

RECEIVED

JAN 22 2009

WASH. UT. & TP. COMM

TC-090130-CT  
 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](mailto:Transportation@wutc.wa.gov)

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input checked="" type="checkbox"/> <b>Auto Transportation Authority (a new certificate)</b> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 200
<input type="checkbox"/> <b>Extension of Existing Auto Transportation</b> Certificate No. C- _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<input type="checkbox"/> <b>Transfer or Lease Auto Transportation Authority</b> Complete sections 1-8 and Attachment B. <input type="checkbox"/> All of Certificate No. C- _____ <input type="checkbox"/> Portion of Certificate No. C- _____	\$ 200
<input type="checkbox"/> <b>Temporary Auto Transportation Authority (new temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application)</b> Complete sections 1-8 and Attachment A.	\$ 150
<input type="checkbox"/> <b>Mortgage of Certificate</b> Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> <b>Name Change (company corporate name, trade name or surname of an individual owner or partner)</b> Complete section 1 and Attachments C and E.	\$ 35
<input type="checkbox"/> <b>Reinstatement of Cancelled Certificate</b> Complete sections 1 and 8.	\$200

**TYPE OF PAYMENT:**

Cash  Check  Money Order  AMEX  MasterCard  Visa

Credit Card Information (if applicable):

Expiration Date  
Month/Year

Amount: \$ 200

Cardholder's signature: Anne Baker

Date: 1/19/09

**FOR OFFICIAL USE ONLY**

Date Filed: <u>1/22/09</u>	Docket #: _____	Motcar: <u>5389</u>	Cert. Issued: _____
LS Staff Assigned: <u>[Signature]</u>	Insurance: _____	Application: _____	Related App: _____
DOL/SOS: <u>[Signature]</u>	Tariff/Time Schedule: _____	Map: _____	111 0268: _____
Text approved for docket: _____	Safety Inspection: _____	Reception #: _____	111-0268-230-01: _____
111-0268-232-02: <u>200.00</u>	111-0268-232-01: _____	111-0268-230-02: _____	111-0268-230-01: _____

**SECTION 1 – APPLICATION INFORMATION**

Name of Applicant: Cascade Adventures, Inc. <i>AK</i>		
Trade Name(s) if applicable:		
Unified Business Identification Number (UBI): 602 875 348 <i>AK</i> If you do not know your UBI number or need to request one, contact the Department of Licensing at (360) 664-1400.		
Phone Number: (360)599-3115	Fax Number: (360)599-2395	E-mail: annebaker3@excite.com
Physical Address		Mailing address, if different from physical address
Street: 9961 Paystreak Ave		Street: PO Box 5147
City: Glacier		City: Glacier
State/Zip: WA 98244		State/Zip: WA 98244

**SECTION 2 – COMPANY INFORMATION**

**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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Paul Engel	President	200
Anne Baker	Secretary/Treasurer	150

Provide the following documents with your application:

- A map of the proposed line, route or service territory that meets the standards described in WAC 480-30-051.
- Support statements for temporary authority if applicable.

**Describe the proposed service including the line, route or service territory description. Describe in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic descriptions.**

Cascade Adventures, Inc. seeks to provide affordable, daily transportation to Mt. Baker Ski Area via Highway 542. Our goal is to keep per trip costs as low as possible through subsidies from non-profit organizations. In doing so, we believe we can increase our market base to encompass single riders, families, students, and seniors. Our competition, the Bellair Shuttle, provides limited service at a higher cost per traveler.

Our route will travel solely along Highway 542. It will begin in Kendall, making stops in Maple Falls and Glacier before reaching its destination of Mt. Baker Ski Area. We will run this service once a day. In the future, we may extend our line to begin at Britton Road outside Bellingham, stopping next in Kendall, and then so on.

**How many riders do you expect during your first year of operations?** 505

**State the conditions that justify granting of this application.**

Every winter, thousands of cars travel along Highway 542 to Mt. Baker Ski Area. Currently one shuttle company provides service one day a week for part of the ski season.

Our partner organization, the Surfrider Foundation (an environmental non-profit organization), was concerned about the environmental impacts all these cars have on the North Fork of the Nooksack River watershed. Surfrider began a campaign to reduce the traffic through promoting carpooling, as well as increasing public transportation opportunities by fundraising and linking up with us.

Through research gathered in the summer of 2008, we found companies, students, upper valley locals, and families based in Whatcom County are desperately searching for an alternative means of transportation and are highly supportive of our program. As well, because of current economic conditions and the rising cost of fuel, we believe providing inexpensive, safe, alternative means of transportation will be embraced by the surrounding community.

Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?

No  Yes If yes, list the names and addresses of companies

Name	Address
Bell Air	1416 Whitehorn St. Ferndale, WA 98248

Do you currently hold, or have you ever held, an auto transportation certificate?

No  Yes If yes, please indicate your certificate number: C-\_\_\_\_\_

Have you ever applied for and been denied an auto transportation certificate?

No  Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or commission rules?

No  Yes If yes, please explain: \_\_\_\_\_

### **SECTION 3 – TARIFF AND TIME SCHEDULE**

If this application is for temporary authority, a new certificate or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-251 through WAC 480-30-436.

If this application is a transfer or a lease of authority from an existing certificate, you must either file a new tariff and time schedule at the same rate levels as on file or you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format included with this application or an approved alternate format. Indicate which option you will use:

- Adopt (Complete Attachment E)  
 File a new tariff

### **SECTION 4 – HEARING INFORMATION**

Estimate the number of witnesses you will present and the amount of time you will need for your presentation if the commission sets your application for a formal hearing.

Number of witnesses: 12	Amount of time: 1 hour
Will an attorney be representing you? NO	
If so, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

### **SECTION 5 – FINANCIAL STATEMENT**

You may attach a Balance Sheet or Profit and Loss Statement in place of providing the information requested below.

ASSETS		LIABILITIES	
Cash in Bank	\$550	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 275
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$ 3000	Contracts and Bonds Payable	\$
Prepaid Expenses	\$2167	<b>TOTAL LIABILITIES</b>	<b>\$ 275</b>
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$ 200	Equity	\$5642
<b>TOTAL ASSETS</b>	<b>\$ 5917</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$5917</b>

In addition to completing the information requested above, you must attach a projected balance sheet and income statement for your first year of operation.

**SECTION 6 – EQUIPMENT LIST**

Describe the equipment you will use in your operations. Attach additional sheets if necessary. You must have your vehicles inspected and receive a valid Commercial Vehicle Safety Alliance decal for each motor vehicle before your application is granted.

Year	Make	License Number	Vehicle ID Number	Seating Capacity
1985	Chevy 30	402YAQ	2GBGG35M8F4117414	15

**SECTION 7 – 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: Paul Engel

Position: President

**OPERATIONAL RESPONSIBILITIES**

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

**TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS** (WAC 480-30-251 through WAC 480-30-436). You must file a tariff showing all rates and how those rates will be assessed. You must also file a time schedule.

Name: Anne Baker

Position: Secretary/Treasurer

**ANNUAL REPORTS AND REGULATORY FEES** (WAC 480-30-066 through WAC 480-30-081). You must file an annual report and pay regulatory fees by May 1 of each year.

Name: Anne Baker

Position: Secretary/Treasurer

**CUSTOMER SERVICE** (WAC 480-30-441 through WAC 480-30-461). You must interact with customers according to the rules.

Name: Paul Engel

Position: President

**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: Paul Engel

Position: President

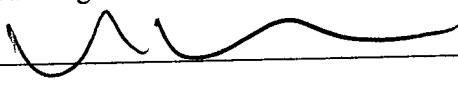
***SECTION 8 – DECLARATION OF APPLICANT:***

I understand that filing this application does not authorize me to start requested operations described until the commission grants the application and issues a certificate.

I understand the responsibilities of a passenger transportation company and I comply with all local, state, and federal regulations governing business in the state of Washington.

I certify that the information contained in this application is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Printed name: Paul Engel

Signature: 

Date, County, State: 1/12/09 Whatcom County, WA

**Projected Balance Sheet  
2009**

ASSETS		LIABILITIES	
Cash in Bank	\$600	Salaries/Wages Payable	\$ 200
Notes Receivable	\$	Accounts Payable	\$ 2600
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$ 2000	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	<b>\$ 2800</b>
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$ 200	Equity	\$
<b>TOTAL ASSETS</b>	<b>\$ 2800</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$ 2800</b>

Projected  
**INCOME STATEMENT**  
**SCHEDULE 2**

**3000 Operating Revenues**

3210	Charter Bus Revenue	
3200	Passenger Revenue	3,000
3220-3500	Baggage-Mail-Express-Newspapers	
3600	Misc. Station Revenue	
3700	Operating Revenue--Transfers from Governmental Authorities	
3800	Operating Revenue--Amortization of Deferred Transfers from Governmental Authorities	
3900	Other Operating Revenue	6,000
	<b>Total</b>	<b>\$9,000</b>

**4000 Operating Expenses**

4100	Equipment Maintenance and Garage Expense	\$1,000
4200	Transportation Expense	2,500
4300	Station Expense	
4400	Traffic Solicitation and Advertising Expense	200
4500	Insurance and Safety Expense	2,600
4600	Administrative and General Expense	500
5000	Depreciation and Amortization Expense	1,500
5200	Operating Taxes and Licenses Expense	500
5300	Operating Rents Expense	
	<b>Total Operating Expense</b>	<b>8,800</b>
	<b>Net Operating Income (total revenue less total operating expenses)</b>	<b>\$ 200</b>

**Other Income and Expense**

6000	Other Income	\$
7500	Other Deductions	
	<b>Net Income Before Taxes</b>	<b>200</b>
8000	Income Taxes	
	<b>Net Income or Loss</b>	<b>200</b>

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/15/2009

PRODUCER (208) 743-9426 FAX: (208) 748-9433  
Sattler Insurance  
1504 8th St

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Lewiston ID 83501

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURED  
Cascade Adventures, Inc.  
PO Box 5147

INSURER A: National Indemnity

INSURER B:

INSURER C:

INSURER D:

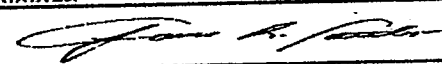
INSURER E:

Glacier WA 98244

**COVERAGES**  
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	70&PS017794	11/12/2008	5/12/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

<p><b>CERTIFICATE HOLDER</b></p> <p>Proof of Coverage</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE J Sattler, CPCU, CIC/ </p>
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STATE OF WASHINGTON  
 DEPARTMENT OF LICENSING  
 PO Box 9038 • Olympia, Washington 98507-9038

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

11/10/2008

0831537150355579

402YAQ

Lic/Plt 402YAQ		Issue-Date 09/2008		Tab-No G419174		Reg-Exp 09/26/2009		Value-Code/Yr 300/2008		Depre 1		Mo-Reg 12		Mo-Gwt	
Power G	Use PAS	Mod-Yr 1985	Make CHEV	Ser/Body VAN		Model/BT SV3/IC		VIN or Serial No 2GBGG35M8F4117414			Res-Co 37	Prev-Plt			
Sclwt 3852		Seats	Gwt	Gwt-Strt		Gwt-Exp		Fleet	Equip	Prev Title 0827046903		Prev St WA			

BRANDS:

COMMENT:

- DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE

E

REGISTERED OWNER


LEGAL OWNER


**DO NOT DESTROY**

THIS IS YOUR CURRENT REGISTRATION  
 SIGN & KEEP WITH YOUR VEHICLE  
 BELLINGHAM AUTO LICENSING  
 804 LAKEWAY DRIVE  
 BELLINGHAM, WA 98226  
 (360) 733-0148

CASCADE ADVENTURES INC  
 9961 PAYSTREAK AVE  
 GLACIER WA 98244

I certify that the information contained hereon is accurate and complete.

X   
 Signature of Registered Owner(s)

X   
 Signature of Registered Owner(s)

Subscribed and sworn to before \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_

FILING	\$	4.00	MONORAIL TAX	\$	CHECK	\$	34.10
SUBAGENT	\$	10.00	RTA EXCISE	\$	CASH	\$	
LOCAL FEE	\$		USE TAX 3751	\$	8.60	TOTAL FEES	\$
LICENSE SRVC	\$		OTHER	\$	11.50		
GWT/VWT FEE	\$		DONOR AWARENESS	\$			
			STATE PARKS	\$			

34.10 pd by Paul

VALIDATION CODE 19371503083151110080069035557

TRANSFER

RPT ID: ATITPR-1

THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

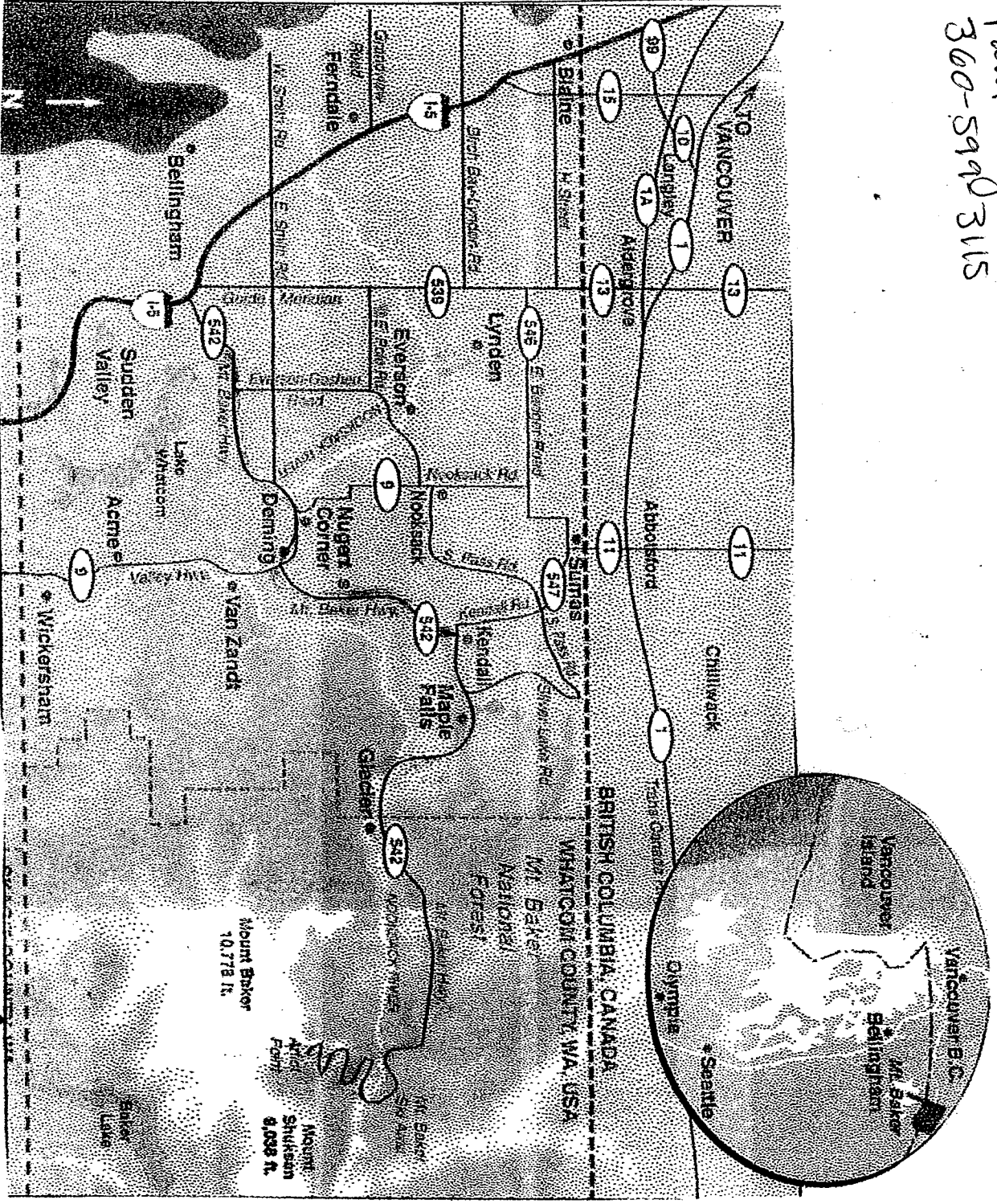
FPD: ATITPR:2008/31/7.00003(2)

Cascade Adventures, Inc.

ID #

Paul Engel

360-599-3115



**Ridership and Income Forecast for 12 months**

<b>Date</b>	<b>Kendall</b>	<b>Maple Falls</b>	<b>Glacier</b>	<b>Total Riders</b>	<b>Total \$\$</b>
<b>January</b>	60	20	10	<b>90</b>	<b>425</b>
<b>February</b>	70	20	15	<b>105</b>	<b>500</b>
<b>March</b>	50	15	10	<b>75</b>	<b>375</b>
<b>April</b>	40	10	5	<b>55</b>	<b>300</b>
<b>May</b>	0	0	0	<b>0</b>	<b>0</b>
<b>June</b>	0	0	0	<b>0</b>	<b>0</b>
<b>July</b>	0	0	0	<b>0</b>	<b>0</b>
<b>August</b>	0	0	0	<b>0</b>	<b>0</b>
<b>September</b>	0	0	0	<b>0</b>	<b>0</b>
<b>October</b>	0	0	0	<b>0</b>	<b>0</b>
<b>November</b>	40	10	5	<b>55</b>	<b>300</b>
<b>December</b>	100	15	10	<b>125</b>	<b>550</b>
<b>Total</b>	<b>360</b>	<b>90</b>	<b>55</b>	<b>505</b>	<b>2450</b>

**TIME SCHEDULE NUMBER**   1  

Cancels

Time Schedule Number \_\_\_\_\_

Of

Company Name: Cascade Adventures, Inc.

Certificate Number:

Address: PO Box 5147

City/State/Zip: Glacier, WA 98244

**TERRITORY:**

**Bellingham (Britton Rd) on Hwy 542  
To  
Mt. Baker Ski Area via Valero Station in Kendall**

**BY THE FOLLOWING ROUTE:**

FROM:	TO:	DEPARTURE TIMES:	MILEAGE:
Britton Rd.	Valero Station (Kendall)	7:10 AM	19
Valero Station	Maple Falls	7:40 AM	2.5
Maple Falls	Glacier	8:05 AM	8.5
Glacier	Mt. Baker Ski Area	8:10 AM	21

Arrive at Mt. Baker Ski Area at 8:50 AM

Issue Date:

Effective Date:

Issued by:

(For Official Use Only)

Effective:

TC-

LSN

Order/Other By:

TARIFF NO.   1  

Cancels

TARIFF NO. \_\_\_\_\_

Of

Company Name: Cascade Adventures, Inc.

Certificate Number:

For the transportation of passengers in the following territory:

Bellingham (Britton Rd.) on Highway 542 to Mt. Baker Ski Area via Valero Station

Issued by:

Name: Paul Engel

Address: 9961 Paystreak Ave

City, State/Zip: Glacier, WA 98244

Telephone No: 360-599-3115

Telefacsimile No. 360-599-2395

Issue Date:

(For Official Use Only)

Effective Date:

Effective:

TC-

LSN

Order/Other

By:

Tariff No.   1  

Revised Page No. \_\_\_\_\_

Company Name: Cascade Adventures, Inc.

## RATE SCHEDULE

**Between**

<b>And</b>	Britton Rd.	Valero Station Kendall	Maple Falls	Glacier	Mt. Baker Ski Area
Britton Rd.		\$11.50	\$11.50	\$11.50	\$11.50
Valero Station Kendall	\$11.50		\$5.50	\$5.50	\$5.50
Maple Falls	\$11.50	\$5.50		\$5.50	\$5.50
Glacier	\$11.50	\$5.50	\$5.50		\$5.50
Mt. Baker Ski Area	\$11.50	\$5.50	\$5.50	\$5.50	

Note 1. Currently the Whatcom Transportation Authority (WTA) provides service from Bellingham to the Valero Station for \$0.75. Their schedule coincides with ours on weekdays only. If the WTA does not change their weekend route time to coincide with ours, we plan on running our service from Britton Rd. to the Valero Station in Kendall on weekends only for \$11.50. Otherwise our service will run from Kendall to Mt. Baker Ski Area 7 days a week for \$5.50.

Issue Date:

Effective Date:

Issued By:

(For Official Use Only)

Effective:

TC-

LSN

Order/Other

By:

Tariff No.   1  

Revised Page No. \_\_\_\_\_

Company Name: \_\_\_\_\_

## PASSENGER RULES

**Frequent riders:** Punch cards are available for purchase on the bus. A ten ride card is \$50; 20 rides for \$100.

**Objectionable passengers:** This company reserves the right to refuse to transport persons under the influence of drugs or alcohol, or who are incapable of taking care of themselves, or whose conduct or behavior may be objectionable to other passengers. The carrier also reserves the right to refuse carriage of any materials that the carrier considers unsafe and not in the best interest of the passengers.

**Round trip fares:** All fares are round trip. Uphill riders have priority seating on downhill routes. Space permitting, downhill ride is free.

**Schedule maintenance:** Carrier will not be liable for delays caused by accidents, breakdowns, bad conditions of roads, snow storms or other conditions beyond the control of the carrier and does not guarantee arrival at, or departure from, any point at any specific time. The time schedules provided are schedules the carrier endeavors to maintain, but does not guarantee to be able to do so at all times due to conditions listed above.

**Stopovers:** Stopovers will be allowed at any point on the route within the limit of the ticket, upon notice to the bus driver.

Issue Date:

Effective Date:

Issued By:

(For Official Use Only)

Effective:

TC-

LSN

Order/Other

By: