

THE CAROLINE KLINE GALLAND HOME

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STATE OF WASH.
WUTC

7500 Seward Park Avenue S
Seattle, WA 98118-4256
(206) 725-8800
FAX: (206) 722-5210
www.klinegalland.org

December 5, 2005

CHIEF EXECUTIVE OFFICER
Joshua H. Gortler, ACSW

CHIEF OPERATING OFFICER
Dov Sugarman, MS

MEDICAL DIRECTOR
Scott Pollock, MD

Ms. Carole J. Washburn
Executive Secretary
Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250

RE: UTC Annual Report
For Private Nonprofit Special Needs
Transportation Providers

Dear Ms. Washburn:

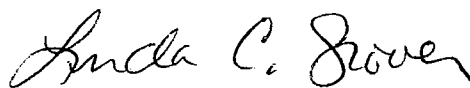
Thank you for the reminder of our overdue annual report. I have been going back and forth between several agencies to determine whether or not we are required to file this report.

We recently had an audit by the UTC and the auditor told us that we did not qualify as an agency that would be under UTC regulation.

I therefore did not file an annual report for 2004. Since receiving your lastest call, I did more research. I now understand that the only reason we would be required to be under UTC guidance is for RideShare permits. We do in fact have two vehicles that have RideShare plates, so it appears that we should be reporting to the UTC.

Please accept our apologies for the confusion, and for the tardy report. Thank you for your help.

Sincerely,



Linda C. Grover
Assistant Administrator

Enclosure – 2004 Annual Report

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PRIVATE NONPROFIT SPECIAL NEEDS TRANSPORTATION PROVIDERS

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ANNUAL REPORT

STATE OF WASH.
WUTC

C001044
KLINE GALLAND
 7500 SEWARD PARK AVENUE SOUTH
 SEATTLE, WASHINGTON 98118

Full name and address of Company

Correct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2004

Inquiries concerning this Annual Report should be addressed to:

NAME: LINDA GROVER TITLE: ASSISTANT ADMINISTRATOR
 ADDRESS: 7500 SEWARD PARK AVENUE SOUTH
 CITY: SEATTLE STATE: WA ZIP: 98118
 TELEPHONE: 206-725-8800 FAX: 206-722-5210 E-MAIL: lindag@klinegalland.org

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard	For Commission Use Only Credit Card Authorization #: _____ Expiration Date _____
Credit Card Number: _____	

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.

Name (Printed): LINDA C. GROVER Title: ASST. ADMINISTRATOR
 Signature: Linda C. Grover Date: 12/5/05

For Commission Use Only

Reception Number: _____ 001-111-02-68-231-11: _____ Ref. No: _____
 001-111-02-68-231-01: _____ 001-111-02-68-032-05: _____

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
Web Site: www.wutc.wa.gov

CERTIFICATION

I certify that I, LINDA GROVER, the responsible person for KLINE GALLAND have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2004, to December 31, 2004, inclusive.

Name (Printed): LINDA C. GROVER Title: ASST. ADMINISTRATOR

Signature: Linda C. Grover Date: 12/5/05

Washington Unified Business Identifier (UBI) No.: 601 139 551

(If you do not know your UBI No., please contact the Department of Licensing at 360664-1400)

Insurance Company

Current Insurance Company: CNA

Policy #: 206 735 8821

Did you have any recordable accidents in 2004? Yes No

If yes, how many? _____

(Please indicate total recordable accidents for both intrastate and interstate operations)

Recordable Accident Definition: An occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were your total operating miles for the year 2004? 19,280

VEHICLES OPERATED - Indicate vehicles operated during the preceding year under certificate issued by Washington Utilities and Transportation Commission to provide transportation services (for compensation) for persons with special transportation needs.

Year, Make & Model	Passenger Seating Capacity	Number of Vehicles
1999 FORD CUTAWAY BUS	16 + 2 w/c	1
1995 FORD 350	12 + 2 w/c	1
RIDESHARE BUSES ONLY	Total vehicles operated	2

PRIMARY SOURCE OF COMPENSATION - Check each that applies and provide a brief description.

Grants or Contracts Passenger Fares Other

REGULATORY FEE CALCULATION SCHEDULE

Company Name KLINE GALLAND Annual Report Year 2004

In accordance with RCW 81.66.030 "Regulatory Fees", the Commission requires Private Nonprofit Special Needs Transportation Providers to file reports of the number of vehicle operated by said company at any time during the calendar year and pay the sum of ten dollars annually for each vehicle operated. Every company subject to regulation shall file with the Commission a statement under oath and pay to the Commission a fee as instructed below. There is no minimum fee.

1 Total Number of vehicles operated at any time during the regulatory year

1 2

2 Total Regulatory Fees owed (enter amount from line 1)

2	<u>2</u>	x	10.00	=	\$	<u>20.00</u>
Agency Use Only						.001-111-02-68-231-01