAT OILFIELD SERVICES LLC**

are true and correct and are filed in the Louisiana Secretary of State's Office.

45951836Q FOREIGN LLC ORIGF 5/23/2024 4 page(s)

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,

September 27, 2024

*Nancy Landry*

*Secretary of State*

WEB 45951836Q



Certificate ID: 11939016#KUL73

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](http://www.sos.la.gov)

**APPLICATION FOR AUTHORITY  
TO TRANSACT BUSINESS IN LOUISIANA**

**(R.S. 12:1345)**

**This Company is For:**  
BUSINESS

**Limited Liability Company Name:**  
TOPCAT OILFIELD SERVICES LLC

**Previous Company Name:**

**Date of Organization:**  
03/24/2000

**Period of Duration:**  
PERPETUAL

**Principal office address in state or country of incorporation/organization:**  
2800 STANOLIND STREET  
LONGVIEW, TX, 75604

**Principal business office address:**  
2800 STANOLIND STREET  
LONGVIEW , TX, 75604

**Principal business establishment in Louisiana:**  
2025 WOODBERRY AVE  
SHREVEPORT, LA, 71106

**Mailing Address:**  
2025 WOODBERRY AVE OFC  
SHREVEPORT , LA, 71106

**Registered office address in Louisiana:**  
2025 WOODBERRY AVE. OFC  
SHREVEPORT, LA, 71106

**Registered agent's name and address in Louisiana:**  
WILL DOWNS  
2025 WOODBERRY AVE. OFC  
SHREVEPORT, LA, 71106

**The name and municipal address (not a P.O. Box only) of the managers or members:**  
WILL DOWNS (MANAGER)  
2025 WOODBERRY AVE. 2025 WOODBERRY AVE. OFC  
SHREVEPORT , LA, 71106

**Nature of Business to be transacted in Louisiana:**  
OILFIELD SERVICE

**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 A MEMBER/MANAGER.**

**ELECTRONIC SIGNATURE: CLIFF TODD (5/23/2024)**

**TITLE: EXECUTIVE VICE PRESIDENT**





## Office of the Secretary of State

### Certificate of Fact

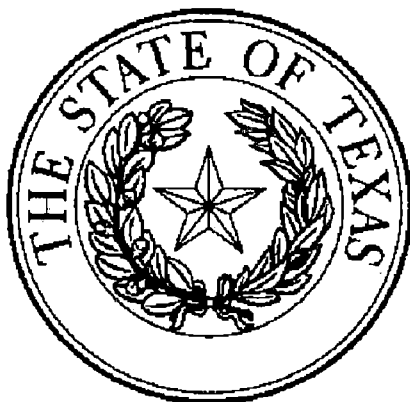
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Organization for TOPCAT OILFIELD SERVICES LLC (file number 706570522), a Domestic Limited Liability Company (LLC), was filed in this office on March 24, 2000.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate DEBBIE MEYER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

13140 COIT ROAD  
SUITE 518  
DALLAS, TX - 75240 5725 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 20, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State

**SECRETARY OF STATE**



**Agent Affidavit and Acknowledgement of Acceptance**

**Charter Number:** 45951836Q

**Charter Name:** TOPCAT OILFIELD SERVICES 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)**

05/23/2024    WILL DOWNS

**Agent(s) Electronic Signature**

WILL DOWNS

2015	Freightliner	114SD	1FVHG3DV6FHGC7725	509	Truck-Bobtail
2004	International	4399	1HTWCAZN1CJ609461	508	Truck-Bobtail
2005	International	4400	1HTMKAAN75H692989	502	Truck-Bobtail
2014	International	7400	1HTWCAZN0EH786755	507	Truck-Bobtail
2019	Freightliner	122SD	3AKJGNDR7KDKH8902	620	Truck-Tractor
2019	Freightliner	122SD	3AKJGNDR9KDKH8903	621	Truck-Tractor
2015	Peterbilt	379	1XPTD40X4FD266210	N51	Truck-Tractor
2016	Western Star	490	5KKXAFCCG8GPGP0986	628	Truck-Tractor
2015	Western Star	490	5KKXAFCCG8GPGP1053	627	Truck-Tractor
2023	Freightliner	CA116 Cascadia	3AKJHTDV7PSNW3038	TW8	Truck-Tractor
2023	Freightliner	CA116 Cascadia	3AKJHTDV5PSNW3006	TW6	Truck-Tractor
2023	Freightliner	CA116 Cascadia	3AKJHTDV6PSNW3029	TW7	Truck-Tractor
2016	Mack	CHU613	1M1AN07Y5GM023066	TW5	Truck-Tractor
2019	Freightliner	Coronado 122	3AKJGNDRXKDKK5793	622	Truck-Tractor
2024	Freightliner	CA116 Cascadia	3AKJHLFG4RDVA2330	TW1	Truck-Tractor
2024	Freightliner	CA116 Cascadia	3AKJHLFGXRSUX9815	TW2	Truck-Tractor
2024	Freightliner	CA116 Cascadia	3AKJHLFG6RSVG2914	TW3	Truck-Tractor
2024	Freightliner	CA116 Cascadia	3AKJHLFG4RSVG2913	TW4	Truck-Tractor



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2024

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Threlkeld & Company Insurance 515 WSW Loop 323  Tyler TX 75701		<b>CONTACT NAME:</b> Becky Hoeffner <b>PHONE (A/C, No, Ext):</b> (903) 581-0077 <b>FAX (A/C, No):</b> (903) 306-0652 <b>E-MAIL ADDRESS:</b> bhoeffner@threlkeld.com																						
<b>INSURED</b> Topcat Oilfield Services, LLC, (See attached addendum) 2800 Stanolind Street  Longview TX 75604		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Allied World Surplus Lines</td><td>24319-</td></tr><tr><td>INSURER B:</td><td>National Union</td><td>19445-</td></tr><tr><td>INSURER C:</td><td>Axis Surplus</td><td>26620-</td></tr><tr><td>INSURER D:</td><td>Lexington</td><td>19437</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Allied World Surplus Lines	24319-	INSURER B:	National Union	19445-	INSURER C:	Axis Surplus	26620-	INSURER D:	Lexington	19437	INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** 24/25 Incl SOS**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.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			6004-1861	08/12/2024	04/01/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input checked="" type="checkbox"/> S&A Pollution Liability		MED EXP (Any one person) \$ 5,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:		PERSONAL & ADV INJURY \$ 1,000,000				
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COM/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b>			014-67-4387	08/12/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR			P-001-003724207-01	08/12/2024	04/01/2025	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>		\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
D	Excess Liability			066321031	08/12/2024	04/01/2025	E.L. DISEASE - POLICY LIMIT \$
							Each Occurrence \$2,000,000
							Aggregate \$2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The general liability and automobile policies include a blanket automatic additional insured endorsement provision that provides additional insured status to the certificate holder only when there is a written contract between the insured and the certificate holder that requires such status. The general liability policy includes a primary and non-contributory provision as required by written contract.

The general liability, automobile and workers compensation policies include a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

**CERTIFICATE HOLDER****CANCELLATION**

Louisiana Public Service Commission P. O. Box 91154  Baton Rouge LA 70821	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

## Additional Named Insureds

### Other Named Insureds

dba Sunshine Oilfield Services, LLC	Limited Liability Company, Additional Named Insured
Sunshine Oilfield Transport	Additional Named Insured
Topcat Oilfield Transport	Doing Business As
Topcat Oilfield Transport and Topcat Well Services	Doing Business As
Topcat Well Services	Doing Business As

AGENCY CUSTOMER ID: 00019472

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Threlkeld & Company Insurance		NAMED INSURED Topcat Oilfield Services, LLC, DBA: Topcat Oilfield Transport and Topcat Well Service
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

The excess liability policies are Follow Form over the general liability, business auto and workers compensation policies.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2024

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Threlkeld & Company Insurance 515 WSW Loop 323  Tyler TX 75701		<b>CONTACT NAME:</b> Becky Hoeffner <b>PHONE (A/C, No, Ext):</b> (903) 581-0077 <b>FAX (A/C, No):</b> (903) 306-0652 <b>E-MAIL ADDRESS:</b> bhoeffner@threlkeld.com	
<b>INSURED</b> Sunshine Oilfield Transport, LLC dba Sunshine Oilfield Services 2800 Stanolind Street Longview TX 75604		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> TEXAS MUTUAL INSURANCE COMPANY <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 22945	

**COVERAGES****CERTIFICATE NUMBER:** 24/25 WC**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A			0002116222	09/04/2024	09/04/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The workers compensation policy includes an automatic blanket waiver of subrogation endorsement as required by written contract between the certificate holder and named insured.

**CERTIFICATE HOLDER**

Louisiana Public Service Commission P.O. Box 91154  Baton Rouge LA 70821
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**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
<b>AUTHORIZED REPRESENTATIVE</b> 