

TC-041320

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
Olympia Washington 98504-7250
Phone (360) 664-1222
Fax (360) 586-1181

RECEIVED

JUL 19 2004

WASH. UT. & TP. COMM.

APPLICATION FOR BUS CERTIFICATE

Fee: \$150.00

CID M-42965 Reception NO. 0007930 Application No. D-79292

Date Received 7/21/04 Amount \$ 150.00 Additional Permit _____

Fitness _____ Rates _____ Schedule _____ Insurance _____

Application is made to the Washington Utilities and Transportation Commission for a Certificate of Public Convenience and Necessity, as provided in Chapter 81.68 RCW.

APPLICATION

Fee - \$150

(Check One Only) ORIGINAL EXTENSION

NOTE: APPLICATION MUST BE COMPLETED IN FULL INDIVIDUAL PARTNERSHIP
 CORPORATION

1. NAME OF APPLICANT DELORES A. WEZA ^{N/A}
(Must correspond with name on insurance policy)

2. D/B/A: ALL-WAYS TRANSPORTATION, INC.

3. MAILING ADDRESS 931 BRYDEN AVE. # B PHYSICAL ADDRESS 931 BRYDEN AVE. # B
LEWISTON, ID. 83501 LEWISTON, ID. 83501

BUSINESS TELEPHONE NUMBER (208) 746-0257 FAX NUMBER (208) 798-0574
^{2nd line} 308-746-7189

UBI # 602393361 E-MAIL jim@syringa.net

4. IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:
DELORES A. WEZA - PRESIDENT

JAMES L. WEZA - VICE-PRESIDENT / THELMA E. LOO - SEC. / TREASURER

5. Will an attorney be representing you at the hearing? Yes No

If yes, list specific attorney's name: WILLIAM FITZGERALD

Phone No. 208-743-6100 Address: 504 MAIN ST. - STE. # 480
FAX # 208-743-5571 LEWISTON, ID. 83501

Posted

6. If the Commission assigns this application for formal hearing, applicant will present approximately 3 witnesses at the hearing. Estimate how much time your presentation will take. _____

7. Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.

HIGHWAY STATE 12 / HIGHWAY 195 / INTERSTATE I-90 /
HIGHWAY STATE 2 /

(NOTE: This statement may be a separate attachment labeled "7").

8. Is this an application for extension of your present route? Yes NO
If yes, attach a copy of your current certificate.

9. Attach two copies of your proposed tariff, which shows both the rates or fees to be charged for service and rules and regulations which govern how they will be assessed.

10. Attach two copies of your proposed time schedule and route, naming all service points.

11. State fully the conditions that justify the Commission granting you a certificate.

INTERSTATE / INTRA STATE TRANSPORTATION OF PASSENGERS
(DISABLED - SPECIAL NEEDS - AMBULATORY)

(NOTE: This statement may be a separate attachment labeled "11")

12. List the terminal facilities you propose to use at each of the named points on your proposed route.

SPOKANE INTERNATIONAL AIRPORT - 900 PORT DRIVE - SPOKANE, WN.
PULLMAN AIRPORT -

(NOTE: This statement may be a separate attachment labeled "12")

13. You must submit, prior to issuance of a certificate to operate as an Auto Transportation Company, a Form "E" Certificate of Insurance issued by an insurance company authorized to write insurance in the state of Washington.

14. List the names and addresses of all other transportation providers currently furnishing similar service by means of motor coach, railroad or boat lines, between any of the points or along any portion of the route you propose to serve.

COAST TRANSPORTATION - 201 MAIN ST. - COLFAX, WN. 99111
CLASSIC TRANSPORTATION SERVICES - 465 S. GARFIELD - GENESEE, ID. 83835
WHEATLAND EXPRESS - 4101 SR 270 (PULLMAN, MO. SLOW HWY.) PULLMAN, WN. P.O. Box 125
PRARRIE TRANSPORTATION, INC. GRANGEVILLE, ID.

(NOTE: This statement may be a separate attachment labeled "14")

15. Complete the following financial data*:

ASSETS		LIABILITIES	
Cash in Bank and on hand	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	Other	\$
Land and Buildings		TOTAL LIABILITIES	\$
Equipment (buses)	\$	NET WORTH	
Office Furniture	\$	Preferred Stock	\$
Other Equipment	\$	Common Stock	\$
Other Assets	\$	Retained Earnings	\$
	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

*Enclose Balance Sheet and Profit and Loss Statement, if available, and label it "15"

* ENCLOSED *

16. Complete the following statement of equipment to be used in connection with proposed service or attach equipment list with the appropriate information.

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
AWT 12	1998 Nissan Altima	1N4DL01D3WC246256	4
AWT 6	2000 Ford Contour	1FAFP66324K142477	4
N107206	2000 Ford E350 Van	1FBSS3155YHA67280	15

(NOTE: This information may be an attachment labeled "16").

17. SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

Do you have a copy of the laws and rules relating to auto transportation companies?..... YES NO N/A
X _____

Have you been cited within the last three years by the Commission for violations of its rules or laws? _____ X _____

If Yes, explain: _____

Are you familiar with the state passenger carrier safety rules?..... X _____

Will management review the carrier's compliance status on a periodic basis?..... X _____

NOTIFICATION AND REPORTING OF ACCIDENTS

Are you familiar with the Commission accident reporting rule? YES NO N/A

Will you take any action against drivers involved in preventable accidents?..... _____

PART 391 - QUALIFICATION OF DRIVERS

Do you have written hiring policies/procedures that are being followed when hiring new drivers? YES NO N/A
X _____

Are oral interviews conducted with new drivers to verify information submitted on their applications? X _____

Will you have a system established to ensure drivers' medical certificates remain current?..... X _____

Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?..... X _____

Will you review the results of the health history and physical examination?..... X _____

Will you have a system established that will ensure drivers' operating licenses remain current?... X _____

Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?..... X _____

Will you comply with the road test provisions of Section 391.31?..... X _____

Can you maintain and produce complete driver qualification files on drivers?..... X _____

PART 392 - DRIVING OF MOTOR VEHICLES

Do you have established procedures concerning the use of alcohol and drugs?..... YES NO N/A
X _____

Do you have a policy for monitoring speed?..... X _____

PART 395 - HOURS OF SERVICE OF DRIVERS

Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?..... YES NO N/A
X _____

Will you file records of duty status in systematic manner?..... X _____

Will drivers be required to complete recaps of their records of duty status?..... X _____

Will dispatchers be aware of drivers' hours of service prior to trip?..... X _____

Will other independent records be compared to drivers records of duty status for accuracy?... X _____

Will you have a system for recording hours of duty status on 100 mile radius drivers?..... X _____

Will you have a disciplinary policy for noncompliance with Part 395?..... X _____

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?...	<u>X</u>	_____	_____
Will you periodically review maintenance records for all equipment?.....	<u>X</u>	_____	_____
Will you comply with the vehicle inspection procedure?.....	<u>X</u>	_____	_____

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you train drivers to perform pre-trip inspections?.....	<u>X</u>	_____	_____
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	<u>X</u>	_____	_____
Will you maintain a complete maintenance file on all vehicles?.....	<u>X</u>	_____	_____

The applicant understands that the filing of this application does not in itself constitute authority to operate; that he/she is familiar with the law and the rules of the Washington Utilities and Transportation Commission governing Auto Transportation Companies and promises strict compliance therewith.

Dated at: X Lewiston, ^{IDAHO}Washington, X 07-15-04
 (City or Town) (Month/Day/Year)

X Delores A WEZA
 (Name of applicant)

By: X Delores A. Weza
 (Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X 7-15-04 Lewiston ID
 (Date and Place)

X Delores Weza
 (Signature)



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Corporations

Corporations Division - Registration Data Search

ALL-WAYS TRANSPORTATION, INC.

UBI Number	602 393 361
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	ID
Date of Incorporation	05/24/2004
License Expiration Date	05/31/2005

Registered Agent Information

Agent Name	JULIE A. SCHNEIDER
Address	1371 FAIR ST #A-301
City	CLARKSTON
State	WA
ZIP	99403

Special Address Information

- Address**
- City**
- State**
- Zip**

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Disclaimer

Information in the Secretary of State's Online Corporations Database is updated Monday through Friday by 5:00 a.m. Pacific Standard Time (state holidays excluded). Neither the State of Washington nor any agency, officer, or employee of the State of Washington warrants the accuracy, reliability, or timeliness of any information in the Public Access System and shall not be liable for any losses caused by such reliance on the accuracy, reliability, or timeliness of such information. While every effort is made to ensure the accuracy of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from the System does so at his or her own risk.



Spokane International Airport
BUSINESS PARK AND FELTS FIELD

9000 West Airport Drive, Suite 204
Spokane, Washington 99224
(509) 455-6455
spokaneairports.net

June 29, 2004

All-Ways Transportation, Inc.
Attn: Delores
931 Bryden Avenue, Suite 8
Lewiston, ID 83501

Dear Delores:

Thank you for sending the licenses and insurance certificates to us. I spoke with the Washington State Utilities Commission and apparently there is one more license that will need to be provided to us. It is our understanding that you will be picking people up within the State of Washington and delivering them to a location in Washington. Since that is the case, you will need to have an Auto Transportation Certificate issued by the State of Washington. The number for the Utilities Commission is 1-800-562-6150 and the Licensing Services Section should be able to help you with that.

Additionally, prior to the Agreement being finalized, we will need to have a corrected insurance sent to us. Please contact your insurance agent and have them forward a Certificate that includes a thirty (30) day cancellation clause and the following additional insured language:

" The Board, the City and County of Spokane, their elected and appointed officials, agents and employees shall be named as additional insureds".

We would also appreciate it if you could provide photographs, interior and exterior, of any vehicles that you will be using at Spokane International Airport. We like to verify that they are presentable for the traveling public. Should you have any questions, please call me at (509) 455-6417.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Reimer".

Kathy Reimer
Properties & Contracts Assistant

Don Sent Ins Letter

Directly to Spokane Airport

11:37 AM

07/29/04

Cash Basis

All-Ways Transportation, Inc.
Profit & Loss
January through June 2004

	Jan 04	Feb 04	Mar 04	Apr 04
Ordinary Income/Expense				
Income				
EDS	1,347.58	1,772.10	2,058.05	1,421.11
Reimbursed Expenses	551.00	0.50	0.00	0.00
TRANSFER TO BANNER BANK	20,123.38	0.00	0.00	15,000.00
TRANSPORTATION SERVICES	20,515.54	18,649.50	16,631.98	11,591.50
Total Income	42,537.50	20,422.10	18,690.03	28,012.61
Expense				
Advertising	262.50	85.80	104.50	251.00
Automobile Expense				
Fuel	3,390.13	2,865.27	3,022.85	1,842.51
Licenses and Permits	477.50	0.00	437.25	261.50
Maintenance	308.46	170.31	159.66	703.89
Repairs	1,323.05	1,776.26	788.98	640.96
Tires	187.00	75.00	236.12	50.00
Vehicle Insurance	1,310.00	0.00	6,811.00	0.00
Total Automobile Expense	6,996.14	4,898.84	11,455.86	3,498.86
BANK FEES	0.00	0.00	0.00	0.00
Bank Service Charges	9.16	12.12	80.80	0.00
Bankruptcy Trustee	3,050.00	3,050.00	2,000.00	0.00
BUSINESS ASSOCIATION FEES	0.00	200.00	0.00	0.00
Cashier State of Idaho	933.50	19.80	0.00	116.07
CELL PHONES	0.00	408.16	0.00	0.00
Child Support State of Idaho	217.13	217.12	108.56	325.68
CLEANING SUPPLIES	102.15	0.00	0.00	0.00
computer repairs	0.00	0.00	0.00	0.00
Contributors	0.00	0.00	0.00	0.00
Corporation Filing Fees	0.00	0.00	0.00	0.00
Driver Tests	0.00	0.00	105.00	0.00
ID, WORKFORCE DEVELOPMENT RATE	2.97	1.19	0.00	0.00
Idaho Dept. of Lands	0.00	0.00	0.00	100.00
Insurance				
Employee	0.00	0.00	0.00	-3.40
Liability Insurance	72.38	72.38	72.38	72.38
Insurance - Other	0.00	0.00	0.00	0.00
Total Insurance	72.38	72.38	72.38	68.98
Labor Expenses				
Contract Labor	0.00	0.00	0.00	0.00
Payroll	190.00	771.89	715.00	870.00
ADVANCE ON WAGES	190.00	771.89	715.00	870.00
Total Payroll	190.00	771.89	715.00	870.00

1 (208) 798-0574

Dee

JUL 28 04 04:25 P

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Cash Basis

All-Ways Transportation, Inc.
Profit & Loss
January through June 2004

	Jan 04	Feb 04	Mar 04	Apr 04
Other Income/Expense				
Other Income	0.00	0.00	0.00	0.00
Other Expense	0.00	0.00	0.00	-8.06
OVERPAYMENT ON PAYCHECK				
Other Income - Other	0.00	0.00	0.00	-8.06
Total Other Income	0.00	0.00	0.00	-8.06
Total Other Income	0.00	0.00	0.00	-8.06
Other Expense	0.00	0.00	0.00	44.75
Other Expenses	0.00	0.00	0.00	44.75
Total Other Expense	0.00	0.00	0.00	-52.81
Net Other Income	0.00	0.00	0.00	-52.81
Net Income	-1,632.60	-4,351.98	-8,434.63	-1,035.26

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Cash Basis

All-Ways Transportation, Inc.
Profit & Loss
January through June 2004

	May 04	Jun 04	TOTAL
Ordinary Income/Expense			
Income			
EDS	3,716.70	336.52	10,652.06
Reimbursed Expenses	72.38	-76.37	547.51
TRANSFER TO BANNER BANK	0.00	0.00	36,123.38
TRANSPORTATION SERVICES	11,282.80	14,470.91	93,142.23
Total Income	15,071.88	14,731.06	139,465.18
Expense			
Advertising	486.20	47.65	1,237.65
Automobile Expense			
Fuel	2,317.57	1,761.72	15,200.05
Licenses and Permits	110.00	43.00	1,329.25
Maintenance	692.17	174.86	2,209.34
Repairs	838.11	609.28	5,876.64
Tires	531.43	0.00	1,079.55
Vehicle Insurance	4,685.38	2,342.69	15,149.07
Total Automobile Expense	9,174.66	4,931.54	40,943.90
BANK FEES	0.00	24.00	24.00
Bank Service Charges	3.00	0.00	105.08
Bankruptcy Trustee	4,000.00	2,000.00	14,100.00
BUSINESS ASSOCIATION FEES	0.00	10.00	210.00
Cashier State of Idaho	-180.68	-331.07	557.62
CELL PHONES	0.00	0.00	408.16
CHILD Support State of Idaho	108.56	0.00	977.05
CLEANING SUPPLIES	0.00	0.00	102.15
computer repairs	0.00	180.00	180.00
Contributions	0.00	114.00	114.00
Corporation Filing Fees	195.00	0.00	195.00
Driver Tests	200.00	70.00	375.00
ID, WORKFORCE DEVELOPMENT RATE	0.00	0.00	4.16
Idaho Dept. of Lands	0.00	0.00	100.00
Insurance			
Employee	-27.20	-51.00	-81.60
Liability Insurance	72.38	0.00	361.90
Insurance - Other	117.13	0.00	117.13
Total Insurance	162.31	-51.00	397.43
Labor Expenses			
Contract Labor	0.00	20.00	20.00
Payroll	2,070.00	507.71	5,124.60
ADVANCE ON WAGES			
Payroll	2,070.00	507.71	5,124.60
Total Payroll	2,070.00	507.71	5,124.60

All-Ways Transportation, Inc.
Profit & Loss
January through June 2004

	May 04	Jun 04	TOTAL
Payroll Taxes			
Company payroll liabilities	1,030.91	51.00	1,085.31
Payroll Taxes - Other	180.85	331.37	18,350.06
Total Payroll Taxes	1,211.76	382.37	19,435.37
Work Comp	249.76	457.64	3,085.79
Total Labor Expenses	3,531.52	1,367.72	27,665.76
Meals	0.00	0.00	15.00
Miscellaneous Reimbursement	55.00	25.00	596.71
OFFICE EXPENSE	22.21	145.16	2,302.97
Office Rent	475.00	475.00	2,750.00
Office Supplies	11.94	0.00	375.30
OWNER'S DRAW	0.00	0.00	284.83
Payroll Expenses	6,172.92	11,934.96	69,240.30
Penalties	0.00	0.00	254.68
Postage	0.00	12.00	251.51
Professional Fees	0.00	0.00	50.00
Refund	-7,069.00	-480.00	-7,531.49
Repairs			
Equipment Repairs	96.00	184.00	764.00
Total Repairs	96.00	184.00	764.00
SHIPPING/FREIGHT CHARGES	0.00	0.00	9.45
SUTA INSURANCE	197.30	360.54	1,962.85
Taxes			
Federal	-26.34	-34.03	-477.87
State	0.00	0.00	1,065.00
Total Taxes	-26.34	-34.03	587.13
Telephone	873.60	0.00	4,773.45
Travel & Ent	0.00	0.00	10.56
OFFICE MEALS	0.00	0.00	164.16
Travel & Ent - Other	0.00	0.00	174.72
Total Travel & Ent	0.00	0.00	174.72
Total Expense	18,489.20	21,005.47	164,558.37
Net Ordinary Income	-3,417.32	-6,274.41	-25,093.19

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Cash Basis

All-Ways Transportation, Inc.
Profit & Loss
January through June 2004

	May 04	Jun 04	TOTAL
Other Income/Expense			
Other Income	0.00	-202.29	-202.29
OVERPAYMENT ON PAYCHECK	55.00	0.00	46.94
Other Income - Other			
Total Other Income	55.00	-202.29	-155.35
Total Other Expense	55.00	-202.29	-155.35
Other Expense	0.00	0.00	44.75
Other Expenses	0.00	0.00	44.75
Total Other Expense	55.00	-202.29	-200.10
Net Other Income			
Net Income	-3,382.32	-6,476.70	-26,293.29

All-Ways Transportation, Inc.
Balance Sheet
As of June 30, 2004

	Jun 30, 04
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	-50.00
*Accounts Payable	-50.00
RICHARD D. PETERSON/ATTORNEY	
Total *Accounts Payable	-50.00
Total Accounts Payable	-50.00
Other Current Liabilities	
Accounts Payable	3,041.77
Garmentment	-123.56
OREGON UNEMPLOYMENT INSURANCE	0.97
Payroll Liabilities	
Idaho State Insurance Fund	-4,147.00
Payroll Liabilities - Other	115,622.10
Total Payroll Liabilities	111,475.10
Total Other Current Liabilities	114,394.28
Total Current Liabilities	114,344.28
Long Term Liabilities	
Bank of America	
2000 Mercury	13,013.18
95 GMC Van-green	15,840.34
98 Corolla	12,208.86
Total Bank of America	41,062.40
Chase Automotive Finance	
2001 Subaru	23,228.75
Total Chase Automotive Finance	23,228.75
Lewis-Clark Credit Union	
90 Explorer lift van-red	13,351.71
99 Escort	11,757.45
Total Lewis-Clark Credit Union	25,109.16
Sterling Savings Bank	
99 Ford Fontana	20,958.67
Total Sterling Savings Bank	20,958.67

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Cash Basis

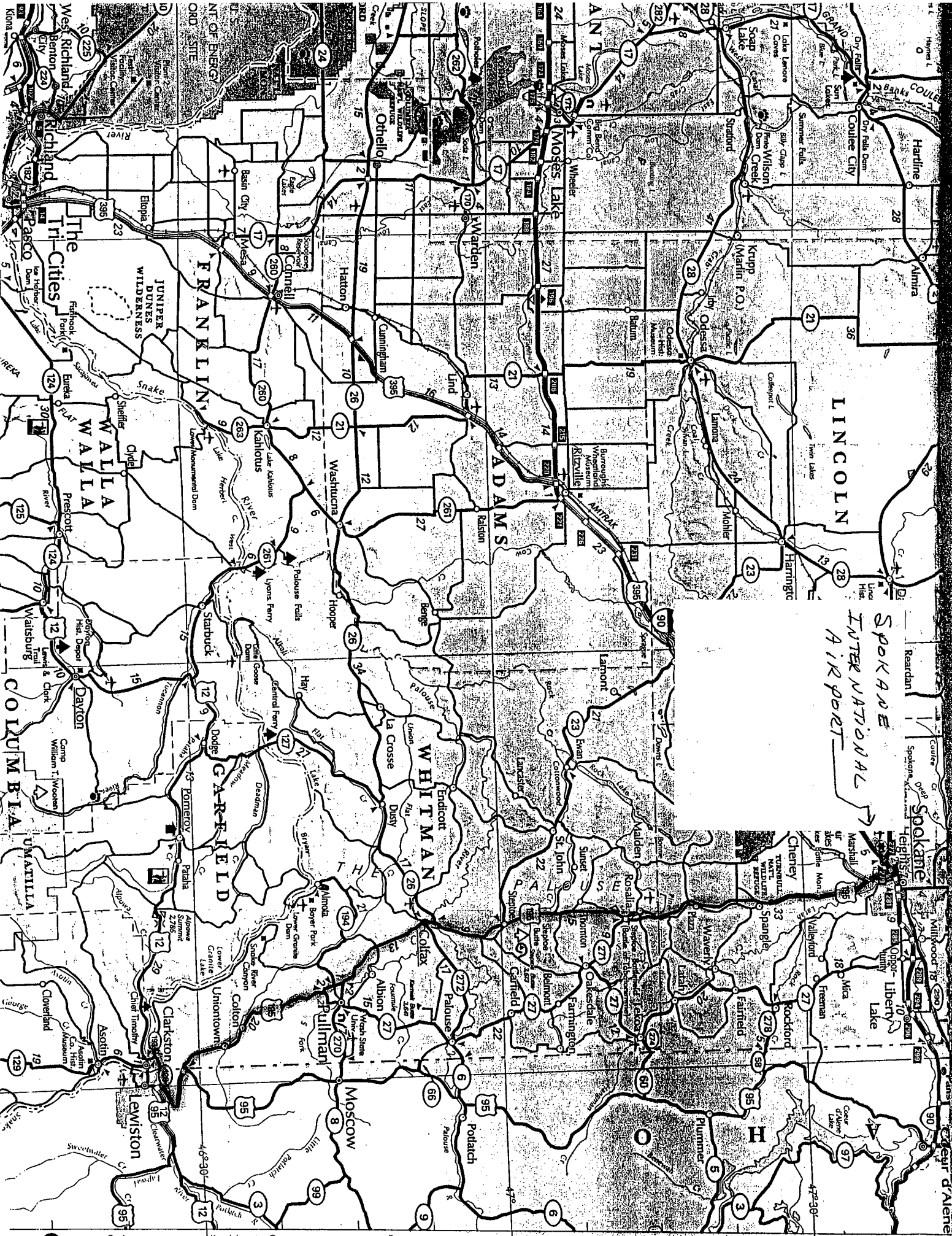
All-Ways Transportation, Inc.
Balance Sheet
As of June 30, 2004

	Jun 30, 04
ASSETS	
Current Assets	
Checking/Savings	21,672.86
Accts. Receivable	6,384.81
ALL-WAYS TRANSPORTATION, INC.	3,054.06
Banner Bank	163,260.26
Checking	430.00
Home Savings	170.00
JULIE SCHNIDER	22,489.88
Savings-Tax Acct.	1,276.61
Savings #2	217,838.48
Total Checking/Savings	39,618.12
Accounts Receivable	-39,618.12
Total Accounts Receivable	-39,618.12
Other Current Assets	
Employee Advances	745.75
Loans	-31,847.63
Total Other Current Assets	-31,101.88
Total Current Assets	147,118.48
Fixed Assets	
Equipment	310,482.27
Automobiles	-88,957.00
Depreciation	2,584.06
Equipment	19,732.83
Equipment - Other	243,842.16
Total Equipment	243,842.16
Total Fixed Assets	243,842.16
Other Assets	18,354.58
Loans receivable	18,354.58
Total Other Assets	18,354.58
TOTAL ASSETS	409,316.22

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07/28/04
Cash Basis

All-Ways Transportation, Inc.
Summary Balance Sheet
As of June 30, 2004

	<u>Jun 30, 04</u>
ASSETS	
Current Assets	
Checking/Savings	217,838.48
Accounts Receivable	-39,618.12
Other Current Assets	-31,101.88
Total Current Assets	<u>147,118.48</u>
Fixed Assets	243,842.16
Other Assets	18,354.58
TOTAL ASSETS	<u><u>409,315.22</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	-50.00
Other Current Liabilities	114,394.28
Total Current Liabilities	<u>114,344.28</u>
Long Term Liabilities	163,483.57
Total Liabilities	<u>277,827.85</u>
Equity	131,487.37
TOTAL LIABILITIES & EQUITY	<u><u>409,315.22</u></u>



SPokane
INTERNATIONAL
AIRPORT

G to Craigmont to Kamiah to Deary F to Deary E to St. Maries to I-90 to Kullyog & Missoula, MT

PAGE 5



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

400 7th Street SW
Washington, DC 20590

SERVICE DATE
March 31, 2004

CERTIFICATE
MC-478682-C
ALL-WAYS TRANSPORTATION, INC
LEWISTON, ID

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of passengers, in charter and special operations**, by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387); the designation of agents upon whom process may be served (49 CFR 366); and schedules (49 CFR 374.305). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in black ink, appearing to read 'Angeli Sebastian'.

Angeli Sebastian, Chief
Information Systems Division

NOTE: Applicant is a nonrecipient of governmental financial assistance.

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CPN

All-Ways Transportation, Inc.

Lewiston, ID 83501
931 Bryden Ave. Suite B
Phone # 1 (208) 746-0257
Phone # 2 (208) 746-7189
Fax # (208) 798-0574
E-Mail address: jim@syringa.net

August 03, 2004

RECEIVED
AUG 06 2004
WASH. UT. & TP. COMM.

Washington Utilities and Transportation Commission
Transportation Operations
P. O. Box 47250
Olympia, Washington 98504-7250
ATTN: Tina Leipski

Dear Tina;

I received a telephone call from Terry this morning regarding the tariffs—time schedules—map—F.M.C.S.A. authority.

Apparently the information that I faxed to your department on 07-28-2004—was unreadable.


How long will it take to get the 'Auto Transportation Certificate' for the 2000 Ford Van?

We are in receipt of the 'Master License Service' for Registrations and Licenses for three (3) vehicles. And 'The State of Washington—Secretary of State'—Certificate of Authority'.

Please let me know if there is anything else that you require to hasten this application.

We need all our 'ducks in a row' in order to get this ordeal over and done with.

Best regards,



Thelma E. Loo

Office Manager/Bookkeeper

Revised Title Page

TARIFF NO. 1

Cancel

TARIFF NO. _____

of

Company Name: ALL-WAYS TRANSPORTATION, INC.

Certificate Number: _____

For the transportation of passengers in the following territory:

Issued by:

Name: DELORES WEZA - C.E.O. / PRESIDENT

Address: 931 BRYDEN AVE. STE. # B

City, State/Zip: LEWISTON, IDAHO 83501

Telephone No: 208- 746- 0257

Telefacsimile No. 208- 798- 0574

Issue Date: _____

Effective Date: _____

(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

TIME SCHEDULE NUMBER 1

Cancel

Time Schedule Number _____

of

Company Name: ALL-WAYS TRANSPORTATION, INC.

Certificate Number: _____

Address: 931 BRYDEN AVE. STE. # B

City/State/Zip: LEWISTON, IDAHO 83501

TERRITORY:

- FROM CLARKSTON, WASHINGTON TO SPOKANE INTERNATIONAL AIRPORT.
- FROM PULLMAN, WASHINGTON TO SPOKANE INTERNATIONAL AIRPORT.
- FROM CLARKSTON, WASHINGTON TO PULLMAN, WASHINGTON
- FROM PULLMAN, WASHINGTON TO CLARKSTON, WASHINGTON

BY THE FOLLOWING ROUTE:

STATE HIGHWAY 12 - STATE HIGHWAY 195 - INTERSTATE 90 - STATE HIGHWAY 2

FROM:

TO:

DEPARTURE TIMES:

MILEAGE:

WE have no designated pickup or departure times.
OUR service is door to door according to an individual or groups
requesting transportation.

CLARKSTON, WASHINGTON TO SPOKANE INTERNATIONAL AIRPORT	115 miles
CLARKSTON, WASHINGTON TO PULLMAN, WASHINGTON	85 miles
PULLMAN, WASHINGTON TO CLARKSTON, WASHINGTON	38 miles
CLARKSTON, WASHINGTON TO PULLMAN, WASHINGTON	38 miles

Issue Date: _____

Effective Date: _____

Issued by: _____

(For Official Use Only)

Effective: _____

TC- _____

LSN _____

Order/Other _____

By: _____

Tariff No. 1

Revised Page No. _____

Company Name: ALL-WAYS TRANSPORTATION, INC.

RATE SCHEDULE

And	Between			
	CLARKSTON	SPOKANE	PULLMAN	
	\$ 120.00	\$ - - - - -	\$ 90.00	\$
SPokane	per person		per person	\$
	\$ 60.00	\$ 90.00	\$ - - - - -	\$
PULLMAN	per person	per person		\$
	\$ - - - - -	\$ 120.00	\$ 60.00	\$
CLARKSTON		per person	per person	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

NOTE 1: Payment: Payment FOR FARES BY CASH or CHECKS or TRAVELERS CHECKS ONLY.
 NO CREDIT CARDS WILL BE ACCEPTED.

NOTE 2: FARES INCLUDE TRANSPORT OF LUGGAGE.

Issue Date: _____ Effective Date: _____

Issued By: _____
(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

Tariff No. 1 Revised Page No. _____

Company Name: ALL-WAYS TRANSPORTATION, INC.

PASSENGER RULES

- 1.) ALL passengers are required to be belted in w/ seat belts.
- 2.) ALL children under the age of 5- or weigh less than 80 LBS. ARE required to use car seats or booster seats.
- 3.) NO eating or drinking while in the vehicles.
- 4.) NO Smoking allowed in the vehicles.
- 5.) ADULT FARES: published fares are adult fares and apply to passengers who have reached or passed their 18th birthday.
- 6.) No passengers shall create any disturbance or unnecessary noise to distract the driver of any company vehicle.

Issue Date: _____ Effective Date: _____

Issued By: _____
(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

