

TC-160054-CT

WASHINGTON



UTILITIES AND TRANSPORTATION  
COMMISSION

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](mailto:Transportation@utc.wa.gov)

**AUTO TRANSPORTATION AUTHORITY APPLICATION**

*Temporary*

| Type of Passenger Transportation Authority Requested (check one box)  | Fee Required |
|---|--------------|
| <input checked="" type="checkbox"/> <b>New Certificate</b> (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete sections 1-8 and Attachment A. Submit a proposed tariff and time schedule.<br><br>Do you plan on providing charter/excursion service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, complete Attachment F. | \$200.00     |
| <input type="checkbox"/> <b>Extension of existing Auto Transportation Certificate C-</b> _____<br>Complete sections 1-8. Submit a proposed tariff and time schedule.  | \$150.00     |
| <input type="checkbox"/> <b>Transfer or Lease Auto Transportation Authority</b> – Complete sections 1-8 and Attachments C & G.<br>Transferring all of Certificate C- _____<br>Transferring a portion of Certificate C- _____<br>NOTE: A closing annual report must be submitted by the current company before the transfer will be finalized.   | \$200.00     |
| <input checked="" type="checkbox"/> <b>Temporary Auto Transportation Authority</b> - New temporary authority or temporary to operate pending a Commission decision on a parallel filed permanent application. Complete sections 1-8 and Attachment B.   | \$150.00     |
| <input type="checkbox"/> <b>Mortgage of Certificate</b> – Complete section 1 and Attachment E.  | \$35.00      |
| <input type="checkbox"/> <b>Name Change</b> – Change in corporate name, change in trade name; adding or deleting a trade name; or change the surname of an individual owner or partner. Complete section 1 and Attachment D.  | \$35.00      |
| <input type="checkbox"/> <b>Reinstatement of Cancelled Certificate</b> – Complete sections 1, 2 and 8.  | \$200.00     |

*ad*

| FOR OFFICIAL USE ONLY                |                   |                  |                            |
|--------------------------------------|-------------------|------------------|----------------------------|
| #025611                              |                   |                  | Point to Point Shuttle LLC |
| Date Filed <i>1/6/16</i>             | Insurance         | ID# <i>17397</i> | Docket #:                  |
| LS Staff Assigned <i>[Signature]</i> | Safety Inspection | Map              | Tariff/<br>Time Schedule   |
| DOL/SOS <i>[Signature]</i>           |                   | Receipt ID       | Cert Issued                |
| 111-0268-232-02                      | 111-0268-232-01   | 111-0268-230-02  | 111-0268-230-01            |

**SECTION 1 – APPLICANT INFORMATION**

Legal Name of Applicant: Isaac Ottaway

*Point to Point Shuttle, LLC*

Trade Name(s) (if applicable): \_\_\_\_\_

*Point to Point Shuttle per UBI #*

Phone #: 206-550-2345

Fax #: \_\_\_\_\_

E-mail: pointtopointshuttle@gmail.com

| Physical Address:               | Mailing Address (if different from physical): |
|---------------------------------|---|
| Street: <u>1908 W. 10th Ave</u> | Street: _____                                 |
| City: <u>Spokane</u>            | City: _____                                   |
| State/Zip: <u>WA, 99204</u>     | State/Zip: _____                              |

Unified Business Identifier Number (UBI): 603553264 If you do not know your UBI number or need to request one, contact Business Licensing Services at 1-800-451-7985.

**Type of Business Structure:**  Individual  Partnership  Corporation  Other (LP, LLP, LLC)

If other than individual, list the name, title, and percentage of partner's share or stock distribution for major stockholders or members:

| Name                  | Title                 | Stock Distribution or % of Shares |
|-----------------------|-----------------------|-----------------------------------|
| <u>Isaac Ottaway</u>  | <u>President</u>      | <u>33 1/3%</u>                    |
| <u>Jesse Kleinjan</u> | <u>Vice-President</u> | <u>33 1/3%</u>                    |
| <u>David Scarlett</u> | <u>Vice-President</u> | <u>33 1/3%</u>                    |

USDOT number 2821705 If you do not have a USDOT number, you can go online to [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3810 for assistance.

Labor & Industries #: 615805-00 Employment Security Department #: 000-480679-00-3

**SECTION 2 – COMPANY INFORMATION**

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 proposed service authority

What type of service do you plan on providing: door-to-door services and/or scheduled service?

**Door-to-door service** - Service provided between locations identified by the passengers and points specifically named by the company in its filed tariff and time schedule. Door-to-door service requires a time schedule in compliance with WAC 480-30-281(2)(c) and may be restricted to "by reservation only"; and/or,

**Scheduled service** - Service provided between locations specifically named by the company (e.g., the X Hotel at 4th and Main) and points specifically named by the company in its filed tariff and time schedule. Scheduled service requires the company to file a time schedule in compliance with WAC 480-30-281 (2)(b) and may be restricted to "by reservation only."

Describe the proposed type of service (see WAC 480-30-096) including the line, route or service territory described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic description:

Point to Point will primarily serve the survival student population at FAFB. Operating primarily from the Survival Inn on FAFB to locations along Hwy 2 in Airway Heights in addition to locations downtown in and around Spokane Falls Blvd.

State the conditions that demonstrate this proposed service is for the public convenience and necessity:

The vast majority of students come to FAFB without privately owned vehicles and are limited to taxi as a primary means of transportation. As a result of prohibitive cost, very few students are able to leave the survival side of base to tend to basic shopping and dining needs.

State the applicant's prior experience and familiarity with the statutes and rules that govern operations it proposes: All three partners have experience with the previous service (Stars and Stripes Shuttle) that operated this route.

We have acquired professional assistance from our lawyer, Dennis McLaughlin, and our CPA, Dan Harman.

However, most of our experience and familiarity is derived from personal research over the past two months.

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:

Stars and Stripes Shuttle no longer services the areas described.

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 ever 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 480-30-256 through WAC 480-30-436.

Or are you applying for fare flexibility as described in WAC 480-30-420?  Yes or  No

**If yes, complete Attachment H to show your proposed base rate and maximum rate.**

If this application is a transfer or a lease of authority from an existing certificated company, 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 attached to this application or an approved alternate format. Indicate which option you will use:

Adopt or  File new tariff

**SECTION 4 – HEARING INFORMATION**

If the Commission assigns this application for a formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

|   |  |
|---|--|
| Number of witnesses:  | Amount of time:                          |
| Will an attorney be representing you? If yes, complete the following: |  |
| Attorney's name: Dennis McLaughlin                                    | Attorney's phone number: 509-624-3525    |
| Attorney's address:<br>Street 601 West Main Ave, Suite 1120           | Fax number:                              |
| City, State, Zip<br>Spokane, WA 99201                                 | E-mail address<br>dennis@dmassoc.cnc.net |

**SECTION 5 – FINANCIAL STATEMENT**

| ASSETS               |         | LIABILITIES                            |      |
|----------------------|---------|--|------|
| Cash in Bank         | \$ 1000 | 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>               | \$ 0 |
| Land and Buildings   | \$      | <b>NET WORTH</b>                       |      |
| Trucks and Trailers  | \$      | Preferred Stock                        | \$   |
| Office Furniture     | \$      | Common Stock                           | \$   |
| Other Equipment      | \$      | Retained Earnings                      | \$   |
| Other Assets         | \$ 6000 | Capital                                | \$   |
| <b>TOTAL ASSETS</b>  | \$ 7000 | <b>TOTAL LIABILITIES AND NET WORTH</b> | \$ 0 |

**In addition: the application must include the following:** (see WAC 480-30-096)

- Ridership and Revenue forecasts for the first twelve months of operation.
- A pro forma balance sheet and income statement for the first twelve months of operation.

**SECTION 6 – EQUIPMENT LIST**

Describe the equipment that will be used (attach additional sheet if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted.

| Year | Make  | License Number | Vehicle ID number | Seating Capacity |
|------|-------|----------------|-------------------|------------------|
| 2004 | Chevy | AXA4293        | 1GAGG25U541244561 | 12               |
| 2002 | Chevy | pending        | 1GNEL19X32B150816 | 8                |
|      |       |                |                   |                  |
|      |       |                |                   |                  |
|      |       |                |                   |                  |

**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) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Isaac Ottaway Position: President

**DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Isaac Ottaway Position: President

**DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: David Scarlett Position: Vice President

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).

Name: David Scarlett Position: Vice President

**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Jesse Kleinjan Position: Vice President

**SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390)

Name: David Scarlett Position: Vice President

**DRIVING OF COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392)

Name: Jesse Kleinjan Position: Vice President

**PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393)

Name: Jesse Kleinjan Position: Vice President

**OPERATIONAL RESPONSIBILITIES**

**TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS** (WAC 480-30-251 through WAC 480-30-436) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251.

Name: Isaac Ottaway Position: President

**ANNUAL REPORTS AND REGULATORY FEES** (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of its financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report by May 1; and pay regulatory fees by December 31 of each year.

Name: Isaac Ottaway Position: President

**CUSTOMER SERVICE** Person responsible for customer service complaints, and customer notice requirements.

Name: David Scarlett Position: Vice President

**STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS** Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: Jesse Kleinjan Position: Vice President

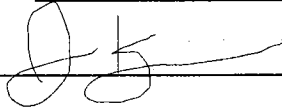
**SECTION 8 – DECLARATION OF APPLICANT**

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

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

I certify under penalty for false statement, 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: Jesse Kleinjan Title: Vice-President

Signature: 

Date: 6 January 2016 County, State Spokane, WA



ATTACHMENT B

TEMPORARY AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Temporary auto transportation certificate applications must include signed and sworn support statements from potential customers identifying all pertinent facts relating to need for proposed service.

Applicant Name: Point to Point Shuttle

Customer Sworn Statement Relating to the need for service:

Customer Name: Matthew A. Canoy

Address: 7451 Louisiana Ave, Fairchild AFB WA 99011

Phone Number: 509-869-0205 Fax Number: n/a Email: Matt.Canoy@us.af.mil

Describe the need for the requested service:

Fairchild AFB, specifically surround side of base requires a dedicated shuttle to transport students while on their liberty. The recent student critiques have specifically stated that the lack of shuttle was detrimental to their stay. Lastly, on-base residents could benefit from the shuttle service as well.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) None

Explain why the current company is not able to provide the service you need:

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

Matthew A Canoy
Print Name

[Signature]
Signature

08-JAN-2016 USA, WA
Date, County, State



ATTACHMENT A

**AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: Point to Point Shuttle

**Customer Sworn Statement Relating to the need for service:**

Customer Name: Kevin Battista

Address: 1108 W Creekstone St

Phone Number: (203)499-7304 Fax Number: \_\_\_\_\_ Email: battistak13@gmail.com

Describe the need for the requested service:

Students only option for transportation while attending the USAF Survival School is taxis that cost a fortune. Week after week students complain about not being able to get off the base to enjoy their free time or pick up equipment for their training.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) Uber, taxi services (if able to get on base)

Explain why the current company is not providing adequate service: The current services are too expensive for young airmen and some <sup>services</sup> are not allowed on base.

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

Kevin A. Battista

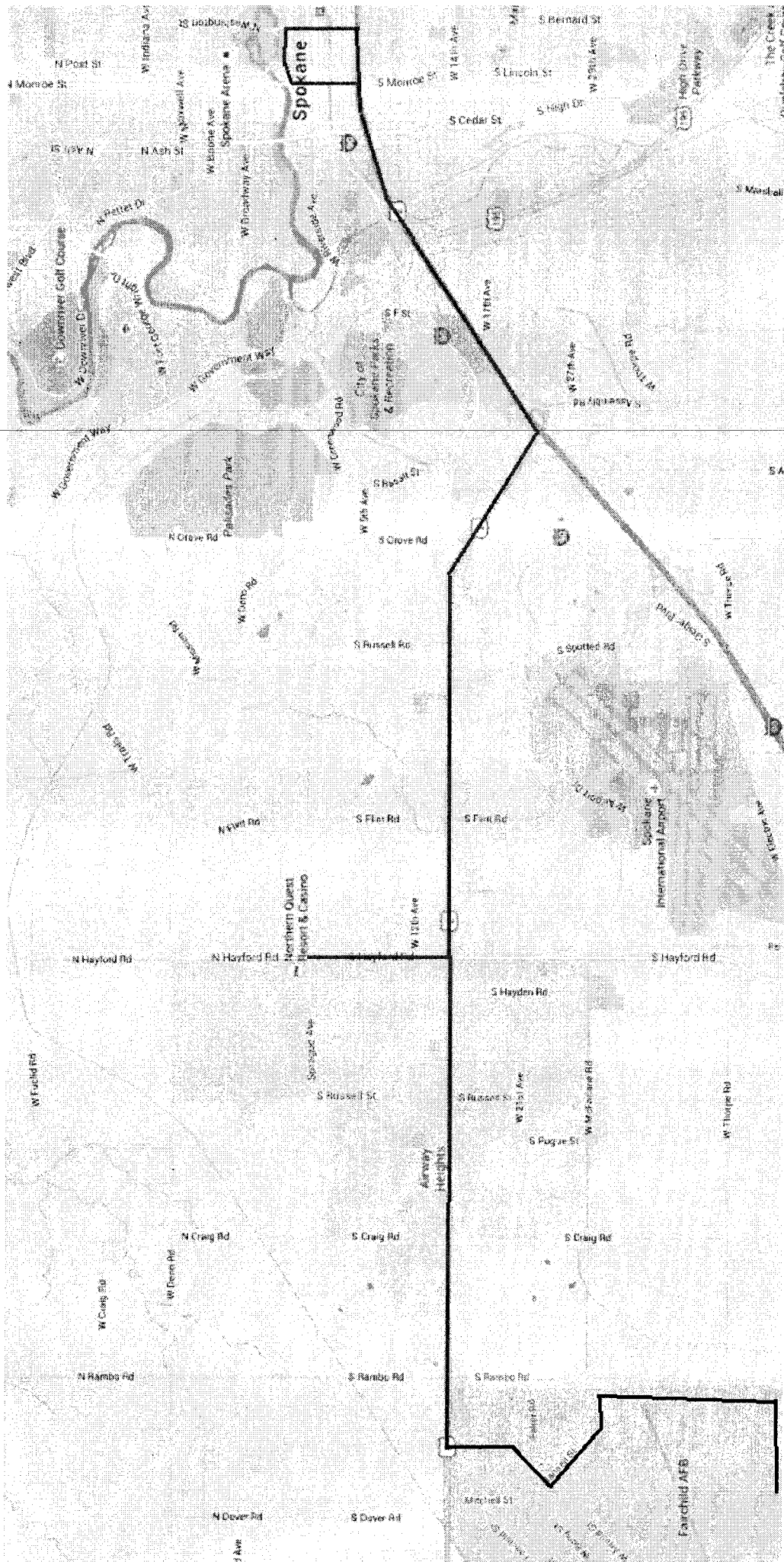
Print Name

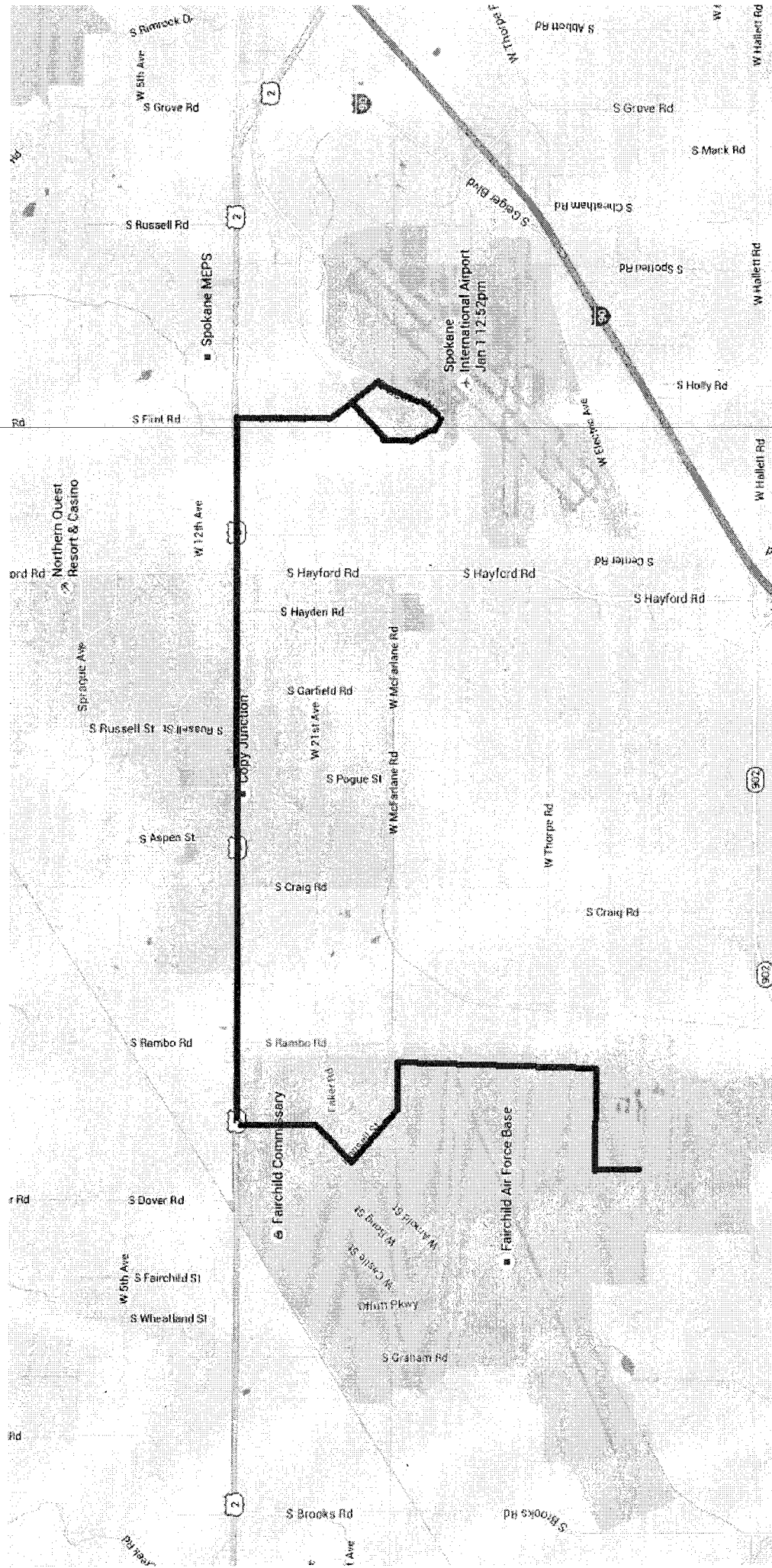
Signature

1/4/15, Spokane, WA

Date, County, State









# Pro-Forma Income Statement

## Point to Point Shuttle

| REVENUE                                      | 2015            | 2016             | 2017             |
|--|-----------------|------------------|------------------|
| Gross sales                                  | \$12,000        | \$141,000        | \$141,000        |
| Less sales returns and allowances            | 0               | 0                | 0                |
| <b>Net Sales</b>                             | <b>\$12,000</b> | <b>\$141,000</b> | <b>\$141,000</b> |
| <b>COST OF SALES</b>                         |                 |                  |                  |
| Beginning inventory                          | \$0             | \$0              | \$0              |
| Plus goods purchased / manufactured          | 0               | 0                | 0                |
| Total Goods Available                        | \$0             |                  |                  |
| Less ending inventory                        | 0               | 0                | 0                |
| <b>Total Cost of Goods Sold</b>              | <b>\$0</b>      | <b>\$0</b>       | <b>\$0</b>       |
| <b>Gross Profit (Loss)</b>                   | <b>\$12,000</b> | <b>\$141,000</b> | <b>\$141,000</b> |
| <b>OPERATING EXPENSES</b>                    |                 |                  |                  |
| <b>Selling</b>                               |                 |                  |                  |
| Salaries and wages                           | \$3,720         | \$43,710         | \$43,710         |
| GAS  | 1,500           | 17,625           | 17,625           |
| Advertising                                  | 200             | 300              | 300              |
| Depreciation                                 | 0               | 0                | 0                |
| Other (Vans)                                 | 0               | 0                | 0                |
| <b>Total Selling Expenses</b>                | <b>\$5,420</b>  | <b>\$61,635</b>  | <b>\$61,635</b>  |
| <b>General/Administrative</b>                |                 |                  |                  |
| Salaries and wages                           | \$0             | \$0              | \$0              |
| Employee benefits                            | 0               | 0                | 0                |
| Payroll taxes                                | 403             | 2,052            | 2,052            |
| Insurance                                    | 1,000           | 12,000           | 12,000           |
| Rent   | 0               | 0                | 0                |
| Depreciation & amortization                  | 0               | 0                | 0                |
| Office supplies                              | 300             | 1,560            | 1,560            |
| Travel & entertainment                       | 0               | 0                | 0                |
| Website                                      | 45              | 360              | 360              |
| Equipment maintenance & rental               | 150             | 1,008            | 1,008            |
| Interest                                     | 0               | 0                | 0                |
| Furniture & equipment                        | 0               | 0                | 0                |
| <b>Total General/Administrative Expenses</b> | <b>\$1,898</b>  | <b>\$16,980</b>  | <b>\$16,980</b>  |
| <b>Total Operating Expenses</b>              | <b>\$7,318</b>  | <b>\$78,615</b>  | <b>\$78,615</b>  |
| <b>Net Income Before Taxes</b>               | <b>\$4,682</b>  | <b>\$62,385</b>  | <b>\$62,385</b>  |
| Taxes on income                              | 0               | 0                | 0                |
| <b>Net Income After Taxes</b>                | <b>\$4,682</b>  | <b>\$62,385</b>  | <b>\$62,385</b>  |
| Extraordinary gain or loss                   | \$0             | \$0              | \$0              |
| Income tax on extraordinary gain             | 0               | 0                | 0                |
| <b>NET INCOME (LOSS)</b>                     | <b>\$4,682</b>  | <b>\$62,385</b>  | <b>\$62,385</b>  |

| Pre-Forma Income (in thousands)  |            |         |      |         |            |
|----------------------------------|------------|---------|------|---------|------------|
|                                  | NOV-DEC 15 |         | 2016 |         | 2017       |
| Revenue                          | \$         | 18,000  | \$   | 138,000 | \$ 138,000 |
| Expenses                         | \$         | 23,892  | \$   | 65,032  | \$ 65,032  |
| Net<br>Income<br>Before<br>Taxes | \$         | (5,892) | \$   | 72,968  | \$ 72,968  |

Estimated per annum ridership: 2350 people

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Tariff No. 1

Cancel

Tariff No. 1

Of

Company Name: Point to Point Shuttle, Inc.

d/b/a Point to Point Shuttle

Certificate No. \_\_\_\_\_

Naming rates for passenger service in the following described territory:

Between FAFB and downtown Spokane,

With intermediate stops at the Rusty Moose, Riverfront Mall, GEG and NothernQuest Casino.

Issued by:

Isaac Ottaway, President

1908 W. 10<sup>th</sup> Ave, Spokane, WA 99204

206-550-2345

[pointtopointshuttle@gmail.com](mailto:pointtopointshuttle@gmail.com)

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

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

(For Official Use Only)

Effective: \_\_\_\_\_

TC- \_\_\_\_\_

LSN \_\_\_\_\_

Order/Other \_\_\_\_\_

By: \_\_\_\_\_

### RATE SCHEDULE

| Pass type/cost   | Total one-way rides | Minimum cost/ride | Median cost/ride | Max cost/ride |
|------------------|---------------------|-------------------|------------------|---------------|
| \$60 punch card  | 8                   | \$7.50            | \$15             | \$60          |
| \$110 punch card | 16                  | \$6.87            | \$13.75          | \$110         |

Note 1: A \$60 punch card will allow a passenger to take eight one-way trips to/from any location along the selected route.

Note 2: a \$110 punch card will allow a passenger to take 16 one-way trips to/from any location along the selected route.

Note 3: Any passenger not willing to purchase a pass, will be afforded the opportunity to purchase an a la carte, one-way ticket as outlined below.

|                           | Any on-base location | Any off base location |
|---------------------------|----------------------|-----------------------|
| A la carte (one-way) ride | \$10                 | \$15                  |

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Issue Date: January 6, 2016

Effective Date:

Issued by: Isaac Ottaway, President, Point to Point Shuttle

## Passenger Rules

**Adult fares:** Published fares are adult fares and apply to passengers who have reached or passed their 5<sup>th</sup> birthday.

**Children's fares:** Children under 5 years of age, when accompanied by an adult passenger, and not occupying a seat, will be carried free of charge.

**Animals:** Generally dogs, cats and other live animals or birds will not be carried. Exception: Service animals traveling with passengers will be carried free of charge. Service animals will not be permitted to occupy a seat, but must lie or stand at the feet of the passenger.

**Animals:** Certified companion dogs traveling with impaired passengers will be carried free of charge. The dogs will not be permitted to occupy a seat, but must lie or stand at the feet of the passenger

**Intermediate application:** Fares to and from intermediate points not shown will be the same as the fare to or from the next more distant station for which fares are named.

**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.

**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.

**Ticket limitation:** Punch cards do not expire and will be honored until they have been completely used. Punch cards are not transferable, and a valid government issued ID will be cross checked against the name on the punch card.

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

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

(For Official Use Only)

Effective: \_\_\_\_\_

TC- \_\_\_\_\_

LSN \_\_\_\_\_

Order/Other \_\_\_\_\_

By: \_\_\_\_\_



**Time Schedule and Mileage**

| <b>Departing from:</b> | <b>Arriving at:</b> | <b>Departure time:</b> | <b>Mileage:</b> |
|------------------------|---------------------|------------------------|-----------------|
| FAFB SERE Lodging      | FAFB BX             | 5:30pm                 | 5               |
| FAFB BX                | Northern Quest      | 5:40pm                 | 5.5             |
| Northern Quest         | Rusty Moose         | 5:50pm                 | 1.5             |
| Rusty Moose            | Downtown            | 5:55pm                 | 7.7             |
| Downtown               | Rusty Moose         | 6:15pm                 | 7.7             |
| Rusty Moose            | Northern Quest      | 6:20pm                 | 1.5             |
| Northern Quest         | FAFB BX             | 6:25pm                 | 5.5             |
| FAFB BX                | FAFB SERE Lodging   | 6:35pm                 | 5               |
| NEXT RUN from Lodging  | FAFB BX             | 7:00pm                 | 5               |

| <b>Departing from:</b> | <b>Arriving at:</b>   | <b>Departure time:</b> | <b>Mileage:</b> |
|------------------------|-----------------------|------------------------|-----------------|
| FAFB SERE Lodging      | GEG – Spokane Airport | 5:00am                 | 11.5            |
| GEG – Spokane Airport  | FAFB SERE Lodging     | 5:30am                 | 11.5            |
| NEXT RUN from Lodging  | GEG – Spokane Airport | 6:00am                 | 11.5            |

Note 1: Shuttle will continue to run on 1:00 hour round trip cycles until 9am (arrival at FAFB lodging)

Note 2: This shuttle will run Saturday-Sunday

Note 3: Total weekly miles anticipated at 230

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

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

(For Official Use Only)

Effective: \_\_\_\_\_ TC- \_\_\_\_\_ LSN \_\_\_\_\_

Order/Other \_\_\_\_\_ By: \_\_\_\_\_

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



**Washington, State of - Utilities & Transportation Commission**

**Utilities & Transportation Commission POS**

Confirmation Number: 025611  
 Payment Date: Thursday, January 7, 2016  
 Payment Time: 08:56AM PT

**Payer Information**

First Name: Jesse Kleinjan  
 Street Address: 1908 W. 10th Ave  
 Town/City: Spokane, WA 99204  
 Country: United States  
 Daytime Phone Number: (206) 550 - 2345  
 E-mail Address: pointtopointshuttle@gmail.com  
 Company Name-If not a Company, provide name of Payee: Point to Point Shuttle LLC  
 Payment Menu : Application Fees  
 Payment Menu - Additional Payment: Application Types (If Applicable): Auto Transportation

**Card Information**

Card Type: Visa  
 Card Number: \*\*\*\*\*5176  
 Expiration Date: 11/2018  
 Card Verification Number: \*\*\*\*

**Payment Information**

Payment Type: Utilities & Transportation Commission POS  
 Payment Amount: \$150.00  
 Convenience Fee: \$3.95  
 Total Payment: \$153.95

Thank you for using Official Payments. If you have a question regarding your payment, please call us toll free at 1-866-621-4109. To make payments in the future, please visit our website at [www.officialpayments.com](http://www.officialpayments.com).



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