

TC-090275-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)

WASHINGTON



UTILITIES AND TRANSPORTATION  
 COMMISSION

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

*Company:*  
 Spokane Falls Inn LLC

**TYPE OF PAYMENT:**

Cash  Check  Money Order  AMEX  MasterCard

Credit Card Information (if applicable):

Expiration Date  
 Month/Year

Cardholder's signature \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Filed: <i>2/19/09</i>	Docket #:	Motcar: <i>5429</i>	Cert. Issued:
LS Staff Assigned: <i>[Signature]</i>	Insurance:	Application:	Related App:
DOL/SOS: <i>[Signature]</i>	Tariff/Time Schedule:	Map:	
Text approved for docket:	Safety Inspection:	Reception #: <i>0017463</i>	111-0268:
111-0268-232-02: <i>200.00</i>	111-0268-232-01:	111-0268-230-02:	111-0268-230-01:

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: <u>Wayne A. Paupst PA</u>		
Trade Name(s) if applicable: <u>Spokane Falls Inn LLC</u>		
Unified Business Identification Number (UBI): <u>601-700-2120</u>		
If you do not know your UBI number or need to request one, contact the Department of Licensing at (360) 664-1400.		
Phone Number: <u>509 623-9727</u>	Fax Number: <u>509 623-9737</u>	E-mail:
Physical Address		Mailing address, if different from physical address
Street: <u>W-33 Spokane Falls Blvd</u>		Street:
City: <u>Spokane, WA</u>		City:
State/Zip: <u>WA 99201</u>		State/Zip:

SECTION 2 - COMPANY INFORMATION

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

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

Name	Title	Stock Distribution or Percentage of Shares
<u>Wayne Paupst</u>	<u>Pres</u>	<u>43%</u>
<u>Mary Paupst</u>	<u>Vice Pres</u>	<u>42%</u>
<u>Nail Paupst</u>	<u>Board Member</u>	<u>6%</u>
<u>Meredith Rainville</u>	<u>Sec/Treasurer</u>	<u>9%</u>

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.

To and from Spokane International Airport, onto I-90 to Division Street North to Spokane Falls Blvd, Riverpoint Drive, North River Drive, to Equal St, and return to 3rd Avenue East, then to Sprague Avenue West, serving hotels as indicated in dots on map.

How many riders do you expect during your first year of operations? 8,000

State the conditions that justify granting of this application.

The Spokane downtown hotels and the Spokane Airport have a serious shortage of transportation service. Present taxi service not able to fill demand. Spokane airport board desperately want our shuttle service

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 Spokane Cab Co. Address 704 E. Pacific Spokane, WA 99202

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:	Amount of time:
Will an attorney be representing you? If so, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

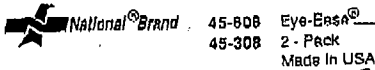
**SECTION 5 - FINANCIAL STATEMENT**

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

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

*See attached statements*

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



Wayne A. + Mary L. Paupst

Prepared By	Initials	Date
Approved By		

Statement of Assets + Liabilities  
Jan 31, 2009

1	2	3	4	5	6	7	8	
	<u>ASSETS:</u>							
	<u>Current Assets</u>							
	Cash in Banks			314,071				
	Securities			1,000				
	<u>Total Current Assets</u>			<u>320,071</u>				
	<u>Fixed Assets:</u>							
	Auto Metal			600,000				
	Travelodge Hotel			6,000,000				
	House Street			600,000				
	Lake house CDA			750,000				
	Autos Boats			44,000				
	Furn. Misc			500				
	<u>Total Fixed Assets</u>			<u>7,459,000</u>				
	<u>Total Assets:</u>						<u>7,779,071</u>	
	<u>LIABILITIES</u>							
	Wheatland Bank (note)			2,892,000				
	STCU house			1,254,177				
	STCU lake house			1,579,007				
	Credit cards (30 days)			950				
	Other misc			14,000				
	<u>Total Liabilities</u>			<u>6,251,554</u>				
	<u>Net Worth</u>						<u>1,527,217</u>	
	<u>Total Liabilities + Net Worth</u>						<u>7,779,071</u>	



45-608 Eye-Ease®  
25-308 2-Pack  
Made in USA

# Projected Income Statement For Year May 1, 2009 to April 30, 2010

Prepared By	Initials	Date
Approved By		

## SPOKANE FALLS INN LLC

### Revenues:

8,000 Passengers @ \$10

\$80,000 \*

### Expenses:

Wages

\$13,200

Gas, Oil

2,850

Maint Van

1,200

Insurance

2,000

Miss Fees

1,050

Total Expenses

\$19,300 \*\*

Net Profit

\$60,700

\* Conservative amount by 15-20%

to \$

\*\* Not including depreciation on van

### Balance Sheet

#### Assets:

Current cash on hand

\$500

Fixed asset

15 passenger van

\$14,800

Total Assets:

\$15,300

#### Liabilities:

Current payables

\$1,350

Fixed liabilities

0

Total Liabilities:

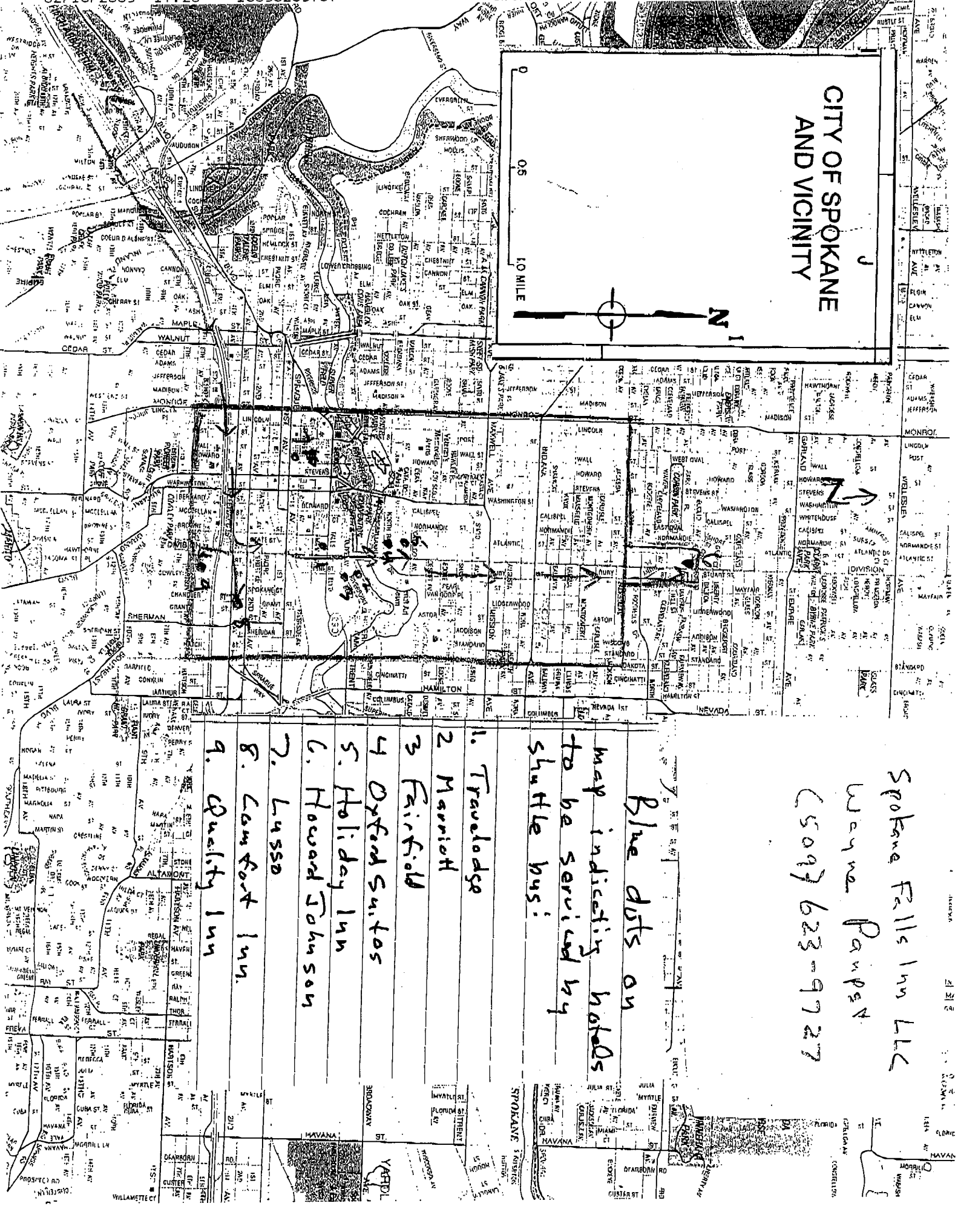
\$1,350

Net Worth

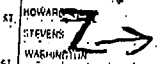
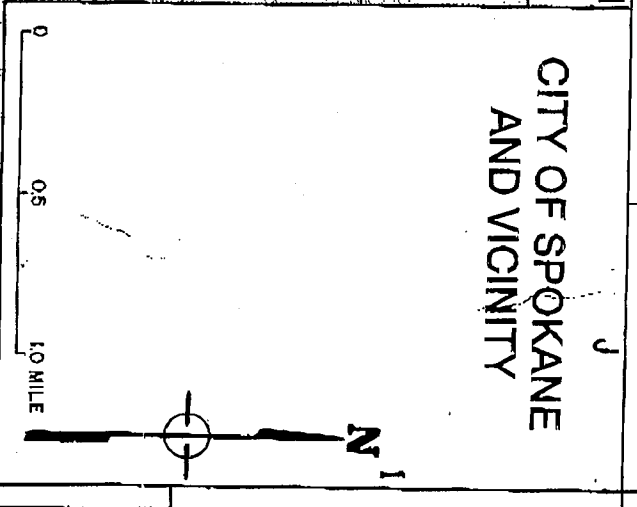
\$13,950

Total Liabilities + Net Worth

\$15,300



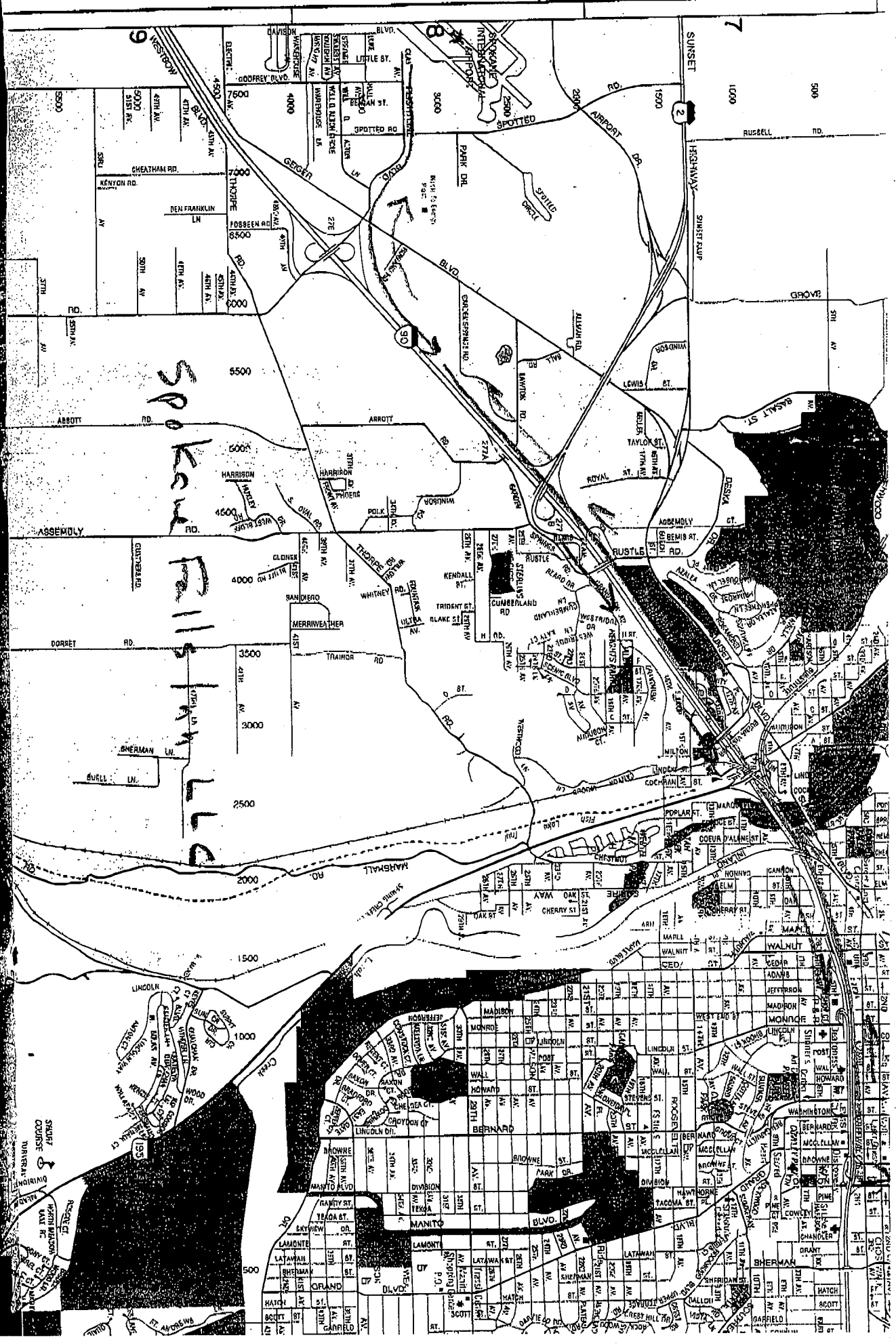
CITY OF SPOKANE  
AND VICINITY



1. Travelodge
2. Marriott
3. Fairfield
4. Oxford Suites
5. Holiday Inn
6. Howard Johnson
7. Lasso
8. Camfort Inn.
9. Quality Inn

Blue dots on map indicating hotels to be serviced by shuttle bus.

Spokane Falls Inn LLC  
Wayne Pappas  
(509) 623-9727



Spokane Falls L.L.C.

Transmittal letter

To: Utilities and Transportation Commission  
Olympia, Washington

From: Wayne A. Paupst  
Spokane Falls Inn LLC dba Spokane Downtown Shuttle  
33 W. Spokane Falls Blvd  
Spokane, Washington 99201  
Phone: 509-623-9727 Fax: 509-623-9737  
Email: [wayne@spokanetravelodge.com](mailto:wayne@spokanetravelodge.com)

Date: February 20, 2009

Rate change may change if necessary 15%.  
Revenue change- maximum of 5%  
Rate change would only result in higher expenses, i.e. fuel cost increase.



Passenger Transportation Companies

Spokane Falls Inn LLC dba Spokane Downtown Shuttle  
 Providing Passenger Service  
 Between the Spokane Airport (GEG)  
 And  
 Various Downtown Hotels

Door-to-Door Service  
 By Reservations Only

<p>Door-to-Door service is unscheduled.</p> <p>The actual time the vehicle will arrive to pick-up passengers depends on the number of passengers making the reservation, and the location that those passengers request pick-up, carrier will develop actual routes to balance passengers' convenience and company efficiency.</p> <p>Reservations must be made on at least 24-hours advance notice.</p>	<p>Service is available:</p> <p>January 1 through December 31          Monday through Sunday          Between 4:30am and 11pm</p>
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Note: The Company is not responsible for delays caused by weather, accidents, or other circumstances beyond its control.

Issued by: Wayne Paupst, President, Spokane Falls Inn LLC

Issued date: February 20, 2009

Effective date: April 1, 2009

(For Official Use Only)

Spokane Falls Inn LLC  
Spokane Downtown Shuttle

**Rate Schedule**  
Fares named below are for adults (persons 12 years of age and over)  
Stated in dollars and cents per person  
For one-way travel.

**Between**  
Spokane Downtown Hotels  
**And**  
Spokane International Airport \$12.00

Issued by: Wayne A. Paupst  
Issued Date: February 19, 2009      Effective Date: April 2009

(For Official Use Only)

### Auto Transportation Rules

- (1) Door-to-door by reservations only.
- (2) Children fares: under 12 free.
- (3) First 3 bags free, excess bags, \$3 each. Carry on items such as skis, and bicycles count as one item.
- (4) Service animals such as dogs traveling with sight and heavily impaired passenger will be transported free of charge if they lie at the feet of their master and do not occupy passenger seats.
- (5) Unused fares collected in advance shall be refunded in full.
- (6) A charge of \$12 administrative fee will be assessed for customers requesting changes made less than twenty-four hours in advance of scheduled departure time.
- (7) A customer who has made the reservation but fails to cancel, rescheduled or appear at the designated pick-up areas will be charged full fare.
- (8) Rates apply within seven road miles of points named.

The company will recommend alternative means of transportation when it is unable to provide transportation at the time and place specified in the reservation that the company has accepted