



11337 LeBouef Trail Road
Centerville, PA 16404
Phone: 814-694-6288
Fax: 814-967-3864
rsparkertrucking@gmail.com

July 09 2018

To Whom It May Concern,

I am requesting a name change to R S Parker Trucking. This business has formed an LLC. I have enclosed a copy of the document that was filed with the state of Pennsylvania.

The new name is R. S. Parker Trucking, LLC
PUC #A-00118740

Thank you,

A handwritten signature in black ink, appearing to read "Randy S. Parker", written in a cursive style.

Randy S. Parker
Owner

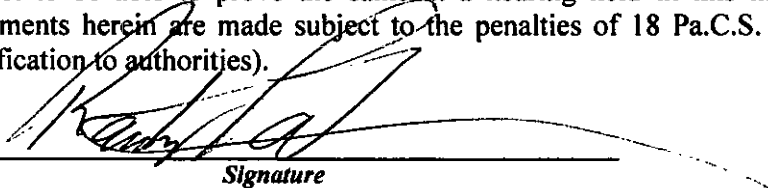
RECEIVED

2018 JUL 11 AM 10:33

PA PUC
SECRETARY'S BUREAU

VERIFICATION

I, Randy S. Parker, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).



Signature

07/09/18

Date

RECEIVED

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PA PUC
SECRETARY'S BUREAU

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

28 day of 3, 2017




Chaparral Mobility, Organizer, Legitzoom.com, Inc.

Signature

Signature

Entity#: 6532656
Date Filed: 03/30/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: Legalzoom.com, Inc. Name: c/o PennCorp Servicegroup, Inc. Address: Counter Pick Up 417978 City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Return document by email to: _____	<p>Certificate of Organization Domestic Limited Liability Company DSCB:16-8821 (rev. 2/2017)</p>  <p>TCO170330JD0388</p>
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Read all instructions prior to completing. This form may be

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: R S Parker Trucking, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)
11337 Leboeuf Trail Road , Centerville , PA 16404 , Crawford .
Number and Street City State Zip County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:
c/o: _____
Name of Commercial Registered Office Provider County

3. The name of each organizer is *(all organizers must sign on page 2)*:
Cheyenne Moseley, Legalzoom.com, Inc.

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:
 The Certificate of Organization shall be effective upon filing in the Department of State.
 The Certificate of Organization shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

2017 MAR 30 AM 9:50
PA DEPT OF STATE

Randy S. Parker
11337 LeBoeuf Trail Rd.
Centerville, PA 16404

PITTSBURGH PA 150

09 JUL 2018 PM 2 L



Secretary
PA Public Utility Commission
PO BOX 3265
Harrisburg, PA 17105-3265

17105-326565

