JEFF LANDRY GOVERNOR

DON P. ROBIN EXECUTIVE DIRECTOR



CHANGE OF NAME APPLICATION

	Dealer Number _		_ Permit Number _	Class	
	(Current Name of Permit Holder)				
·	ddress (*No P.O. Box	•	·	tional actions may be needed)	
				Parish	
_	ddress (**If different f	·		L correspondence is to be sent)	
				Parish	
aı	nd respectfully petition	the Liquefied	Petroleum Gas Cor	nmission for a change of name to:	
		(New	name of operation	<u>)</u>	
approved by insurance she company and this company regular mon considered betten dollars (inventory of a certify that I attrue and correct	y the Secretary of State, of nowing the new name of ord their titles, and also, a line by. This application must thly meeting of the Common by the Commission. We as \$10.00) to transfer each effall our equipment, trucks arm an authorized representation.	of the State of I bur company. V st of the stockho be filed twenty hission. Applica re enclosing the employee's care s, bulk plants at	Louisiana. We are end We are listing the name olders, if any. This Char (20) days for LPG a cunt or authorized repre- erequired filing fee of d of competency if app and location of any and exabove named permit	losing, herewith, endorsement certificate of e of the officers and directors, if any, of our ange of Name is hereby signed by officers of and thirty (30) days for Ammonia before the sentative must be present when application is twenty-five dollars (\$25.00 and the required blicable. We are also including, herewith, an all branches of same.	
Authorize	ed Signature		—— Date	2	