

071003

To: WUTC

From: John Ness

RE: Docket # 030782

Dear WUTC,

On advise from my attorney and insurance agent I would like to request that the name on my docket be shown as: John Ness d/b/a Island Airporter LLC Instead of John Ness d/b/a Jantech I decided to incorporate for insurance and other reasons. Nothing else has changed.

I am now registered with the Secretary of State and the WA. D.O.L as Island Airporter LLC

The UBI number is 602309820

The LLC formation date is listed as 7/7/03

**Thankyou for updating my file, John Ness
360-378-7438**

A handwritten signature in black ink, appearing to be 'JN', with a long horizontal line extending to the right.

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

07/15/03
11:47:51

INQR UTL024P1

UBI: 602 309 820 001 0001 State of Inc: WA Loc Status: A
Type: LIMITED LIABILITY COMPANY Date of Inc: 07 07 2003 Corp Status: A

Owner Name: ISLAND AIRPORTER LLC

Reg. Agent: JOHN NESS
Reg. Address: 139 TARTE RD Exp. Date: 07 31 2004
FRIDAY HARBOR WA 98250 Total Shares authzd:
Total Shares issued:

Firm Name : ISLAND AIRPORTER LLC
Loc: 139 TARTE RD Mail: 139 TARTE RD
FRIDAY HARBOR WA 98250 FRIDAY HARBOR WA 98250

Phone: (360) 378-7438 Registered Tradenames for this UBI? Yes
RFI: No NSF: No Location First Activity: 07 20 2003
RFP: No Withhold: No Last License Issue: 07 17 2003
TRANSFER: _____ {Press <ENTER> for Endorsements List}
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

INQR UTL024P1 MASTER LICENSE SERVICE 07/15/03
 BUSINESS ENTITY INQUIRY 11:48:02

UBI: 602 309 820 001 0001 Loc Status: A
Type: LIMITED LIABILITY COMPANY

Owner Name: ISLAND AIRPORTER LLC
Firm Name : ISLAND AIRPORTER LLC
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	07 10 2003	
UNEMPLOYMENT INSURANCE			A	07 10 2003	
INDUSTRIAL INSURANCE			A	07 10 2003	

TRANSFER: _____ End of Endorsement List

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:

John Ness DBA Island Airporter LLC

Application/Docket No: TC-030782

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

Closed-door service between San Juan Island and Seattle-Tacoma International Airport

RECEIVED

JUL 11 2003

WASH. UT. & TP. COMM.

SUPPORT STATEMENT

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

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

Direct service from our island to sea Tac air port.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

Problems getting from Friday Harbor to Sea Tac. Suggest for older people is a real issue. This proposed service will solve the problem at the ferry dock of changing cars.

If the request is denied, would it have any affect on you or your business/organization? Yes No ___ If yes, please explain.

no direct service existing from Friday Harbor to Sea Tac. My wife is disabled & cannot walk even the distance from the Ferry to the shuttle stop.

VERIFICATION:

Your name and title: Michael J & Rosemary T. Fleming Business/Organization:

Street/Mailing Address 409 Wescott Dr

City, State, Zip Code Friday Harbor WA, 98250

Telephone Number: 360-317-7670 Fax Number:

I understand that this information is being given in support of 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.

Michael J Fleming *Rosemary T Fleming*

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Convenience of non-stop service from the island to Sea-Tac.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

Not convenient to pack and carry luggage from the island thru the ferry terminal / ferry.

If the request is denied, would it have any affect on you or your business/organization? Yes No ___ If yes, please explain.

It could deter me from making business calls outside the state.

VERIFICATION:

Your name and title:

Riki Schumacher / Owner
Riki Schumacher Designs

Business/Organization:

Street/Mailing Address

255 Tarte Road

City, State, Zip Code

Friday Harbor, WA 98250

Telephone Number:

360 378 5554 Fax Number: *360 378-8705*

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I would like non-stop direct service from Friday Harbor to Sea-tac. Carrying children and luggage onto the ferry to catch a shuttle in Anacortes is extremely difficult, and this service would eliminate the problem. Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. The length of time it takes with the current shuttle (because of all the stops it makes) makes their service very prohibitive.

If the request is denied, would it have any affect on you or your business/organization? Yes No ___ If yes, please explain.

It makes it more difficult for tourists to visit the island, and thus reduces the number of visitors to the museum. We have many people coming to the island specifically to do research or visit the museum and they don't want to bring a car. Without this service it is very difficult.

VERIFICATION: Your name and title: Jennifer Fleming, Curator - San Juan Historical Museum Business/Organization:

Street/Mailing Address, 80 Wildflower Lane
City, State, Zip Code Friday Harbor, WA 98250
Telephone Number: 360-378-6522 Fax Number:

I understand that this information is being given in support of a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the State of Washington.

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Transportation to seatac - nonstop

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

to long and to many stops.

If the request is denied, would it have any affect on you or your business/organization? Yes No ___ If yes, please explain.

To much struggle to get down to Seatac and parking over riqp.

VERIFICATION:

Your name and title: Michele Morton / Sen. Fin. & Res. Rep. Business/Organization:

Street/Mailing Address PO Box 287
City, State, Zip Code F.H., WA 98250

Telephone Number: (360) 378-2128 Fax Number: (360) 378-2633

I understand that this information is being given in support of 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.