225038

STATE OF SOUTH CAROLINA) (Caption of Case) 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: ZOIO - Zoi 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
(Please type or print) Submitted by: Bowers Signature Services, W	and should be entered above. Telephone: (84) 249-7888
Address: 301 E A Ave	Fax: (804) 859-9227
Easley Sc 29440	Other:
	Email: Marilyn @ bowers signature services
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service C be filled out completely.	s nor supplements the filing and service of pleadings or other papers
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods RECEIVE	Late-Filed Exhibit
Application - Class E Hazardous Waste JUL 2 7 201	① Letter
Application	Proposed Order
Request for Extension to Comply with Order CLERK'S OFFIC	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

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



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

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

CLASS C - NON-EMERGENCY	Date: July 19, 2010
Application is hereby made for a Certificate of Public Convenience of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments the	and Necessity, in accordance with the provision reto.
1. Name under which business is to be conducted (corporation, partnersh	
Bowers Signature Services, LLC	
Bowers Signature Services, LLC 301 E A Ave , Easley SC 29646 Street Address of App	0 olicant
Mailing Address of Applicant if different	ent from street address
(804) 269-7888 Phone	
Phone	Fax
Marilyn @ bowers signature Services. Email Address	Com
2. If incorporated, a copy of Articles of Incorporation must be atta Secretary of State "Foreign Corporation" Certificate.)	ched. (If incorporated outside of SC, attach SC
3. Select Entity Type: (Check one)	
☐ Individual Owner/Sole Proprietorship	an interest in the business
Partnership - List names and address of all person having a	
Corporation - List names and addresses of two principal of	ncers.
Kandy Bowers	
Marilym Bowers	
301 E A Ave	
Easley Sc 29640	

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 Appl	ication is F	Filed:	
Month	July	_ Year _	2010	

Assets:

Absets.	
Cash	\$3,000°°
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$50,0000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	\$53,000°°
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	# Ø
Capital Stock	
Retained Earnings	
Total Equity	\$53,000°°
Total Liabilities and Equity	#53,000°° + #53,600°°

PROPOSED RATES AND CHARGES FOR SERVICE

N	Maximum Propos	ed Rates and Charges	for Service are as foll	lows:	
	Van - #	\$25/person	+ mileage		

Counties to be Served: Greenville, Spartanburg, 0	conee, Pickens,	Anderson

Maximum Number of Passengers per Vehicle:

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY *
Ford	2002 WCV		0407	1540
Ford	2002 WCV	1FDXE45S32HA4U4		15HC
	2002 WCV	1FDXE455021+A40389		15 HC
1	2002 WCV	1FDXE45S22HA40405		15HC
Cadillac	2 2008 Escalade	1 GYFK103858R 120628	3 5,4591	
Mercu	y 2007 Mountaineer	4M2EU37E47UJ131	22 4538	Ths. 8
	: 2005 Deville	166KD54Y55U2463	76 3,97	7 lbs. 6
		1		
	_			

^{*} Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form MUST HE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The following insurance quote is for: Bowers Signature Services Name of Motor Carrier 301 East A. Ave. Basley, SC 29640 Address of Motor Carrier Amount of Premium: Limits Unoted: (See Below) Liability Insurance \$ 13,860 Limits 1,000,000 CSL The above quoted premium is for a term of 12 Minimum Limits - Intrustate Only: 5 25,000/50,000/25,000 1-7 Passengers 8-15 Passeagers \$ 25,000/100,000/25,000 Empire Fire and marine Insurance Comapany Name of Insurance Company 13810 FNB Parkway Omaha NR 68154
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. Authorized Insurance Company Representative's Signature

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.

Exhibit FWA

Bowers 5	ignature Ser	vices, LLC
205702		
U.S.D.O		720036 ICC No.
 Is there currently any outs Yes If Yes, indicate nature of 	No	
2. Is Applicant familiar with carrier operations in Sout statutes and regulations?	all statutes and regundary	ulations, including safety regulations and governing for-hire motor d does Applicant agree to operate in compliance with these
• Yes	○ No	
3. Is Applicant aware of the therewith?	Commission's insura	ance requirements and the insurance premium costs associated
Yes	○ No	

Exhibit on Driver Qualifications

1.	Applicant understands that a	ll driver	s must be a minimum of 18 years of age.
	• Yes	O No	
			11 Aboutha CC DMV
2.	Applicant understands that a and such record from the DI be maintained in the Application	MV of th	d copy of the driver's three (3) year driving record issued by the SC DMV se state in which the driver is or has been domiciled for such period must iness office.
	• Yes	O No	
3.	Applicant understands that a must be maintained in the A	a crimina Applican	al history background check from the state where the driver currently lives it's business office.
	• Yes	O No	
4.	Applicant understands that their possession when opera state of residence of the dri	ating a c	rs operating a vehicle under a Class C Charter Certificate must have in harter vehicle, a valid driver's license issued by the SC DMV or the current
	• Yes	O No	
5.	vehicles to drivers who are	register	s C Charter Certificate holders are prohibited from employing or leasing ed, or required to be registered, as sex offenders with the South Carolina any national registry of sex offenders.
	• Yes	O N	lo

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

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 (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SO	OUTH CAROLINA PicKeds)	Marie	Applica	Down Int's Signature	
		Bowers cant's Representative	ices LLC Applicant	CEO	Title	,
the Applicar	nt for the Certifica	ate of Public Conversioned in the above a	nience and Nec	essity as set for		ng, swear or
			Maris	ighature of Apr	Source 10 officant's Represen	ntative
2 S V	VØRN TO BEFOR	F MF				

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:

BOWERS SIGNATURE SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 9th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, 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 a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 9th day of July, 2010

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE Jul 09 2010

The House Secretary of State of South Carolina

100709-0148 Filed: 7/9/2010
BOWERS SIGNATURE SERVICES, LLC
Filing Fee: \$110.00 ORIG
Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

0.0	e name of the limited liability company arolina Code of Laws, as amended is	which complies with Section 33-44-105 of the 1976 Sebowers SIGNATURE SERVICES, LLC
Th	e address of the initial designated offic	e of the Limited Liability Company in South Carolina is
	1 E A AVE	
Stre	eet Address	
EΑ	SLEY SC	296402103
City		Zip Code
The	e initial agent for service of process of t	the Limited Liability Company is
	RILYN W BOWERS	Electronically filed on SCE Signature not required.
Nan	18	
	the street address in South Carolina for	Signature or this initial agent for service of process is
30:		·
30: Street	the street address in South Carolina for E.A. AVE	or this initial agent for service of process is
30: Street EAS City	I the street address in South Carolina for the street address in South Carolina for Address SLEY SC	or this initial agent for service of process is 296402103 Zip Code
30: Street EAS City	the street address in South Carolina for E.A. AVE	or this initial agent for service of process is 296402103 Zip Code
30: Street EAS	the street address in South Carolina for the street address in South Carolina for Address SLEY SC name and address of each organizer in MARILYN W BOWERS Name	or this initial agent for service of process is 296402103 Zip Code
30: Street EAS City	the street address in South Carolina for the street address in South Carolina for Address SLEY SC name and address of each organizer in MARILYN W BOWERS Name 301 E A AVE	or this initial agent for service of process is 296402103 Zip Code

Date 2010-07-09

Electronically filed on SCBOS.

Refer to attached signature page.

Page 1 of 1

Signature Page Attachment to South Carolina Business One Stop (SCBOS) for the State of South Carolina Secretary of State

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

Type of Filing: ARTICLES OF ORGANIZATION (Limited Liability Company)
As Of: July 08, 2010 7:25 PM

Name of Limited Liability Company:

Bowers Signature Services, LLC

Signature of Each Organizer:

Marilyn W Bowers

Name

Signature

Signature

Signature

Fax or e-mail your completed forms to:

SC Secretary of State (803) 734-1610 SCBOS@SOS.SC.GOV

(Please e-mail signature forms in the following fileformats only: Adobe .PDF, .GIF, or .JPEG extensions.)