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287636

**STATE OF SOUTH CAROLINA**

**(Caption of Case)**
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

**Merit Transport Inc.**
**528 Piedmont Ave**
**Myrtle Beach SC 29577**

**BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET NUMBER:** 2019 - 315 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)
**Submitted by:** William Burch
**Telephone:** 843-492-5313
**Address:** 528 Piedmont Ave
Myrtle Beach SC 29577
**Fax:** 843-628-6934
**Other:**
**Email:** rock@merittransportinc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☒ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED
SEP 26 2019
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

**CLASS C - STRETCHER VAN** Date: 9/26/2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Merit Transport Inc.
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

528 Piedmont Ave Myrtle Beach SC 29577
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-492-5313 Phone
843-628-6934 Fax

rock@merittransportinc.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)
- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

William Burch- 101 Split Oak Ct Myrtle Beach SC 29588

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## Financial Statement

Applicant's assets and liabilities are as follows:

| Assets: | | Liabilities: | |
|---|---|---|---|
| Value of Real Estate | | Mortgage/Loan on Real Estate | 0 |
| Value of Motor Vehicles | 640,000 | Loans Owed on Motor Vehicles | 390,000 |
| Cash on Hand | 0 | Business/Other Loans Owed | 0 |
| Cash in Bank | 25,808 | Other Liabilities or Debts | 0 |
| Value of Other Assets and Equipment | 125,000 | **Total Liabilities** | 390,000 |
| **Total Assets** | 790,808 | | |

**INSTRUCTIONS:**

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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# PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Maximum Rate- $500 pick up fee each leg and $10.00 per mile

All other rates subject to Contracted Vendors

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

| | | | | |
|---|---|---|---|---|
| ☐ Abbeville | ☐ Cherokee | ☐ Florence | ☐ Lee | ☐ Saluda |
| ☐ Aiken | ☐ Chester | ☐ Georgetown | ☐ Lexington | ☐ Spartanburg |
| ☐ Allendale | ☐ Chesterfield | ☐ Greenville | ☐ Marion | ☐ Sumter |
| ☐ Anderson | ☐ Clarendon | ☐ Greenwood | ☐ Marlboro | ☐ Union |
| ☐ Bamberg | ☐ Colleton | ☐ Hampton | ☐ McCormick | ☐ Williamsburg |
| ☐ Barnwell | ☐ Darlington | ☐ Horry | ☐ Newberry | ☐ York |
| ☐ Beaufort | ☐ Dillon | ☐ Jasper | ☐ Oconee | |
| ☐ Berkeley | ☐ Dorchester | ☐ Kershaw | ☐ Orangeburg | ☒ Statewide |
| ☐ Calhoun | ☐ Edgefield | ☐ Lancaster | ☐ Pickens | |
| ☐ Charleston | ☐ Fairfield | ☐ Laurens | ☐ Richland | |

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# DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT | WHEEL-CHAIR LIFT |
|---|---|---|---|---|
| 2006 | Toyota Sienna | 5TDZA23C06S421860 | | |
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# INSURANCE QUOTE

This form **MUST BE COMPLETED.**
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Merit Transport Inc.
Name of Applicant

528 Piedmont Ave Myrtle Beach SC 29577
Address of Applicant

**Amount of Premium:**

Liability Insurance $ 8099 per unit / $351,982 annual

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

| | | **Limits Quoted** |
|---|---|---|
| Liability Combined Each Occurance | $ 1,000,000 | |
| Medical Payments per Person | $ 1,000 | |

United Specialty Insurance Company
Name of Insurance Company

1120 Ave of the Americas, 21st Floor, New York, New York 10036
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

From: Clay Ropp
Fax: 18435101111
To:
Fax: (803) 896-5199



**Rivington Partners**
**Auto Liability Insurance**
**Quote**
**Carrier: United Specialty Insurance Company**

Underwriter: Marchelle Thurman
Client Name: Merit Transport Inc
Location: Myrtle Beach, SC
Broker: Hemly Insurance Group
Agent: Ron Mueller
Quote Type: New

Inception Date: 05/26/2019
Email: rmueller@hemly.us
Business Type: Paratransit

Quoted on: 05/22/19
Quote Valid until 06/21/19 or Inception whichever is earlier

| OPTIONS | A | | | |
|---|---|---|---|---|
| | | POLICY DETAILS | | |
| Vehicles/Medallions | 42 | | | |
| Limit of Liability | 1,000,000 | | | |
| Uninsured Motorists | 25000/50000 | | | |
| Underinsured Motorists | 25000/50000 | | | |
| Personal Injury Protection | No PIP | | | |
| Number of Drivers | 57 | | | |
| Deductible Per Accident | $7,500 | | | |
| Aggregate Deductible | $0 | | | |
| Symbol | 2, 8 & 9 | | | |
| | | PREMIUM & FEES | | |
| Pure Premium per Insured Unit | $7,611 | | | |
| Premium Taxes & Fees (6%) | $19,492 | | | |
| Additional Insured Charge | $150 | | | |

| | | | | |
|---|---|---|---|---|
| Annual Premium + Taxes | $339,304 | | | |
| Risk Management Fee (100% Earned & Non-Commissionable) | $5,050 | | | |
| Installment Service Charge (Per Installment) | $763 | | | |
| **Total Due** | $351,982 | | | |

Minimum Premium Earned: 25%

| DEPOSIT & INSTALLMENTS | | | | |
|---|---|---|---|---|
| Deposit (25%) | $104,495 | | | |
| No. of Installments | 10 | | | |
| Monthly Installment | $24,749 | | | |

| RISK MANAGEMENT DISCOUNT | | |
|---|---|---|
| Device Discounts Applied: Cameras Navigation Data Provided | | 2.8-4.5.19 |

| QUOTE CONDITIONS AND UNDERWRITER COMMENTS |
|---|
| The following are required prior to bind: signed Rivington application, signed UM/UIM coverage selection/rejection form, signed PIP coverage selection/rejection form, signed COE/Affidavit/Diligent search form, and any endorsement/exclusion that requires an insured's signature. |
| MVRs for all drivers are also required prior to bind. |
| |
| Proof of safety discounts is required prior to bind. |
| |
| 12.5% of the deposit is due at bind and the remaining 12.5% due by 6/25/19 |
| This quote is based on the following: MVRs can only have 1 incident, claims must be reported within 7 days to avoid risk of cancellation, no vehicles garaged in Charleston, and 5 additional vehicles added on 6/30, 7/30, and 8/30. |

Disclaimer

Insurance policy is issued by United Specialty Insurance Company, a non-admitted company. A non-admitted company may not be subject to all of the insurance laws or regulations of your State. State insurance insolvency guaranty funds are not available for non-admitted insurance companies.

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# Exhibit Fit, Willing, and Able (FWA)

Merit Transport Inc.

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
   ○ Yes ◉ No ○ Pending (Submit when received.)
   If Yes, indicate rating below and provide copy.
   ○ Satisfactory ○ Conditional ○ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
   ○ Yes ◉ No

3. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ◉ No
   If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   ◉ Yes ○ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ◉ Yes ○ No

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# Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).

   ⦿ Yes ○ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

   ⦿ Yes ○ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

   ⦿ Yes ○ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

   ⦿ Yes ○ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

   ⦿ Yes ○ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

   ⦿ Yes ○ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

   ⦿ Yes ○ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

   ⦿ Yes ○ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

PRESIDENT

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )
COUNTY OF HORRY )

SWORN TO BEFORE ME
This 26 day of Sept, 2019

Daniel Roberts
Notary Public

Commission Expires 05-08-2027

DAVID ROBERTS
My Commission Expires
NOTARY PUBLIC
05-08-2027
STATE OF SOUTH CAROLINA

Print Application

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# The State of South Carolina

## Office of Secretary of State Mark Hammond

## Certificate of Existence

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

MERIT TRANSPORT, INC.,

a corporation duly organized under the laws of the State of South Carolina on December 30th, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 6th day of January, 2010.

Mark Hammond

Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

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CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND RECORDED WITH THE OFFICE
DEC 30 2009
SECRETARY OF STATE SOUTH CAROLINA

# STATE OF SOUTH CAROLINA
# SECRETARY OF STATE

## ARTICLES OF INCORPORATION FOR A STATUTORY CLOSE CORPORATION

TYPE OR PRINT CLEARLY IN BLACK INK

1 The name of the proposed corporation is Merit Transport, Inc.

2 This corporation is a statutory close corporation, pursuant to Chapter 18, Title 33 of the 1976 South Carolina Code of Laws, as amended

3. The initial registered office of the corporation is 1251 Highway 501
Street Address

Myrtle Beach (City) Horry (County) South Carolina (State) 29577 (Zip Code)

and the initial registered agent at such address is William Burch, III
Print Name

I hereby consent to the appointment as registered agent of the corporation
Agent's Signature

4. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. [x] The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000

b. [ ] The corporation is authorized to issue more that one class of shares:

| Class of Shares | Authorized No. of Each Class |
|---|---|
| | |
| | |
| | |

If shares are divided into two or more classes or if any class of shares is divided into series within a class, the relative rights, preferences and limitations of the shares of each class, and of each series within a class, are as follows:

5. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended)

6. Unless specified otherwise below, the transfer of shares of stock of the corporation shall be subject to the restrictions set out in Sections 33-18-110 through 33-18-130 of the 1976 South Carolina Code of Laws, as amended. Specify any variations in the statutory format in Sections 33-18-110 through 33-18-130.

09-1230-0259 FILED: 12/30/2009
MERIT TRANSPORT, INC.
Filing Fee $135.00 ORIG
Mark Hammond South Carolina Secretary of State

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Merit Transport, Inc.
Name of Corporation

7. Unless otherwise specified below the corporation shall have a board of directors (See Sections 33-18-210 of the 1976 South Carolina Code of Laws, as amended).

[XX] This corporation elects not to have a board of directors.

8. Check, if applicable.

[ ] This corporation elects to have the provisions of Sections 33-18-140 through 33-18-170 of the 1976 South Carolina Code of Laws, as amended, which give the estate of a deceased shareholder the right to compel the corporation to purchase the deceased shareholder's shares, apply
Specify any variations in the statutory formal in Sections 33-18-140 through 33-18-170.

9. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 33-18-330, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

(a) The corporation elects not to hold annual meetings.

10. The name, address and signature of each incorporator is as follows (only one is required):

a. William Burch, III
Name

1251 Highway 501, Myrtle Beach, SC 29577
Address

Signature

b. _____
Name

_____
Address

_____
Signature

c. _____
Name

_____
Address

_____
Signature

11. I, Michael H. Sarrip, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

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Merit Transport, Inc.
Name of Corporation

Date 12/29/09

Signature

Michael H. Sartip
Type or Print Name

4593 Oleander Dr., Suite 100
Address

Myrtle Beach, SC 29578

843/449-9417
Telephone Number

## FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. Enclose the fee of $135.00 payable to the Secretary of State.
4. THIS FORM MUST BE ACCOMPANIED BY THE ANNUAL REPORT (SEE SECTION 12-19-20 OF THE 1976 SOUTH CAROLINA CODE OF LAWS, AS AMENDED)

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

## SPECIAL NOTE

ALL SHARE CERTIFICATES ISSUED BY A STATUTORY CLOSE CORPORATION MUST CONTAIN THE FOLLOWING CONSPICUOUS NOTICE:

THE RIGHTS OF SHAREHOLDERS IN A STATUTORY CLOSE CORPORATION MAY DIFFER MATERIALLY FROM THE RIGHTS OF SHAREHOLDERS IN OTHER CORPORATIONS. COPIES OF THE ARTICLES OF INCORPORATION AND BY-LAWS, SHAREHOLDERS' AGREEMENTS AND OTHER DOCUMENTS, ANY OF WHICH MAY RESTRICT TRANSFERS AND AFFECT VOTING AND OTHER RIGHTS, MAY BE OBTAINED BY A SHAREHOLDER ON WRITTEN REQUEST TO THE CORPORATION.

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.