

TARIFF NO. 1

Cancels

TARIFF NO. _____

of

Company Name: BML Investments (dba) Wenatchee Valley Shuttle

Certificate Number:

For the transportation of passengers in the following territory:

Between Wenatchee and Sea-Tac International Airport

Issued by:

Name: Byron Lott, Chief Operating Officer

Address: 1724 10th PI NE

City, State/Zip: East Wenatchee, Washington 98802

Telephone No: (509) 699-0197

Issue Date: March 06, 2012

Effective Date: _____

(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

“DO NOT REDOCKET”

TIME SCHEDULE NUMBER 1

Substitute Page Filings

of

Company Name: BML Investments/ DBA Wenatchee Valley Shuttle

Certificate Number: _____

Address: 1724 10 Pl N.E.

City/State/Zip: East Wenatchee, WA 98802

TERRITORY:

BY THE FOLLOWING ROUTE:

<u>FROM:</u>	<u>TO:</u>	<u>DEPARTURE TIMES:</u>		<u>MILEAGE:</u>
Wenatchee	Sea- Tac	5:00 a.m.	3:00 p.m.	150.43
Pashastin	Sea- Tac	5:25 a.m.	3:25 p.m.	138.21
Sea- Tac	Pashastin	10:30 a.m.	7:30 p.m.	
Sea- Tac	Wenatchee	10:30 a.m.	7:30 p.m.	

Issue Date: _____ Effective Date: _____

Issued by: _____

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Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name: BML Investments
Wenatchee Valley Shuttle Application Docket No.: 120337

THE APPLICATION What authority are you applying for? Include any amendments.

SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

It will help me with affordable traveling costs with a family and by myself for work.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. I have to fly out of Seattle 5 or 6 times a year, right now I have to pay a lot for gas and parking. This shuttle would be much more affordable.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I have a lot of expenses for work travel. This would ease my budget.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Kim Long Independent distributor for Advocare
Business/Organization: Advocare
Street/Mailing Address: 657 No Baker Ave #B 204
City, State, Zip Code: East Wenatchee, WA. 98802
Telephone Number: 509-881-4124 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Kim Long
PRINT NAME

Kim Long
SIGNATURE

4/11/12
DATE