

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

BFS Asset Holdings LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Builders FirstSource

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** **NO** **Previous Authority?** **NO**

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** **NO**

If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 7516779

(see checklist and indicate type of business entity registered) **Limited Liability Company**

7502587 - anc

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Builders FirstSource, Inc. -sole member _____
David Flitman, Manager _____ Ben Graves, Manager _____
Peter Jackson, Manager _____
Timothy Johnson, Manager _____

6. **Mailing Address**

7881 S Wheeling Court _____
Street Address
Englewood, CO 80112 _____ Arapahoe _____
City, State and Zip Code _____ County
303-784-4288 _____ benjamin.graves@bldr.com _____
Telephone Number _____ E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

4800 Falls of Neuse Road, Suite 400 _____
Street Address
Raleigh, NC 27609 _____ Wake _____
City, State and Zip Code _____ County
303-784-4288 _____ benjamin.graves@bldr.com _____
Telephone Number _____ E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Andrew K. Light 317-637-1777 _____
Attorney's Name & Telephone Number for this Filing
10 W Market St Ste 1400, Indianapolis, IN 46204 _____ ailight@scopelitis.com _____
Attorney's Address _____ E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Do you have a USDOT Number?**

_____ No X Yes, at No. 325981

10. **What type of commodities do you intend to transport other than your own?
Please note applicable exemptions on pages 4-5.**

Logs, poles, beams, lumber, building materials; construction

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.


Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.


Benjamin Graves - LLC Manager
(Print Name)


(Signature)

8/17/2022
(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Name _____ Address _____ City _____ State _____ Zip Code _____	Fictitious Name Amendment, Withdrawal, Cancellation  TML220805JF1490
<input checked="" type="checkbox"/> Return document by email to: <u>minator.azemi@bldr.com</u>	

Read all instructions prior to completing. This form may be

<http://www.corporations.pa.gov/>

Fee: \$70

Check one: Amendment (§ 312) Withdrawal (§ 313) Cancellation (§ 313)

In compliance with the requirements of 54 Pa.C.S. Ch.3 (relating to fictitious names), the undersigned entity or entities, desiring to amend, withdraw or cancel from a fictitious name registration, hereby state(s) that:

1. The fictitious name is:
BFS Asset Holdings LLC dba Builders FirstSource

2. The address of the principal place of business, including number and street, if any, is:

<u>2001 Bryan St., Ste. 1600</u>	<u>Dallas</u>	<u>TX</u>	<u>75201</u>	<u>Dallas</u>
Number and street	City	State	Zip	County

3. The last preceding filing with respect to this fictitious name was made in the Department on
04/27/2022
Date (MM/DD/YYYY)

4. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Building materials dealer

PA DEPT. OF STATE

AUG 04 2022

5. Check one or more of the following, as appropriate:

The fictitious name has been changed to:

Builders FirstSource

The principal place of business set forth in paragraph 2 has been changed to (PO Box alone not acceptable):

Number and street	City	State	Zip	County
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The following party(ies) has (have) been added to the registration and their signature(s) appear(s) at the end of this application.

Name	Number and street	City	State	Zip
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BFS Asset Holdings LLC	2001 Bryan St., Ste. 1600, Dallas, TX 75201			
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The following party(ies) has (have) withdrawn from the business and their signature(s) appear(s) at the end of this application.

Name	Number and street	City	State	Zip
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Builders FirstSource	2001 Bryan St., Ste. 1600, Dallas, TX 75201			
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The fictitious name registration is cancelled.

6. Check box for Application for Amendment Only:

This amendment, without reference to any other filing sets forth all information with respect to the fictitious name which would be required in an original filing under the Fictitious Names Act.

7. Optional-See Instruction F: This application has been executed by an agent heretofore designated for that purpose in a prior filing in this registration.

IN TESTIMONY WHEREOF, the undersigned has (have) caused this Application for Amendment, Withdrawal or Cancellation of/from Fictitious Name to be executed this

3rd day of August, 2022

Adding party(ies) signature(s)

Withdrawing party(ies) signature(s)

All current party(ies) signature(s)

BFS Asset Holdings LLC

Builders FirstSource

Name of Entity

Name of Entity

Name of Entity



Signature



Signature

Signature

Authorized Person

Authorized Person

Title

Title

Title