

```
=====
BUS ID:      11503          BUS NAME:    ALPHA 1 EMS, LLC          TOTAL LICENSES:      1
=====
```

```
BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS:  Active
```

BUSINESS INFORMATION

```
-----
Business Address:          Billing/Mailing Address:
-----
ALPHA 1 EMS, LLC          ALPHA 1 EMS, LLC
3133 GOLF RIDGE BLVD SUITE 302  3133 GOLF RIDGE BLVD SUITE 302
DOUGLASVILLE , GA  30135      ATTN: BUSINESS OWNER
                                   DOUGLASVILLE , GA  30135

Ph:                        Ph:
Fax:                       Fax:
Car-Rt:                   Car-Rt:

Business Contact:
-----
Name:  JOHN THOMPSON          Name 2: SARA FLAD
Ph:    (404) 991-1979
Email: JOHNJT1984@YAHOO.COM
```

```
=====
BUS ID:      11511          BUS NAME:    ATLANTA PERFORMANCE TRANSPORTATION  TOTAL LICENSES:      1
=====
```

```
BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS:  Active
```

BUSINESS INFORMATION

```
-----
Business Address:          Billing/Mailing Address:
-----
ATLANTA PERFORMANCE TRANSPORTATION  ATLANTA PERFORMANCE TRANSPORTATION
8305 OFFICE PARK SUITE K            8305 OFFICE PARK SUITE K
DOUGLASVILLE, GA  30134          ATTN: BUSINESS OWNER
                                   DOUGLASVILLE, GA  30134

Ph:                        Ph:
Fax:                       Fax:
Car-Rt:                   Car-Rt:

Business Contact:
-----
Name:  JASON JENKINS          Name 2:
Ph:    (470) 488-8919
Email: JASON.JENKINS18@YAHOO.COM
```

```
=====
BUS ID:      11505          BUS NAME:    BAMBOO GARDEN          TOTAL LICENSES:      1
=====
```

```
BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS:  Active
```

BUSINESS INFORMATION

```
-----
Business Address:          Billing/Mailing Address:
-----
BAMBOO GARDEN CHINESE RESTAURANT, INC.  BAMBOO GARDEN CHINESE RESTAURANT, INC.
3869 CHAPEL HILL RD SUITE F          3869 CHAPEL HILL RD SUITE F
DOUGLASVILLE , GA  30135          ATTN: BUSINESS OWNER
                                   DOUGLASVILLE , GA  30135

Ph:    (770) 928-6988          Ph:
Fax:                                       Fax:
Car-Rt:                               Car-Rt:
```

Business Contact:

Name: XIU LIN
Ph: (646) 610-0735
Email: XIULIN03012010@HOTMAIL.COM

Name 2: CHENG ZHI SHI

=====
BUS ID: 11491 BUS NAME: BIG BUBBA COURIER SERVICE, LLC TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: RESIDENTIAL -- RESIDENTIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

BIG BUBBA COURIER SERVICE, LLC
6804 CREEKWOOD DR
DOUGLASVILLE, GA 30135

Billing/Mailing Address:

BIG BUBBA COURIER SERVICE, LLC
6804 CREEKWOOD DR
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30135

Ph:
Fax:
Car-Rt:

Ph:
Fax:
Car-Rt:

Business Contact:

Name: KENNETH BEASLEY
Ph: (214) 413-9214
Email: BIGBUBBACOURIER@GMAIL.COM

Name 2:

=====
BUS ID: 11494 BUS NAME: BUNDLES BY BC TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

BEAUTY CONCIERGE, LLC
9459 HWY 5 SUITE H
DOUGLASVILLE, GA 30135

Billing/Mailing Address:

BEAUTY CONCIERGE, LLC
9459 HWY 5 SUITE H
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30135

Ph: (678) 324-0388
Fax:
Car-Rt:

Ph:
Fax:
Car-Rt:

Business Contact:

Name: MIA SCOTT
Ph: (404) 398-7066
Email: BEAUTYCONCIERGE@GMAIL.COM

Name 2: JOHNNIE HAMILTON

=====
BUS ID: 11499 BUS NAME: CARE FROM THE HEART PRIVATE HOME CARE, LLC TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

CARE FROM THE HEART PRIVATE HOME CARE, LLC
12461 VETERANS MEMORIAL HWY SUITE 701

DOUGLASVILLE, GA 30134

Ph: (770) 628-2559
Fax:
Car-Rt:

Business Contact:

Name: JAMINA WATTS
Ph: (678) 292-3096
Email: JAMINA@CARE-FROMHEART.COM

Billing/Mailing Address:

CARE FROM THE HEART PRIVATE HOME CARE, LLC
12461 VETERANS MEMORIAL HWY SUITE 701

DOUGLASVILLE, GA 30134

Ph:
Fax:
Car-Rt:

Name 2: JEANNETTA LEE

=====
BUS ID: 11487 BUS NAME: CONCEPT MARKETING FIRM TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: RESIDENTIAL -- RESIDENTIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

CONCEPT MARKETING FIRM, LLC
9890 RIVERWOOD CT

DOUGLASVILLE, GA 30135

Ph:
Fax:
Car-Rt:

Business Contact:

Name: RENEE TERRELL
Ph: (770) 820-6481
Email: INFO@CONCEPTMARKETINGFIRM.COM

Billing/Mailing Address:

CONCEPT MARKETING FIRM, LLC
9890 RIVERWOOD CT

DOUGLASVILLE, GA 30135

Ph:
Fax:
Car-Rt:

Name 2:

=====
BUS ID: 11488 BUS NAME: DANA ROCHELLE MITCHELL TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: RESIDENTIAL -- RESIDENTIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

PEACE B STEEL, LLC
7687 FOREST GLEN WAY

LITHIA SPRINGS, GA 30122

Ph: (678) 837-6225
Fax:
Car-Rt:

Business Contact:

Name: DANA R. MITCHELL
Ph: (404) 940-6050
Email: MINISTERDANA@PEACEBSTEEL.COM

Billing/Mailing Address:

PEACE B STEEL, LLC
135 RIVERSIDE DRIVE (EPI CENTER) SUITE 2P

AUSTELL, GA 30168

Ph:
Fax:
Car-Rt:

Name 2:

=====
BUS ID: 11474 BUS NAME: DANCE FOR HIM, LLC TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
DANCE FOR HIM, LLC                             DANCE FOR HIM, LLC
12591 VETERANS MEMORIAL HWY                   PO BOX 982
                                              ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                   HIRAM, GA 30141

Ph:      (678) 674-5561                       Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: TRACY M. FORD                           Name 2:
Ph:    (678) 908-2185
Email: FORDFORLIFE@COMCAST.NET

```

```

=====
BUS ID:      11480          BUS NAME:  DOMESTIC COURIER SOLUTIONS, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
DOMESTIC COURIER SOLUTIONS, LLC               DOMESTIC COURIER SOLUTIONS, LLC
9117 LOXFORD ST                              9117 LOXFORD ST
                                              ATTN: BUSINESS OWNER
LITHIA SPRINGS, GA 30122                   LITHIA SPRINGS, GA 30122

Ph:                                           Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: SHYRA LYONS BAZILE                       Name 2:
Ph:    (504) 223-3911
Email: DOMESTICCOURIERSOLUTIONS@GMAIL.COM

```

```

=====
BUS ID:      11477          BUS NAME:  DONALD DOUGLAS PHOTOGRAPHY & DESIGN STUDIO, LLTOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
DONALD DOUGLAS PHOTOGRAPHY & DESIGN STUDIO, LLC DONALD DOUGLAS PHOTOGRAPHY & DESIGN STUDIO, LLC
4353 WARMSTONE PATH                         PO BOX 389
                                              ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                   LITHIA SPRINGS, GA 30122

Ph:      (678) 907-9079                       Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: DONALD DOUGLAS                           Name 2:
Ph:    (404) 992-3118
Email: DONALDDOUGLASPHTOGRAPHY@GMAIL.COM

```

```

=====
BUS ID:      11486          BUS NAME:  EAGLE EYE LOGISTICS          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
EAGLE EYE LOGISTICS                             EAGLE EYE LOGISTICS
9370 PARKWOOD AVE                               9370 PARKWOOD AVE
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA  30135                     DOUGLASVILLE , GA  30135

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: DEANDRE LOVELACE SR                       Name 2:
Ph: (404) 345-5595
Email: DRELOVELACESR@GMAIL.COM

```

```

=====
BUS ID:      11493          BUS NAME:  FEDELE AMICOS          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
FEDELE AMICOS                                   FEDELE AMICOS
5823 FAIRBURN SUITE A                           5823 FAIRBURN SUITE A
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA  30134                     DOUGLASVILLE, GA  30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: ERICA BOLOGNONE                           Name 2:
Ph: (770) 920-1845
Email: EBOLOGNONE55@GMAIL.COM

```

```

=====
BUS ID:      11510          BUS NAME:  FIRST CAVALRY MT          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:  SUITE E
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
FIRST CAVALRY MT                                FIRST CAVALRY MT
8305 OFFICE PARK SUITE E                       8305 OFFICE PARK SUITE E
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA  30134                     DOUGLASVILLE, GA  30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: JASON JENKINS                             Name 2:
Ph: (470) 488-8919
Email: JASON.JENKINS182@YAHOO.COM

```

```

=====
BUS ID:      11498          BUS NAME:  FLY HIGH BURGERS, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
FLY HIGH BURGERS, LLC                           FLY HIGH BURGERS, LLC
8434 HILLSPIRE DR                               8434 HILLSPIRE DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: DAVID MOORE                               Name 2:
Ph: (770) 527-8208
Email: FLYHIGHBURGERS@YAHOO.COM

```

```

=====
BUS ID:      11507          BUS NAME:    GEP CORP          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
GREEN EARTH PARTNERS CORP                       GREEN EARTH PARTNERS CORP
204 DAVIS RD                                    204 DAVIS RD
OUT OF STATE LOCATION                          ATTN: BUSINESS OWNER
PELZER, SC 29669                              PELZER, SC 29669

Ph: (864) 243-5609                             Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: MICHELLE CHASTAIN                         Name 2: RICK NAZARIO
Ph: (864) 505-6862
Email: M.CHASTAIN@GEPCONTRACTORS.COM

```

```

=====
BUS ID:      11512          BUS NAME:    GUIDING ANGELS MEDICAL TRANSPORT, LLC  TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
GUIDING ANGELS MEDICAL TRANSPORT, LLC           GUIDING ANGELS MEDICAL TRANSPORT, LLC
8305 OFFICE PARK DR SUITE D                     8305 OFFICE PARK DR SUITE D
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: LANE S. JOHNSON                           Name 2:
Ph: (678) 330-3896
Email: GUIDINGANGELSMT@YAHOO.COM

```

```

=====
BUS ID:      11490          BUS NAME:    HAYNES TRUCKING BRIDGEPORT, LLC        TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

Business Address:

HAYNES TRUCKING BRIDGEPORT, LLC
7739 MELANIE DR

DOUGLASVILLE, GA 30134

Billing/Mailing Address:

HAYNES TRUCKING BRIDGEPORT, LLC
7739 MELANIE DR
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134

Ph:
Fax:
Car-Rt:

Ph:
Fax:
Car-Rt:

Business Contact:

Name: DEVONTE HAYNES
Ph: (770) 568-3898
Email: DEVONTEHAYNES2@GMAIL.COM

Name 2:

=====

BUS ID:	11495	BUS NAME:	HINES WELDING AND FABRICATION SERVICES, LLC	TOTAL LICENSES:	1
---------	-------	-----------	---	-----------------	---

=====

BUS ADD'L:
BUS TYPE: RESIDENTIAL -- RESIDENTIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

HINES WELDING AND FABRICATION SERVICES, LLC
9545 LAKEVIEW CT

DOUGLASVILLE, GA 30135

Billing/Mailing Address:

HINES WELDING AND FABRICATION SERVICES, LLC
9545 LAKEVIEW CT
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30135

Ph:
Fax:
Car-Rt:

Ph:
Fax:
Car-Rt:

Business Contact:

Name: EDDIE HINES
Ph: (678) 761-2057
Email: HINESWELDING3@GMAIL.COM

Name 2: CYNTHIA HINES

=====

BUS ID:	11492	BUS NAME:	JM INDUSTRIES, INC	TOTAL LICENSES:	1
---------	-------	-----------	--------------------	-----------------	---

=====

BUS ADD'L:
BUS TYPE: RESIDENTIAL -- RESIDENTIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

HARALSON METALS
8551 LAKE FORREST DR

DOUGLASVILLE, GA 30134

Billing/Mailing Address:

HARALSON METALS
8551 LAKE FORREST DR
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134

Ph:
Fax:
Car-Rt:

Ph:
Fax:
Car-Rt:

Business Contact:

Name: MAXINE L. WILSON
Ph: (770) 633-6022
Email: MXWILSON@BELLSOUTH.NET

Name 2:

=====

BUS ID:	11484	BUS NAME:	KABIRURI & SON TRUCKING, LLC	TOTAL LICENSES:	1
---------	-------	-----------	------------------------------	-----------------	---

=====

BUS ADD'L:
BUS TYPE: RESIDENTIAL -- RESIDENTIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
KABIRURI & SON TRUCKING, LLC                   KABIRURI & SON TRUCKING, LLC
8857 ELMA ST                                    8857 ELMA ST
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE, GA 30134

Ph:      (202) 702-4004                         Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: STEPHEN KABIRURI                          Name 2:
Ph:   (404) 317-9631
Email: STEVENMWANGI@YAHOO.COM

```

```

=====
BUS ID:      11509          BUS NAME:    LA DIVA MINKS, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
LA DIVA MINKS, LLC                             LA DIVA MINKS, LLC
6810 FAIRWAY RIDGE DR                          6810 FAIRWAY RIDGE DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE, GA 30134

Ph:                                           Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: TANIKA PEOPLES                            Name 2: ATAVIA MAYS
Ph:   (678) 823-2975
Email: LADIVA.MINKS@GMAIL.COM

```

```

=====
BUS ID:      11502          BUS NAME:    LASH CONNECTION PLUS          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
LASH CONNECTION PLUS, LLC                       LASH CONNECTION PLUS, LLC
6842 DOUGLAS BLVD SUITE 8                      6842 DOUGLAS BLVD SUITE 8
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                       DOUGLASVILLE , GA 30135

Ph:                                           Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: TEALA DUPREE                             Name 2:
Ph:   (678) 984-7552
Email: LASHCONNECTIONPLUS@GMAIL.COM

```

```

=====
BUS ID:      11482          BUS NAME:    LEAH DOES NAILS, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```


BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
LEAH DOES NAILS. LLC                            LEAH DOES NAILS, LLC
9459 HWY 5                                       4080 SAN MARCO WAY
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                    DOUGLASVILLE , GA 30135

Ph:      (470) 344-5053                        Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: LEAH ARTIS                               Name 2:
Ph:   (614) 772-9949
Email: LARTIS13@GMAIL.COM

```

```

=====
BUS ID:      11508          BUS NAME:  LIFELINE HOLISTIC HEALTH, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
LIFELINE HOLISTIC HEALTH, LLC                  LIFELINE HOLISTIC HEALTH, LLC
8517 HOSPITAL DR SUITE E                      8517 HOSPITAL DR SUITE E
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                    DOUGLASVILLE, GA 30134

Ph:                                           Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: KRISTEN JAMES                           Name 2:
Ph:   (470) 435-8524
Email: NURSE@LIFELINEHOLISTICHEALTH.ORG

```

```

=====
BUS ID:      11475          BUS NAME:  MINI MIX CONCRETE          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
SHORT LOAD READY MIX CONCRETE, LLC            SHORT LOAD READY MIX CONCRETE, LLC
1444 MUNICIPAL PKWY                           PO BOX 1022
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                    DOUGLASVILLE, GA 30133

Ph:      (678) 404-1270                        Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: KURT ANDERSON                           Name 2:
Ph:   (770) 558-9038
Email: KURTA@MINICONCRETEMIX.COM

```

```

=====
BUS ID:      11496          BUS NAME:  MONICA'S GODLY TREASURES          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:
-----
MONICA'S GODLY TREASURES
6403 MALONE RD

DOUGLASVILLE, GA 30134

Ph:
Fax:
Car-Rt:

Business Contact:
-----
Name: MONICA HASLEY
Ph: (679) 799-6824
Email: MONHASLEY20@GMAIL.COM

Billing/Mailing Address:
-----
MONICA'S GODLY TREASURES
PO BOX 534
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30133

Ph:
Fax:
Car-Rt:

Name 2:

```

```

=====
BUS ID: 11485 BUS NAME: NEVER ALONE CLUBHOUSE TOTAL LICENSES: 1
=====

```

```

BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:
-----
THE NEVER ALONE CLUBHOUSE INC.
6732 SPRING ST

DOUGLASVILLE, GA 30134

Ph: (888) 428-6726
Fax:
Car-Rt:

Business Contact:
-----
Name: JOCELYN CROFTD
Ph: (404) 747-6482
Email: THENEVERALONECLUBHOUSE@GMAIL.COM

Billing/Mailing Address:
-----
THE NEVER ALONE CLUBHOUSE INC.
6732 SPRING ST
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134

Ph:
Fax:
Car-Rt:

Name 2:

```

```

=====
BUS ID: 11504 BUS NAME: OASIS 1ST CARE HOSPICE, LLC TOTAL LICENSES: 1
=====

```

```

BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:
-----
OASIS 1ST CARE HOSPICE, LLC
8309 OFFICE PARK DR SUITE A

DOUGLASVILLE, GA 30134

Ph:
Fax:
Car-Rt:

Business Contact:
-----
Name: ZEBULON FOREMAN
Ph: (770) 757-3481
Email: ZEBULON_FOREMAN@YAHOO.COM

Billing/Mailing Address:
-----
OASIS 1ST CARE HOSPICE, LLC
5295 BROOKHOLLOW DR.
ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30135

Ph:
Fax:
Car-Rt:

Name 2:

```

```

=====
BUS ID: 11497 BUS NAME: OMEGA TRUCKING SOLUTIONS, LLC TOTAL LICENSES: 1
=====

```

```

BUS ADD'L:
BUS TYPE: RESIDENTIAL -- RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
OMEGA TRUCKING SOLUTIONS, LLC                   OMEGA TRUCKING SOLUTIONS, LLC
7798 MOUNTAIN CREEK WAY                         8486 CAMPBELLTON ST. #1231
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: TREVIN GREEN                               Name 2:
Ph: (804) 677-5392
Email: TGREEN1389@GMAIL.COM

```

```

=====
BUS ID:      11478          BUS NAME:    PINK PORCH PROPERTIES, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
PINK PORCH PROPERTIES, LLC                     PINK PORCH PROPERTIES, LLC
8520 WESTCHESTER DR                            PO BOX 594
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       VILLA RICA, GA 30180

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: CASEY ROBINSON                             Name 2:
Ph: (404) 934-9777
Email: CONTACT@PINKPORCHPROPERTIES.COM

```

```

=====
BUS ID:      11500          BUS NAME:    ROTEX HEALTHCARE SERVICES, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
ROTEX HEALTHCARE SERVICES, LLC                 ROTEX HEALTHCARE SERVICES, LLC
8322 OFFICE PARK DR SUITE D                    8322 OFFICE PARK DR SUITE D
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: ROTIMI LADIPO                               Name 2:
Ph: (404) 784-9066
Email: ROTEXHEALTHCARESERVICES@GMAIL.COM

```

```

=====
BUS ID:      11483          BUS NAME:    SMC PROFESSIONAL SERVICES, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
SMC PROFESSIONAL SERVICES, LLC                 SMC PROFESSIONAL SERVICES, LLC
2966 ROLLING LN                               2966 ROLLING LN
WINSTON, GA 30187                             ATTN: BUSINESS OWNER
                                              WINSTON, GA 30187

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: CHRISTINA CATO                           Name 2:
Ph: (404) 723-3022
Email: SMCPROFESSIONALSERVICESLLC@GMAIL.COM

```

```

=====
BUS ID:      11481          BUS NAME:    SYSTEM FOUR          TOTAL LICENSES:      0
=====

```

```

BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name:                                           Name 2:
Ph:
Email:

```

```

=====
BUS ID:      11476          BUS NAME:    THE KONCEITED KOLLECTION HAIRTIQUE  TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
THE KONCEITED KOLLECTION, LLC                 THE KONCEITED KOLLECTION, LLC
7214 DOUGLAS BLVD                             PO BOX 5673
DOUGLASVILLE , GA 30135                     ATTN: BUSINESS OWNER
                                              DOUGLASVILLE , GA 30135

Ph: (404) 953-0801                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: BRIDGET HUBBARD                           Name 2:
Ph: (404) 200-0727
Email: BHUBBARD@LAVISHLYFELLC.COM

```

```

=====
BUS ID:      11489          BUS NAME:    THE ORIGINAL HOTDOG FACTORY - DOUGLASVILLE  TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
DARIUS ALEXANDER, LLC                           DARIUS ALEXANDER, LLC
6920 DOUGLAS BLVD SUITE D                       6920 DOUGLAS BLVD SUITE D
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                     DOUGLASVILLE , GA 30135

Ph:                                               Ph:
Fax:                                              Fax:
Car-Rt:                                           Car-Rt:

Business Contact:
-----
Name: DARIUS ALEXANDER                          Name 2:KOURTNEY FANIEL
Ph: (678) 740-1961
Email: DARIUSALEXANDERLLC@GMAIL.COM

```

```

=====
BUS ID:      11473          BUS NAME:    THE WOW AGENCY, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
THE WOW AGENCY, LLC                             THE WOW AGENCY, LLC
8564 LAKE FORREST DR                           8564 LAKE FORREST DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                               Ph:
Fax:                                              Fax:
Car-Rt:                                           Car-Rt:

Business Contact:
-----
Name: STEVEN L. GUY                              Name 2:
Ph: (770) 480-7837
Email: STEVE@THEWOWAGENCY.COM

```

```

=====
BUS ID:      11501          BUS NAME:    TRAP & TRAIN          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
GO DIRECT, LLC                                  GO DIRECT, LLC
3251 HWY 5 BLVD SUITE 4                       5020 AMETHYST DR.
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                               Ph:
Fax:                                              Fax:
Car-Rt:                                           Car-Rt:

Business Contact:
-----
Name: TINA BRUCE                                Name 2:
Ph: (404) 558-9463
Email: T.BRUCE4@YAHOO.COM

```

```

=====
BUS ID:      11506          BUS NAME:    TS CONSTRUCTION AND MODERNIZATION, LLC  TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

Business Address:

TS CONSTRUCTION AND MODERNIZATION, LLC
2580 SUMMER LAKE RD SUITE 10306

LITHIA SPRINGS, GA 30122

Ph: (404) 908-4635

Fax:

Car-Rt:

Business Contact:

Name: TONYA SILLMAN
Ph: (404) 908-4635
Email: TSILLMAN82@GMAIL.COM

Billing/Mailing Address:

TS CONSTRUCTION AND MODERNIZATION, LLC
2580 SUMMER LAKE RD SUITE 10306

ATTN: BUSINESS OWNER
LITHIA SPRINGS, GA 30122

Ph:

Fax:

Car-Rt:

Name 2:HOLLIS GRIGGIN

=====
BUS ID: 11479 BUS NAME: UBREAKIFIX BY ASURION TOTAL LICENSES: 1
=====

BUS ADD'L:
BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS
BUS STATUS: Active

BUSINESS INFORMATION

Business Address:

ASURION UBIF FRANCHISE, LLC
2963 HIGHWAY 5

DOUGLASVILLE , GA 30135

Ph:

Fax:

Car-Rt:

Business Contact:

Name: KELLY CARREL
Ph: (615) 445-1300
Email: AGENCYLICENSING@ASURION.COM

Billing/Mailing Address:

ASURION UBIF FRANCHISE, LLC
648 GRASSMERE PARK SUITE 100

ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135

Ph:

Fax:

Car-Rt:

Name 2:

TOTALS -- Businesses: 40 Licenses: 39