

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@utc.wa.gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: <u>110835</u>	Docket TE-
111 0268 232 02	Date Filed: <u>1/29/15</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>ONLY</u>	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	CH -

#906700

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	<u>Fee Required</u>
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure.	
<input type="checkbox"/> If transfer, complete Attachment A.	\$200.00
<input type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u>.	\$200.00
Plus,	
<input type="checkbox"/> Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.	
Total number of vehicles to be operated <u>1</u> x \$25 per vehicle	= \$ <u>25⁰⁰</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>225⁰⁰</u>
<input type="checkbox"/> Name Change - <u>WAC 480-30-146</u>	\$ 35.00
Application to change a company's corporate name, change a trade name, add a new trade name or change the surname of an individual owner or partner.	
Company Name: _____	<u>W. EXCURSIONS LLC</u>

SECTION 1 – APPLICANT INFORMATION

Legal Name: W. EXCURSIONS LLC
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): -
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 25 W Alder ST Street 1484 WHEATCREST RD
 City Walla Walla City Walla Walla
 State/Zip WA 99362 State/Zip WA 99362

Phone Number: 509-200-9639 Fax Number: -

UBI #: 602-456-0666 ~~603-459-0666~~ E-Mail: JUSTON.WATSON@CYAHO.COM

Website: WEXCURSIONS.COM *see attachment*

Type of business structure

Individual
 Partnership
 Corporation
 Other (LP, LLP, **LLC**)

If a Partnership, Corporation, or Other, 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>JUSTON WATSON</u>	<u>OWNER</u>	<u>100</u>

List other certificates or permits held with the commission: -

USDOT # 2575840 *PIN 3W23ZD2W* If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: WINE TOURS -
GOLF PACKAGES - SPORTS EVENTS -
- MUSIC CONCERTS

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
OREGON EXPIRED	2004 FORD 450	1FDWE45F33HB54235	14 ⁺ DRIVER
	KRYSTAL CONVERSION		

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:

JUSTIN WATSON

Position:

OWNER

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: JUSTON WATSON

Position: OWNER

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, Internal Revenue Service and Employment Security.

Name: JUSTON WATSON

Position: OWNER

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

JUSTON WATSON

Signature of applicant

Justin Watson

Date

1/28/15

County, State

Walla Walla, WASH.

Attachment



Office of the Secretary of State
Corporations & Charities Division

Limited Liability Company
See attached detailed instructions

- Filing Fee \$30.00
- Filing Fee with Expedited Service \$80.00

This Bar For Office Use Only

FILED

JAN 08 2015

WA SECRETARY OF STATE

UBI Number: 603-459-066

AMENDED CERTIFICATE OF FORMATION/REGISTRATION

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY (LLC): (as currently recorded with the Office of the Secretary of State)
W EXPEDITIONS, LLC

SECTION 2

AMENDMENTS TO CERTIFICATE: (If necessary, attach additional information. If changing the name it must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)

W EXCURSIONS, LLC

SECTION 3

EFFECTIVE DATE OF AMENDMENTS TO CERTIFICATE: (please check one of the following)

- Upon filing by the Secretary of State
- Specific Date: _____ (Specified effective date must be within 90 days AFTER the Amended Certificate has been filed by the Office of the Secretary of State)

SECTION 4

MEMBER OR MANAGER SIGNATURE (see instructions page)

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

	Justin Watson/Member/Manager	1 5 2015	509-301-8919
Signature	Printed Name/Title	Date	Phone

OREGON VEHICLE CERTIFICATE OF TITLE

OREGON DRIVER AND MOTOR VEHICLE SERVICES CERTIFIES THE PARTY IS LISTED AS OWNER OF THE DESCRIBED VEHICLE. DOCUMENTS FILED WITH DMV SHOW THE VEHICLE IS SUBJECT TO THE OWNERSHIP INTERESTS SPECIFIED.						CONTROL NUMBER 2866041	
PLATE NUMBER B 13430	TITLE NUMBER 1028503831	PROCESS DATE 101210	SURVIVOR N/N	REFERENCE NUMBER 724828-1			
YEAR 2003	MAKE FORD	STYLE BU	MODEL 4DC	VEHICLE IDENTIFICATION NUMBER 1FDWE45F33HB54235	EQUIPMENT NO.		
OWNER/LESSEE LSE RIVERSIDE SPORTS BAR/LOUNGE 1501 6TH ST UMATILLA OR 97882				ODOMETER READING 50,030		ODOMETER DATE 07/14/10	
				ODOMETER MESSAGE			
				TITLE BRANDS		The title "Brand" printed below indicates the history, condition, or circumstances of the vehicle for which this title has been issued. Please see back of title for more information.	
- NONE -							
USE THIS SECTION WHEN THE ONLY CHANGE IS TO REMOVE A SECURITY INTEREST. FOR ANY OTHER CHANGES, SEE INSTRUCTIONS ON REVERSE.							
If there is no change in owners as shown above AND all security interest holders have released interest, one registered owner must sign and date here, if not completing a separate application for title. In addition, if your address has changed, cross-out the old address and write the new address and county of residence on the front of the title. Mail the title and the fee to: DMV, 1305 Lana Ave NE, Salem OR 97314.				SIGNATURE (DOES NOT RELEASE INTEREST)	DATE		
				X			
				To release interest in the vehicle, complete the reassignment on back of the title.			
SECURITY INTEREST HOLDER/LESSOR							
WELLS FARGO BANK NA LSR FIN PACIFIC FUNDING III LLC PO BOX 4568 FEDERAL WAY WA 98063							
SIGNATURE AND COUNTERSIGNATURE OF SECURITY INTEREST HOLDER OR LESSOR RELINQUISHING ALL INTEREST					DATE		
X <i>Libera Byler</i>					FINANCIAL PACIFIC FUNDING III, LLC 12/3/14		
SIGNATURE AND COUNTERSIGNATURE OF SECURITY INTEREST HOLDER OR LESSOR RELINQUISHING ALL INTEREST					DATE		
X <i>Wells Fargo Bank</i>					WELLS FARGO BANK NA 12/3/14		
SEE REVERSE OF TITLE FOR APPLICATION INSTRUCTIONS.							

VOID IF ALTERED OR ERASED

006-6724828 IN THE CITY OF RIVERSIDE

VOID WITHOUT CHAIN LINK WATERMARK

735-410 (5-08) **B 13430 1FDWE45F33HB54235 1028503831 C**
 2298 003 12 VB T2 02 58 M3 P5 E0 M0 30

Bill of Sale

Date: November 21, 2014

I, the undersigned seller, Daren and Paulette Duffloth (Kookae LLC) for the sum of \$30,000.00 dollars sell to the undersigned buyer, Juston Watson the following vehicle.

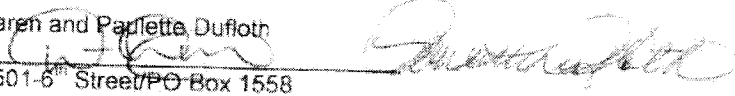
Make Ford Model E450 Diesel KK28 Krystal Conversion Year 2004

Vin number 1FDWE45F33HB54235 Mileage 59000

The undersigned seller affirms that the above information about this vehicle is accurate to the best his/her knowledge.

The undersigned buyer accepts receipt of this Bill of Sale and understands that the above vehicle is sold in "as is" condition with no guarantees or warranties, either expressed or implied, for the vehicle.

Seller's name Daren and Paulette Duffloth

Seller's signature 

Street address 1501-6th Street/PO Box 1558

City Umatilla State OR Zip 97882

Phone (541) 922-4112

Buyer's name Juston Watson

Buyer's signature

Street address

City Walla Walla State WA Zip

Phone (509) 301-8919

Named insured

JUSTON J WATSON
 1427 PLAZA WAY
 WALLA WALLA, WA 99362

Policy number: 03398068-0

Underwritten by:
 United Financial Casualty Company
 January 9, 2015
 Policy Period: Dec 5, 2014 - Dec 5, 2015
 Page 1 of 2

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-509-525-4110

LLOYDS INC

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Your coverage began the later of December 5, 2014 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on December 5, 2015 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WA (09/05), 4757 (03/05), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

Policy changes effective December 5, 2014

Premium change:	\$51.00
Changes:	Your discount information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

will HAVE CHANGED to 1,500,000 ASAP

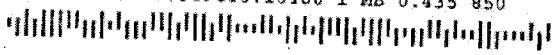
Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		\$590
Underinsured Motorist Bodily Injury	\$300,000 combined single limit		86
Underinsured Motorist Property Damage	\$50,000 each accident	\$100	9
		\$300 hit & run	
Personal Injury Protection	Rejected		
Medical Payments	\$5,000 each person		25
Comprehensive			
See Auto Coverage Schedule	Limit of liability less deductible		118
Collision			
See Auto Coverage Schedule	Limit of liability less deductible		131
Total 12 month policy premium			\$959

Rated driver

1. JUSTON J WATSON

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

003593.526443.349416.16480 1 MB 0.435 850


W EXCURSIONS LLC
JUSTON WATSON SOLE MBR
1484 WHEATCREST RD
WALLA WALLA WA 99362

Date of this notice: 01-22-2015

Employer Identification Number:
47-2818546

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-2818546. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	04/30/2015
Form 940	01/31/2016

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

003593

Leipski, Tina (UTC)

From: Juston Watson <justonwatson@yahoo.com>
Sent: Wednesday, January 28, 2015 6:00 PM
To: UTC DL Transportation
Subject: W Excursions LLC licensing
Attachments: scan0013.pdf

Hello,

I've attached my charter application.

I've purchased a limo bus from a person in Oregon, but I live in Washington.

I can't get a vehicle license until I register with you first (as told by DOL)

The only thing I'm not 100% certain on is the weight of the vehicle, the previous owner assures me it's under 26000 lbs, I'll know by Friday for sure.

Please let me know if I can send you any more info, or give me a call to clarify what I need.

Thanks so much for your help.

Juston Watson
Stone Hut Bar and Grill
Red Monkey Downtown Lounge
Walla Walla
stonehutbar.com
redmonkeydowntown.com
mobile 509.301.8919

**U.S. Department of Transportation
Federal Motor Carrier
Safety Administration**

MOTOR CARRIER IDENTIFICATION REPORT

(Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)
 NEW APPLICATION BIENNIAL UPDATE OR CHANGES

OUT OF BUSINESS NOTIFICATION REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER
W EXCURSIONS LLC

2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME
W EXCURSION

3. PRINCIPAL ADDRESS
1484 WHEATCREST RD

4. CITY
WALLA WALLA

5. STATE/PROVINCE
WASHINGTON

6. ZIP CODE + 4
99362

7. COLONIA (MEXICO ONLY)

8. MAILING ADDRESS
25 WEST ALDER ST

9. CITY
WALLA WALLA

10. STATE/PROVINCE
WASHINGTON

11. ZIP CODE+4
99362

12. COLONIA (MEXICO ONLY)

13. PRINCIPAL BUSINESS PHONE NUMBER
(509) 301-8919

14. PRINCIPAL CONTACT CELL PHONE NUMBER
(509) 301-8919

15. PRINCIPAL BUSINESS FAX NUMBER

16. USDOT NO.
2575840

17. MC OR MX NO.

18. DUN & BRADSTREET NO.

19. IRS/TAX ID NO.
EIN# **472818546** SSN# **517960383**

20. INTERNET E-MAIL ADDRESS

21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR
5000 **2015**

22. COMPANY OPERATION (Mark all that apply)
 A. Interstate Carrier B. Intrastate Hazmat Carrier C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)
 A. Authorized For-Hire D. Private Passengers (Business) G. U. S. Mail J. Local Government
 B. Exempt For-Hire E. Private Passengers (Non-Business) H. Federal Government K. Indian Tribe
 C. Private Property F. Migrant I. State Government L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)

A. GENERAL FREIGHT	F. LOGS, POLES, BEAMS, LUMBER	J. FRESH PRODUCE	P. GRAIN, FEED, HAY	V. COMMODITIES DRY BULK	BB. CONSTRUCTION
B. HOUSEHOLD GOODS	G. BUILDING MATERIALS	K. LIQUIDS/GASES	Q. COAL/COKE	W. REFRIGERATED FOOD	CC. WATER WELL
C. METAL, SHEETS, COILS, ROLLS	H. MOBILE HOMES	L. INTERMODAL CONT.	R. MEAT	X. BEVERAGES	DD. OTHER
D. MOTOR VEHICLES	I. MACHINERY, LARGE OBJECTS	<input checked="" type="checkbox"/> M. PASSENGERS	S. GARBAGE, REFUSE, TRASH	Y. PAPER PRODUCTS	
E. DRIVE AWAY/TOWAWAY		N. OIL FIELD EQUIPMENT	T. U.S. MAIL	Z. UTILITY	
		O. LIVESTOCK	U. CHEMICALS	AA. FARM SUPPLIES	

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply)

C	S	A. DIV 1.1	B	NB	C	S	K. DIV 2.2A (Ammonia)	B	NB	C	S	U. DIV 4.2	B	NB	C	S	EE. HRCQ	B	NB
C	S	B. DIV 1.2	B	NB	C	S	L. DIV 2.3A	B	NB	C	S	V. DIV 4.3	B	NB	C	S	FF. CLASS 8	B	NB
C	S	C. DIV 1.3	B	NB	C	S	M. DIV 2.3B	B	NB	C	S	W. DIV 5.1	B	NB	C	S	GG. CLASS 8A	B	NB
C	S	D. DIV 1.4	B	NB	C	S	N. DIV 2.3C	B	NB	C	S	X. DIV 5.2	B	NB	C	S	HH. CLASS 8B	B	NB
C	S	E. DIV 1.5	B	NB	C	S	O. DIV 2.3D	B	NB	C	S	Y. DIV 6.2	B	NB	C	S	II. CLASS 9	B	NB
C	S	F. DIV 1.6	B	NB	C	S	P. Class 3	B	NB	C	S	Z. DIV 6.1A	B	NB	C	S	JJ. ELEVATED TEMP MAT.	B	NB
C	S	G. DIV 2.1	B	NB	C	S	Q. Class 3A	B	NB	C	S	AA. DIV 6.1B	B	NB	C	S	KK. INFECTIOUS WASTE	B	NB
C	S	H. DIV 2.1 LPG	B	NB	C	S	R. Class 3B	B	NB	C	S	BB. DIV 6.1 Poison	B	NB	C	S	LL. MARINE POLLUTANTS	B	NB
C	S	I. DIV 2.1 (Methane)	B	NB	C	S	S. COM LIQ	B	NB	C	S	CC. DIV 6.1 SOLID	B	NB	C	S	MM. HAZARDOUS SUB(RQ)	B	NB
C	S	J. DIV 2.2	B	NB	C	S	T. DIV 4.1	B	NB	C	S	DD. CLASS 7	B	NB	C	S	NN. HAZARDOUS WASTE	B	NB
												C	S	OO. ORM			B	NB	

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus		Van		Limousine			
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
OWNED							Number of vehicles carrying number of passengers (including the driver) below									
TERM LEASED							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
TRIP LEASED															1	

27. DRIVER INFORMATION

Within 100-Mile Radius	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Beyond 100-Mile Radius			1	1

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION?
 If Yes, enter your U.S. DOT Number. Yes No

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. **JUSTON WATSON, OWNER** (Please print Name)

2. (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, **JUSTON WATSON** (Please print Name)

Signature: **JUSTON WATSON** Date: **01/28/2015** Title: **OWNER** (Please print)

I certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.