

BEFORE THE WASHINGTON STATE
UTILITIES AND TRANSPORTATION COMMISSION

In re Application No. B-079364 of)	DOCKET NO. TS-050443
)	
MIKE LAUVER AND JOHN SOLIN,)	
d/b/a FEET WET PARTNERS;)	
SARATOGA SHUTTLE)	NOTICE OF PREHEARING
)	CONFERENCE
For a Certificate of Public)	(Set for June 30, 2005, 1:30 p.m.)
Convenience and Necessity to)	
Provide Commercial Ferry Service)	
)	
.....)	

- 1 On March 21, 2005, Feet Wet Partners, d/b/a Saratoga Shuttle, filed an application (No. B-079364) for a certificate of public convenience and necessity to provide commercial passenger and freight-only ferry service between Oak Harbor and Coupeville; Coupeville and Madrona Beach; Oak Harbor and Mukilteo; and intermediate points on the above named routes. Notice of the Application was published in the Commission's weekly docket of April 4, 2005.

- 2 The Commission received no protests within the 30 days required by WAC 480-51-040 and/or WAC 480-51-050. RCW 81.84.020 requires that the Commission grant authority only after hearing.

- 3 The Commission has jurisdiction over this matter under Title 81 RCW, which authorizes it to regulate persons seeking to furnish commercial ferry service under chapter 81.84 RCW and 480-51 WAC. The issues in this proceeding include whether granting the authority requested in the Application is consistent with the public interest.

- 4 The statutes involved include those within chapter 81.04 RCW, chapter 81.84 RCW, and chapter 34.05 RCW, including but not limited to RCW 34.05.431, RCW

34.05.434, RCW 34.05.437, RCW 34.05.440, RCW 34.05.443, RCW 81.84.010, and RCW 81.84.020. Rules involved include those within chapter 480-07 WAC chapter 480-51 WAC, including but not limited to WAC 480-51-060, and WAC 480-51-070.

5 **THE COMMISSION GIVES NOTICE That a prehearing conference in this matter will be held at 1:30 p.m., on Thursday, June 30, 2005, Room 206, Chandler Plaza Building, 1300 S. Evergreen Park Drive S.W., Olympia, Washington.**

6 **THE COMMISSION GIVES NOTICE that any party who fails to attend or participate in the prehearing conference set by this Notice, or any other stage of this proceeding, may be held in default in accordance with RCW 34.05.440. The parties are further advised that the sanction provisions of WAC 480-07-450 are specifically invoked.**

7 The names and mailing addresses of all parties and their known representatives are as follows:

Applicant: Mike Lauver and John Solin
d/b/a Feet Wet Partners; Saratoga Shuttle
1321-B SW Barlow Street
P.O. Box 2895
Oak Harbor, WA 98277
(360) 240-8287

Commission Staff: Jonathan Thompson
Assistant Attorney General
1400 S. Evergreen Park Drive S.W.
P.O. Box 40128
Olympia, WA 98504-0128
(360) 664-1225

8 Administrative Law Judge Ann E. Rendahl, from the Utilities and Transportation
Commission's Administrative Law Division, will preside during this proceeding.

9 Notice of any other procedural phase will be given in writing or on the record, as
the Commission may deem appropriate during the course of this proceeding.

DATED at Olympia, Washington, and effective this 2nd day of June, 2005.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

CAROLE J. WASHBURN
Executive Secretary

Inquiries may be address to:

Secretary
Washington Utilities and
Transportation Commission
Chandler Plaza Building
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, WA 98504-7250
(360) 664-1160

NOTICE

PLEASE NOTE: The hearing facilities are accessible to interested people with disabilities; that smoking is prohibited; and if limited English-speaking or hearing-impaired parties or witnesses are involved in a hearing and need an interpreter, a qualified interpreter will be appointed at no cost to the party or witness.

The information needed to provide an appropriate interpreter or other assistance should be stated below and returned to Washington Utilities and Transportation Commission, Attention: Carole J. Washburn, 1300 S. Evergreen Park Drive SW, P. O. Box 47250, Olympia, WA 98504-7250. (PLEASE SUPPLY ALL REQUESTED INFORMATION)

Docket No.: _____

Case Name: _____

Hearing Date: _____ Hearing Location: _____

Primary Language: _____

Hearing Impaired (Yes) _____ (No) _____

Do you need a certified sign language interpreter:

Visual _____ Tactile _____

Other type of assistance needed: _____

English-speaking person who can be contacted if there are questions:

Name: _____

Address: _____

Phone No.: (____) _____