

TE-080716-AT



1300 S. Evergreen Park Dr. SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203  
 or  
 1-800-416-5289  
 E-mail: Transportation@wutc.wa.gov

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE  
 CERTIFICATE**

Application Fee and Initial Regulatory Fees due at time of application:  
**\$200 PLUS \$25 PER VEHICLE**

Note:

~~TRANSFER - WUTC CH-62909~~

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee	\$200.00
Regulatory Fee (per vehicle) <i>(already paid)</i>	\$ 25.00

**TYPE OF PAYMENT**

Cash   
  Check   
  Money Order   
  AMEX   
  MasterCard   
  Visa

Credit Card Information (if applicable) 1 73 1      Exp Date Month/Year

Amount \$ 200

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Cardholder's signature: *Robert Bagley*      Date: 4/22/8

WUTC Commission Fee (Gill)	Company ID	Block #
WUTC 0268-239-014	5053	
WUTC 0268-239-014	0008370	
WUTC 0268-239-014	Date Filed	Safety Inspection
WUTC 0268-239-014	4/28/08	
WUTC 0268-239-014	R&E Fee	Insurance
WUTC 0268-239-014	already pd	
WUTC 0268-239-014	DOL	SOS
WUTC 0268-239-014		<i>al</i>

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: Agate Pass Transportation, LLC  
 Trade Name(s) (if applicable): Agate Pass Transportation, Bus-Up, <sup>Bambridge Island</sup> Tours + Sightseeing  
 ("Bits" of Bambridge)

Mailing Address: Street PO Box 1142 City Kingston WA State/Zip 98346-1142  
 Physical Address: Street 6221 Lincoln PL NE City Poulsbo WA State/Zip 98370

Phone Number: 360 908-1734 Fax Number: N/A

UBI #: 602-819-716 E-Mail: info@agatepassbus.com

Type of business structure:  
 Individual     Partnership     Corporation     Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distributions or Percentage of Shares
<u>Leslie F. Bagley</u>	<u>Pres./GM</u>	<u>99 1/2</u>

List other certificates or permits held with the commission:  
N/A

**SECTION 2 - EQUIPMENT**  
 (Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>215 WEU</u>	<u>2001 Ford</u>	<u>1PDXE45551HA97308</u>	<u>21 + Driver</u>

### SECTION 3 - SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

#### SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: Leslie F. Bagley Position: Pres/GM

#### OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

**ANNUAL REPORTS AND REGULATORY FEES.** You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: Leslie F. Bagley Position: Pres/GM

**STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.** You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

Name: Leslie F. Bagley Position: Pres/GM

**SECTION 4 - DECLARATION OF APPLICANT**

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant Leslie F. Badley

Signature of applicant *Leslie F. Badley*

Date 4/22/08 County, State Kitsap / Wa

# Agate Pass Transportation

PO BOX 1142, KINGSTON, WA 98346-1142 360-981-2022 or 877-981-2022 E-MAIL: INFO@AGATEPASSBUS.COM

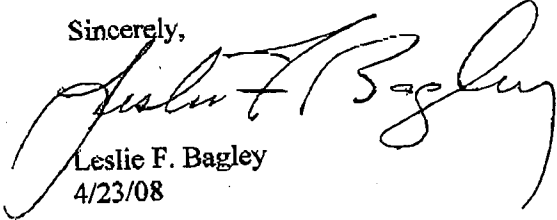
Federal Motor Carrier Safety Administration  
United States Department of Transportation  
Fax: (202) 366-3477  
April 23, 2008

Dear Sirs:

This letter is to confirm my phone call of this morning, seeking to change the name of my business, presently listed as "Leslie F. Bagley, DBA Agate Pass Transportation" MC-616844, USDOT 1678316. The new name will be "Agate Pass Transportation, LLC." A copy of our registration with the Washington State Secretary of State is attached as an appendix to this letter. The phone number listed above will remain the same, as will our e-mail address, and physical location, at 6221 Lincoln Pl, NE, Poulsbo, WA 98370. Due to vehicle financing, we will also maintain the same insurance policy(ies), but add the LLC as a co-insured. Nothing else will change.

I understand there is a \$14 charge for this service, and I hereby authorize you to charge it to my Visa Card, with details as follows: Acct # ~~XXXXXXXXXXXX~~ 1207 Expiration, 07/11. Thank you very much.

Sincerely,



Leslie F. Bagley  
4/23/08

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF FORMATION**

to

**AGATE PASS TRANSPORTATION, LLC**

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 4/3/2008

UBI Number: 602-819-716

APPID: 1122890



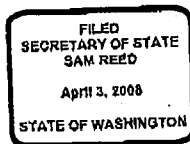
Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

602 819 716

*State of Washington***Secretary of State**

CORPORATIONS DIVISION  
James M. Dolliver Building  
801 Capitol Way South  
PO Box 40234  
Olympia WA 98504-0234  
360.753.7115

**Application for Limited Liability Company****Office Information**

**Application ID** 1122890  
**Tracking ID** 1481023  
**Validation ID** 1262674-001  
**Date Submitted for Filing:** 4/3/2008

**Contact Information**

**Contact Name** Scott Reid  
**Contact Address** 21650 W. Eleven Mile Rd.  
Suite 200  
Southfield  
MI  
48076

**Contact Email** scottreid@aol.com  
**Contact Phone** 248-353-4565

**Certificate of Formation**

**Preferred Name** AGATE PASS TRANSPORTATION, LLC  
**Physical Address** 6221 Lincoln Place N.E.  
Poulsbo  
WA  
98370

**Purpose** Any Lawful Purpose

**Duration** Perpetual

**Formation Date** Effective Upon Filing by the Secretary of State

**Expiration Date** 4/30/2009

**Limited Liability Company Management Members**

**Members Signature**

Attached

**Registered Agent Information****Agent is Individual****Agent Name** Leslie F. Bagley  
**Agent Street Address** 6221 Lincoln Place N.E.  
Poulsbo  
WA  
98370**Agent Mailing Address** Same as Street Address**Agent Email Address****Submitter/Agent Relationship** Submitter has signed consent of specified agent**Members Information**

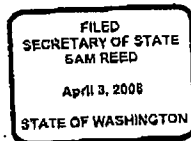
Members Signatures On File

**Member #1****Member Name** Leslie F. Bagley  
**Member Address** 6221 Lincoln Place N.E.  
Poulsbo  
WA  
98370**Signature Information****Signed By** Scott R. Reid



*State of Washington***Secretary of State**

CORPORATIONS DIVISION  
James M. Dolliver Building  
801 Capitol Way South  
PO Box 40234  
Olympia WA 98504-0234  
360.753.7115

**Application for Initial Annual Report****Application Information**

**This Application ID** 1122937  
**Associated App ID** 1122890  
**Entity Name** AGATE PASS TRANSPORTATION, LLC  
**UBI Number** 602 819 716  
**Corporation Type** Limited Liability Company

**Tracking ID** 1481023  
**Validation ID** 1262674-002  
**Date Submitted for Filing** 4/3/2008  
**Filing Due Date**  
**State of Incorporation** WA  
**Inc./Qual Date** 4/3/2008

**Nature of Business** To provide shuttle, sightseeing and other transportation services.

**Contact Information**

**Contact Name** Scott Reid  
**Contact Address** 21650 W. Eleven Mile Rd.  
Suite 200  
Southfield  
MI  
48076

**Contact Email** scottrreid@aol.com  
**Contact Phone** 248-353-4565

**Registered Agent Information**

**Agent is Individual**  
**Agent Name** Leslie F. Bagley  
**Registered Agent Consent** Submitter has Registered Agent Consent on File

**Agent Street Address** 6221 Lincoln Place N.E.  
Poulsbo  
WA  
98370

**Agent Mailing Address** Same as Street Address

**Agent Email Address**

**Place of Business**

**Place of Business is in US** Yes  
**Street Address** 6221 Lincoln Place N.E.  
Poulsbo  
WA  
98370

**Officers**

**Officer #1**  
**Name** Leslie F. Bagley  
**Title** Member  
6221 Lincoln Place N.E.  
Poulsbo, WA  
98370

**Signature Information**

**Signed By** Scott R. Reid

# Agate Pass Transportation

PO BOX 1142, KINGSTON, WA 98346-1142 360-981-2022 or 877-981-2022 E-MAIL: INFO@AGATEPASSBUS.COM

John Foster  
Washington Utilities & Transportation Commission  
Fax No: 360-586-1150

April 23, 2008

Dear John:

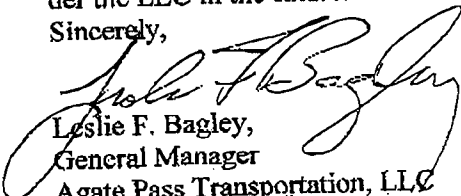
Per your request, I am sending your our letter to the Federal Motor Carrier Safety Administration and the DOT requesting that "Leslie F. Bagley, DBA Agate Pass Transportation" USDOT and MC numbers be reassigned to "Agate Pass Transportation, LLC" A copy of our LLC approval from the Secretary of State is also included.

Effective as soon as possible, the LLC will begin operating any of our charter, sightseeing and shuttle services, and the sole proprietorship will cease functioning in that manner. Due to vehicle financing through the credit union, however, I have to maintain title, and so equipment will be leased to the LLC, and it will be added as a co-insured on the existing insurance policy.

I am also faxing the application for the change to you for the WUTC, including the authorization to charge the \$200 fee on my credit card. Please let me know if there are any other steps I need to take to facilitate this as a smooth transition.

Thank you for all your assistance to the sole proprietorship in the past. I look forward to working with you under the LLC in the future.

Sincerely,

  
Leslie F. Bagley,  
General Manager  
Agate Pass Transportation, LLC

(sorry - I noticed I forgot to sign  
this the first time - (B))