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ILAUG 25 AM 9:

Sunday, August 24, 2014

Sani Mahama Maurou D/B/A Seatac Airport 24 165 17th Avenue Apt 102 Seattle, WA 98122 Tel 206-319-7076

In re Application TC-140399

## Application Support Statement:

- Exhibits 1-19 are attachment A- Auto Transportation Certificate Support Statement.
- Exhibit 20 is Happy husband and wife, customers of Seatac Airport 24 with Sani Mahama Maurou on the far right.
- Exhibits 21-42 are others attachments Auto Transportation Certificate Support Statement. Each attachment containing multiple signatures and all necessary information.
- Exhibits 43-54 are people looking or waiting more than an hour for transportation.
- Exhibits 55-61 are traffic congestion just on I-5. We need to take those cars off the road and provide them with reliable and safe shuttles.
- Exhibit 62: Vehicles of Seatac Airport 24.
- Exhibit 63: Videos and Voices records of few customers of Seatac Airport 24.
- Seatac Airport 24 intends to be Reliable, Safe and Professional. Our goal is to bring something positive to the table in this Beautiful Evergreen State Of Washington when it comes to traffic solutions.

Thank you.

Sincerely and respectfully,

Sani Mahama Maurou President, CEO, Operator and Owner. Seatac Airport 24.

### ATTACHMENT A

### AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

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Applicant Name: SANI	Ланама Ма	URDLI (Seatac	Aupert 21
		ng to the need for service:	
Customer Name: Clinto Bo			
Address: 207 SALMON	WAY Pelican, AJ	99832	
Phone Number: 907 735 2	۲ 🗗 Fax Number:	Email:	
Describe the need for the requested	l service:		
Needed VAN FOR	Wheel Chair Sruc		
₹ ≈			
	52 <u></u>		
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· ····································			
If there is an existing company provi applicable) Shuttle Grpress	ding this service in the territo	ry, please indicate the existing co	mpany's name (if
Explain why the current company is a	not providing adequate servic	e: No wheel chair / FAI	nily Service
Long Wait Time			
	······································		
l certify or declare under penalty of p in this statement is true and correct.	perjury under the laws of the	state of Washington that the info	ormation contained
Clint Benn	Cant Ber	8/21/14 A	K, USA
Print Name	Signature	Date, County,	

WASHINGTON

UTILITIES AND TRANSPORTATION

COMMISSION



#### **AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

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WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

Applicant Name: Sani M. Maurou Seatac august 24
Customer Sworn Statement Relating to the need for service:
Customer Name: Paul Abercrombie
Address: P.O. Box 53 Snoqualmie Pass WA 98068
Phone Number: <u>509 - 856</u> Fax Number:Email:Email:
Describe the need for the requested service:
Transportation to airport, medical
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) <u>Do Guoh Company</u> for the territory, please indicate the existing company's name (if Explain why the current company is not providing adequate service: <u>N/A</u>
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.
Paul Abercraubie Paul awayondre 7/26/2014 WA Print Name Signature Date, County, State



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### ATTACHMENT A

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### AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

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Applicant Name: 5A Customer Sworn Statement Relating to the need for service: **Customer Name:** σΛ Address: Phone Number: 425-235-1212 3616 Email: Fax Number: 475 Ø manotels. com Describe the need for the requested service: ALS ለ 1 50mm on companie PMbu If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) Shottle EXAL255 COMPONING LAY Explain why the current company is not providing adequate service: 6VOL CHACK CONES DONSIN APUST Ne missing Mrs o 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. oma **Print Name** 



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ATTACHMENT A

### AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: SANI MAHAMA MAURDU (Seatac Aupert 21)
Customer Sworn Statement Relating to the need for service:
Customer Name: CHRISTOPHER CANTER
Address: 773 SEYMOUR
Phone Number: 321.751.011 Fax Number:Email: INFO COMXINTL. CON
Describe the need for the requested service: 
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) $SHVEEPRES$ , $HXS$ Explain why the current company is not providing adequate service: $HIE$ , $ATE$ , $ATE$ , $LE$ ,
CALLED SHUTTLE EXPRESSAT 6PM THE N.GHT BET THEY CHAINED THEN COLD NOT PICKED MEUP. A CUE THER JUST I CALLED MY DRIVER CLAIMING THAT SHUTTLE EXPRESS RENEGGED ON THEIR RESERVATION (SAME FLIGHT TIME) AND REPORT 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.
CH CN JER Signature 8-25-14 Date, County, State

# AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

ATTACHMENT A

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

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Applicant Name: SANI	MAHAMA MAUROLI (Seatac Airp	port 21
Custo	omer Sworn Statement Relating to the need for service:	~
$\bigcirc$ (		
Customer Name: $( \circ ( \circ ) )$	He hunn	
Address: BOX 50		
Phone Number <u>- 403-39(-</u>	- 22 FaxNumber:Email:	
Describe the need for the request		
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Fremuy	noutet fron Seattle	
	reales from partle	
Westin Ho	otel	· · · · · · · · · · · · · · · · · · ·
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inlicable)	vising this secure in the territory, please indicate the existing company's name	o lif
plicable) <u>es</u>	viding this service in the territory, please indicate the existing company's name $hutle$ $VPRESS$	ne (if
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plain why the current company is DEXPE CONTACE rtify or declare under penalty of this statement is true and correct.	s not providing adequate service:	
plain why the current company is CONTACT rtify or declare under penalty of this statement is true and correct.	s not providing adequate service: <u>ensive</u> - <u>chifficutto</u> perjury under the laws of the state of Washington that the information con	
plain why the current company is DEXPE CONTACT CONTACT rtify or declare under penalty of I his statement is true and correct. Colette Lunn	s not providing adequate service: <u>ensive</u> - <u>chifficutto</u> perjury under the laws of the state of Washington that the information con	
plain why the current company is 2 Expe Contact	s not providing adequate service: <u>ensive</u> - <u>chifficutto</u> perjury under the laws of the state of Washington that the information con	
plain why the current company is DEXPE CONTACT CONTACT rtify or declare under penalty of I his statement is true and correct. Colctle Lunn	s not providing adequate service: <u>ENSIVE</u> - <u>Clifficult</u> to perjury under the laws of the state of Washington that the information con <u>CMM</u> <u>Aug20//4</u>	

WASHINGTON

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ATTACHMENT A

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#### AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Ap	pplicant Name:Customer Sworn Statement Relating to the need for service:
Cu	stomer Name: Whitny Qualls
Ad	dress: 2201 Brickell AVE. Apg Miami, FL 33129
Ph	stomer Name: Whitny Qualls Idress: 2201 Brickell AVE. Apg MI ami, FL 33129 one Number: <u>904-377-3268</u> Fax Number:Email: W. <u>GuallSUMed. Mi ami</u> , Equ
	scribe the need for the requested service:
	Too long a wait to get transportation to the pier Not enorgh faxis
	the pier Not enorgh of us
-	plicable) plain why the current company is not providing adequate service: Not Enorah transporte for people Setton otte the craise
	rtify or declare under penalty of perjury under the laws of the state of Washington that the information containe
m	his statement is true and correct.
l	Nhitmy Qualls DDC 15/8/14, Dade FL
	Nhitpy Qualls (J) Signature 15/8/14, Dade, FL Date, County, State
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ATTACHMENT A

### **AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Applicant Name: Rade de margares Sani Mahama Maunon Statac
Customer Sworn Statement Relating to the need for service:
Customer Name: RILL SUTORIUS
Address: 3604 WHITBY LN. 63301
Phone Number: 636 634 037 Fax Number: Email: rsuzoriuse g mail. on
Describe the need for the requested service:
NEED ADDITIONAL SERVICE & CRUSE SHIP TERMINAL.
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable)
Explain why the current company is not providing adequate service: VERY DIFFICULT TO PROVIDE STRVICE TO ARPIVING PASSONGERS DUE TO LACE OF ADEDUATE GROUND TRANSPORTATIONS.
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.
Print Name Signature Date, County, State



## ATTACHMENT A

### **AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: Sani Maho	20ma May 2702 (Se	atac Augert 24
Customer Sw	vorn Statement Relating to the ne	ed for service:
Customer Name: Dob F, 90	her	1
Address: <u>3405 Foxboro</u> Phone Number: <u>636-288-9989</u>	igh <u>Cir</u>	
Phone Number: 636-288-9989	v Fax Number:En	nail:
Describe the need for the requested serv		
WATTING TO AIRPORT	AN HOUR TO GET	TRANSPORTATION
If there is an existing company providing t applicable) Explain why the current company is not pu 		
l certify or declare under penalty of perju in this statement is true and correct.	ry under the laws of the state of Was	shington that the information contained
Robert Fischer	Repet J Fischer	<u>8-15-14</u> Date, County, State
	Signatore	Date, County, State



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# AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Applicant Name:
Customer Sworn Statement Relating to the need for service:
Customer Name: Sandy Lostrer
Address: 119 6. Rd. 681, Etonet, TN 37331
Address: 19 Co. Rd. 681, Etor. TN 37331 Phone Number: 426-263-2952 Fax Number:Email: jaguallSD concast. NP+
Describe the need for the requested service:
Had to wait too long for a taxi
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable)
Explain why the current company is not providing adequate service: <u>NMOST MBSED</u>
l 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.
Saway Logher Signature 15/8/14 McMin TN Date, County, State



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### ATTACHMENT A

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### AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Applicant Name: Sani M. Maugrou Seatac auprit 24)
Customer Sworn Statement, Relating to the need for service:
Colore C.
Customer Name: <u>California</u> coly
Address: Detterplanore Rien Collane fieland
The cost of the second se
Phone Number: 086-609969 Fax Number:Email: [ halleships forbel
Describe the need for the requested service:
To the Airpont
If there is an existing company providing, this service in the territory, please indicate the existing company's name (if
applicable)Shull the exhibits
Explain why the current company is not providing adequate service:
No taxi available 10 self transportation
• • • • • • • • • • • • • • • • • • •
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.
CATHERINE LEATE Cuther high 18/05/14 King Wa
ATHRAINE NOT When The DUNING
Print Name Signature Date, County, State



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# ATTACHMENT A

## AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Applicant Name: Sani m maurau (Seator auport 24
Customer Sworn Statement Relating to the need for service:
M
Customer Name: $1/(41)$ $7/00$ $5$
Address: 17 Castlabrood Ach Sunis alare Jachul
Phone Number:Email:Email:
Describe the need for the requested service:
To the amport
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable)
Explain why the current company is not providing adequate service:
Mo toxi carcy Callo & Liso ATT
Mo toxi carci alle a 4:30 ATT
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.
TARY FRONT My fait 19/05/14 Kirzy WA
Print Name Signature Date County State
Print Name Date, County, State



ATTACHMENT A 

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#### **AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: Sani m. Maurou Seata cauport 24
Customer Sworn Statement Relating to the need for service:
Customer Name: MARIO KINSELO
Address: 13 Juis Carraigh Ennis B Caro Jacland
Phone Number: 065-6637774Fax Number:Email:
Describe the need for the requested service:
To the airfort
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable)
Explain why the current company is not providing adequate service:
Mo toxi aver fable
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.
Marin Kinsella Marion Kunselle 19/Pup 19014
Print Name Marion Kunselle 19/Pag 7014 Signature Date/County, State
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**ATTACHMENT A** 

#### AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Applicant Name: Sami K	n. mouro	ussentac	porport 24)
1 / Customer Sworn Statement Relating to the need for service:			
Address: 21 Cast	tenoord Ple	Eunis	Collar
Phone Number: 086073389		Email:	
Describe the need for the requested serv	vice:		
ToA	1 pont		
<i>f</i>		•	
· · · · · · · · · · · · · · · · · · ·			
If there is an existing company providing applicable)S	this service in the territory, ple	ase indicate the existing	company's name (if
Explain why the current company is not p	/ providing adequate service:		
- No T	UXI GOVA	table	
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		····	
I certify or declare under penalty of perju in this statement is true and correct.	iry under the laws of the state	of Wasnington that the	information contained
. 1			
Helena MCNAMARA	Helme MCNa	in 19	15/2014 Kingur
Print Name	Signature	Date, Cour	nty, State



ATTACHMENT A

#### AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

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Applicant Name: Sani M. Maugrou Seatac august 24
Customer Sworn Statement Relating to the need for service:
Customer Name:ACLAR/ XCLART
Address: de fingelynooe man 6 aprilarel
Phone Number: 096-0079777 Fax Number:Email: 14ch all Captor 1400.15
Describe the need for the requested service:
To the ainfort
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) $2 \sqrt{n} \sqrt{2} \sqrt{n} \sqrt{2}$
Explain why the current company is not providing adequate service:
No taxi gould alle no rel trous on Cotron
lasy access for all of MD
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 LEAHY A charles 19/08/19 NA
Print Name Date, County, State



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## AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

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	in mouroul	Sequer riphin VIII
Custo	mer Sworn Statement Relating to the	e need for service:
Customer Name: Emma	Paller	
Address: Travel Loc	lge, 200 5th A	venue Morth
Phone Number: <u>07889 (216</u>	31 Fax Number:	Email: emmalmagowar a
Describe the need for the request		hormail co,
To get	to Everett	ev rental
there is an existing company pro-	viding this service in the territory, please	indicate the existing company's name (if
	viding this service in the territory, please furtue texperess s not providing adequate service:	· · ·
plain why the current company is	s not providing adequate service:	
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xplain why the current company is	s not providing adequate service:	



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## ATTACHMENT A

### **AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Applicant Name: Sami M Mourou (Seatac Minit 2/4.
Customer Sworn Statement Relating to the need for service:
Customer Name: MARK STEPHENS
Address: THE TRAVELODGE 200 FIFTH AN NORTH
Phone Number: 07875 Fax Number:Email: Wm Stephense 739012 Describe the need for the requested service: botmoll. car
TO PICK UP AN RVIN EVERATT
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable)
DIFFICEINTTO CONTACT, TOO EAFENSING
l 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.
MACK STEPHENS Judges 19 August 2014 Print Name Date, County, State



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ATTACHMENT A

### AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Applicant Name: SANI MAHAMA MAURDU (Seatac Aupert 21
Customer Sworn Statement Relating to the need for service:
Customer Name: Rom Alleston
Address: westerille 04
Phone Number: 614-772-7364 Fax Number: Email:
Describe the need for the requested service:
Need Ride from fier 69 to Red Roof Inn
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) <u>'Yex</u> <u>Shaffle Express &amp; Taxe</u> Explain why the current company is not providing adequate service: <u>Maccon / Secta Arport 24</u> was best
- Julian Sectar Maport El
available deal.
l 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.
Ron Allerton for allerton 2, Aug 2014
Print Name /Signature Date, County, State



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# AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

	A = A = A = A = A = A = A = A = A = A =
	Applicant Name: SANI MAHAMA MAUROLI (Seatac Aupert 21)
	Customer Sworn Statement Relating to the need for service:
	Customer Name: <u>ALFREDO</u> ESTRADA, JR
	Address: 17418 12th AVE NE SHORELINE, WA 98155
	Address: 17418 12th AVE NE SHORELINE, WA 98155 Phone Number: 415-699-6 Fax Number:Email: <u>aestradajr 570//07</u> MAIL
	Describe the need for the requested service:
	AS A VISUALLY IMPAIRED CITIZEN, THE NEED FOR TRANSPORTATION IS OF THE ESSENCE ALL THE FIME. I DO TRAVEL AND NEED PIDES TO THE AIRPORT FREQUENTLY, ALSU, RIDES TO GO AND WISIT DYTOPS AND SPECIAL OF, BUT MUST OF ALL, TO BE CERTAIN THAT I HAVED RIDE SAWL IS VERY PRIME AND F
	MAKES ME FEEL VERY IMPORTPANT, SLAKE HE IS ON TIME DAY AND NIGHT. IT DUES MAKE ME FEEL SEQURE.
	If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) $\underline{SHUTTLE} \underline{ExPRES} \underline{TAxi's}$
	Explain why the current company is not providing adequate service: <u>NOT RELIARES THEY ARE</u> LATE, TOO MANY STOPS OND WAITING PERIODS, VERY DIRTY AND LAUSPE UGHICLES, NOW WORKING DOORS AND SCAT BELTS. THE VEHICLES RATTLE TO MUCH. THE VEHICLES STINK,
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l d in	certify or declare under penalty of perjury under the laws of the state of Washington that the information contained this statement is true and correct.
 Pri	ALFREDO ESTRADA, JR Und Estrute MING COUNTY int Name Signature Date, County, State USA



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**ATTACHMENT A** 

#### **AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Applicant Name: SANI MAHAMA MAURDU (Seatac Aupert 21				
Customer Sworn Statement Relating to the need for service:				
Customer Name: Mark Machalo				
Address: 1145 Bruddrick st Son Francisco				
Phone Number: 570-3860452 Fax Number:Email:				
Describe the need for the requested service:				
Connecting Flight to SFO				
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable)				
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.				
Mark Macharlo MAQ Marko Augest 29, USA UA Print Name Signature Date, County, State				



### Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Very helpful. Signature: Jermaie Wellow Name and Contact:

563-831-5464

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

### Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Very pleasant and helpful !

Signature: Navag Turner Name and Contact: Nancy Turner 503-268-2306 (if cell lacon't work) -or Ernest Turner 503-705-1756

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor.

Extra comment if any: Never & polite Kins 971-570-6489 Signature: Name and Contact: Todd 503-484-390K/

Name and Contact:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any

Rose Ignac

Signature: Name and Contact:

503-364-9926

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Customers Experience: Please, circle only 1word. The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any: signature: Anda Kaplan CM011 Name and Contact: ANITA KAPLAN 727-492-91620 BOBDI KAPLAN 561-997-9215 \*Seatac Airport 24 Ph. 206 319 7076 email: sanimaurou@yahoo.com Customers Experience: Please, circle only 1word. The service wds: Excellent, Good Acceptable, Poor, Very Poor. Extra comment if <del>any:</del> Signature: Bernie Kapo BERNICE KAPHAN 121-278-6022 \*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com Customers Experience: Please, circle only 1word. The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any: Signature: Name and Contact: KAREN KAPLAN 727-656-7000 \*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: 727-515-2401 Name and Contact: MIKE KAPLAN NICKY KAPLAN

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Name and Contact: Carole Kucharski 576 384-2525

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

DKK MARS &2 ED Kuchundhe 516 220 2790 Signature: Name and Contact

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

#### Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: the Dod Name and Contact: 22/7-24

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was. Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any.

Signature: Name and Contact: 610 8470818

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Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Andy Rad 577.4511 Signature: Name and Contact:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only Iword. The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any: Thiendly ! Arm (Ahm NerGral @ inhow Com) Signature: Mon Name and Contact:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only Iword. The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any: Safe & Friendly Will RCOMMEND Signature: Module. Name and Contact: Joy Fidel an dy fidel 1@ COMCast, Tet \*Seatac Airport 24 Ph. 206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Prompt + Conrteous. nestor. bay@hotmail.com

Signature: Name and Contact:

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Blaine Burithand 701-833-7456

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PIER 91 SAT 8/2

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Exectlent, Good, Acceptable, Poor, Very Poor. Extra comment if smy.

Signature: Signature: Name and Contact: William Werger

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

## Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

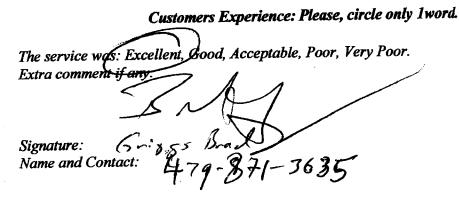
Signature: TIFFame Smith 503, 893 - 7473 Name and Contact: `

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: Bisten Bedi 980-318-2223. Name and Contact: Bisten



Customers Experience: Please, circle only 1word.

The service was:(Excellent,)Good, Acceptable, Poor, Very Poor. msgorze verizon. net Extra comment if an Judistanly Signature: Name and Contact:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any: Extra comment if any: Excellent Service Yutte Hatfield 240-463-0377

Signature: Name and Contact:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: Name and Contact: ) 279 - 6223

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any.

Fromt Storm Robin Stoerner 281-932-4560 Signature: Name and Contact

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

- Erinder sacures.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Good service Signature: Name and Contact. Ľ -40

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\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

#### Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any: Signature: Inatton & ebects on Name and Contact:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

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Signature: Name and Contact:

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature HELLINEN, 950-279.9235 Name and <del>Con</del>tact:

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

**Customers Experience: Please, circle only 1word.** The service way: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Mary Ele Auder Son 8/2.339.1930

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

#### Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any: Friendly and Capable!

Bilinda Sph Signature: Name and Contact:

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

#### Customers Experience: Please, circle only 1word.

The service was: Excellent, (Good, Acceptable, Poor Very Poor. Extra comment if any Signature: Name and Contel

The service was Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Audrey Willstoms

Signature: Name and Contact:

(323) 537-3399

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra commont if any:

Signature: Name and Contact: 485-

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

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The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: Name and Contact: 815-341-0312

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

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The service was Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: Name and Contact:

1>

The service was: Excellent, Good) Acceptable, Poor, Very Poor. Extra comment if any:

Signature: 1 Name and Contact: | A

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

#### Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any: Ulice, Safe Drisch

Signature: fill Name and Contact: fyer

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Be Wchile Signature: Name and Contact

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word. The service was: Excellent Good, Acceptable, Poor Very Poor. Extra comment if any: Vary good Job, WAS ONTIME Very politer professional Tom CATALAND 561-707-6713 Signature: Name and Contact:

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Serief Douglas Name and Contact: Sennife Douglas JJdsH1220gmail.con

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

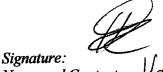
#### Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Small Name and Contact: Shuvon Paz 972-54-3331121 Seatac Airport 24 Ph. 206 319 7076 email: sanimaurou a vahoo.com a ovung c. n.t. il

### Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:



Name and Contact: Heyril 07567058

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

### Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any

Signature: Name and Contact:

t: E.GLASGON 61732612290

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The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Laure Johnson Name and Contact: Laure bhoson

\* Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excettent, Good, Acceptable, Poor, Very Poor. perfect Timelog Extra comment if any Jenniele Alber Signature: Name and Contact:

X Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: MAANSEN - VICTORIA, BE CANADA Name and Contact:

X Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any: Excellent

Signature: Shih hain ling Name and Contact: evelyn-shih Qyahov, com. tu

Customers Experience: Please, circle only 1word. The service was: Excellent/Good, Acceptable, Poor, Very Poor. Extra comment if any: SANI did an absolute great jub getting us to the cruise terminal! Thanks Kedn Signature: 🤇 Name and Contract: Jeff Ledow 318-990-1186 X Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com Customers Experience: Please, circle only 1word. 7/17/4 The service was: (Excellent) Good, Acceptable, Poor, Very Poor. Extra comment if any: Laurie Johnson Laurie Johnson Signature: Name and Contact: 🔆 Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com Customers Experience: Please, circle only 1word. The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any: laudia Kom Signature: Name and Contact: 🗡 Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com Customers Experience: Please, circle only 1word.

The service was: Excellent) Good, Acceptable, Poor Very Poor. the recommended . Const Service! Extra comment if any

Brian Starts 509-628-6669 Signature: Name and Contact:

Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Name and Contact:

Sylvia MKINNON Drive polite patient o Seatac Airport 24 Ph. 206 319 7076 email: sanimaurou@yahoo.com Very helpful.

### Customers Experience: Please, circle only lword.

The service was Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature:  $\mathcal{W}_{-}$ Name and Contact:

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: Name and Contac

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: How Signature: How Signature: Name and Contact: Mail 22 M Sight

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

1-403 816-8515

Signature: Name and Contact:

ALOWIN 3 Jom. to Ani prot. in Ke Place In Kot.

🗶 Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Driver was adjustable for our group needs 91625 Z71-Z685 Extra comment if any:

Signature: Name and Contact:

💥 Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

*Sustomers Experience: Please, circle only 1word.* 

The service was: Excellent Good, Acceptable, Poor Very Poor. Extra comment if any:

Shanforres Hay aloo. co Signature: onnest the Name and Contact: SHANNON

× Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

### Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Excellent, Freindly. Extra comment if any:

Signature: Sunie Greebay Sover & Comcastinet

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Tulun Chuy Name and Contact: Stfo 5>@hot mail. com

\* Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was Excellent Good, Acceptable, Poor, Very Poor. Extra comment if any:

Some Barrak Dr. ROBI. BENJOAK Signature < Name and Contact: 206 369

\* Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Rum mouto Signature: Name and Contact: Russel M. New TA. Colpsychscrule yahar lom

X Seatac Airport 24 Ph:206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: Name and Contact: 555-555-1212

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

#### Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Signature: Elymondo Name and Contable: Eduardo Jurado 1206-428-8983

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

## Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Name and Contact: Frika Lopez /7862624674 Signature:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: 🥳 +44 7968836458 PERRI Name and Contact:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: WWM/ Name and Contact: 614 260 160

K Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was Excellen, Good, Acceptable, Poor, Very Poor. Extra comment if any:

Signature: Name and Contact: BELO SUALEZ

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: (Excellent,)Good, Acceptable, Poor, Very Poor. Extra comment if any. our driver was courteous, safe, and friendly! Signature: Morte Motherson Name and Contact:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Signature: Name and Contact: T. PAGLE 837.475.5236

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

Nextor Darsgloziyi pHils. Signature:

Name and Contact:

\*

Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

#### Customers Experience: Please, circle only 1word.

The service was. (Excellent, Good, Acceptable, Poor, Very Poor. Extra comment if any: NICE GUY, GOOD CONVERSATION. GOOD DRIVER- COURTEOUS SERVICE Signature: DEWA WILL Name and Contact: DENNIS J. DRISCOLL 907-952-8800 Extra comment if any:

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

Customers Experience: Please, circle only 1word.

The service was: Excellent)Good, Acceptable, Poor, Very Poor. Extra comment if any.

Great hussle! No taxis, and he was very Signature: Name and Contact: Joff Helmon 443-257-9100

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

## Customers Experience: Please, circle only 1word.

The service was; Excellent, Good, Acceptable, Poor Very Poor. Extra comment if any:

VERY CURTION DRIVER - ON TIME & PRIFESSIONAL

Signature: DR Jul Name and Contact: (401) 863.2672

\*Seatac Airport 24 Ph.206 319 7076 email: sanimaurou@yahoo.com

## Customers Experience: Please, circle only 1word.

The service (was: Excellent, Good, Acceptable, Poor Very Poor.

Very good Driver. ON Time and Counterous. Tagree! Mary R. Builler signatures ee! Mary R. Builler Extra comment if any: Name and Contact:

Great unice, good driver, Capil D. Blais

Last

# Customers Comment on service received:

Date: First Address:



Contacts (email and/or phone) WI WWEN YMY WII Farten Gre D.

Seatac Airport 24 Transportation Ph.206 319 7076 email: sanimaurou@yahoo.com UBI#: 601 938 365

Customers Comment on service received:

Last

Date: First Address:



Contacts (email and/or phone)

where so happy with Uni cirvia

Seatac Airport 24 Transportation Ph.206 319 7076 email: sanimaurou@yahoo.com UBI#: 601 938 365

Customers Comment on service received:

Date: First Last Address: Contacts (email and/or phone)

Mank you for great Aarvile.

# KICORDO GUDDONDO IJANEL GRANDE #2717 CUL CUMBRES Ber-SECTOR (EDE3310062 VICANDE guasinvolat & Guboo.com. MAX

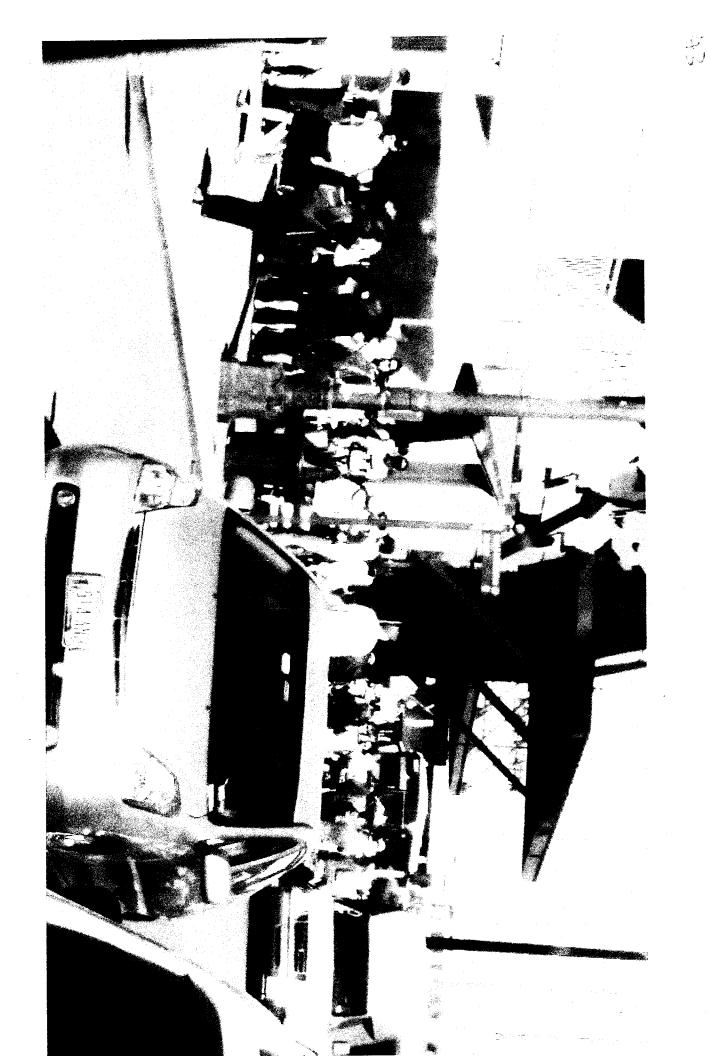
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ALO I LOVE SERVICE SEATAG AIROPORT SOO GOOD. 24

42-7/13/14 Ann Hudrig de cherdrig emter edu. Very nice Consteaus driver On time. Anothereles Margaret Walcoff mwalcoff @ charter. net. Very pleasant driver. sofe. efficient. Margare Match 928-230-261 P28-230-2416

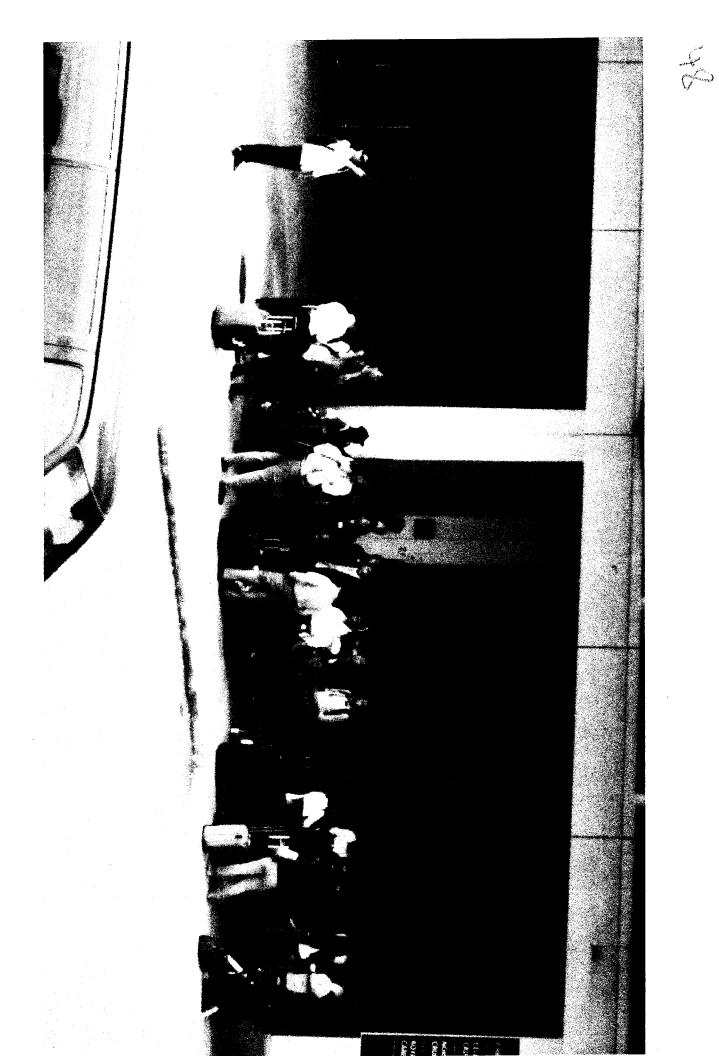


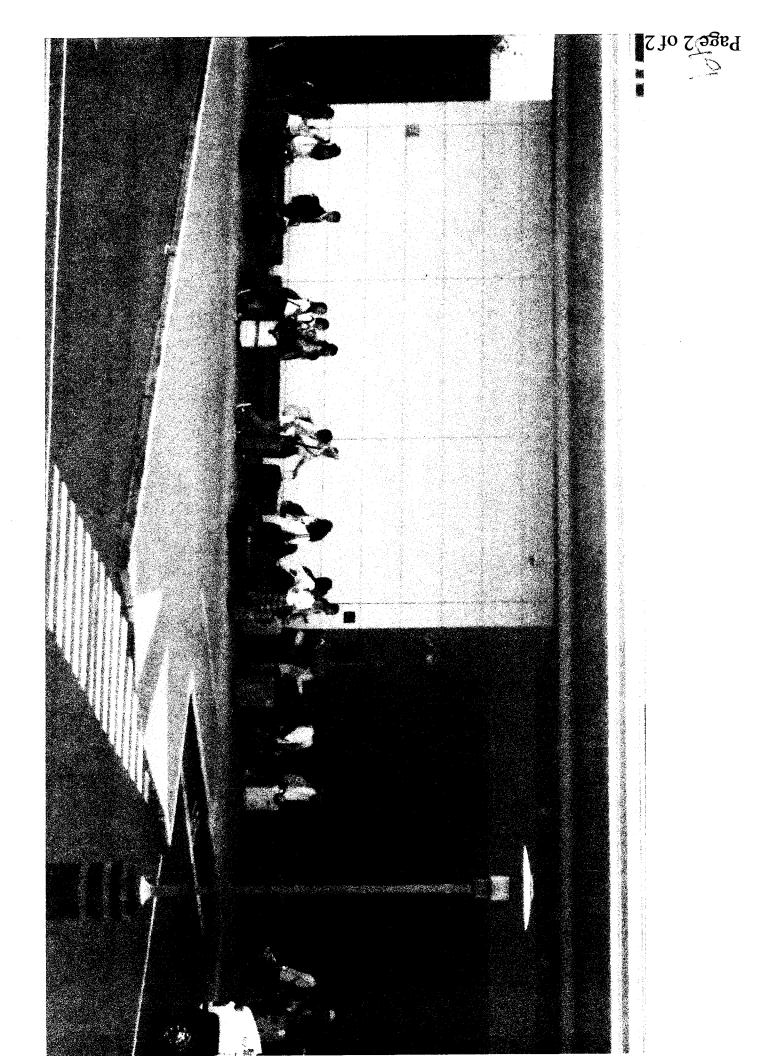




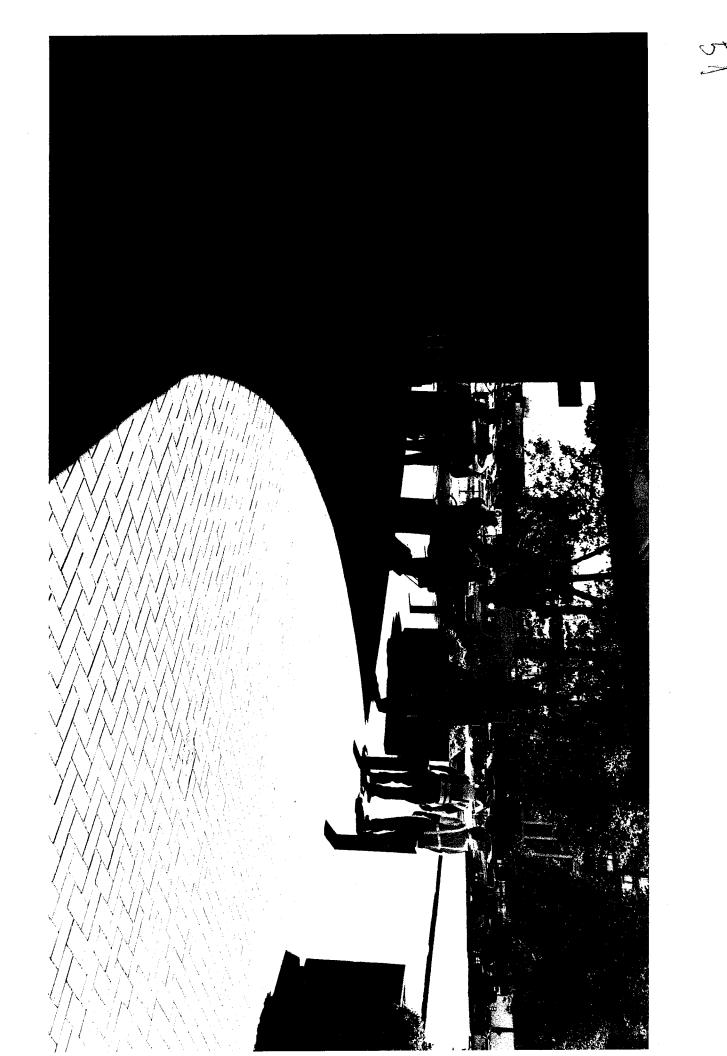












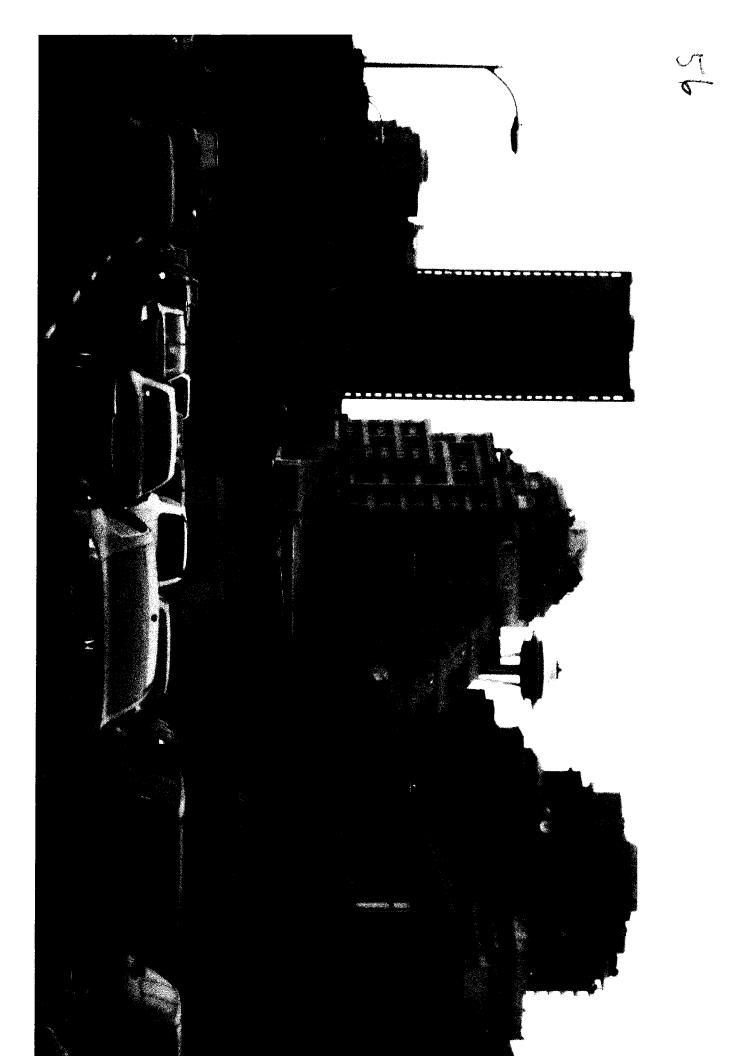




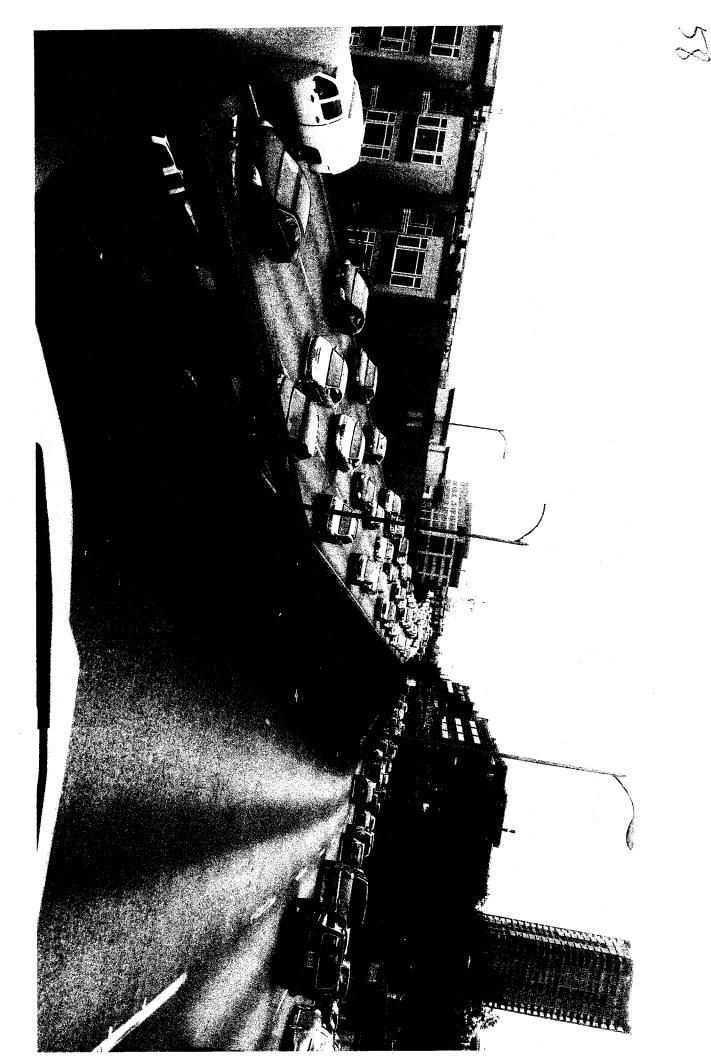


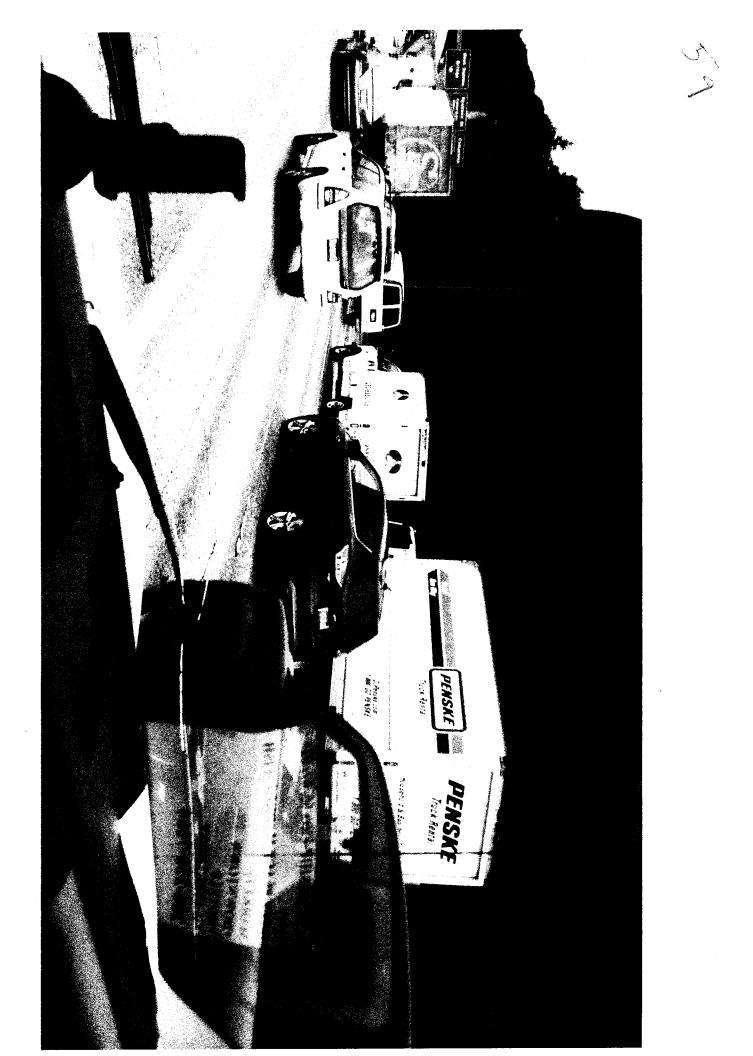


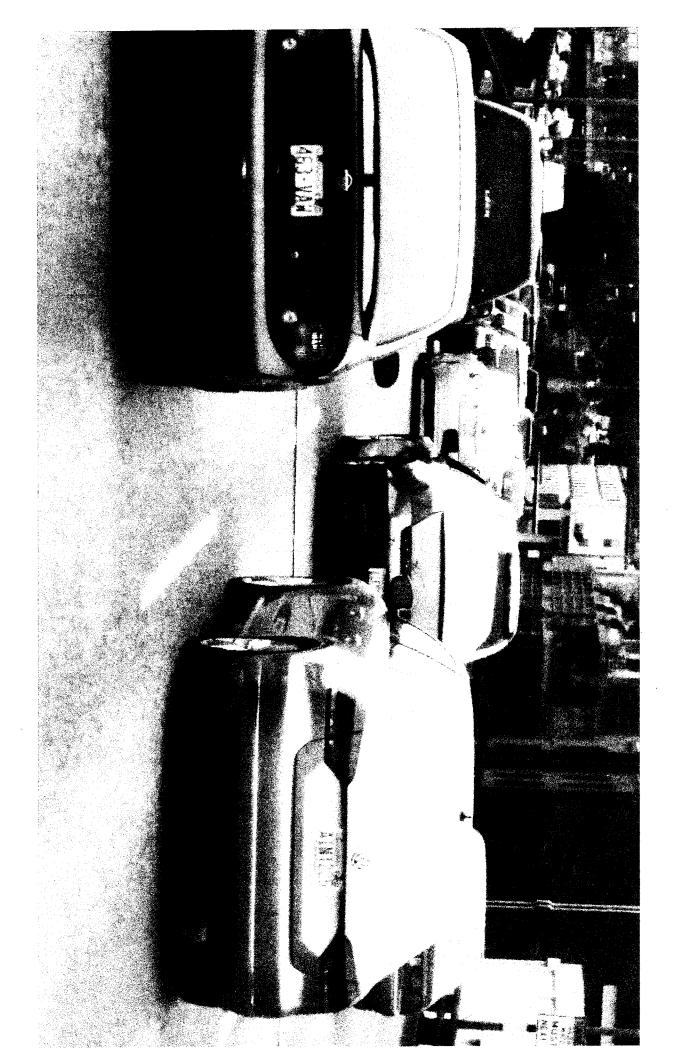












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