# PRIVATE NONPROFIT SPECIAL NEEDS TRANSPORTATION PROVIDERS

## 2015

## **ANNUAL REPORT**

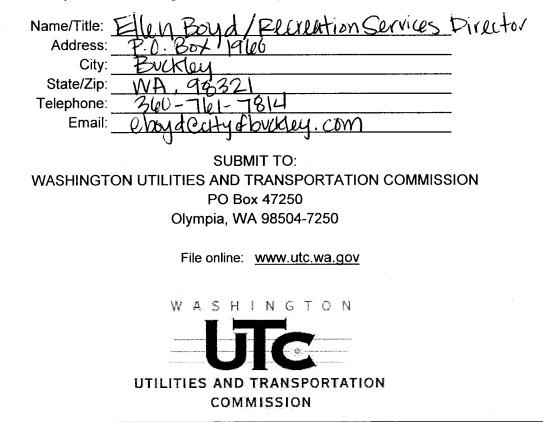
FOR

Buckley Seni	or Citizens	·
(NAME UNDER WHICH CORPORATION, PARTN	NERSHIP, OR INDIVIDUAL IS DO	ING BUSINESS)
P.D. Box 147,		
(OFFICIAL MAIL	LING ADDRESS)	
BULKTEY (CITY)	(STATE)	<u>9632</u>

Please check if address listed above is an updated address

#### Report Year Ended: December 31, 2015

Inquiries concerning this Annual Report should be addressed to:



REPORT MUST BE RECEIVED NO LATER THAN MAY 2, 2016

\*\*\*Please refer to the Instructions for Completing the Annual Report on Page 2\*\*\*

# ANNUAL REPORT CERTIFICATION

## (PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)

l, the	e undersigned
of	Buckley Senior Citizens
conta of th	Name of Company e examined the foregoing report; that, to the best of my knowledge and belief, all statement of fact ained in said report are true and said report is a correct statement of the business and affairs e above-named respondent in respect to each and every matter set forth therein during the period January 1, 2015, to December 31, 2015, inclusive. <u>AUTUALIAN SUVICUS DIACTOR</u> Title (please print) Name of Company
	<u>340-161-7814</u> Telephone Number Date
	GENERAL INFORMATION
	Washington Unified Business Identifier (UBI) No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: United States (USI) USI No.:   (If you do not know your UBI No.: USI) USI No.: <t< td=""></t<>
	Business Structure (please check the appropriate designation):
	List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.
	Name Percent / Shares / Stock / Ownership

Name	Title / V	Percent / Shares / Stock / Ownership
·····		

## REGULATORY FEE CALCULATION SCHEDULE

Due May 2, 2016

Company Name:

Annual Report Year NR 10116 ON IDY 70h5 2015

In accordance with RCW 81.66.030 "Regulatory Fees", the Commission requires Private Nonprofit Special Needs Transportation Providers to file reports the number of vehicles operated by said company at any time during the calendar year and pay the sum of ten dollars annually for each vehicle operated. Every company subject to regulation shall file with the Commission a statement under oath and pay to the Commission a fee as instructed below. There is no minimum fee.

	Regulatory Fee Calculations			
1	Total Number of vehicles operated at any time during the regulatory year			
2	Total Regulatory Fees owed (enter amount from Line 1)	\$10.00		\$0.00
	Agency	Use Only	001-111-0268-	-231-01
	Penalty & Interest Calculations			
3	Penalties on Regulatory Fees being paid after May 2			
4	Total Penalties on Regulatory Fees owed (enter amount from Line 2 x 2%) \$0.00 x	0.02		\$0.00
5	Interest on Regulatory Fees being paid after May 31			
6	Amount from Line 2 x Number of month past May 31 x 1% \$0.00 x x	0.01		\$0.00
7	Total Penalties and Interest owed (Line 4 plus Line 6)			\$0.00
8	Total Regulatory, Penalties and Interest Fees Due (Line 2 plus Line 7)			\$0.00
	Agency	Use Only	001-111-0268-	-231-11

		MMISSION USE ONLY	
Reception #:		001-111-0268-231-01	
Reference:	AR2015	001-111-0268-231-11	
Payment ID:		001-111-0268-032-20	
		001R-111-0268-032-20 (	)
		Total Paid:	

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### STATE OF 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

March 1, 2016

#### Subject: Request for Company Electronic Contact Information

The commission is collecting current email addresses from all regulated companies for official commission or staff correspondence. Communications may include, but are not limited to, electronic service of commission orders, rule changes, and emergency notifications. At this time, all communications will also be delivered by First Class Mail to the mailing address on file.

Please provide your company's primary email address below. Only one email address can be listed in the commission's database for each company. To ensure communications are received, the commission recommends the email provided be one which is directed to more than one employee or can be accessed by other company staff in the event of turnover.

Evekley Senior Citizens elogid Ccityoflackley.com Company Name: \_\_\_\_\_ **Email Address:** 

Please send all company contact information update requests to records@utc.wa.gov.

The request must be provided on company letterhead.

Sincerely,

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Steven V. King, Executive Director

Respect. Professionalism. Integrity. Accountability.