APSC FORM NO. 14A

(Property, except household goods)

| DOCKET NO. | |
|-----------------------|--|
| (Commission use only) | |

<u>APPLICATION FOR MOTOR CARRIER CERTIFICATE</u>

Before the ALABAMA PUBLIC SERVICE COMMISSION

This Application is being filed as a result of the Federal Aviation Administration Authorization Act of 1994, and the applicant claims the benefits and privileges of said Act.

This Application should be typed or neatly printed, properly signed and sworn to, and filed along with the \$100.00 filing fee to the Alabama Public Service Commission, P. O. Box 304260, Montgomery, 12 Alabama 36130-4260.

| Applica | | SECTION I | LLC. | A | ∍sC |
|---------|--|---------------------------------|-----------------------|--------------------------|--|
| Doing I | Business as | (Trade name) | | | - |
| Busines | | Must be a physical address – ca |) | har) | |
| R | in wine have | Must be a physical address – ca | amot be a post office | 。 | |
| | (City) | (State) | | (Zip Code) | |
| Mailing | Address | | | | |
| | | (May be a post office | box) | | |
| | (City) | (State) | | (Zip Code) | |
| | (City) | (State) | | (Zip Code) | |
| (20°) | 396.9676 | 205 LJH. | | lynnseyhuey@ya | hoo |
| | (Telephone Number) | (Facsimile Number) |) | (Email address) | om |
| 図 | Applicant seeks a Certificate to transexcept household goods. (Household | | | | And the second s |
| | | SECTION I | Ι | | |
| FORM | OF BUSINESS (Check only one): | | | | |
| | CORPORATION | 図 | LIMITED LIA | BILITY COMPANY (LLC) | |
| | LIMITED PARTNERSHIP (LP) | | LIMITED LIA | BILITY PARTNERSHIP (LLP) | |
| | SOLE PROPRIETORSHIP | | | | |
| | PARTNERSHIP (Identify partners) | | | | |
| | OTHER (identify) | | | | |

| | SECTION II (Continued) | | | | |
|--------------------|---|-----|--|--|--|
| Out of (LLP) r | State Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Limited Liability Partnershmust register with the Alabama Secretary of State. | ips | | | |
| ⊠ OR | Alabama Corporation, LLC, LP, or LLP, | | | | |
| | Out of State Corporation, LLC, LP, or LLP State of Organization: | | | | |
| | Attach Certificate of Registration from the Alabama Secretary of State | | | | |
| | of Articles of Incorporation or Articles of Organization is attached as Appendix "A" or is already on file with the Public Service Commission. | the | | | |
| If you l number | have been issued a U.S.D.O.T. number, MC number, or Alabama Public Service Commission Permit or Certification, provide it here: | ate | | | |
| USDOT | T# 228733 MC# APSC# | | | | |
| | ant proposes to use approximately (number of) motor vehicles of the kind and type described lix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity). | in | | | |
| _ | SECTION III | | | | |
| | Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission. (Form E and Form H are provided by the Insurance Company) | | | | |
| X | \$100.00 filing fee paid (cashier's check or money order only) | | | | |
| X | A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C." | | | | |
| X | Applicant has attached hereto a Unified Carrier Registration (UCR) receipt for current year or Form B-2, application for registration number(s) with statutory fee of \$6.00 per vehicle. | | | | |
| | SECTION IV | | | | |
| ⊠ OR | Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D." | | | | |
| | | | | | |
| | SECTION V | | | | |
| require | Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; we such additional information in connection with this Application as the Commission may require; and will comply we ments of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as a ble to intrastate transportation of property. | ith | | | |

| SECTION VI |
|---|
| Name and address of the contact person that can answer questions about this application or supply additional information: |
| _ Kenneth Huey |
| 3580 Cherry Que |
| Birminghom AL 35014 (City) (State) (Zip Code) |
| (Telephone Number) |
| 205. Lo74. 1091 (Facsimile Number) |
| lynnsey huey a yahoo. com (Email Address) |
| ОАТН |
| State of Claurema |
| Name of Affiant Kenneth G Huey Quinor being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer |
| of applicant partnership, or other authorized representative of applicant) that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and |
| correct to the best of his/her knowledge, information and belief. |
| (Signature of Affiant) hemath G Aug |
| Subscribed and sworn to before me, a <u>kenneth G Huey</u> in and for said State and County |
| above named, this |
| (Notary Public) Sympay M Halley |
| (Seal) |
| My Commission Expires: October 02, 2013 |

APPENDIX "B" MOTOR VEHICLE LIST

| P.O. BOX | A PUBLIC SERVICE 304260 MERY, AL 36130-42 | | | |
|---|---|---|---|--|
| LEGAL NAME:_ | GL Aluer ESS: 3580 C | Tauixa | ,LLC. | |
| MAILING ADDR | ess: <u>3580 C</u> | herry an | <u> </u> | |
| сту: Вілм | | STATE | — . | ODE: 35214 |
| The above mention operations: | ned carrier hereby desc | cribes that the follow | ring vehicles are used in | n Motor Carrier |
| MAKE | CAPACITY | MODEL | TAG NUMBER | VIN NUMBER (Last 10 Digits) |
| Dodge | GVW19,500 | 5500 | 1X717793 | LXCGI5990C |
| <u> </u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Attach additional sheet if | needed or a list provided by the | Company | | The state of the s |
| correct and that I a understand that this | m authorized to execut | e and file this document in accordance with A | certify that the above in the content on behalf of the about Alabama Public Service in request. | ove carrier. I further |
| (Signature) | Goliey | | _ | |
| (Title) | | (Date) | - | |

APSC Form No. 14A

Revised 2012

APPENDIX "C" FINANCIAL STATEMENT

A financial statement (balance sheet and income/expense statement) for the most recent tax year may be used in lieu of this document.

NET WORTH

| | NET WOR | TH |
|--------------|----------------------------------|--------------------|
| ASSETS: | | 1 1 0 00 |
| | Cash on Hand | 1800.00 |
| | Checking Account Balance | 1800.00 |
| | Money in Savings Account(s) | |
| | Market Value of Home(s) | B 5. 000.00 |
| | Market Value of Business | 10: 000.00 |
| | Furniture, Equipment, etc | 2,500.00 |
| | Resale Value of Automobiles | 1,500.00 |
| | Money owed to you | NONE |
| | Certificates of Deposit (CDs) | NONE |
| | Stocks/Bonds/Mutual Funds | NONE |
| | Other: | NONE |
| | TOTAL ASSETS: | \$ 102.600.00 |
| LIABILITIES: | | |
| | Mortgage and/or Real Estate Loan | 1213.05 monthly |
| | Utilities | 35000 |
| | Maintenance Bills | 42500 |
| | Payroll | 500 00 une 60 |
| | Automobile Loan(s) | 1850,00 months |
| | Installment Contracts | 700 |
| | Credit Card Debts | MANE |
| | Loans | DANE |
| | Judgments | 120n2 E |
| | Cash Advances | 12 N N2 E |
| | Taxes Owed | NINE |
| | Medical Bills | NAME |
| | Other: | 1120NE |
| | TOTAL LIABILITIES: | \$ 3,538.00 |
| | | • |
| | To find net worth: | |

102,600.00 3,538.00 \$ 99,062.00

TOTAL ASSETS

(Subtract) TOTAL LIABILITES

THIS IS YOUR NET WORTH

APPENDIX "D" DESCRIPTION OF SAFETY PROGRAM

| As the Current with/of Glaver Touring, LLC. (Name of Applicant Company) |
|--|
| I am fully familiar with my company's operations and herein verify that |
| CL Sur Tourn LLC. has in place a program to ensure substantial (Name of Applicant Company) |
| compliance with all applicable safety rules and regulations of the Alabama Public Service |
| Commission, as well as those of the United States Department of Transportation. In addition to |
| all other requirements, GL Specifically (Name of Applicant Company) Specifically |
| maintains: files on each driver with all required driver forms and information; files on each |
| vehicle with all required forms including maintenance and safety inspection records; and all |
| required written records of drivers' hours. |
| (Signature of Company Representative) |
| (Printed Name of Company Representative) |

FORM B-2

VEHICLE REGISTRATION NUMBERS FOR COMPENSATED <u>INTRASTATE-ONLY</u> MOTOR CARRIERS

060049

| TO: ALABAMA PUBLIC SE P. O. BOX 304260 | | ION | | |
|--|----------------------|-------------------------|---------------------------|-----------------|
| MONTGOMERY, AL 3 | 6130-4260 | | | |
| LEGAL NAME: GL AL | rey Tarris | q,LLC. | | |
| MAILING ADDRESS: 35 | 80 Che | ruy aug. | | |
| CITY: Birminghom | Δ | STATE: AL | _ ZIP CODE:_ 35 3 | 4 |
| APSC CERTIFICATE NO.: | | , OR PERMIT NO |).: | |
| The above described applicant leach for the following identified | | ssuance of Vehicle F | Registration Numbers at | \$6.00 |
| <u>MAKE</u> | <u>M</u> | ODEL | <u>VIN NUMBE</u> | <u>R</u> |
| Doche | 55 | <u> </u> | (Last 10 Digits) | 300 |
| 0 | | | | |
| | | | | |
| | | | · | |
| | | | _ | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | - | 16.15 |
| The applicant hereby acknow | ledges and under | stands Rule 3 of t | the Alabama Public S | ervice 3 |
| Commission's Motor Carrier Gopertains to the display of Registra | eneral Orders and l | Regulations Pamphlet | t No. 2003, as amenged | it it |
| to the transferability of these nun | | | σ PF | 7 30 kg |
| I, the undersigned, under penalty | for false statement. | . do hereby certify tha | at the above intermation | is RAND REE SO |
| and correct and that I am authorize | zed to execute and f | ile this document on b | pehalf of the above appli | is Wing REG LOS |
| NOTE: The fee for Registration ! | | Kemeth | G Auer | E08602 |
| are <u>\$6.00</u> each. <u>Payment</u> made by cashier's chec | | (Signature) | $\langle \rangle$ | |
| check, or money order. | t, LEIWIEU | Cumur (Title) | <u>lo· ·</u> (Dat | |

Registration Numbers Receipt

Effective Date:

6/13/2012

2012060048

2288733

GL HUEY TOWING, LLC. 3580 CHERRY AVE BIRMINGHAM, AL 35214

Trade Name: GL HUEY TOWING, LLC.

A.P.S.C. NEW

JLN: 2012060049

Reg. No.

Make

Vin. No.

32155

DODGE 5500

LXCG159900

Fee Paid

\$6.00

ALABAMA PUBLIC SERVICE COMMISSION

By CL

The registration number is **non-transferable**.

Make sure that the registration number for each truck is displayed on both sides of the power unit.

Receipt number:

2012500589548

Registration Year:

2012

Expiration Date:

12/31/2012

Legal Name:

GL HUEY TOWING LLC

USDOT Number:

2288733

Telephone

Number:

2052969676

Base State:

AL

Business Address:

3580 Cherry Ave

Birmingham, AL 35214

Mailing Address:

3580 Cherry Ave

Birmingham, AL 35214 Motor Private Carrier

| Transaction Type | Total Vehicles | • | Fee Paid | Paid Date | Amount | Other Fee |
|------------------|----------------|-------------------|----------|------------|---------|-----------|
| REGISTRATION | 1 | KENNETH G HUEY | Yes | 04/03/2012 | \$76.00 | \$4.00 |
| Total | 1 | | | | \$76.00 | |

Total Note:

\$76.00

If Fee Paid is 'Payment Error', please contact your financial organization OR base state.

Beth Chapman Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

GL HUEY TOWING, LLC.

This domestic limited liability company is proposed to be formed in Alabama and is for the exclusive use of KENNETH G HUEY, 3580 CHERRY AVE, BIRMINGHAM, AL 35214 for a period of one hundred twenty days beginning March 24, 2012 and expiring July 22, 2012.

20120327000310500 4/4 Bk: LR201212 Pg:5376 Jefferson County, Rlabama 03/27/2012 10:16:27 AM INC Fee - \$52:00

Total of Fees and Taxes-\$52.00 CRONANL



March 24, 2012

Date

Beth Chapman

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

0 Beth Chapman

Secretary of State

599-920

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-1-3.05 and 10A-5-2.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the

nt filed on INC L. King

(For County Probate Office Use Only)

limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link - you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

The information completing this form must be typed or laser printed.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06):

GL HUEY TOWING, LLC

2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached [proves name reservation under 10A-1-4.02(f)].

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

LYNNSEY M HUEY 3580 CHERRY AVE BIRMINGHAM, AL 35214

LLC Cert of Formation - 8/2011

page 1 of 3

00-13-.15 10:53 FROM-M&M Tire & Equipment 1601-P49-902

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION 3. Street (No PO Boxes) address of principal office of the limited liability company (LLC): 3580 CHERRY AVE BIRMINGHAM, AL 35214 Mailing address of principal office (if different from street address): SAME 4. The name of the Registered Agent: KENNETH G HUEY Street (No PO Boxes) address of Registered Agent (if different from principal office address): 3580 CHERRY AVE BIRMINGHAM, AL 35214 Mailing address of Registered Agent (if different from street address): SAME 5. Purpose for which the limited liability company formed: TOWING SERVICES ; the purpose includes the transaction of any lawful business for which limited liability companies may be organized in Alabama under Title 10A, Chapter 5 of the Code of Alabama. 6. Period of duration shall be perpetual unless stated otherwise by an attached exhibit. 7. The name(s) of the Organizer(s): KENNETH AND OR LYNNSEY HUEY Street (No PO Boxes) address of Organizer(s): 3580 CHERRY AVE BIRMINGHAM, AL 35214 Mailing address of Organizer(s) – (if different from street address): SAME_ Attach a listing if more Organizers need to be added. 8. If the limited liability company is to be managed by one or more managers, give the number of managers and the names and mailing addresses of the manager or managers who are to serve as managers until their successors are elected and begin serving: Manager's Name: KENNETH GHUEY Mailing address of Manager: 3580 CHERRY AVE BIRMINGHAM, AL 35214

LLC Cert of Formation - 8/2011

Page 2 of 3

Manager's Name: LYNNSEY M HUEY Mailing address of Manager: 3580 CHERRY AVE BIRMINGHAM, AL 35214 Attach listing if more Managers need to be added. 9. The right, if given, of the member or members to admit additional members, and the terms and conditions of the admission are attached. 10. The circumstances, if any, under which the cessation of membership of one or more members will result in dissolution of the limited liability company are attached. 11. The filing of the limited liability company is effective immediately on the date filed by the judge of probate or at the later date specified in this filing (no more than 90 days after date of signing). 10A-1-4.12 1/ 2012 as the effective date (must be later than the date filed in the The undersigned specify ____ office of the county judge of probate, but not more than 90 days after the date of signing). Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the limited liability company. Kerneth D. Luc /27/ 2012 te (MM/DD/YYYY) KENNETH G HUEY Typed Name of Above Signature **ORGANIZER** Typed Title (Member, Organizer or Attorney-in-fact) Additional members may sign (attach listing if necessary). LYNNSEY M HUEY Typed Name of Above Signature MEMBER Typed Title (Member) Page 3 of 3 LLC Cert of Formation - 8/2011

T60T-F49-90Z

L-235 L0003\0004 E-594

00-13-, TS 10:S3 EBOW-W8M Lire & Equipment

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

Form H UNIFORM MOTOR CARRIER CARGO CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

SSN/FEIN : /454898047

JUN 2012 RECEIVED AL PSC INS. REG.

| Fried with | Alabama Public Service Co | (hereinaner (| called Commission) | |
|---|-------------------------------|----------------------------|--------------------------------|--------------------------------|
| | (NAME OF COMMISSIO | ON) | | 6 44 64 |
| This is to certify, that the | | CONSUMERS INSURA | NCE USA, INC. | |
| - | | (NAME OF COMPA | INY) | |
| (hereinafter called Company) of _ | 1620 Gateway Blvd. STE. 2 | OO MURFREESBORO | TN 37129 | |
| | (HOME OFFIC | CE ADDRESS OF COMPA | (NY) | |
| as issued to <u>GL Huey Towin</u> | g, LLC. of 3580 Cherry A | ve Birmingham, AL 35 | <u>2141089</u> | |
| (NAME OF MOTO | R CARRIER) | (ADDRESS O | F MOTOR CARRIER) | |
| policy or policies of insurance eff | | | ard time at the address of th | |
| colley or policies and continuing un | ntil cancelled as provided he | rein, which, by attachm | ent of the Uniform Motor Ca | irgo Insurance Endorsement |
| ias or have been amended to pro- | vide automobile cargo insura | ance covering the obliga | ations imposed upon such m | notor carrier by the provision |
| of the motor carrier law of the Stat Whenever requested, the Cor | | , | . • | i i |
| thereon. | | • | | |
| This certificate and the endors | sement described herein ma | y not be cancelled with | out cancellation of the policy | / to which it is attached. Suc |
| ancellation may be effected by th | e Company or the insured g | iving thirty (30) days' no | tice in writing to the State C | commission, such thirty (30) |
| lays' notice to commence to run fi | rom the date notice is actual | ly received in the office | of the Commission. | |
| Countersigned at 1620 Gate | way Blvd. STE.200 | MURFREESBORO | | 37129 |
| (STREET AL | DRESS) | (CITY) | (STATE) | (ZIP COD€) |
| his <u>11</u> day of <u>June</u> | , 2012 | • • | • | |
| nsurance Company File No. | TW29327628 | | Λ | a U |
| • • | (POLICY NUMBER) | | N MI T | CD |
| | | | Thomas Vant Land | U |

MC 2443a (Ed. 8-99) UNIFORM INFORMATION SERVICES, INC.

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

SSN/FEIN: /454898047

Limit of Liability: \$750,000

| | | | | The second secon | 1.4.5 | T | 1 |
|--------------------------------|-------------------|-----------------|-------------|--|------------------------------|----------------------------|---------------|
| Filed with | Ala | bama Public | Service Co | ommission | (hereina | fiter called Commissio | on) |
| | | (Name of C | ommission) | | | MC F.St. | |
| This is to certify, t | that the | C | ONSUME | RS INSURANCE USA. | | Land Control | |
| | | | (Name o | of Company) | | | |
| hereinafter called Co | mpany) of | 1620 | Gateway | Blvd. Ste.200 MURFRI | ESBORO, TN 37129 | | |
| • | | | | (Home Office Address of | Company) | | |
| as issued to | GL Huev Tow | ing, LLC, | of 35 | 80 Cherry Ave Birmingh | am. AL 352141089 | | |
| | (Name of Motor 6 | Carrier) | | | (Address of Motor Carrier | r) | |
| policy or policies of i | insurance effect | ve from 4 | /12/2012 | 12:01 A.M. standard ti | ne at the address of th | ie insured stated in sa | aid policy or |
| olicies and continuing | g until cancelled | as provided | nerein, whi | ich, by attachment of the | Uniform Motor Carrier | Bodily injury and Proj | perty |
| | | | | amended to provide auto | | | |
| rsurance covering the | e obligations Imp | osed upon si | uch motor | carrier by the provisions | of the motor carrier lav | v of the State in which | ı the |
| Commission has jurisi | diction or regula | tions promulg | ated in acc | cordance therewith. | | | |
| Whenever reques | sted, the Compa | ny agrees to | rumish the | Commission a duplicate | original of said policy | or policies and all end | lorsements |
| nereon. | | | | | | | d d |
| This certificate ar | nd the endorsem | ent described | i herein ma | ay not be cancelled with | out cancellation of the p | policy to which it is atta | ached. Suci |
| | | | | giving thirty (30) days' no | | ale Commission, such | ı thirty (30) |
| lays' notice to comme | ence to run from | the date notice | æ is actua | Illy received in the office | of the Commission. | | 1 |
| countersigned at | 1620 Gatewa | v Blvd. Ste.20 | 0 | MURFREESBORO | TN | | 37129 |
| | Street Addr | 888) | | (City) | (State) | (Zip | p Code) |
| his <u>11</u> day of <u>Ju</u> | me 2012 . | | | | 1) 1 | 1.1 | |
| | | | | | MM | · CF | ř |
| nsurance Company F | Fil e N o. | TW293 | | | Variation | | |
| Limit of Liability: \$7 | '50.000 | (Policy Nun | iber) | | эмпопава кергезе | אטשה | |

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES, INC.

IRB 35