

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Drive SW, PO Box 47250  
 Olympia, WA 98504-7250  
 Telephone (360) 664-1222 - Fax (360) 586-1181

RECEIVED

APR 19 2006

TRANSFER  
 Private Nonprofit Transportation Provider  
 Application Fee: \$50.00

WASH. UT. & TP. COMM.

APPLICATION FOR CERTIFICATE

To provide transportation services for compensation solely to persons with special transportation needs

For Commission Use Only

Reception Number: 0001593	Safety/Inspection: ✓	Application D #: 79450
111 0268 231 02 50.00	Insurance: CS	Carrier ID: 44404
Date Filed: 4-19-06	Docket # TN 060730	Employee: CS

TYPE OF APPLICATION (check one)

- New Certificate     Reinstatement Certificate     Transfer Certificate (New Owner or New Name)

APPLICANT IDENTIFICATION

Attach a copy of approved articles of incorporation and proof of status as a registered non-profit corporation

C#: NPC 1082	WA UNIFIED BUSINESS IDENTIFIER (UBI)#: 601-150-091 ✓
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APPLICANT NAME: Yelm Adult Community Center	PHONE #: 360-458-7733
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d/b/a:	FAX #: 360-458-2440
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box): 16530 SE 103rd Ave - POB 474 (city, state, zip): Yelm WA 98597
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PHYSICAL ADDRESS: (street address, if different)
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PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation)

Bill Dean - CHAIRMAN	5908 Cherokee Loop SE - Lacey 98513
Bob Heckman - Vice CHAIRMAN	POB 441 - Yelm, 98597

## TRANSFER OF CERTIFICATE

Complete this section if you are transferring an existing certificate to a new corporation, or if you are changing your corporate name. List name of current certificate holder and the certificate number to be transferred. If this section is not complete, you will be issued a new certificate number instead of having the existing certificate reissued.

NAME ON CERTIFICATE: Senior Multipurpose Center of Yelm  
Yelm Adult Community Center

CERTIFICATE NUMBER: NPC 1082

### INSURANCE REQUIREMENTS (must check one)

(certificate will not be issued until acceptable insurance is received)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> The applicant will provide service only in vehicles with a seating capacity of less than 16 passengers, including the driver - \$500,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will not be subject to the motor carrier safety provisions relating to Commercial Driver's License and Controlled Substance and Alcohol Training/Testing. | <input type="checkbox"/> The applicant will provide service in vehicles with a seating capacity of 16 passengers or more, including the driver - \$1,000,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will be subject to all of the motor carrier safety provisions including Commercial Driver's License and Controlled Substance and Alcohol Training/Testing. |
|--|---|

### EQUIPMENT LIST (Attach additional list if necessary)

State & License Number	Year and Make of Vehicle	Seating Capacity	Vehicle Identification Number (VIN#)
968 ROR	1990 Escort	15	1FDKF30H5LHA 73416
355 VAN	2005 Ford	15	1FDWE35LX6HA 37496

### CONDITIONS JUSTIFYING GRANT OF CERTIFICATE (Attach Additional Sheet if Necessary)

Please describe the transportation service you will provide to persons with special transportation needs if a Private Nonprofit Transportation Provider certificate is granted. Be sure to describe the special transportation needs that exist and the source of your "compensation". (i.e. Private or Government grants or contracts, passenger fares, etc.)

*We provide bus service for clients who do not drive any longer - to the center for lunch and back home - Mon - Fri -*

As applicant, I understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a certificate is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

*Iran Sherill / Director*  
 Signature / Title

04-14-06  
 Date

## PART - B

### SAFETY FITNESS SURVEY

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650  
J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011  
Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183  
Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

#### Controlled Substances and Alcohol Testing (Part 382)

Name: NA Position: \_\_\_\_\_

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40)

#### Commercial Drivers License (CDL) Requirements (Part 383)

Name: NA Position: \_\_\_\_\_

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle **as described below** must have a valid CDL. The definition of a commercial motor vehicle is:

- ▶ has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- ▶ has a gross vehicle weight rating of 26,001 pounds or more; or
- ▶ is designed to transport 16 or more passengers, including the driver; or
- ▶ is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

#### Driver Qualification Requirements (Part 391)

Name: Aron Shevill Position: Director

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive a motor vehicle. To determine what information is required, review FMCSR Part 391.51.

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owner/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

Drivers Hours of Service (Part 395)

Name: Sean Sherrill Position: Director

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: Sean Sherrill Position: Director

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that include the following: (see Part 396.3(b)).

- Identification of the vehicle.
- A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic Inspections. Each motor carrier must inspect or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

**My signature below certifies that I understand my responsibility as a motor carrier of passengers and I will comply with all the safety requirements which apply to my operations.**

Sean Sherrill / Director  
Signature of applicant

4/14/02  
Date

Please ask for technical assistance if you require information on any of these safety issues.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

PERSONNEL NO. JS26 DIST / DET LEVEL: 1 2 3 4 5

GENERAL HAZARDOUS MATERIALS DATE 080306 TIME (MILITARY) BEGUN 1405 FINISHED 1420 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y PLACARD REQUIRED? Y N CARGO TANKS? Y

CARRIER (360) 458-7733

CARRIER NAME (include DBA when applicable) YELM ADULT COMMUNITY CENTER

ADDRESS 16530 SE 103RD AVENUE

CITY YELM STATE WA ZIP CODE 98597 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS SAME G.V.W. 13-PASS PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BUL, 06/FORD, #, 3F5-VAN, WA

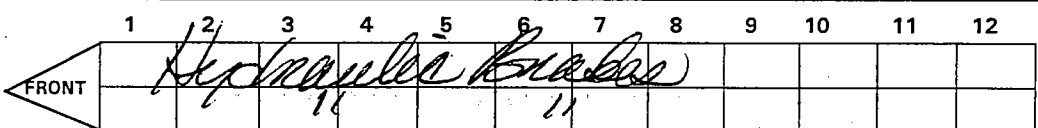


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Compliance. Row 1: 393.9 RIGHT/REAR BACKUP LBHT POOP, (W),

CVSA/DECAL UNIT 1 4460761 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE Robert W. Manning OFFICER SIGNATURE [Signature]



**STATE OF WASHINGTON  
SECRETARY OF STATE**

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION  
801 CAPITOL WAY SOUTH • PO. BOX 402  
OLYMPIA, WA 98504-0234

• BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

FILED  
SECRETARY OF STATE

MAY 11 2005

STATE OF WASHINGTON

**ARTICLES OF AMENDMENT  
WASHINGTON  
NONPROFIT CORPORATION**

(Per Chapter 24.03 RCW)

**FEE: \$20**

**EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY  
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS  
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED: 1 1

05/11/2005 621368  
\$20.00 Check #5034  
Tracking ID: 905311  
Doc No: 621368-001

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

IMPORTANT! Person to contact about this filing <i>Aran Sherrill</i>	Daytime Phone Number (with area code) <i>360 458-7733</i>
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**AMENDMENT TO ARTICLES OF INCORPORATION**

NAME OF CORPORATION (As currently recorded with the Office of the Secretary of State) <i>Senior Multipurpose Center of Yelm</i>		
UBI NUMBER <i>601-150-091</i>	CORPORATION NUMBER (if known) <i>91-0976452</i>	AMENDMENTS TO ARTICLES OF INCORPORATION WERE ADOPTED ON Date: <i>4/21/05</i>
EFFECTIVE DATE OF ARTICLES OF AMENDMENT	(Specified effective date may be up to 30 days AFTER receipt of the document by the Secretary of State)	
<input type="checkbox"/> Specific Date: _____	<input checked="" type="checkbox"/> Upon filing by the Secretary of State	
ADOPTION OF THE ARTICLES OF AMENDMENT (Please check ONE of the following)		
<input type="checkbox"/> The amendment was adopted by a meeting of members held on (specify date): _____ A quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present or represented by proxy were entitled to cast.		
<input type="checkbox"/> The amendment was adopted by a consent in writing and signed by all members entitled to vote.		
<input checked="" type="checkbox"/> There are no members that have voting rights. The amendment received a majority vote of the directors at a board meeting held on (specify date): <i>04/21/05</i>		

**AMENDMENTS TO THE ARTICLES OF INCORPORATION ARE AS FOLLOWS**  
If necessary, attach additional amendments or information.

Name change to: *Yelm Adult Community Center*

Address: *18530 SE 103rd Ave  
Yelm, WA 98597*

SIGNATURE OF OFFICER

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Signature of Officer

*William S Dean*  
Printed Name

*5-08-05*  
Date

STATE of WASHINGTON



SECRETARY of STATE

Corporations Division • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234 • 360/753-7115 • Fax 360/664-0055

NONPROFIT CORPORATE AMENDED REPORT / FILING FEE \$10.00 NAR

- TO AVOID AUTOMATIC DISSOLUTION/ REVOCATION YOU MUST FILE AN ANNUAL REPORT BY
IF YOU HAVE ALREADY FILED AN ANNUAL REPORT, PLEASE DISREGARD THIS NOTICE. IF YOU HAVE NOT FILED AN ANNUAL REPORT PLEASE DO SO IMMEDIATELY, TO AVOID AUTOMATIC DISSOLUTION /REVOCATION ON

Corporate Name and Registered Agent / Office Address
SENIOR MULTI-PURPOSE CENTER OF YELM
% FRAN SHERRILL
201 YELM AVE
PO BOX 474
YELM WA 98597

FILED
SECRETARY OF STATE
MAY 11 2005
STATE OF WASHINGTON

Unified Business ID #: 601 150 091
Corporation Account #: 2-242849-4
State of Incorporation: WA
Inc./ Qual. Date: 12/31/1974

IF REGISTERED AGENT OR ADDRESS HAS CHANGED, COMPLETE THIS SECTION - These actions have been authorized by the Board of Directors.
New Registered Agent's Name: (Please Type or Print)
New Agent's Consent to Appointment: (Signature of newly appointed Agent)
Office Address: 16530 SE 103rd Ave, Yelm WA 98597
Effective Date: 7/10/05

ANNUAL REPORT SECTION - FILL IN COMPLETELY - TYPE OR PRINT IN BLACK INK
Address of Principal place of business in WA: 16530 SE 103rd Ave, Yelm WA 98597
Telephone Number of Corporation: (360) 458-7733

Briefly describe the affairs the corporation is conducting in the state of Washington:
Renovations & Restoration
Do the affairs listed above differ from those recorded with the Office of the Secretary of State? Yes [ ] No [X]
If you indicated "yes" explain the nature and reason for the change:

Table with columns: Name, Address, City, State, Zip. Lists corporate officers and directors including Bill Dean, Bob Heckman, Reba Minton, Fran Sherrill, and William S. Dean.

05/11/2005 621391
\$10.00 Check #5876
Filing ID: 905314
Doc No: 621391-001