

Do you currently hold, or have you ever held, an auto transportation certificate?
 No Yes If yes, please indicate your certificate number: C-_____

TC-090275
 Replacement Pages

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: <u>2</u>	Amount of time: <u>1:30 minutes</u>
Will an attorney be representing you? If so, complete the following: <u>no</u>	
Attorney's name: <u>n/a</u>	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	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

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.

SECTION 6 - EQUIPMENT LIST

Describe the equipment you will use in your operations. Attach additional sheets if necessary. You must have your vehicles inspected and receive a valid Commercial Vehicle Safety Alliance decal for each motor vehicle before your application is granted.

Year	Make	License Number	Vehicle ID Number	Seating Capacity
Vehicle to be purchased				
when approval is granted				

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). 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 an 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: Wayne Paupst Position: President/mgr

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS (WAC 480-30-251 through WAC 480-30-436). You must file a tariff showing all rates and how those rates will be assessed. You must also file a time schedule.

Name: Wayne Paupst Position: mgr.

ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081). You must file an annual report and pay regulatory fees by May 1 of each year.

Name: Wayne Paupst Position: mgr.

CUSTOMER SERVICE (WAC 480-30-441 through WAC 480-30-461). You must interact with customers according to the rules.

Name: Wayne Paupst Position: mgr

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 and Internal Revenue Service and Employment Security.

Name: Wayne Paupst Position: mgr.

SECTION 8 - DECLARATION OF APPLICANT:

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

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

I certify 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: Wayne A. Paupst

Signature: Wayne A. Paupst

Date, County, State: March 5, 2009 - Spokane County, Washington



33. W. Spokane Falls Blvd Spokane, WA 99201

Toll Free Reservations: (888) 824-0292

(509)623-9727

Fax (509) 623-9737

www.spokanetravelodge.com

Fax

To: Tina Leipski From: Wayne Paupst
 Fax: 360-586-1181 Pages: 4
 Phone: Date: March 5, 2009
 Re: Spokane Falls Inn LLC CC:
 Missing documents

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

Re your letter of Feb 27, 2009, I am enclosing missing documents. If those are not satisfactory, please fax me the necessary corrections (509) 623-9737)

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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

Date: February 23, 2009

Subject:

Correction to Auto Transportation Rules submitted Feb 19
2008. Corrections to rules would be on item four and item
seven. Enclosed is revised document of auto transportation
rules.

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 hearing 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 for that reservation.