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WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

FEB 222016

WASH, UT, & TP, COMM

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 mail: Transportation@utc.wa.gov

Co. Name: Willows Lodge Associates, LLC e-mail: Transportation@utc.wa.gov

APPLICATION FOR

CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only)	Company ID:	Docket TE-
111 0268 232 01 25.	119,01	rechise
111 0268 232 02 200.00	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance: Defilled let d
111 0268	DOL:	SOS:
Receipt ID: 057711	Payment ID: 076930	СН -

Pa	assenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
2		
18	New Authority	\$200.00
	Transfer an existing certificate to a new owner or business structure.	
- 1	 If transfer, complete Attachment A. 	\$ 200.00
	Reinstate a previously cancelled certificate; WAC-480-30-121.	\$ 200.00
Plu	us,	
₽₽	Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "Regulatory Fees", the Commis Charter and Excursion companies to file reports of the number of vehicles operated b and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.	
	Total number of vehicles to be operatedx \$25 per vehicle	=\$ 25 -
	Total due (\$200, plus, \$25 per vehicle)	=\$ 225
	Name Change - WAC <u>480-30-146</u> Application to change a company's corporate name, change a trade name, add a new change the surname of an individual owner or partner.	\$ 35.00 trade name or
	Company Name: Willows Lodge 1550clates	3

	SECTION 1 - /	APPLICANT IN	IFORMATION		
Legal Name: The lega	Lows Lodge al name must match your r	ASSOCIATES registration with Dep	L.L.C. artment of Revenue		
Trade Name(s) (if an <u>Mailing</u>	ny): <u>N</u> IA Trade name(s) Address:	must be registered u	under your <u>UBI number</u> Physic	cal Address:	
Street <u>14580</u>	NE 1457H	<u>St.</u> Street	SAME	ž.	
City WOODIN	VELLE, WA	City	-		
State/Zip <u>WA</u>			-		
Phone Number: 니고	5-424-3900	Fax	Number: <u>4</u> 25-	424-2842	
UBI#: <u>601900</u>	; 243 D	E-M	ail: MICHAEL . P	ALLE & WILLOWSLODUC	. con
Website: WILLOWS	LODGE. COM				
Type of business st	ructure				
Individual	Partnership	Corpora	tion 🛛 🕅 Oth	er (LP, LLP, LLC)	
If a Partnership, Corpo		he name, title, ar	nd percentage of pa	rtner's share or stock	
distribution for major s <u>Name</u> SHERB	<u>Title</u> <u>Ma</u>		<u>tensier</u>	Stock Distributions or Percentage of Shares	6
List other certificates	s or permits held wit	th the commissi	on: <u>א</u> וא		
USDOT # <u>2377</u> <u>www.fmcsa.dot.gov/</u> 360-596-3810 for ass	online-registration	If you d or contact the V	lon't have a USDC Vashington State	DT #, go online at Patrol at	
Business Operation	<u>15</u>				
Describe the type of	tours/excursions yo	ou plan on provid	ding: שאבת	Y TOUIZS	
·					

SECTION 2 – EQUIPMENT

		Million additional	sheets ij hetessaryj	
License Number		And Make Of Vehicle	Vehicle ID Number	Seating Capacity
WLWSLDG	2013	SPOT NITED	WDZPE7CL205805229	14
		JICENTIN	0.0-10/00000-5-51	<u></u>

SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR</u>) 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) STANI 	DARDS REQUIREMENTS AND PENALTIES (Title
49, Code of Federal Regulations Part 383). If y	ou operate commercial motor vehicles, your
drivers must have a valid CDL.	
DRIVER QUALIFICATION REQUIREMENTS (Tit	le 49, Code of Federal Regulations Part 391).
Each of your drivers must meet minimum qua	lification requirements. You must maintain
driver qualification files for each driver.	
DRIVERS HOURS OF SERVICE (Title 49, Code of the service)	of Federal Regulations Part 395). Each of your
drivers must maintain hours of service logs. Ye	ou must maintain true and accurate hours of
service records for each driver.	
CONTROLLED SUBSTANCE AND ALCOHOL US	E AND TESTING (Title 49, Code of Federal
Regulations Part 382 and Part 40). If you oper	ate commercial motor vehicles, your drivers
must be in a Controlled Substance and Alcoho	l Use and Testing program. You must have a
alcohol and controlled substances testing pro-	
 INSPECTION, REPAIR AND MAINTENANCE (Ti 	tle 49, Code of Federal Regulations Part 396).
You must systematically inspect, repair and m	
SAFETY REGULATIONS, GENERAL (Title 49, Co	de of Federal Regulations Part 390). You must
follow safety regulations.	
 DRIVING COMMERCIAL MOTOR VEHICLES (Till 	tle 49, Code of Federal Regulations Part 392).
You must follow regulations for driving comm	
PARTS AND ACCESSORIES NECESSARY FOR SA	AFE OPERATION (Title 49, Code of Federal
Regulations Part 393). You must maintain par	ts and accessories in safe condition.
	Position: ROOMS MANAUEL

	OPERATIONAL P	RESPONSIBILITIE	
List the person and pos requirements of each c	ition responsible for und ategory shown below.	lerstanding and con	nplying with the
ANNUAL REPORTS AND	D REGULATORY FEES. Yo	u must file an annu	al safety report and pay
regulatory fees by Dece	ember 31 of each year.		
Name:		Position:	
TERRY	SPALDING	ROOMS	MANAUER
STATE OF WASHINGTO	N GENERAL LAWS, RUL	ES AND REGULATIO	NS. You must comply with
the regulations of local,	, state, and federal agen	cies such as, <u>but no</u>	t limited to: Department of
Labor and Industries, D	epartment of Licensing,	Secretary of State, I	Department of Revenue,
	e and Employment Secu		
Name:		Position:	
1 Entry	SPALDING	Rooms	MANAGER

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	MICHAEL PAICE	
Signature of applicant	ni for	-
Date18.16	County, State KING, WA	_



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/18/2016

E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY	Y OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	E POLICIES
t	MPORTANT: If the certificate holder he terms and conditions of the policy ertificate holder in lieu of such endo	, certa	ain pe	olicies may require an en	policy(ndorse	ies) must be ment. A stat	e endorsed. tement on th	If SUBROGATION IS W is certificate does not c	AIVED onfer r	, subject to ights to the
PRC Arth P.C	DUCER Nur J. Gallagher Risk Management , Box 2925 ,oma WA 98401-2925			nc.	CONTAC NAME: PHONE (A/C, No E-MAIL	^{CT} Janet H , _{Ext):} 253-23 ss: janet_hite	38-1152	FAX (A/C, No):	253-5	72-1430
Tac	oma WA 96401-2925				ADDRE			RDING COVERAGE		NAIC #
					INSURE	Strength (Steps)	I Surety Cor			21881
INSU	JRED							sualty Insurance C		20699
	lows Lodge Associates LLC				INSURE	RC:	N: 41			
	680 NE 145th Street odinville, WA 98072				INSURE	RD:				
1000					INSURE	RE:				
			_		INSURE	RF:				
				NUMBER: 1590398335				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE: IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY SCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT/	EMEN AIN, T	IT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430		MXX80966503		11/1/2015	11/1/2016	EACH OCCURRENCE	\$1,000	,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea ocourrence)	\$1,000	
								MED EXP (Any one person)	\$10,00	0
								PERSONAL & ADV INJURY	\$1,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000
	OTHER:								\$	
A	AUTOMOBILE LIABILITY X ANY AUTO	Y		MXX80966503		11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1,000 \$,000
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	A0103							(Per acodent)	s	
В	X UMBRELLA LIAB X OCCUR		1	PUMB15-A-G26783215		11/1/2015	11/1/2016	EACH OCCURRENCE	\$300,0	00,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$300,0	00,000
	DED X RETENTION \$0								\$	
Α	WORKERS COMPENSATION			MXX80966503		11/1/2015	11/1/2016	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA						E.L. EACH ACCIDENT	\$1,000	000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$1,000,	000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000,	000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•								
	ificate Holder is named as an Addit form CG7158 (12/07).	ional I	Insur	ed as respects their inte	erest II	n operations	s of named i	nsured		2
per	ionn 667 130 (12/07).									
					0.000					
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Washington Utilities and T PO Box 47250	ranspo	ortati	on Commission	THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	Olympia WA 98504-7250			h.	AUTHOR	IZED REPRESEN	TATIVE			
	2 - C				QAN	Purye				
						© 198	38-2014 ACC	ORD CORPORATION.	All righ	ts reserved.

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TYPE OF PAYMENT

NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is charged by Official Payments for processing credit card payments.

□ Check	ΠМ	oney Or	der						A	mou	int: S	5					
□ Amex	CCV#		(1	our digit	code	on fro	nt of c	ard)	I	Expir	ation	Date	e:				_
Discove	er 🗆 N	lasterca	∙d □	Visa			CC	CV #_			(three d	ligit co	de on l	back o	f card)	
Credit Card	d numbe	er:													,	T	, <u> </u>

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name:_	WILLOWS	Lodui	Associates, L	LC	.
Name (printed):_	MICHAEL	PALLE	Date:_ <u>2~19</u>	-16	
Signature: M	1 Par		Title: DIREcton	0 {	FINANCE

If paying by credit card, fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov

If paying by check or money order, mail the completed application with fees and attachments to:

Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504-7250



Investor		Balance	Changes	Balance	%
		1/1/2015		12/31/2015	
Alberg, Tom	_ນ *	1,102,022		1,102,022	9.0883%
(Keith Vernon removed 11/19/09)					
Alhadeff, Jerome		50,000		50,000	0.4123%
Alhadeff, Judith					
Bergersen, Alf K-deceased		63,658		63,658	0.5250%
Bugge, Anne M					
Bonde, Katarina		118,900		118,900	0.9806%
Bengt, Akerlind					
Bowman, John		125,396		125,396	1.0341%
Bowman, Anne K					
Carlson, Stan		127,304		127,304	1.0499%
Chanen, Gordon		1,000		1,000	0.0082%
Chanen Equities I rust					
Nick Pallis		10.655		10.655	%e780 0
Michele Goffin		8,437		8,437	0.0696%
Leonard Pritchard					
John Miller	#	8,437		8,437	0.0696%
Clapp, Elizabeth		1,222,632		1,222,632	10.0829%
(Liz Clapp Williams)	-				
Clapp, Margaret		1,270,062		1,270,062	10.4741%
Clement, Frank		69,047		69,047	0.5694%
COM Investments		875,555		875,555	7.2206%
Teresa Mason					
Comrie, Steven D		50,000		50,000	. 0.4123%
Comrie, Melissa A					
Ege, Karl John		707,407		707,407	5.8339%
Ege, Carol J					
Eising, Peter		53 897		53 897	0 4445%

Attachment -Shanhoklars

	· · · · · · · · · · · · · · · · · · ·				
2.0821%	252,465	5	252,465	Q*	Simkins, James S W
0.5258%	63,755	Ō	63,755		Shoup, Allen
3.5379%	429,001		429,001		Clapp III, Matthew N
12 7866%	1,550,473		1,550,473		Sherburne, Philip
1.9255%	233,481		233,481		Scherer, Gilbert
0.0000%	0	0		-\$-	Pioneer Broadcasting (Tom Lucas)
1.1489%	139,310	0	139,310		Peterson, Richard-deceased Peterson, Rosemary
<u>%0688.0</u>	107,794		107,794		Oki Enterprises (Nancy Ishimitsu) Cho
4.1235%	500,000	<u> </u>	500,000		Miller, Nell
0,4928%	59,755	Ű	59,755	#	Miller, John
1.9619%	237,900	0	237,900		Malone, Michael J
0.0000%		0 -40,000	40,000	h	Lamson, Robert D
0.5694%	69,050	0	69,050		Kraabel, Paul
2.2224%	269,485	<u>σ</u>	269,485	Q *	Johnson, Cynthia
2.3818%	288,814	4	288,814		Jarvis, Kristen
				5 *	Sweeney, Ashley (Groen)
2.2329%	270,750	<u> </u>	270,750		Gleser, Malcolm Gleser, Dorothy
0.8866%	107,510	0	107,510		Fill, Dennis
5.7445%	696,567	7	696,567		Fade, Richard Fade, Susan K

The LDB Company		107 215	107 215	1 05000/
(Brad Covey)			. CIC'171	%00c0.1
Treadway Revocable Trust	@ _*	64,083	64.083	0.5285%
Treadway, James B; Treadway Jan				
Wheeler, Mark	Q.	269,485	269,485	2.2224%
Winsor, Robert	?			
Wisegarver Family Trust		452,010	452.010	3 7777%
(Paul)				
Zimmerman, Gary		32,338	32,338	0.2667%
Michele Genthon				
AL		12,125,749	12,085,749	100.0000%
As of 1/19/02				
As of 1/25/02 (culum)				
As of 1/31/02 (culum)				
As of 2/08/02 (culum)				
Reconcilliation				
11/19/09-Keith Vernon transferred all units to Tom Alberg	inits to Tom A	lberg.		
12/08/10-Ashley Sweeney (Groen) sold shares to James Simkins	to Phil Shart	mes Símkins.		
10/16/11-Mark Wheeler and Cynthia B. Johnson (142) split shares 50:50 effective Jan. 1, 2011 (538,969 split to 269,4)	. Johnson (142	2) split shares 50:50 effective J:	lan. 1, 2011 (538,969 split to 269,48	84.50 each)
Pioneer Broadcasting sold shares -1/3 each to Elizabeth Clapp, Margaret Clapp, and new investor Matthew N Clapp I	each to Elizal	to Treadway Revocable Trust. beth Clapp, Margaret Clapp, an	nd new investor Matthew N Clapp III	
07/30/15-Robert and Elizabeth Lamson sold 40,000 shares back to Willows Lodge	n sold 40,000 :	shares back to Willows Lodge.	· 	-