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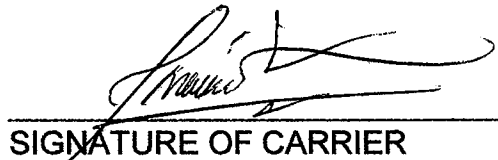
**RELEASE OF AUTHORITY FOR CANCELLATION**

TO: Washington Utilities and Transportation Commission  
Licensing Services  
P.O. Box 47250  
Olympia, WA 98504-7250  
(360) 664-1222 or fax @ (360) 586-1181

NO MONIES  
ENCLOSED

The undersigned, holder of Permit/certificate number(s):  
G \_\_\_\_\_ C \_\_\_\_\_ CH/ES 187  
CC \_\_\_\_\_ HG \_\_\_\_\_ TCC \_\_\_\_\_  
OTHER \_\_\_\_\_

Does hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation. (Attach original permit or certificate, if available)

  
SIGNATURE OF CARRIER  
DATE 12-28-07

STEVE D. MARIANO / SUNSET SHUTTLE SERVICE  
NAME OF CARRIER (Please print)

P.O. Box 12151  
ADDRESS

TACOMA WA 98412  
CITY-STATE-ZIP

(253) - 678-9613  
(AREA CODE) - PHONE NUMBER

RECEIVED  
DEC 31 2007  
U. & TP. COMM

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

**For the Operation of Motor Propelled Vehicles**

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

STEVE D. MARIANO  
d/b/a SUNSET SHUTTLE SERVICE  
5910 78<sup>TH</sup> ST WEST #2  
LAKEWOOD, WA 98499

CERT. NO.  
ES-187

EXCURSION SERVICE CARRIER OF PASSENGERS.

In the state of Washington.

TE-060184

02-02-06

SERVICE DATE  
FEB - 3 2006



WASHINGTON UTILITIES AND TRANSPORTATION  
COMMISSION

By

*Carrie J. Shaskie*

# CHARTER & EXCURSION CARRIERS

## ANNUAL SAFETY REPORT

CH-\_\_\_\_ ES-\_\_\_\_ C-\_\_\_\_ MC-\_\_\_\_ DOT-\_\_\_\_

M44215 / E5000197

MARIANO, STEVE D  
PO BOX 12151

TACOMA WA 98412

Correct name and address, if different than shown

### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2007

Address inquiries concerning this Annual Safety Report to:

COMPANY CONTACT: STEVE D. MARIANO TITLE: OWNER

ADDRESS: P.O. BOX 12151

CITY: TACOMA STATE: WA ZIP: 98412

TELEPHONE: (253) 474-7697 FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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		For Commission Use Only	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Credit Card Authorization #: _____	
Credit Card Number:		Expiration Date Month/Year	
[Grid for Credit Card Number]		[Grid for Expiration Date]	
<b>CERTIFICATION:</b> 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): _____		Title: _____	
Signature: _____		Date: _____	

For Commission Use Only			
Reception Number: _____	001-111-02-68-232-11: _____	Ref No: _____	
001-111-02-68-232-01: _____	001-111-02-68-032-05: _____	001-108-01-70-232-13: _____	

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250  
Web Site: [www.utc.wa.gov](http://www.utc.wa.gov) Telephone: (360) 664-1237

Turn page over

*1/3/08 original to Motor Carrier Safety com*

- Washington Unified Business Identifier (UBI) No.: 602 574 533 11  
(If you do not know your UBI No. please contact the Department of Licensing at (360) 664-1400)
- Current insurance company: ARGONAUT MIDWEST INSURANCE COMPANY
- Insurance policy number: BA 3433376

4. Number of recordable intrastate and interstate accidents in 2007.

(please include the total recordable accidents for both intrastate and interstate passenger charter/excursion operations based in Washington.)

Recordable Accidents	Intrastate	Interstate
An occurrence involving a commercial vehicle on a public road in interstate or intrastate commerce that resulted in:		
A. A fatality.		
B. An injury to a person requiring immediate treatment away from the scene of the accident.	1	
C. Disabling damage to a vehicle, requiring it to be towed from the accident scene.	1	
Total number of recordable accidents	2	

5. Total operating miles for the year 2007:

Intrastate 30,000 miles Interstate \_\_\_\_\_  
*Intrastate: Trips that begin and end within the state of Washington.*  
*Interstate: Trips that begin or end outside the state of Washington.*

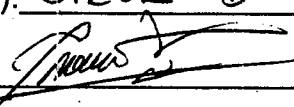
6. Did you provide charter bus operations for any Washington school districts during 2007?

Yes  No

## CERTIFICATION

Under penalty of perjury, I certify that I have examined this report, I am responsible for it, and it is in all respects a true and correct statement of the business and affairs of SUNSET SHUTTLE SERVICE for the period January 1, 2007, through December 31, 2007.  
 (company name)

Name (Printed): STEVE D. MARIANO Title: OWNER

Signature: 

Date signed: 12-28-07

Keep a copy of the completed report for your records.

**NOTE:** THE VAN WAS TOTALLY WRECKED AND DID NOT OPERATE SINCE OCT. 17, 2007. I WISH TO CANCEL MY PERMIT BECAUSE UNTIL NOW, IT HAS NOT BEEN<sup>2</sup> SETTLED BY INSURANCE COMPANY.

End of safety report.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
P.O. Box 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name \_\_\_\_\_ Regulatory fee year 2008

In accordance with RCW 81.70.350, the commission requires charter and excursion companies to file reports of the number of vehicles operated by the company in intrastate commerce at any time during the calendar year and pay the sum of \$25 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 calculated below.

1	Total number of vehicles used for intrastate charter or excursion operations during the year				1	
2	Total regulatory fee due (enter amount from line 1)		x 25.00	=	\$	

There is a minimum fee of \$25.00

Complete Lines 3 through 6 if filing after December 31

3	Penalties on regulatory fees filed after December 31					3
3a	Total penalties on regulatory fees due (enter amount from line 2)	\$	x .02 (2%)	=	\$	
4	Interest on regulatory fees filed after December 31					4
4a	Amount from line 2 _____ x number of months past December _____ x .01 (1%) =				\$	4a
5	Total penalties and interest due (add lines 3a and 4a)				\$	5
6	Total regulatory, penalty and interest fees due (add lines 2 and 5)				\$	6

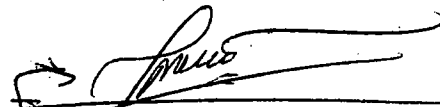
If you have questions about calculating your regulatory fee, penalties or interest, contact Brandy Sedillo at (360) 664-1152 or bsedillo@utc.wa.gov.

NOTE:

I wish to cancel my permit because I had an accident (not at fault) in Oct. 17, 2007 and my vehicle was totally wrecked. Until now, the insurance company has not settled my claim.

If I ~~is~~ intend to have this business again, I will ~~app~~ file another application in the future.

Thank you.

  
SGD. STEVE D. MARIANT