

TC-050284

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

1300 South Evergreen Park Drive SW, PO Box 47250  
Olympia Washington 98504-7250  
Phone (360) 664-1222  
Fax (360) 586-1181

RECEIVED  
DISTRIBUTION CENTER  
2005 FEB 16 AM 8:01

**APPLICATION FOR BUS CERTIFICATE**

STATE OF WASH.  
WUTC

Fee: \$150.00

M-43527  
CID 43527 Reception NO. 0009557 Application No. D79359  
230-01

Date Received 2/22/05 Amount \$ 150.00 Additional Perm

Fitness Rates Schedule Insurance

Application is made to the Washington Utilities and Transportation Commission for a Certificate of Public Convenience and Necessity, as provided in Chapter 81.68 RCW.

**APPLICATION**

Fee - \$150

(Check One Only)  ORIGINAL  EXTENSION

NOTE: APPLICATION MUST BE COMPLETED IN FULL  INDIVIDUAL  PARTNERSHIP  
 CORPORATION

*Quinn*  
*3/21/05*

1. NAME OF APPLICANT OMNIBUS SHUTTLE TOUR & CHARTER, INC.  
(Must correspond with name on insurance policy)

2. D/B/A: SAME

3. MAILING ADDRESS PO BOX 790 PHYSICAL ADDRESS 2403 A STREET  
Coeur d'Alene, ID. 83816 Coeur d'Alene, ID. 83814

BUSINESS TELEPHONE NUMBER 208 667-6664 FAX NUMBER 208 667-6664

UBI # 602488576 E-MAIL BOB@ALPHAOMEGATOURSANDCHARTERS.COM

4. IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

ELAIN E ACKERMAN PRES DAVE J. ACKERMAN, V.P.

5. Will an attorney be representing you at the hearing?  Yes  No

If yes, list specific attorney's name: \_\_\_\_\_

Phone No. \_\_\_\_\_ Address: \_\_\_\_\_

6. If the Commission assigns this application for formal hearing, applicant will present approximately 2 witnesses at the hearing. Estimate how much time your presentation will take. 10 minutes

MC 492763

7. Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.

DOOR TO DOOR SERVICE BY APPOINTMENT BETWEEN  
~~SPokane and North Idaho addresses and~~  
SPokane Intl Airport and Spokane Amtrak.  
THERE IS NO FIXED ROUTE - OTHER THAN THE  
I90 CORRIDOR AND IDAHO HWY #95 AS THE  
PRIMARY ROUTES

(NOTE: This statement may be a separate attachment labeled "7").

8. Is this an application for extension of your present route? L Yes  NO  
If yes, attach a copy of your current certificate.

9. Attach two copies of your proposed tariff, which shows both the rates or fees to be charged for service and rules and regulations which govern how they will be assessed.

10. Attach two copies of your proposed time schedule and route, naming all service points. N/A

11. State fully the conditions that justify the Commission granting you a certificate.

WE PROVIDE A VITAL SERVICE TO THE N- IDAHO  
COMMUNITIES OF SAFE, RELIABLE, PROFESSIONAL  
SHUTTLE TRANSPORTATION FOR INDIVIDUALS AND  
BUSINESSES.

(NOTE: This statement may be a separate attachment labeled "11")

12. List the terminal facilities you propose to use at each of the named points on your proposed route.

SPokane Intl Airport      Spokane Airways  
Coeur d'Alene Airport  
FELS FIELD  
SPokane Amtrak Terminal

(NOTE: This statement may be a separate attachment labeled "12")

13. You must submit, prior to issuance of a certificate to operate as an Auto Transportation Company, a Form "E" Certificate of Insurance issued by an insurance company authorized to write insurance in the state of Washington.

14. List the names and addresses of all other transportation providers currently furnishing similar service by means of motor coach, railroad or boat lines, between any of the points or along any portion of the route you propose to serve.

SEE ATTACHMENT

(NOTE: This statement may be a separate attachment labeled "14")

AS of 12/17/04

WE ARE USING OFFICE SPACE PROVIDED BY "SISTER" COMPANY

15. Complete the following financial data\*:

ASSETS		LIABILITIES	
Cash in Bank and on hand	\$ 9	Salaries/Wages Payable	\$ 1893
Notes Receivable	\$ 0	Accounts Payable	\$ 3849
Accounts Receivable	\$ 21406	Notes Payable	\$ 91826
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	Other	\$
Land and Buildings		<b>TOTAL LIABILITIES</b>	\$ 97658
Equipment (buses)	\$ 50,000	<b>NET WORTH</b>	
Office Furniture	\$	Preferred Stock	\$
Other Equipment	\$	Common Stock	\$
Other Assets	\$	Retained Earnings	\$
	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 71,415	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$ (26243)

\*Enclose Balance Sheet and Profit and Loss Statement, if available, and label it "15"

16. Complete the following statement of equipment to be used in connection with proposed service or attach equipment list with the appropriate information.

#6  
#7  
#8  
#9  
#10  
#559

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
KG1297	1996	1FBJS31H1THA55006	15
KD3239	1997	1GBJG31F9V1075158	25
KD6499	1990	1FDKE30M1LH859724	21
BFO109 (PRP)	1997	1FDLE40F9VHC05841	17
BF1193 (PRP)	1990	1FDKE30M8LH868047	22
BF1192 (PRP)	1991	1FDKE30GXMHA10696	24

(NOTE: This information may be an attachment labeled "16").

17. SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

**GENERAL**

Do you have a copy of the laws and rules relating to auto transportation companies?..... YES  NO  N/A

Have you been cited within the last three years by the Commission for violations of its rules or laws?.....  YES  NO  N/A

If Yes, explain: \_\_\_\_\_

Are you familiar with the state passenger carrier safety rules?..... YES  NO  N/A

PART 396 – INSPECTION, REPAIR AND MAINTENANCE (con't)

YES NO N/A

- Will you train drivers to perform pre-trip inspections?.....
- Will you maintain the prior three months vehicle inspection reports on a vehicle?.....
- Will you maintain a complete maintenance file on all vehicles?.....

*see attachment*

The applicant understands that the filing of this application does not in itself constitute authority to operate; that he/she is familiar with the law and the rules of the Washington Utilities and Transportation Commission governing Auto Transportation Companies and promises strict compliance therewith.

Dated at: \_\_\_\_\_, Washington, ~~12/30/04~~ 2/14/05  
(City or Town) (Month/Day/Year)

*OMNIBUS SHUTTLE  
TAXI & CHARTER, INC.*

*DAVE S. ACKERMAN, VP.*  
(Name of applicant)

By: *[Signature]*  
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

*2/14/05 Medical Lake, WA.*  
(Date and Place)

*[Signature]*  
(Signature)

Will management review the carrier's compliance status on a periodic basis?.....

**NOTIFICATION AND REPORTING OF ACCIDENTS**

Are you familiar with the Commission accident reporting rule? ..... **YES** **NO** **N/A**

Will you take any action against drivers involved in preventable accidents?.....

**PART 391 - QUALIFICATION OF DRIVERS**

Do you have written hiring policies/procedures that are being followed when hiring new drivers?..... **YES** **NO** **N/A**

Are oral interviews conducted with new drivers to verify information submitted on their applications?..

Will you have a system established to ensure drivers' medical certificates remain current?...

Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....

Will you review the results of the health history and physical examination?.....

Will you have a system established that will ensure drivers' operating licenses remain current?.....

Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....

Will you comply with the road test provisions of Section 391.31?.....

Can you maintain and produce complete driver qualification files on drivers?.....

**PART 392 - DRIVING OF MOTOR VEHICLES**

Do you have established procedures concerning the use of alcohol and drugs?..... **YES** **NO** **N/A**

Do you have a policy for monitoring speed?.....

**PART 395 - HOURS OF SERVICE OF DRIVERS**

Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?..... **YES** **NO** **N/A**

Will you file records of duty status in systematic manner?.....

Will drivers be required to complete recaps of their records of duty status?.....

Will dispatchers be aware of drivers' hours of service prior to trip?.....

Will other independent records be compared to drivers records of duty status for accuracy?.....

Will you have a system for recording hours of duty status on 100 mile radius drivers?.....

Will you have a disciplinary policy for noncompliance with Part 395?.....

**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

Will you have written procedures explaining a systematic, periodic maintenance program?..... **YES** **NO** **N/A**

Will you periodically review maintenance records for all equipment?.....

Will you comply with the vehicle inspection procedure?.....

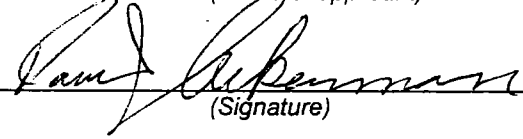
PART 396 – INSPECTION, REPAIR AND MAINTENANCE (con't)

	YES	NO	N/A
Will you train drivers to perform pre-trip inspections?.....	X	___	___
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	X	___	___
Will you maintain a complete maintenance file on all vehicles?.....	X	___	___

The applicant understands that the filing of this application does not in itself constitute authority to operate; that he/she is familiar with the law and the rules of the Washington Utilities and Transportation Commission governing Auto Transportation Companies and promises strict compliance therewith.


Dated at: MEDICAL LAKE, WA, Washington, 12/30/02 2/14/05  
(City or Town) (Month/Day/Year)

OMNIBUS SHUTTLE  
TUNE & CHARACTER, INC. DAVE S. ACKERMAN, VP.  
(Name of applicant)

By:   
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

2/14/05 Medical Lake, WA.  
(Date and Place)

  
(Signature)

# OMNI AIRPORT TRANSFER RATES SCHEDULE

(As of 2/13/2005)

		<b>1<sup>st</sup> Pass</b>	+	<b>Ea Additional</b>
<b>NORTH:</b>	Athol	\$ 60		\$ 10
	Bayview	\$ 65		\$ 15
	Bonnars Ferry	\$ 115		\$ 15
	Clark Fork	\$ 110		\$ 15
	Cocollala	\$ 65		\$ 15
	Garwood/Chilco	\$ 50		\$ 15
	Hayden Ave. North to Hwy 53	\$ 40		\$ 15
	Hope	\$ 100		\$ 15
	Oldtown	\$ 80		\$ 15
	Priest Lake (S. End)	\$ 120		\$ 15
	Sagle	\$ 70		\$ 15
	Sandpoint	\$ 80		\$ 15
	Schweitzer	\$ 90		\$ 15
	Spirit Lake (Loop Rd & No)	\$ 70		\$ 15
Twin Lakes	\$ 60		\$ 15	
<b>SOUTH:</b>	Cougar Gulch-Mica Rd Area	\$ 40		\$ 10
	Lewiston	\$ 145		\$ 15
	Plummer	\$ 80		\$ 15
	Worley	\$ 60		\$ 15
<b>EAST:</b>	Cataldo	\$ 60		\$ 15
	Hidden Creek Ranch	\$ 80		\$ 15
	Kellogg	\$ 75		\$ 15
	Mullan Trail Area	\$ 40		\$ 10
	Pinehurst	\$ 75		\$ 15
	Silver Beach Area/Sunnyside	\$ 40		\$ 10
	St. Maries	\$ 100		\$ 15
Wallace	\$ 85		\$ 15	
<b>WEST:</b>	Post Falls	\$ 35		\$ 10
	2-mile range of Hwy 90	\$ 35		\$ 10
	Rathdrum	\$ 50		\$ 15
<b>REGIONAL RATES:</b>	CDA-Cataldo	\$ 40		\$ 15
	CDA-Kellogg/Sandpoint	\$ 45		\$ 15
	CDA-Schweitzer/Wallace	\$ 60		\$ 15
<b>HOURLY RATES:</b>	Local Shuttles			
	14 Passenger Van	\$ 35		@ hour
	Mini-buses	\$ 50		@ hour
<b>PER MILE:</b>	Long-range Trips	Live		Dead-head
	14 Passenger van	\$ 1.50		\$ 1.25
	Mini-buses	\$ 1.90		\$ 1.50

Rates are roughly based on a charge of \$0.50 a mile (round trip) for the first passenger. Senior rate is discounted \$3.00 for the first passenger only.

# OMNI AIRPORT TRANSFER RATES SCHEDULE

(As of 2/13/2005)

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	Oldtown	\$ 80	+	\$ 15
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	Plummer	\$ 80	+	\$ 15
	Worley	\$ 60	+	\$ 15
<b>EAST:</b>	Cataldo	\$ 60	+	\$ 15
	Hidden Creek Ranch	\$ 80	+	\$ 15
	Kellogg	\$ 75	+	\$ 15
	Mullan Trail Area	\$ 40	+	\$ 10
	Pinehurst	\$ 75	+	\$ 15
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**OmniBus**  
SHUTTLE, TOUR & CHARTER

P. O. BOX 790  
COEUR D'ALENE, IDAHO 83816  
208-667-6664 (PHONE / FAX)

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FEB 13 AM 7:41

STATE OF WASH.  
WUTC

# FAX

<b>To:</b> Tina Leipski, WA U&TC	<b>From:</b> Stacy Waller, Manager
<b>Fax:</b> 360-586-1181	<b>Pages:</b> 2
<b>Phone:</b> 360-664-1222	<b>Date:</b> February 10, 2006
<b>Re:</b> Application	<b>CC:</b>

Thank you for your patience, Tina.

Following is a fax of the map outlining the territory we wish to serve. I'm also sending the "hard copy" by mail today.

Please let me know if you have any questions.

*Had talked w/ Stacy - let him know app & map need to match - need detailed map of territory - He will talk w/ owner - they have an MC# for charter only -*

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

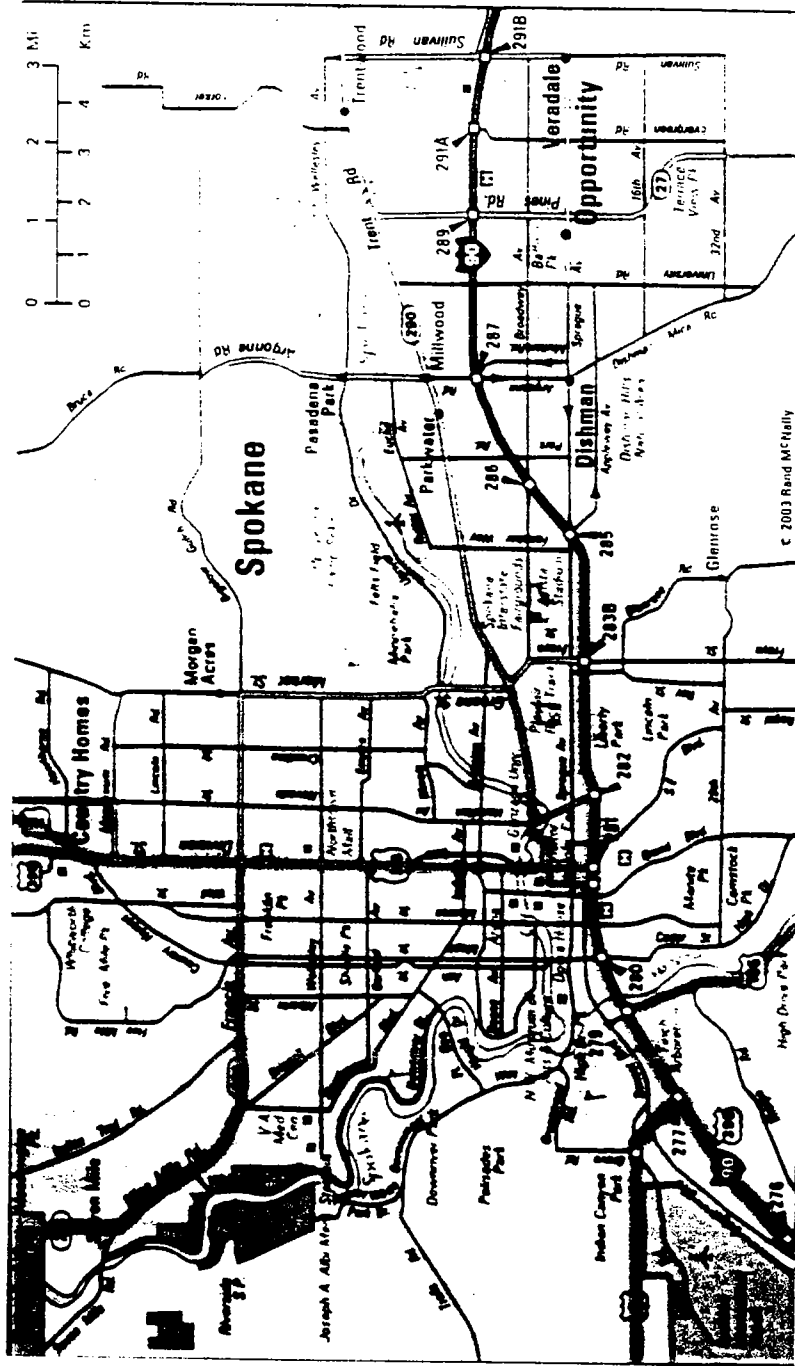
Date: 01-11-2006 Staff: Tina Leipski

D079359  
OMNIBUS SHUTTLE, TOUR & CHARTER, INC  
PO BOX 790  
COEUR D'ALENE, ID 83816

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X FINAL NOTICE! Your application will be dismissed if the items requested in this letter are not satisfied within 30 days.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X Also, we are missing the map detailing the territory you want to serve. If we don't receive anything by 2/11/06, your application will be dismissed and your money will be refunded to you.

ALBANY, CANADA  
WASHINGTON



NOT TO SCALE

WASHINGTON  
ID 4710

Spokane



P. O. BOX 790  
 COEUR D'ALENE, IDAHO 83816  
 208-667-6664 (PHONE / FAX)

# FAX

*509/220-9589*

<b>To:</b> Tina Leipski, WA U&TC	<b>From:</b> Stacy Waller, Manager
<b>Fax:</b> 360-586-1181	<b>Pages:</b> 2
<b>Phone:</b> 360-664-1222	<b>Date:</b> February 10, 2006
<b>Re:</b> Application	<b>CC:</b>

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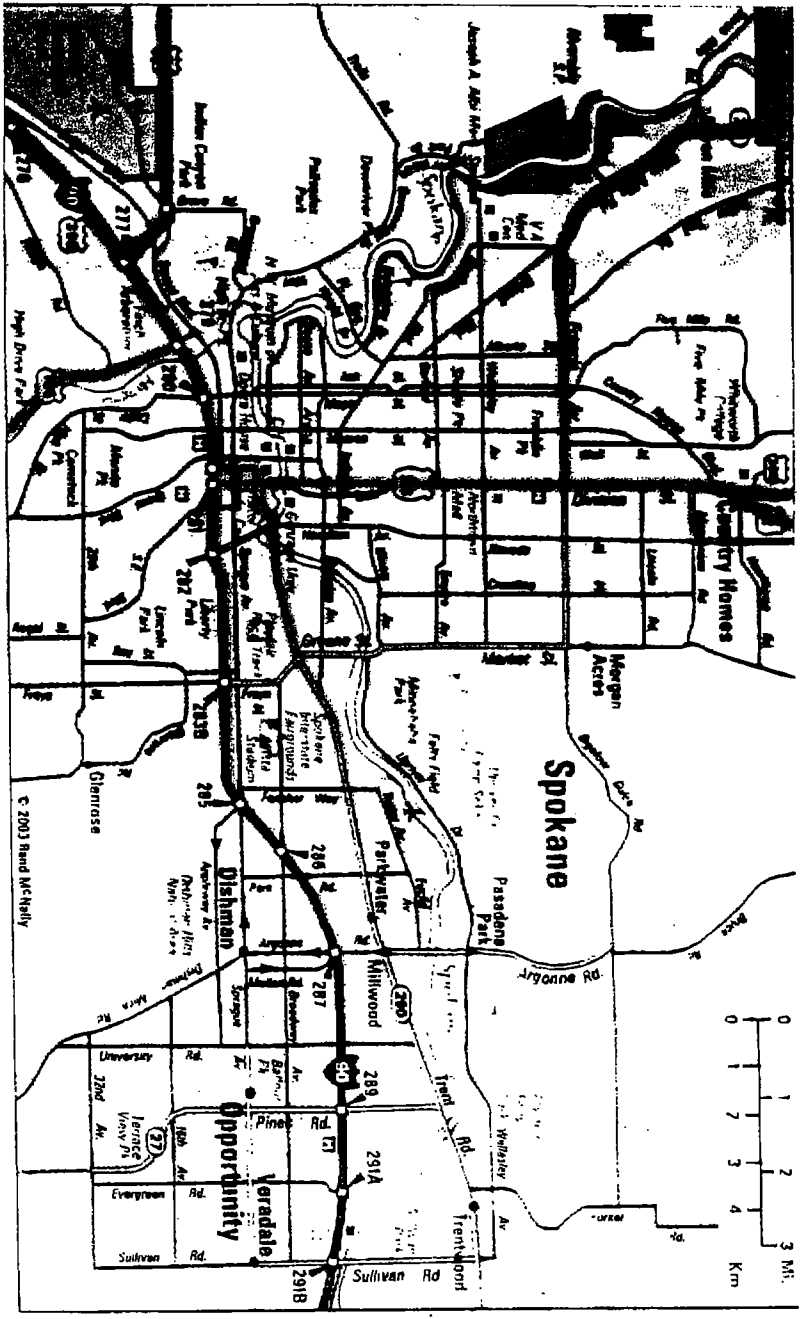
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Please let me know if you have any questions.

*2/17 called -  
 could not get  
 ahead of*

Spokane, WA.

WASHINGTON



NOT TO SCALE

WASHINGTON WA

WASHINGTON

DATA

Ken Chapman/WUTC  
02/27/2006 02:35 PM

To Tina Leipski/WUTC@WUTC  
cc  
bcc  
Subject Call on Omnibus

Cathy Reimer from Spokane Airport called on status of omnibus (tc-50284) mot 43527. I will let her know it is still pending. Her number is 509-455-6417. They are operating to the Airport.

Ken....

2/28 talked w/ Cathy - she has numerous notes to file that she has contacted Company re: their operations. They keep saying "they are working on it". She sent a certified ltr to them saying they are not legal to operate in WA.

3/10 Talked w/ Stacy he claims they do NOT do intrastate - I advised him to withdraw this app - he doesn't want to "close the door" yet? He's going to call FMCSA to see if he already has auth -

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 02-23-2005 Staff: Tina Leipski

D079359  
OMNIBUS SHUTTLE, TOUR & CHARTER, INC  
PO BOX 790  
COEUR D'ALENE, ID 83816

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X You need to contact the Department of Licensing (360-664-1400) and the Secretary of State (360-753-7115) to receive a UBI number and register your corporation with the Secretary of State's office. Also, page 5 was not completed. I am enclosing a copy for you to complete and return to our office. Any questions or concerns, feel free to contact me at 360-664-1170. Thanks! Tina



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

May 11, 2005

Omnibus Shuttle Tour & Charter, Inc.  
P.O. Box 790  
Coeur d'Alene, ID 83816


Dear Mr. & Mrs. Ackerman,

Thank you for completing Page 5 of the application. I have attached it to your current application. The UBI number is still missing and since you are a corporation, you will need to register with the Secretary of State's Office. They can be reached at 360-753-7115. Once you have received both, please contact our office to update your file with the UBI number.

Also noted, we will need a detailed map or sketch of the proposed territory you would like to serve. The map must indicate the exact areas that you would intend to serve.

If you have any questions or concerns, feel free to contact me at 360-664-1170.

Sincerely,

  
Tina Leipski  
Transportation Specialist

6/8 talked w/ Dave re: this app - he doesn't think he needs it. Will discuss with other people & see if they will go forward w/ D app -

11/23 left msg for Mr Ackerman  
1/23 Dave called - they still want authority - will send in map





FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 05-11-2005 Staff: Tina Leipski

D079359  
OMNIBUS SHUTTLE, TOUR & CHARTER, INC  
PO BOX 790  
COEUR D'ALENE, ID 83816

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X Thank you for completing the application although we are still missing the UBI number and, since you are a corporation, you must register with the Secretary of State's Office at 360-753-7115. Also needed is a detailed map or sketch of the proposed territory you would like to serve. Any questions or concerns, feel free to contact me at 360-664-1170. Thanks! Tina

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2005 MAY -9 AM 8:22

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

STATE OF WASH.  
WUTC

Date: 02-23-2005 Staff: Tina Leipski

D079359  
OMNIBUS SHUTTLE, TOUR & CHARTER, INC  
PO BOX 790  
COEUR D'ALENE, ID 83816

#5  
Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X You need to contact the Department of Licensing (360-664-1400) ~~EXT 7~~ and the Secretary of State (360-753-7115) to receive a UBI number and register your corporation with the Secretary of State's office. Also, page 5 was not completed. I am enclosing a copy for you to complete and return to our office. Any questions or concerns, feel free to contact me at 360-664-1170. Thanks! Tina

UBI #

DOL.WA.GOV (BUSINESS)

SEC.STATE.

Dismiss 2/11/06

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 01-11-2006 Staff: Tina Leipski

D079359  
OMNIBUS SHUTTLE, TOUR & CHARTER, INC  
PO BOX 790  
COEUR D'ALENE, ID 83816

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- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X Also, we are missing the map detailing the territory you want to serve. If we don't receive anything by 2/11/06, your application will be dismissed and your money will be refunded to you.

2/10 talked w/ man? he said he has the map & will try to fix it but will wait -

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

RECEIVED  
FEB 03 2006  
WASH. UT. & TP. COMM.

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)  
This is to certify that the National Interstate Insurance Company  
(Name of Company)  
(herein after called Company) of 3250 Interstate Drive ,Richfield ,OH ,44286  
(Home Address of Company)

---

OMNIBUS SHUTTLE, TOUR & CHARTER, INC.  
has issued to \_\_\_\_\_ of 2403 N. "A" STREET ,COEUR D'ALENE ,ID ,83814  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 01/18/2006 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

3250 Interstate Drive ,Richfield ,OH ,44286  
Countersigned at \_\_\_\_\_ This 30th day of Jan 2006  
(Address) (Day) (Month) (Year)

Insurance Company File No. CAD 0600637-09  
(Policy No)

Kristy Pierce  
(Authorized Company Representative)

Underlying Limit :0.00      Liability Limit :5,000,000.00



# Motor Carrier Information Exchange

National Online

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[Search Motor Carrier](#)

[Reports](#)

[My Profile](#)

**RECEIVED**  
 FEB 03 2006  
 WASH. UT. & TP. COMM.

You have submitted the following motor carrier insurance filings. Your application will be sent to the corresponding state agency automatically and your account will be billed \$ 0.00. If you filed a paper filing, please print out the form now and either mail/fax to the state. Paper filings are not submitted to states via the system.

### Insurance Information

<b>Insurance Company</b>	National Interstate Insurance Company		
<b>Authorized Signature</b>	Kristy Pierce	<b>Insurance Agent ID</b>	
<b>Form Type</b>	Form E	<b>Reinstate</b>	<input type="checkbox"/>

### Certificate of Insurance

<b>Policy Number</b>	CAD 0600637-09	<b>USDOT</b>	
<b>Underlying Limit</b>	Amount entered will be multiplied by 1000	<b>Liability Limit</b>	5,000.00 Amount entered will be multiplied by 1000
<b>Effective Date</b>	Jan 18 2006	<b>FHWA</b>	

### Motor Carrier Information

#### Electronic Filing States

#### Non-electronic Filing States

#### Washington

<b>Insurer #</b>		<b>State MC ID</b>	
<b>Legal Name</b>	OMNIBUS SHUTTLE, TOUR & CHARTER, INC.	Download your filing by clicking <a href="#">Form E</a>	
<b>DBA</b>			
<b>Address</b>	2403 N. "A" STREET		
<b>City</b>	COUEUR D'ALENE	<b>State *</b>	IDAHO
<b>Zip</b>	83814	<b>Country</b>	US

**Notes**

IF THERE ARE ANY QUESTIONS OR CONCERNS IN REFERENCE TO THIS FILING, PLEASE CALL US TOLL FREE: 1-800-929-1500. THANK YOU.

You have submitted the following motor carrier insurance filings. Your application will be sent to the corresponding state agency automatically and your account will be billed \$ 0.00 If you filed a paper filing, please print out the form now and either mail/fax to the state. Paper filings are not submitted to states via the system

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