WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PENALTY ASSESSMENT TV-131001

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

[1] 1.	Payment of penalty. I admit that the violations occurred. I have:				
	[] Enclosed \$50 in payment of the penalty (Friedlesed proof of payment)				
	[] Submitted my payment of \$50 online at <u>www.utc.wa.gov</u> . My confirmation number is				
[] 2.	Request for a hearing. I believe that one or more of the alleged violations did not occur, based on the following information, and request a hearing, which is a process that allows an affected person to present argument to an administrative law judge for a decision by an administrative law judge:				
[] 3.	Application for mitigation. I admit the violations, but I believe that the penalty should be reduced for the reason(s) set out below.				
OR	 [] a) I ask for a hearing for a decision by an administrative law judge based on the information presented above. [] b) I waive a hearing and ask for an administrative decision on the information I presented directly above. 				
	e under penalty of perjury under the laws of the State of Washington that the foregoing, ag information I have presented on any attachments, is true and correct.				
Dated: _	Sep. 05, 2013 [month/day/year], at ws Angels CA [city, state]				
Name of	f Respondent (company) – please print Signature of Applicant				
RCW 9	A.72.020:				

"Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor's mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony."

'Print Preview'



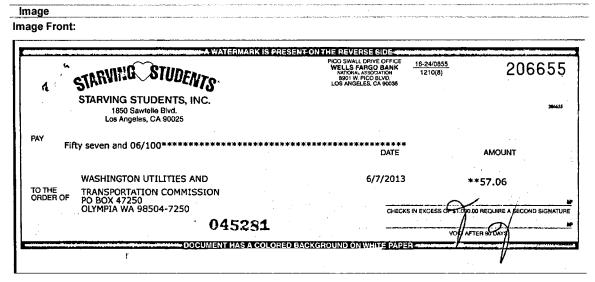
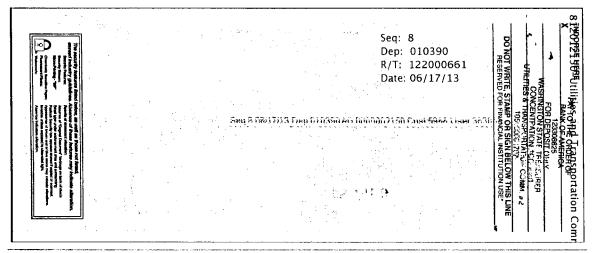


Image Back:



Item Details

Amount: 57.06 Check #: 206655

Posting Date: 06/17/2013 As of Date: 06/17/2013

Additional Item Details: 0000043 +000000008901645

CHECK

Account Name: STARVING STUDENTS, INC.

Account Number: 4290115666
Routing Number: 121000248
Description: CHECK PAID

Item Sequence Number: 8114464529

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Second Notice

INVOICE

Utilities & Transportation Commission 1300 S. Evergreen Park Drive S.W. Olympia, Washington 98504-7250 (360) 664-1349 Accounts Receivable (360) 664-1289 Fax Federal Tax ID: 91-6001121

DATE:

June 12, 2013

AGENCY NO:

2150

INVOICE NO:

<u> 1570 - 2</u>

check or 17/13

TO:

Accounts Payable

STARVING STUDENTS, INC.

1850 Sawtelle Blvd

Suite 300

Los Angeles, CA, 90025

	Reference		
	Annual Report 2012 Regulatory Fees		
	Description		Amount
Penalty (** Late Fee of 2%)			\$57.06
		Upon Receipt	\$57.06
Per RCW 80.24.010-Companies to file repo of the fee imposed by this section made after fees shall accrue interest at the rate of one	rts of gross operating revenue and pay fees by le or its due date shall include a late fee of two pero percent per month.	May 1 of each year. cent of the amount do	**Any payment ue. *Delinquent
Detach here		error de la composition production de la composition della composi	M. M. Communication of the Com
Please return this portion with your paymen		DICE NO: 1570 -	
Name: STARVING STUDENTS, INC.		AL DUE: \$57.06	_
Attn: Fina PO Box 4	d Transportation Commission ncial Services 1250 VA 98504-7250		
Type of payment: (Do not send cash in the r	nail.)		
Check [_] Money order Credit card: [_] AM	EX [_] Discover [_] VISA [_] Mastercard	Exp date:	Mo /Yr_
Certification: I, the undersigned, under penalty forect, that I am authorized to execute on beha according to the card issuer agreement.	or false statement, certify that the information is true, vall of the applicant, and that I agree to pay the total amou	ilid, and unt due	
Name, printed	*For information about on	line payments, see a	bove.
Customer's signature		Date	
AGENCY USE ONLY			
Receipt ID	If you have any ques invoice please call Ac		
Payment ID		4-1349	`

AGENCY USE ONLY				
Receipt ID				
Payment ID				
Supplmental Info				
Amount Received				
Date Received				

Green! Pay your invoices online @ payments.utc.wa.gov