STATE OF SOUTH CAROLINA

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

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2013 374 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: Crystal Alexander
Address: 400 Wilhelm Winters St Apt 18
            TR I SC 29690

Telephone: 864-534-0641
Fax: N/A
Email: C1Alexander2010@gmail.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☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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: ____________________

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 10/4/13

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

Alexander Safe Reliable Transportation LLC

400 Wilhelm Winters St, Apt 18, Travelers Rest, SC 29690

Street Address of Applicant

Same

Mailing Address of Applicant (if different from street address)

864-534-0641

Phone

N/A Fax

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.

David Alexander, Crystal Alexander

1 of 9
Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:
Month _________ Year _________

<table>
<thead>
<tr>
<th>Assets:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
</tr>
<tr>
<td>Real Estate</td>
<td></td>
</tr>
<tr>
<td>Buildings and Equipment (Net)</td>
<td></td>
</tr>
<tr>
<td>Motor Vehicles (Net)</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Garage Equipment (Net)</td>
<td></td>
</tr>
<tr>
<td>Machinery and Tools (Net)</td>
<td></td>
</tr>
<tr>
<td>Supplies on Hand</td>
<td></td>
</tr>
<tr>
<td>Prepaid and Other Assets</td>
<td></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$5,000.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Equity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td></td>
</tr>
<tr>
<td>Notes Payable</td>
<td></td>
</tr>
<tr>
<td>Mortgages Payable</td>
<td></td>
</tr>
<tr>
<td>Equipment Obligations</td>
<td></td>
</tr>
<tr>
<td>Accrued Salaries and Wages</td>
<td></td>
</tr>
<tr>
<td>Other Accrued Obligations</td>
<td></td>
</tr>
<tr>
<td>Other Liabilities</td>
<td></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
</tr>
<tr>
<td>Capital Stock</td>
<td></td>
</tr>
<tr>
<td>Retained Earnings</td>
<td></td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Liabilities and Equity</strong></td>
<td><strong>$5,000.00</strong></td>
</tr>
</tbody>
</table>

* Total Assets = Total Liabilities and Equity
PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

- **$3.35 per mile**

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.

<table>
<thead>
<tr>
<th>County</th>
<th>County</th>
<th>County</th>
<th>County</th>
<th>County</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeville</td>
<td>Cherokee</td>
<td>Florence</td>
<td>Lee</td>
<td>Saluda</td>
<td></td>
</tr>
<tr>
<td>Aiken</td>
<td>Chester</td>
<td>Georgetown</td>
<td>Lexington</td>
<td>Spartanburg</td>
<td></td>
</tr>
<tr>
<td>Allendale</td>
<td>Chesterfield</td>
<td>Greenville</td>
<td>Marion</td>
<td>Sumter</td>
<td></td>
</tr>
<tr>
<td>Anderson</td>
<td>Clarendon</td>
<td>Greenwood</td>
<td>Marlboro</td>
<td>Union</td>
<td></td>
</tr>
<tr>
<td>Bamberg</td>
<td>Colleton</td>
<td>Hampton</td>
<td>McCormick</td>
<td>Williamsburg</td>
<td></td>
</tr>
<tr>
<td>Barnwell</td>
<td>Darlington</td>
<td>Horry</td>
<td>Newberry</td>
<td>York</td>
<td></td>
</tr>
<tr>
<td>Beaufort</td>
<td>Dillon</td>
<td>Jasper</td>
<td>Oconee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Berkeley</td>
<td>Dorchester</td>
<td>Kershaw</td>
<td>Orangeburg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calhoun</td>
<td>Edgefield</td>
<td>Lancaster</td>
<td>Pickens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charleston</td>
<td>Fairfield</td>
<td>Laurens</td>
<td>Richland</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☑️ Statewide
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.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- [ ] 1-7 Passengers, including driver
- [ ] 8-15 Passengers, including driver

<table>
<thead>
<tr>
<th>MAKE</th>
<th>YEAR &amp; MODEL</th>
<th>VIN#</th>
<th>EMPTY WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dodge</td>
<td>1998 Caravan</td>
<td>2B4FP2538WR643782</td>
<td>3762</td>
</tr>
<tr>
<td>Dodge</td>
<td>2003 Caravan</td>
<td>2B4GP2538YR613003</td>
<td>3800</td>
</tr>
</tbody>
</table>

4 of 9
INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. 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:

Alexanders Safe Reliable Transportation LLC
Name of Applicant
400 Wilhelm Winter St Apt 18, Travelers Rest, SC 29690
Address of Applicant

Amount of Premium:

Liability Insurance $ 8678

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:

<table>
<thead>
<tr>
<th>Limits Quoted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liability Combined Each Occurrence</td>
</tr>
<tr>
<td>Medical Payments per Person</td>
</tr>
</tbody>
</table>

American Service Insurance Company
Name of Insurance Company
ISO Northwest Point Blvd, Elk Grove Village, IL 60007
Home Office Address of Company

I 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.

10/1/13
Date
Authorized Insurance Company Representative's Signature

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 Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

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.
1. Is there currently any outstanding judgments against the Applicant?
   - Yes
   - No
   If Yes, indicate nature of judgement(s) against applicant.

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

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   - Yes
   - No
Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

   ● Yes  ○ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

   ● Yes  ○ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

   ● Yes  ○ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

   ● Yes  ○ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

   ● Yes  ○ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

   ● Yes  ○ No

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.

Crystall A. Alexander
Applicant's Signature

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

STATE OF SOUTH CAROLINA
COUNTY OF Greenville

This 4th day of October, 2013

Wendy N. Owens
Notary Public
Commission Expires July 19, 2021
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:

ALEXANDERS SAFE RELIABLE TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 25th, 2013, with a duration that is at will, has as of this date 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 company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 1st day of October, 2018.

[Signature]
Mark Hammond, Secretary of State
STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - $110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

   **Alexanders Safe Reliable Transportation LLC**

   *NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", LLC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

   **400 Wilhelm Winter St Apt. 18**
   **Travelers Rest, SC**
   **Zip Code 29690**

3. The initial agent for service of process is

   **Crystal Irby-Alexander**

   and the street address in South Carolina for this initial agent for service of process is

   **400 Wilhelm Winter St Apt. 18**
   **Travelers Rest, SC**
   **Zip Code 29690**

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

   (a) **David Alexander**
       **400 Wilhelm Winter St Apt. 18**
       **Travelers Rest SC 29690**

   (b) **Crystal Irby-Alexander**
       **400 Wilhelm Winter St Apt. 18**
       **Travelers Rest SC 29690**
5. [□] Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. ____________________________

6. [□] Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)
Name ____________________________
Street Address ____________________________
City __________________ State ___________ Zip Code __________

(b)
Name ____________________________
Street Address ____________________________
City __________________ State ___________ Zip Code __________

7. [□] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Crystal Alexander 9.23.13
Signature of Organizer ____________________________
Date 9-23-13

Crystal Alexander 9.23.13
Signature of Organizer ____________________________
Date 9-23-13