

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PENALTY ASSESSMENT TE-170596

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. Payment of penalty. I admit that the violations occurred. I have:

[ ] Enclosed \$\_\_\_\_\_ in payment of the penalty

[ ] Submitted my payment of \$\_\_\_\_\_ online at www.utc.wa.gov. My confirmation number is \_\_\_\_\_.

[x] 2. Contest the violation. I believe that one or more of the alleged violations did not occur, for the reasons I describe below (if you do not include reasons supporting your contest of the violations here, your request will be denied):

[x] a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR

[ ] b) I ask for a Commission decision based solely on the information I provide above.

[x] 3. Application for mitigation. I admit the violations, but I believe that the penalty should be reduced because the violations occurred due to circumstances beyond my control, as explained below (if you do not include reasons that support your application for mitigation here, your request will be denied):

[ ] a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR

[x] b) I ask for a Commission decision based solely on the information I provide above.

RECEIVED  
RECORDS MANAGEMENT  
2017 JUN 23 AM 8:26  
STATE OF WA  
UTIL. AND TRANSP.  
COMMISSION

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: June 2017 [month/day/year], at 1918 S Markwell St [city, state]  
ALCLS LLC SPOKANE WA 99223  
 Name of Respondent (company) – please print Signature of Applicant

RCW 9A.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.”



June 20 2011

I have recieved your email-stating that I am late on my annual report -

Please take into concideration the enclosed paper work proving that I Truly thought that I had done everything I was suppose to do -

I even hired my computer guy to help me - I do not have \$1000 - I will go out of Business

Please know that I have always called TO ask that everything (all paperwork) Be mailed to me Because I am not computer saavy and it scares me that I won't do something right. I have Been told to ask for this in writing rather than By phone -

I get so much spam/junk related to my licencing on Both ALCS LLC & A Little Class Limo Serv. if I got the E-mail - I did not heed. I am sorry & from now on I will call / But there is no phone # on the e-mails.

I cannot pay \$1,000 - I will go out of Business - This is the only Hummer (20 pass) in Spokane.  
Rosie Baring



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

Washington State Patrol  
Commercial Vehicle Enforcement Section  
P.O. Box 42614  
Olympia, WA 98504-2614  
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000179  
Inspection Date: 04/11/2017  
Start: 10:15 AM PT End: 10:36:00 AM PT  
Inspection Level: V - Terminal  
HM Inspection Type: None

CLLS LLC  
18 SOUTH MARKWELL CT  
SPOKANE, WA 99223  
SDOT#: 01172895  
C/MX#: 470199  
Phone#: (509)535-5524  
Fax#:   
Location: 1918 S MARKWELL CT, SPOKANE WA  
Highway:   
County: SPOKANE, WA

Driver:   
License#:   
Date of Birth:   
CoDriver:   
License#:   
Date of Birth:   
Shipper:   
State:   
State:

MilePost:   
Origin: SPOKANE, WA  
Destination: SPOKANE, WA  
Bill of Lading:   
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	LM	HUMR	2003	WA	SUNAMI		5GRGN23U23H129534	6,400	18361453	24383878	

RAKE ADJUSTMENTS

Axle #	1	2
Height	N/A	N/A
Deflection	N/A	N/A
Member	HYDR	HYDR

VIOLATIONS: No Violations Were Discovered.

Placard: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Please: I had this inspector check on her computer to make sure I had done everything I was suppose to have - She did not see anything missing.  
R.3.



Business Card for Inspector

Sandi Yeomans  
Special Investigator  
Motor Carrier Safety

Utilities and Transportation Commission  
1300 S. Evergreen Park Dr. SW  
PO Box 47250  
Olympia, WA 98504-7250  
http://www.utc.wa.gov  
360/664-1237  
Cell: 360/701-1602  
FAX: 360/586-1150  
syeomans@utc.wa.gov

Report Prepared By: Sandi Yeomans, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1



01172895 WA WAU008000179

Sandi Yeomans

Rosam Zarany





U.S. Department of  
Transportation  
1200 New Jersey Ave. S.E.  
Washington, D.C. 20590

Federal Motor Carrier  
Safety Administration

43  
PIN

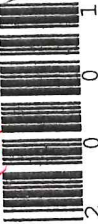
ALCLS LLC  
1918 S MARKWELL CT  
SPOKANE WA 99223-5021

*Updated  
By Computer*

*April 8, 2017*

March 1, 2017

USDOT Number XXXX895  
PIN: 2I41LZ2B



*I have everything sent by mail  
I hired my computer  
Guy to do this - I was  
so afraid of doing it  
wrong or being late -  
I knew the timing & the penalty  
was correct!*

**BIENNIAL UPDATE REMINDER / WARNING NOTIFICATION**

*This was it! R-3*

Dear ULIANA BOGASH,

The Federal Motor Carrier Safety Administration (FMCSA) requires an update of your Motor Carrier Identification Report (MCS-150) form every two years (commonly known as the biennial update). This is required, even if your company's information has not changed or the company is no longer operating in interstate commerce.

"Interstate commerce" means trade, traffic, or transportation in the United States:

1. Between a place in a State and a place outside of such State (including a place outside of the United States); or
2. Between two places in a State through another State or a place outside of the United States; or
3. Between two places in a State as part of trade, traffic, or transportation originating or terminating outside the State or the United States.

FMCSA records indicate registration information for USDOT Number XXXX895 was last updated on February 17, 2015. Pursuant to 390.19(b)(2), its biennial update is due on or before May 31, 2017.

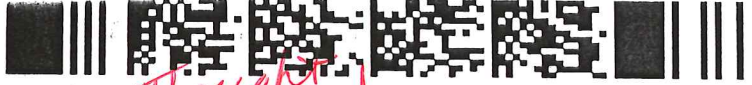
Pursuant to 49 CFR 390.19(b)(4), failure to complete the biennial update, consistent with the requirements of 49 CFR 390.19(b)(2), may result in the imposition of a civil penalty of up to \$1,000 for each offense. Each day the violation continues constitutes a separate offense, and the total penalty for all offenses related to a single violation may not exceed \$10,000. Failure to complete the biennial update may also result in deactivation of USDOT Number XXXX895. There is no charge assessed to your company to complete the biennial update process.

An active USDOT Number is required for motor carrier transportation in interstate commerce. Transportation without USDOT Registration and an active USDOT Number is specifically prohibited. See 49 USC 31134 and 49 CFR 392.9b. Continued operations after deactivation of a USDOT number may result in additional civil penalties, in accord with 49 U.S.C. 521.

To complete an online biennial update, perform the following steps:

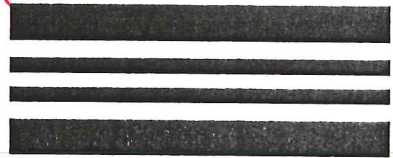
- a) Go to <https://www.fmcsa.dot.gov/registration>
- b) Click on **FMCSA Online Registration System**
- c) Under **Existing Registration Updates** click on the radio button next to the prompt **I need to update my USDOT number registration information or file my biennial update (MCS-150)**. Scroll to the bottom of the screen and then click **Continue**.
- d) When the **USDOT Number MCS-150 Update (Including Biennial)** informational screen is displayed, click **File Electronically** to continue the process.
- e) Enter your full USDOT Number, PIN, EIN/SSN, Company Official information, and then click **Continue**. For your convenience, your PIN has been provided at the top of this letter.





Secretary of State Annual Report

*I Truly thought  
this was the Annual  
Report -  
I updated it on  
Mar 14, 2017  
R.Z.*



Renew Online!  
Go to: CorpRenewal.wa.gov

ALCLS, LLC  
C/O ROSE MARIE ZARING  
1918 S MARKWELL CT  
SPOKANE WA 99223

186

Generated: Feb 24, 2017  
Letter ID: L0002102795  
License Account ID:  
602282362-001-0000

14000003-000186-01-00000000

1918 S MARKWELL CT  
SPOKANE, WA 992230000

Limited Liability Company  
Processing Fee

Important! If the registered agent/office/mailing information is incorrect, mark the box and complete the reverse side of this form. Incorrect mailings could result in the dissolution or termination of your company.

\$ 60.00 Unified Business ID No : 602282362  
11.00 State of Origination : WA  
TOTAL FEES DUE: \$ 71.00 Date of WA Origination : Mar-25-2003  
Expiration Date : Mar-31-2017

Make check payable to:  
DEPARTMENT OF REVENUE  
in U.S FUNDS only

FEES & REPORT REQUIRED BY: Mar-31-2017

Failure to file this annual report and pay fees by the expiration date will result in a \$25.00 late fee and may lead to administrative dissolution.

ANNUAL REPORT SECTION - REQUIRED EVERY YEAR

To withdraw or dissolve this entity, obtain the form at sos.wa.gov/corps

(NOTE: This annual report is subject to public disclosure.)

Address of principal office	<u>1918 S Markwell Ct Spokane WA 99223</u>			
	ADDRESS	CITY	STATE	ZIP
Mailing address of principal office (If Different)	_____			
	ADDRESS	CITY	STATE	ZIP
If formed outside Washington, list office physical address	_____			
	ADDRESS	CITY	STATE	ZIP
list office mailing address	_____			
	ADDRESS	CITY	STATE	ZIP

Contact phone (509) 535-5524 Contact email rosie@alittleclass.com

(This email may be used for future electronic report notices)

Does your company own real property (including leasehold interests) in Washington?  Yes  No (see "Controlling Interest" on back.)

Briefly describe the nature of your business Limousine Service

List name of governors as defined in RCW 23.95.  
(If necessary, attach additional sheets in the same format. Include your UBI number on each page. Do not include Social Security numbers.)

Rose m zaring - Owner  
LAST, FIRST, M.

\_\_\_\_\_

LAST, FIRST, M.

\_\_\_\_\_

LAST, FIRST, M.

\_\_\_\_\_

LAST, FIRST, M.

\_\_\_\_\_

*no more  
just me*

If all governors are companies, the signer must note which company they represent.

x Rose M Zaring Rose M zaring Mar 14 2017  
OWNER DATE SIGNED

THIS DOCUMENT IS HEREBY EXECUTED UNDER PENALTIES OF PERJURY AND IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Telephone: 1-800-451-7985

Please return to: STATE OF WASHINGTON, BUSINESS LICENSING SERVICE  
PO BOX 9034  
OLYMPIA WA 98507-9034



