December 9, 2003

BY US MAIL

FAX TO RECORDS 360-586-1150 RECORDS: PLEASE PASS COPY TO TINA LEIPSKI

RECEIVED DEC 1 1 2003 WASH. UT. & TP. COMM.

Ms. Carole J. Washburn-Executive Secretary Washington Utilities and Transportation Commission 1300 S Evergreen Park DR SW PO Box 47259 Olympia, WA 98504-7250

Subject:

Transmittal of Vehicle List, Commission Agreement, and Insurance

Binder for SEATAC SHUTTLE, LLC d/b/a WHIDBEY-SEATAC SHUTTLE

Docket No. TC-030489

DO NOT RE-DOCKET

Dear Ms. Washburn/Ms. Leipski:

I have enclosed our Vehicle List page 16 from the application, updated for our new vehicles, Commission Agreement for agents & others and Insurance Binder. Please pass to staff to arrange for the issuance of our certificate. We are planning on starting service December 18, 2003. Thank you very much.

Sincerely,

John J. Solin SEATAC SHUTTLE, LLC d/b/a Whidbey-SeaTac Shuttle PO Box 2895 Oak Harbor, WA 98277

360-679-4003 Phone 360-914-1024 Cell 708-575-2979 Fax john@seatacshuttle.com

See: TO-032090 for insurance info.

CC: Tinz 1

Substitution to Original Application of SEATAC SHUTTLE, LLC Docket No. TC-030489 **DO NOT RE-DOCKET**

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

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LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
TEMPORARY	2003 DODGE SPRINTER	WD5WD642X35467013	10
TEMPORARY	2003 DODGE SPRINTER	WD5WD642X35507391	10
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Whidbey-SeaTac Shuttle Commission Agreement

Per WAC 480-30-050 (5) Whidbey-SeaTac Shuttle may only pay commissions to travel agents and others who have a commission agreement with the company that is on file with and approved by the WUTC. Commissions are paid at a rate of 10% against gross revenues, less any taxes or regulatory fees. Commissions are paid on the fifteenth of the month for the previous month's sales. In the event of refunds to agent's customer(s) the agency will be debited on the next commission check for the amount of commission paid on the refunded portion.

I understand and agree to these terms.
Agency:
Address:
Phone:
Fax:
Email:
Signature
Printed
Position