

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.	

SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Need: Sea vessel transportation from lower Lake Chelan (Chelan, Fields Point) to upper lake Chelan (Stehekin) running during the time of day most compatible with our normal travel schedule. The proposed route schedules would greatly meet that need.	
Are your transportation needs being met now? Yes ___ No <input checked="" type="checkbox"/> If not, explain problems you have experienced. Travel to points of arrival / departure on Lake Chelan of the current operations (Lady Express, Lady II) entail significant hardships on our travel to meet current scheduled runs.	
If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No ___ If yes, please explain. The current services may require an overnight stay in Chelan to make the schedule to board the boats to go up lake. This overnight stay should be unnecessary and would be alleviated with the proposed schedule now being considered in this application	

VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority)	
Name and Title: <u>Kevin J Morphy</u>	
Business/Organization: <u>Individual</u>	
Street/Mailing Address: <u>2922 170th Ave SE</u>	
City, State, Zip Code: <u>Bellevue WA 98008</u>	
Telephone Number: <u>425-324-8859</u>	Fax Number: _____
<i>I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.</i>	
<u>Kevin J Morphy</u> PRINT NAME	<u>Kevin J Morphy</u> SIGNATURE
	<u>8/21/2018</u> DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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THE APPLICATION What authority are you applying for? Include any amendments.
 A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

SUPPORT STATEMENT
 (To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. *The proposed ferry service would allow my family to travel to and from Stehekin in a timely manner at hours of the day that would make the trip much safer and more doable. The ability to travel at a better hour and faster boat would make traveling with a pet much easier.*

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. *Current ferry transportation requires me to start my day at 3Am and travel over two mountain passes in the dark to make the departure to Stehekin. Leaving Stehekin we travel during the hottest hours of the day and often have to race to make it over the passes ahead of construction closures.*

If the request is denied, would it have any affect on you or your business/organization: Yes No ___ If yes, please explain. *I would continue to use the existing ferry but it makes the trip much more difficult and long. It also prevents friends from traveling to the community to visit because of the hours of the day of the existing schedule.*

VERIFICATION
 (To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Karen Freeman
 Business/Organization: _____
 Street/Mailing Address: 2922 170TH Ave SE
 City, State, Zip Code: Bellevue WA 98008
 Telephone Number: 425-644-7703 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Karen Freeman Karen Freeman 8/19/18
 PRINT NAME SIGNATURE DATE

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SUPPORT STATEMENT	
(To be completed by the individual or business/organization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. <u>To leave Stehekin in the morning, do errands and return the next day.</u> <u>In the winter, to expand options to depart Stehekin,</u> <u>expand options for family & friends to visit... and allow them</u> <u>time to get back home by departing Stehekin in the morning.</u>	
Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced. <u>difficulty arranging appointments and attending special events.</u> <u>Family & friends visits sometimes don't work out because</u> <u>of the limited schedule.</u>	
If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain. <u>It affects how much</u> <u>time is wasted, extra money spent on</u> <u>food and lodging by having to stay "down lake"</u> <u>an extra day.</u> <u>Limits visits from family and friends</u>	

VERIFICATION		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title:	<u>Wendy Garfoot</u>	
Business/Organization:		
Street/Mailing Address:	<u>P.O. Box 55</u>	
City, State, Zip Code:	<u>Stehekin WA 98852</u>	
Telephone Number:	<u>509-670-0845</u>	Fax Number: _____
<i>I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.</i>		
<u>Wendy Garfoot</u>	<u>Wendy Garfoot</u>	<u>8/19/18</u>
PRINT NAME	SIGNATURE	DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Traveling to Stehekin to stay overnight or for a week and taking the current ferry system causes loss of time and money to get there for our friends, family, and others from out of the area. You have to be there a day before to get up early and catch that ferry at 8:30 am. With the Courtney service you can travel from out of the area and still have time to catch their transportation and get to Stehekin on the same day. And instead of leaving late in the day, their service would allow you to leave in the morning early enough to then drive home that day within the state of Washington or Idaho. More time to enjoy Stehekin.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

We like a later time up and an earlier time back down lake.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No ___ If yes, please explain.

Takes more time and money to get to Stehekin to enjoy that area if staying overnight. The other ferry is often overbooked on busy weeks and have to wait another day to get to Stehekin. This would help get more visitors to and from the area which is a benefit to both parties.

VERIFICATION
 (To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Mr. and Mrs. Albert Marcear

Business/Organization: _____

Street/Mailing Address: 102 Grouse Place

City, State, Zip Code: Chelan, WA 98816

Telephone Number: 509/679-4903 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

<u>AL MARCEAR</u>	<u>Al Marcear</u>	<u>8/21/18</u>
<u>SUE MARCEAR</u>	<u>Sue Marcear</u>	<u>8/21/18</u>
PRINT NAME	SIGNATURE	DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

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Backcountry Travels LLC

Application Docket No.:
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SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. *Having a choice of dates and times for arrival and departure to and from Stehekin year around would be helpful to plan vacations for tourists and help residents plan errands and appointments out of the area.*

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. *In the past I have had to make special arrangements to get to Stehekin because the current ferry service was not available.*

If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain. *I would have to rely on the current ferry, which is not daily in the fall and winter.*

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: *Marie Palmer*

Business/Organization: _____

Street/Mailing Address: *PO Box 334*

City, State, Zip Code: *Manzan, WA 98831*

Telephone Number: *509-687-3664*

Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Marie A. Palmer

PRINT NAME

Marie A. Palmer

SIGNATURE

8/20/18

DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

The opportunity for a more varied schedule would be a big improvement in getting to and from Stehekin in a more timely manner. The increased competition of service would also ultimately lead to better pricing for this travel. Ticket prices have risen substantially in recent years due in most part to the lack of effective competition.

Are your transportation needs being met now? Yes _____ No If not, explain problems you have experienced. _____

As stated above, improved competition and a wider variety of scheduling options would be significant advantages over the current situation. Pricing would also be more favorable with competition. _____

If the request is denied, would it have any affect on you or your business/organization:
Yes _____ No _____ If yes, please explain. _____

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Daniel McFeely
 Business/Organization: (Individual)
 Street/Mailing Address: 79 Old Cabin Road
 City, State, Zip Code: Winthrop, WA 98862-0404
 Telephone Number: (509) 996-3577 Fax Number:

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Daniel McFeely  8/20/18
 PRINT NAME SIGNATURE DATE

TS-186677

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

Washington law allows the Washington Utilities and Transportation Commission (WUTC) to grant operating authority only when it is required by the present or future public convenience and necessity. Even though your application is not protested, you need one or more statements from persons proving that your services are needed, otherwise your application will be denied.

When the form is completed by a person supporting your application, send it to the WUTC at the address below. If you desire, a hearing can be scheduled for your witness to appear in support of your application.

Support statements should reach the WUTC **WITHIN 30 DAYS** or the APPLICATION MAY BE DISMISSED. We also suggest that you keep a copy of each statement.

If you have questions or need additional assistance, contact Licensing Services (360) 664-1222.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
 Licensing Services
 PO Box 47250
 Olympia, WA 98504-7250

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
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Application Docket No.:
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SUPPORT STATEMENT

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

We live in Snohomish, WA. We like to go to Stehekin every summer. We end up having to take an extra day off of work and drive to Eastern WA the day before and spend the night in Leavenworth, Wenatchee, or Chelan in order to be at the Lady of the Lake ferry in time to catch it at 8:30 a.m. It gets expensive. Often we can't find a place to stay in Chelan that will except only one nights stay so if we want to stay close, we have to spend the money for 2 nights, even though we are only going to use one night. It's very inconvenient. This year we have discussed not going next year because of the extra expense. Having the option of taking a later ferry from Fields Landing would save us from having to take off of work the day before and save us from having to spend extra money on a hotel room in order to catch the ferry.

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.

As above, we have to take off of work an extra day and pay for nights at a hotel/motel we do not really want to stay in, in order to go to Stehekin on vacation.

If the request is denied, would it have any affect on you or your business/organization:

Yes X No ___ If yes, please

explain. _____

We likely will not return to the area for vacation because of the added expenses of traveling there. ___

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Melanie Bober AND Les Peterson (wife and husband)

Business/

Organization: _____

Street/Mailing Address: _11411 42 St SE__ Snohomish, WA 98290

City, State, Zip

Code: _____

Telephone Number: 425-319-0112_____ Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Melanie Bober

Melanie Bober

8/19/18

Les Peterson

~~Les Peterson~~

8/19/18

PRINT NAME

SIGNATURE

DATE

IMPORTANT!!!

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WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

Licensing Services
PO Box 47250
Olympia, WA 98504-7250

Note: Please be sure to write your application/docket number on all forms.

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. ~~Daily service year-round is needed. Without this, planning for visits is very difficult or impossible.~~
Would also like the flexibility of earlier departure times from Stehekin and later departure times from Field's Point.

Are your transportation needs being met now? Yes ___ No x If not, explain problems you have experienced. ~~Very limited service, except summer months. No early departure times from Stehekin which would complement/enhance commuting schedules~~

If the request is denied, would it have any affect on you or your business/organization:
Yes x No ___ If yes, please explain. ___ Fewer visits to Stehekin, especially during late Fall, Winter, and early Spring months. ___ Potential adverse affects during seasonal hazards such as forest fires or stormy weather. _____

T.S-180677

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: _____ James M.

Britt _____

Business/Organization: _____

Street/Mailing Address: _____ 1316 Saddlerock
Drive _____

City, State, Zip Code: _____ Wenatchee, WA
98801 _____

Telephone Number: _____ 509-663-6893 _____ Fax

Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

_____ James M. Britt _____
8/19/2018 _____
PRINT NAME


SIGNATURE

DATE

IMPORTANT!!!

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Washington law allows the Washington Utilities and Transportation Commission (WUTC) to grant operating authority only when it is required by the present or future public convenience and necessity. Even though your application is not protested, you need one or more statements from persons proving that your services are needed, otherwise your application will be denied.

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APPLICANT STATEMENT

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SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

We would like to be able to travel to Stehekin at times other than what the Lady of the Lake provides. With the current schedule, we are restricted if we want to bring our dog, as only one of their boats accommodates pets. We would like to do more hiking in and boating out or vice versa but the current limited schedule has curtailed many of our plans.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

We are unable to make day trips with the dog. We are unable to make overnight visits during the winter to see friends as the current schedule is not daily.

If the request is denied, would it have any affect on you or your business/organization:
Yes ___ No If yes, please explain.

We would plan to take our hiking and touring vacations to areas with easier accessibility and transportation options.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: ___ Sandra and Gary Phenning ___

Business/Organization: ___ N/A ___

Street/Mailing Address: ___ 7828 E. Leavenworth Rd. ___

City, State, Zip Code: ___ Leavenworth, WA 98826 ___

Telephone Number: ___ 509-433-4348 ___ Fax Number: ___ N/A ___

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Sandra Phenning
PRINT NAME


SIGNATURE

8/20/18
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
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SUPPORT STATEMENT

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. ~~The proposed ferry service would provide visitors and residents of Stehekin needed options to the current ferry schedules. It would offer day trip round travel from Stehekin on Thursdays in the winter and better accommodate visitors like myself traveling from Seattle who arrive in the Lake Chelan area in the early afternoon and desire to return earlier in the day to avoid making the long drive back to/from Seattle at night.~~

Are your transportation needs being met now? Yes ___ No x If not, explain problems you have experienced. ~~Current ferry schedules require an overnight near Chelan on both ends to avoid driving early very in the morning or late at night.~~

If the request is denied, would it have any affect on you or your business/organization:
Yes x No ___ If yes, please explain.

We would have to factor in the additional travel or overnight time in planning trips which may make Chelan County a less desirable alternative for vacation travel.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: _____ Clint Bennett

Business/Organization: _____

Street/Mailing Address: _____ 1521 2nd Ave #1803

City, State, Zip Code: _____ Seattle, WA 98101

Telephone Number: _____ 703-587-9922 _____ Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Clint Bennett
PRINT NAME


SIGNATURE

8/19/2018
DATE

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

The proposed time schedule would make my travel to Stehekin much more convenient. The proposal would give me an earlier start to drive home after my visits up lake.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

Not having daily service during the winter is a problem. Arriving late in afternoon after visiting in Stehekin is not my preference.

If the request is denied, would it have any affect on you or your business/organization?
Yes No ___ If yes, please explain.

I will not be able to travel to Stehekin as often as I would like to, if this request is denied.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Linda M. Herrington

Business/Organization: _____

Street/Mailing Address: 704 Upper Daniels Dr. NE

City, State, Zip Code: East Wenatchee, WA 98802

Telephone Number: 509 888 0250 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Linda M. Herrington
PRINT NAME

Linda M. Herrington
SIGNATURE

8-18-18
DATE

APPLICANT STATEMENT

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

(see attachment)

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.

(see attachment)

If the request is denied, would it have any affect on you or your business/organization:
Yes X No ___ If yes, please explain.

(see attachment)

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title:

Michael Miles

Business/Organization:

Street/Mailing Address:

294 Rainbow Ln

City, State, Zip Code:

Stehekin, WA 98852

Telephone Number: 360-908-5799

Fax Number:

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Docket No. TS-180677
SUPPORT STATEMENT

THE TRANSPORTATION NEED

I've lived in Stehekin for 45 years. I was recently diagnosed with a medical condition that requires monitoring and follow up by a cardiac team in Wenatchee WA. For each appointment, the current boat schedule requires me to pay for overnight accommodations for at least one night in the summer and two nights in the winter. Backcountry's proposed daily service would greatly reduce overnight expenses. It would also allow friends and family to travel from Sequim, WA and arrive in Stehekin the same day instead of having to stay overnight in Chelan because of the long drive and current boat schedule. The Thursday winter schedule Backcountry is proposing, might make it possible for me to schedule a doctor's appointment and return to Stehekin the same day.

ARE YOUR TRANSPORTATION NEEDS BEING MET NOW? NO

The current transportation service does not allow me to schedule medical or other appointments in the winter without a minimum of a two night stay.

If the request is denied, would it have any effect on you? YES

Denial would increase the health and safety risks to me and my family. I have a 92 year old mother living down lake from Stehekin. Without daily boat service, assisting her with emergencies would be much more difficult, as it is now.

I STRONGLY support Backcountry Travel's application for ferry service from Stehekin to Field's Point.

Michael Miles

PRINT NAME

Michael Miles

SIGNATURE

Michael Miles

DATE

8/20/2018

Docket No TS-180677

IMPORTANT!!!

**PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR
APPLICATION MAY BE PROCESSED**

Washington law allows the Washington Utilities and Transportation Commission (WUTC) to grant operating authority only when it is required by the present or future public convenience and necessity. Even though your application is not protested, you need one or more statements from persons proving that your services are needed, otherwise your application will be denied.

When the form is completed by a person supporting your application, send it to the WUTC at the address below. If you desire, a hearing can be scheduled for your witness to appear in support of your application.

Support statements should reach the WUTC **WITHIN 30 DAYS** or the APPLICATION MAY BE DISMISSED. We also suggest that you keep a copy of each statement.

If you have questions or need additional assistance, contact Licensing Services (360) 664-1222.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
Licensing Services
PO Box 47250
Olympia, WA 98504-7250

Note: Please be sure to write your application/docket number on all forms.

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION

What authority are you applying for? Include any amendments.

A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED

Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

See attachment A

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.

See attachment A

If the request is denied, would it have any affect on you or your business/organization:

See attachment A

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Teresa C. Kulik

Business/Organization:

Street/Mailing Address:

#10 River Resort,

City, State, Zip Code:

General Delivery, Stehekin, WA 98852

Telephone Number: 509-662-1312

Fax Number:

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Teresa C. Kulik

PRINT NAME

Teresa C. Kulik

SIGNATURE

8/20/18

DATE

Document No. TS-180677

Attachment A to Support Statement

THE TRANSPORTATION NEED:

I have rented a cabin in Stehekin for 29 years. Reliable daily transportation to and from Stehekin would enable my family and me to access the North Cascades more frequently and without inconvenient and long travel.

ARE YOUR TRANSPORTATION NEEDS BEING MET NOW? NO

The current carrier does not provide daily service in the off season.

IF THE REQUEST IS DENIED, WOULD IT HAVE ANY EFFECT ON YOU?
YES

My six siblings are now aging - we are all between 58 and 74. They live in Yakima, Seattle and Spangle. The proposed new ferry service, departing at 1pm from Fields Point, would enable same day travel both from eastern and western Washington to Stehekin. The access for persons with disabilities would be especially helpful.

I urge the Commission members to approve the application for compelling health, safety, economic and convenience reasons.

Thank you for your careful consideration of Backcountry Travels' application.

Teresa C. Kulik

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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THE APPLICATION What authority are you applying for? Include any amendments.
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SUPPORT STATEMENT
 (To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
Transportation to And From Stehekin.


Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.
Fixed schedule, only departs Chelan in the morning. Requires travel at night or An overnight stay in Chelan Area in order to utilize the Boat Company service.

If the request is denied, would it have any affect on you or your business/organization:
 Yes X No ___ If yes, please explain. At present there is only the Boat Company, No alternatives. Needing to build all travel schedules around the Boat schedule is crazy. It is 2018, And we have no choice for uplake travel!

VERIFICATION
 (To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Thomas Pitts
 Business/Organization: _____
 Street/Mailing Address: 38 Company Creek Road
 City, State, Zip Code: Stehekin, WA 98852
 Telephone Number: 509-293-6589 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Thomas Pitts  8-20-18
 PRINT NAME SIGNATURE DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.

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SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Daily service is needed for business and visitors coming to Stehekin -

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

Mid week training meeting in Chelan -
To attend when boat on winter schedule, I have to leave on Monday return Friday (completely unworkable)

If the request is denied, would it have any affect on you or your business/organization:

Yes No ___ If yes, please explain. Greatly limit opportunity for training and to resupply goods, especially during months when boat is on its winter schedule -

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Mark Courtney
Business/Organization: Courtney Construction - Volunteer EMS Provider
Street/Mailing Address: Po Box 54
City, State, Zip Code: Stehekin, WA 98852
Telephone Number: no phone Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Mark L. Courtney
PRINT NAME

Mark L. Courtney
SIGNATURE

8-21-2018
DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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SUPPORT STATEMENT

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

BOAT TRAVEL LATER IN THE DAY (AT FIELDS POINT LANDING) AND EARLIER BOAT TIMES OUT OF STEHEKIN.

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.

LEAVING OUR HOUSE IN OREGON REQUIRES ALL-NIGHT DRIVING TO AVOID EXPENSIVE OR UNAVAILABLE CHELAN ACCOMMODATION, TO MAKE CURRENT BOAT.

If the request is denied, would it have any affect on you or your business/organization:

Yes ___ No ___ If yes, please explain.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: KRIS ROBINSON

Business/Organization: _____

Street/Mailing Address: 955 STEHEKIN VALLEY RD

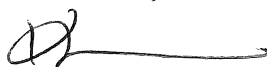
City, State, Zip Code: STEHEKIN, WA, 98852

Telephone Number: 5099311994 Fax Number: —

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

KRIS ROBINSON

PRINT NAME



SIGNATURE

8/20/18

DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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THE APPLICATION What authority are you applying for? Include any amendments.
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SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

ABILITY FOR DAY TRIPS OUT OF STEHEKIN
 TO MEET APPOINTMENTS & RUN ERRANDS

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

CURRENTLY, A TRIP TO A DOCTOR OR SHOPPING
 REQUIRES 1-2 NIGHTS STAY IN CHELAN OR
 WENATCHEE.

If the request is denied, would it have any affect on you or your business/organization:
 Yes ___ No ___ If yes, please explain.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: YAMUNA ROBINSON
 Business/Organization: _____
 Street/Mailing Address: 955 STEHEKIN VALLEY RD
 City, State, Zip Code: STEHEKIN, WA, 98852
 Telephone Number: (808) 3978878 Fax Number: —

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

YAMUNA ROBINSON PRINT NAME Yamuna Robinson SIGNATURE 8/20/18 DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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SUPPORT STATEMENT
 (To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. We travel to Stehekin frequently for recreation, leisure. This service would be wonderful as it would create significantly more convenient travel times allowing for 1 day of travel from east coast instead of the 2 it takes us now. The ferry currently only runs 3 days in the winter which does NOT meet our needs.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Timing of the ferry currently does not allow for travel to Stehekin in 1 day from east coast. The ferry does not provide a changing table for young children, in fact there is NO safe place to change a diaper. On a 4 hr ride this is a major issue forcing me to change my baby in public places with no privacy.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I visit the area regularly with my family however we must allow an extra day for travel, overnight accommodations due to the timing of the ferry leaving Chelan. A more convenient option that also provides safe accommodations for children would allow us to travel even more frequently to a place we love, Stehekin.

VERIFICATION
 (To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Autumn Lemley D.O.
 Business/Organization: _____
 Street/Mailing Address: 237 Shiloh Farms Rd
 City, State, Zip Code: Clarksburg WV 26301
 Telephone Number: ~~0000000000000000~~ 724-995-4774 Fax Number: 724-627-5172

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Autumn Lemley
 PRINT NAME [Signature]
 SIGNATURE 8-16-18
 DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

I am opening new all-season rental cabins in Stehekin in spring 2019 and need transportation options for guests and staff that provide as many schedule choices as possible during the summer season and consistent access during the winter.

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced:

I regularly travel to Seattle and the existing ferry schedule makes the trip very challenging both coming and going. Having an earlier departure from Stehekin and a later departure from Fields Point will be very helpful. In the winter the limited ferry days is a major hinderance to my personal and business travel needs.

If the request is denied, would it have any affect on you or your business/organization:

Yes X No ___ If yes, please explain.: We will need to restrict our booking options for winter to only allow stays that start and end on the days when the existing ferry is operating, significantly limiting the number of guests we are likely to attract in those months. During the summer months we won't always have time to clean and reset the cabins for guests, as guest largely arrive and depart on the same ferry, Having more arrival and departure options will allow us to define later arrival times and allow us to more frequently book departures and arrivals to cabins on the same day.