



UTILITIES AND TRANSPORTATION COMMISSION

TC-100843-AN

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

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<u>Auto Transportation Authority</u> <input type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service) – Complete sections 1-8 and Attachment E. Submit a proposed tariff and time schedule. <p style="text-align: right;">Do you plan on providing charter/excursion service <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	\$ 200
<input type="checkbox"/> <u>Extension of Existing Auto Transportation Certificate No. C-</u> _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<u>Transfer or Lease Auto Transportation Authority</u> – 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"/> <u>Temporary Auto Transportation Authority</u> (New temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application) – Complete sections 1-8 and Attachment A.	\$ 150
<input type="checkbox"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment D.	\$ 35
<input checked="" type="checkbox"/> <u>Name Change</u> (Change company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner) – Complete section 1 and Attachment C.	\$ 35
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – 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: \$ 35 Company Name: Orcas Island Shuttle Inc
 Cardholder's signature: _____ Date: 5/10/10 per email

0020788

FOR OFFICIAL USE ONLY

Date Filed: <u>5/13/10</u>	Docket #: _____	Motcar: <u>5994</u>	Cert. Issued: _____
LS Staff Assigned: _____	Insurance: <u>OW</u>	Application: _____	Related App: _____
DOL/SOS: <u>04/04</u>	Tariff/Time Schedule: <u>adept</u>	Map: <u>✓</u>	
Text approved for docket: _____	Safety Inspection: _____	Reception #: _____	111 0268:
111-0268-232-02: <u>35.00</u>	111-0268-232-01: _____	111-0268-230-02: _____	111-0268-230-01: _____

Y1-039691

SECTION 1 – APPLICATION INFORMATION

Name of Applicant: Orcas Island Shuttle, LLC		
Trade Name(s) (if applicable): Orcas Island Shuttle		
Unified Business Identification Number (UBI): 602 886 393 <i>(initials)</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) 376-7433	Fax Number: ()	E-mail: mail@mail@orcasislandshuttle.com
<u>Physical Address</u>		<u>Mailing address</u> (if different from Business Address)
Street: <u>160 Exton Road</u>	Street: <u>PO Box 208</u>	
City: <u>Orcas</u>	City: <u>Orcas</u>	
State/Zip: <u>WA 98280-0208</u>	State/Zip: <u>WA 98280</u>	

SECTION 2 – COMPANY INFORMATION

Type of business structure:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> 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>

<p>Provide the following documents with your application:</p> <p><input type="checkbox"/> A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051</p> <p><input type="checkbox"/> Support statements for temporary authority (if applicable)</p> <p>Describe the proposed service including the line, route, or service territory description in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>State the conditions that justify the granting of this application.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list the names and addresses of companies</p> <p>_____</p> <p>_____</p>

ATTACHMENT C

AUTO TRANSPORTATION NAME CHANGE (WAC 480-30-146)

A company must file a name change application to change its corporate name, change its trade name, add a trade name to a certificate, or change the surname of an individual owner or partner to reflect a change resulting from marriage or other legal action. If a name change results from a change in ownership the company must file an application to transfer the certificate.

You must include:

- Copies of any corporate minutes or other legal documents authorizing the name change
- Proof that the new name is properly registered with the Department of Licensing, Office of the Secretary of State, or other agencies, as may be required

Orcas Island Shuttle, LLC

Current Name on Certificate

Orcas Island Shuttle

Current Trade Name on Certificate

160 Exton Road Orcas, WA 98280 mailing address: PO Box 208 Orcas, WA 98280

Address

360-376-7433

Phone Number

Fax Number

email@orcasislandshuttle.com

E-mail address

If a **corporation**, list the name, title, and percentage of partner's share or stock distribution for major stockholders under current name:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Edward J Masters</u>	<u>President</u>	<u>50%</u>
<u>Amy R Masters</u>	<u>Vice-President</u>	<u>50%</u>

I request the name on Auto Transportation Certificate C-001079 _____ be changed to:

New Name: Orcas Island Shuttle, Inc. *AM*

New Trade Name (if applicable) _____

UBI# 602 886 393 *AM*

If a corporation, list the name, title, and percentage of partner's share or stock distribution for major stockholders under the new name:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<i>same as above</i>		

You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name. To file a new tariff use the standard tariff format attached to the application or an approved alternate form. Indicate which option you will use:

- Adopt a current tariff or
- File a new tariff

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.

Amy R Masters

Print Name of Applicant

received via email

Signature and Title of Applicant

5-10-10

Date, County, State