

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.

We visit Stehekin during the summer to hike in the North Cascades. Having a ferry that leaves Chelan later in the day and leaves Stehekin earlier would be of benefit to us.

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

The times for the Lady of the Lake do not always match our schedule.

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 probably access the North Cascades from Hwy 20 instead

VERIFICATION

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

Name and Title: W. Daniel Jamieson

Business/Organization: _____

Street/Mailing Address: 5285 NE Elam Young Parkway, Suite B-300

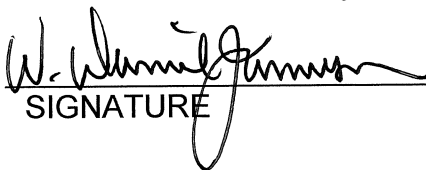
City, State, Zip Code: Hillsboro, OR 97124

Telephone Number: (503) 648-4460

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.

W. Daniel Jamieson
PRINT NAME


SIGNATURE

20 Aug. 2018
DATE

2018 AUG 18 AM 8:20
RECEIVED
WATER TRANSPORTATION
COMMISSION

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.

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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.

Ferry leaving later in day, ~~from~~ to ~~arrive~~ Stehekin and earlier from Stehekin

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

But very inconvenient having to leave so early from west side of cascades, later ferry would be better. Returns late back to Chelan - so earlier boat from Stehekin and later from Chelan.

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: Deidre Wood

Business/Organization: _____

Street/Mailing Address: 309 1st ave W

City, State, Zip Code: Gold Bar, wa 98251

Telephone Number: 206 306 4106 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.

Deidre Wood Deidre Wood 9/21/2018
 PRINT NAME SIGNATURE DATE

2018 SEP 23 AM 8:20
 RECEIVED
 WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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. *More choices in transportation on this lake will provide our business with more efficiency and increased client base. In addition any required trips to town for business with this proposed schedule will allow a quicker return home to our business base.*

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. *We've not been able to count on getting a seat on the Exprex (Lake Chelan Boat Co) at times in the summer. To meet obligations in "town", we need to be able to know we can get to them in a timely fashion.*

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. *Our business would continue to have some lag time between appointments meeting with clients and satisfying our customers in a timely fashion.*

VERIFICATION

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

Name and Title: *Nancy Barnhart, owner*
Business/Organization: *Barnhart Photography*
Street/Mailing Address: *P.O. Box 25*
City, State, Zip Code: *Stehekin WA 98852*
Telephone Number: *509-670-0915* 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.

NANCY BARNHART
PRINT NAME

Nancy Barnhart
SIGNATURE

8-20-18
DATE

RECEIVED
2018 AUG 23
STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION COMMISSION

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

AUG 23 2018

THE APPLICATION What authority are you applying for? Include any amendments. **WASHINGTON UT. & TP. COMM**
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.

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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.

Access to Stehekin for recreation from Seattle area that does not require additional overnight in Chelan or long drives in the late night/early morning hours.

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

The current service schedule requires an early morning departure from Chelan that is inconvenient for anyone living elsewhere in the state. The proposed departure schedule would allow reasonable, same day travel

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

Yes X No ___ If yes, please explain.

~~Impoverished~~ With the current service availability, I will not likely be able to visit Stehekin for vacation.

from Seattle to Stehekin, & the reverse.

VERIFICATION

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

Name and Title: Jennifer Zubeck

Business/Organization:

Street/Mailing Address: 16832 12th Ave SW

City, State, Zip Code: Normandy Park, WA 98166

Telephone Number: (206) 399-5799

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.

Jennifer Zubeck
PRINT NAME

Jennifer Zubeck
SIGNATURE

8/21/2018
DATE

2018 AUG 23 AM 8:21
RECEIVED
REGISTRATION
MANAGER

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

AUG 23 2018

WASH. UT. & TP. COMM

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.

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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.

This service would benefit visitors to Stehekin who would have an option of leaving later from Chelom AND would be amazing for residents in scheduling appointments, business, etc. downlake. They could spend less time downlake, & have more time on their

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

Not always conveniently, but they are met at a minimum. A trip to Stehekin requires a very early AM departure from Fall City, and winter visits have to be planned around the 3 day/week schedule.

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

Yes No If yes, please explain.

We would loose out on all the proposed benefits this service would provide!

days of travel to conduct business.

VERIFICATION

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

Name and Title: Julie Bilbro (Past Stehekin resident, employee)

Business/Organization:

Street/Mailing Address: 35831 SE 27th Pl

City, State, Zip Code: Fall City, WA 98024

Telephone Number: 425-463-5312

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.

Julie Bilbro
PRINT NAME

Julie Bilbro
SIGNATURE

8-20-18
DATE

2018 AUG 23 PM 8:20
RECEIVED
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

Applicant Name:
Backcountry Travels LLC

RECEIVED
SECONDARY MANAGEMENT

Application Docket No.:
TS-180677

AUG 23 2018

WASH. UT. & TP. COMM

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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. YEAR-ROUND SERVICE

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. REDUCED SERVICE IN LATE FALL, WINTER & EARLY SPRING. VERY LITTLE TIME TO CONDUCT OUR BUSINESS WITH SHORT LAYOVER IN STEHEKIN

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. my business is Real Estate Sales AND PROPERTY EVALUATIONS ON A YEAR ROUND basis. Limited SERVICE IN FALL, WINTER & SPRING makes it PROHIBITIVE TO SEND CUSTOMERS TO STEHEKIN TO VIEW PROPERTY. WITH NO AIR SERVICE, WE ARE TIED TO A SINGLE PROVIDER AND AT THE MERCY OF THEIR SCHEDULING.

VERIFICATION

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

Name and Title: Tim Flood, Managing Broker
Business/Organization: WINDERMERE REAL ESTATE - LAKE CHELAN
Street/Mailing Address: PO Box 2382
City, State, Zip Code: CHELAN, WA 98816
Telephone Number: 509-670-1556 Fax Number: 509-667-7124

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.

Tim Flood
PRINT NAME

Tim Flood
SIGNATURE

8-21-18
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.

Every year (almost) my family and I escape to the Ranch, usually for 4 days. I need options when scheduling the trip.

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

I am 85 years old and hate the slow boat and sad that the seaplane left service. With another option am more likely to get what I want when I want it.

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

We would be SEVERELY DISAPPOINTED with the Washington Utilities and Transportation Commission and probably have trouble scheduling my mob.

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

Name and Title: Ralph Wood
 Business/Organization: me and my daughters and their guys,
 Street/Mailing Address: 309 1st Ave West
 City, State, Zip Code: Gold Bar WA 98251
 Telephone Number: 360-799-2425 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.

Ralph Wood PRINT NAME Ralph Wood SIGNATURE 8/19/2018 DATE

RECEIVED

AUG 22 2018

Applicant Name: Backcountry Travels LLC	Application Docket No.: WASH. UT. & TP. COMM 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.

Competition is a good thing for everyone. The current ferry service is oriented around Chelan, not Stehekin. A new added service would improve service for Stehekin oriented businesses.

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

They have limited schedule & high costs

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

Yes ___ No ___ If yes, please explain. Not really, but as I say competition improves service & lowers costs, so our guests would have a better range of choices from which to choose.

VERIFICATION

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

Name and Title: John + Francora Farrell

Business/Organization: _____

Street/Mailing Address: POB 1383

City, State, Zip Code: Chelan WA 98816

Telephone Number: 509 682-1311 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.

Francora Farrell J Farrell 8/20/18
 PRINT NAME SIGNATURE DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

RECEIVED

AUG 24 2018

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

WASH. UT. & TP. COMM

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.

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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 need ferry service to and from Chelan and Stehekin to visit my sister and brother-in-law Nancy and Mike Barnhart in Stehekin. I visit them annually and would like to

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

I'd like to economize and not have to use expensive air service to and from Stehekin.

avoid spending a night in Chelan.

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

Yes No If yes, please explain.

If the request is denied I would have extraordinary expenses when visiting family in Stehekin.

VERIFICATION

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

Name and Title: Helen Apthorp (sister of Nancy Apthorp Barnhart)

Business/Organization: retired educational researcher

Street/Mailing Address: 9424 S. Erin Lane

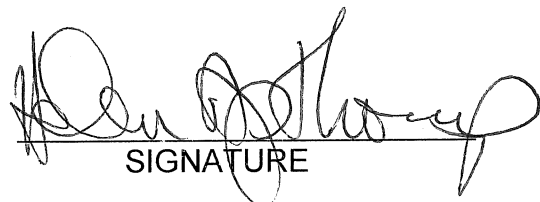
City, State, Zip Code: Littleton, CO 80127

Telephone Number: 720-341-5406

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.

Helen Apthorp
PRINT NAME


SIGNATURE

Aug 18, 2018
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

WASH. UT. & TR. COMM

THE APPLICATION What authority are you applying for? Include any amendments. **AUG 24 2018**
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.

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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.

As recreational travelers to Stehekin, we would benefit from increased flexibility in our travel plans. Shorter, faster trips would increase convenience.

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

Air service has ceased. We are limited to one departure time and/or one arrival time. We must get up early and arrive home late when using existing service.

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

Yes X No ___ If yes, please explain.

Our travel plans would continue to be limited for no good reason.

VERIFICATION

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

Name and Title: Steven C. Lachowicz / Christine D. Lachowicz

Business/Organization: _____

Street/Mailing Address: 1520 Fourth St.

City, State, Zip Code: Wenatchee, WA 98801

Telephone Number: 509 663-4062

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.

STEVEN C. LACHOWICZ Steven C. Lachowicz Aug. 20, 2018

CHRISTINE D. LACHOWICZ Christine D. Lachowicz Aug. 20, 2018

PRINT NAME

SIGNATURE

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. This service will give me the ability to go down lake from Stehekin and conduct business, appointments and shopping and return home to Stehekin in the shortest amount of time

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. The current schedule leaves too early in the AM in summer and only runs 3 days a week in winter. The boat has no climate control, winter and summer.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. The current service limits my ability to travel in the safer daylight hours during winter once reaching Chelan. It causes me to spend more time away from home which costs me more money

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

Name and Title: Kerry Courtney courtney.kerry24@gmail.com
 Business/Organization: _____
 Street/Mailing Address: PO Box 34
 City, State, Zip Code: Stehekin WA 98852
 Telephone Number: 509-470-5964 Fax Number: none

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.

Kerry Courtney PRINT NAME Kerry Courtney SIGNATURE 8-20-18 DATE

APPLICANT STATEMENT

Applicant Name:

Backcountry Travels LLC

Application Docket No.:

TS-180677

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SUPPORT STATEMENT

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.

As an individual I need the ability to travel to and from Stehekin even in the winter. When I travel I need to be out in time to conduct business or to make appointments during business hours. If I can accomplish these tasks without spending the night out that is ideal. If not then the least amount of time out the better. If I am planning to travel after arriving in Chelan then the earlier I am on the road the better. Traveling during daylight hours is important to me and, especially in the winter, improves the safety of my travels. If I am returning from out of town the pm departure from Fields Point is very advantageous. The time spent on a vessel as well as the temperature and noise level of the vessel are also considerations that affect my schedule and my comfort.

As a business my customers need to be able to travel to and from Stehekin on a schedule and at a quality that makes Stehekin desirable and convenient. Most of my guests are traveling from flights or from areas such as the Seattle, Spokane, Portland or from flights in to these areas. The ability to travel these routes on a schedule which allows for the enjoyment of their vacation while driving at reasonable hours and in the daytime to enjoy the areas they are passing through is imperative. If I am to operate for a longer season, better service, better schedules and even in some cases, a vessel running at all is essential.

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

1 of 3 CGC

TS-180677

you have experienced.

My individual travel needs are not currently being met. The Lady Express is a workboat quality vessel that is certainly something I can endure, but it is not desirable. The noise level is high, the smell from the unvented restrooms is often staggering and the temperature control for heat and cooling is marginal and often insufficient. The Express schedule allows me little time in the afternoon to conduct business and no time in the morning. This often necessitates another day away from home at great expense.

The Lady II is slow and noisy but does provide a valuable service as the freight hauling slow boat that is capable of shore landings. This vessel truly provides the needed service as was originally intended when the service became regulated. It does not however run all year and since it is a Chelan based vessel the schedule is backwards for what a Stehekin resident desires. The scheduled days of operation are perhaps the biggest reason my transportation needs are not being met. In the prime season I have the choice of both boats but the Express is now often full. In May I only have the choice of the Lady II and that necessitates more time spent on a vessel and usually adds a day or more to my time out. Much of the year there are days no boat runs at all and that is the biggest deficiency.

My customers transportation needs are not currently being met.

The Lady II simply does not work for most of my customers. If customers chose this vessel they miss lunch and have little time for recreation in the afternoon. Because of the schedule and duration most of my customers chose not to ride this vessel unless they have a dog. Dogs are not allowed on the Lady Express. Many are repeat and their goal is to get to Stehekin, not spend hours or even days getting here. Most of my customers live hours away or are arriving on flights where the airport is hours away. Unless they are willing to get up very early they are forced to try and find a motel that is close in and spend a night enroute. It is hard to find a room for one night in the summer and it greatly adds to the expense. They may also need to stay an additional night traveling on their departure if they do not wish to arrive home late or if their flight does not work until the next day.

The current trend is for folks to take more shorter vacations. Stehekin is often ruled out because of the amount of time and expense that it takes to get here. Those facts coupled with the fact that the schedule and quality of the current vessels make it something to endure rather than something they enjoy. This often causes them to either not return or to return less often. Because the schedule is backwards and it is not convenient for them, they often spend less time in Stehekin than they want to because so much time is needed for coming and going. Others have had to not come or stay less time with us because the boat they wished to travel on was full or unavailable.

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

Yes No If yes, please explain.

2 of 3 CGC
TS-180677

Especially since the demise of the float plane service I am unable to come and go on a schedule that I need. Much more of my time needs to be spent on a vessel or away from home because of the backwards schedule, only the slow boat running, or no boat at all on the day I need it. This costs me time and money.

Keeping a satisfied customer will be much easier if they have the choice of riding this vessel as the soul provider of their needs or as a supplement. Retaining a customer is far cheaper than acquiring a new one. The duration and frequency of return customers will increase with the convenience and quality this proposal will provide. To deny it will have the opposite effect. To deny this proposal will also severely limit any chance I have of expanding my season. It is hard to quantify the value of this proposal to my business but it is vast.

VERIFICATION

Name and Title: _____Cliff Courtney_____Managing
Member _____
Business/Organization: _____Stehekin Valley
Ranch,LLC _____
Street/Mailing Address: _____PO Box
36 _____
City, Stehekin State WA, Zip
Code: _____98852 _____
Telephone Number: _____509.470.5964 _____ 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 the laws of the state of Washington that the information contained in this statement is true and correct.

Clifford G. Courtney
PRINT NAME

Clifford G. Courtney
SIGNATURE

8/16/18
DATE

3 of 3
TS - 180677
CGC

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. THE TRANSPORTATION SERVICE THAT STEHEKIN AND I BOTH NEED IS ONE THAT RUNS EVERYDAY ALL YEAR AND DOESN'T TAKE FOUR HOURS FROM ONE END OF THE LAKE TO THE OTHER

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. THE PROBLEM NOW IS THAT THE FERRY SERVICE IN PLACE IS RUN AT THE CHELAN BOAT COMPANIES DISCRETION AND DOESN'T RUN EVERYDAY AND TAKES A GREAT DEAL OF TIME WHICH IS EXTREMELY INCONVENIENT

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. IT WOULD NOT ALLOW THE RESIDENTS OF STEHEKIN THE FREEDOM TO LEAVE AND COME BACK TO THE VALLEY EVERY DAY EFFICIENTLY. THIS IS VITAL FOR BOTH MEDICAL AND FAMILY EMERGENCES AS WELL AS CONVENIENCE.

VERIFICATION

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

Name and Title: QUINLAN COURTNEY
Business/Organization: N/A
Street/Mailing Address: 417 S. 2ND ST.
City, State, Zip Code: CHELAN, WA, 98816
Telephone Number: 509-670-2370 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.

QUINLAN COURTNEY
PRINT NAME

[Signature]
SIGNATURE

8/17/18
DATE

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. Another method of transportation from Chelan to Stehekin is needed. Since there is no longer seaplane service, the current ferry schedule and availability is not adequate.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. There are times when the existing boat service is full or does not adequately meet the needs of people desiring to travel to Stehekin.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. Failure to add this service will negatively impact those of us who desire to travel to Stehekin from Chelan.

VERIFICATION

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

Name and Title: Betty Paulsen
Business/Organization: _____
Street/Mailing Address: 20448 N. Madona Way
City, State, Zip Code: Sunnyside, AZ 85374
Telephone Number: 206 730 1255 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.

Betty Paulsen
PRINT NAME

[Signature]
SIGNATURE

8/18/18
DATE

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.

This would provide me the ability to go downlake for doctor appts, groceries, errands, etc. and not miss work that I usually would without this transportation service.

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

It is really difficult to travel up and downlake with the lady of the lake ferry. The times are not acceptable for a full-time worker. The winter is worse because you have to spend at least two nights downlake.

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

Yes No ___ If yes, please explain. The valley businesses have already had a huge hit when the Seaplane had to stop running. Since then, businesses have been struggling to figure out a more efficient way to bring locals and tourists up the lake again. This ferry is key to bringing more business in the valley again.

VERIFICATION

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

Name and Title: Krissa Jester - Customer Service and Reservationist

Business/Organization: Stehekin Pastry Company / Stehekin Reservations

Street/Mailing Address: P.O. Box 23

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: N/A email: Krissa.Shively@gmail.com 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.

Krissa Jester
PRINT NAME

Krissa Jester
SIGNATURE

08/18/2018
DATE

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.

The service that my family needs is a daily, year round, ~~one~~ that offers flag stops at private docks, year round. I believe this proposed new service would meet those needs.

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

The existing service (Lake Chelan Boat Co.) doesn't run daily year round & will only make flag stops seasonally at our private dock. Their service is marginal at best.

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

Yes No If yes, please explain. If this application is denied it will result in continued difficulty for my family & I to use & maintain our two private properties on the upper end of the lake. The properties are located at Fish Creek & Rex Creek.

VERIFICATION

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

Name and Title: Charles & Jenna Miller Family

Business/Organization:

Street/Mailing Address: 53 Long Dr / PO Box 356

City, State, Zip Code: Pattons, WA 98846

Telephone Number: (509) 679-7164

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.

Charles F. Miller
PRINT NAME


SIGNATURE

8/17/18
DATE

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.

Our company that constructs, installs, & provides maintenance to water wells, & domestic pump systems needs a year round daily transportation option to maintain potable water to customers.

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

The lack of a daily transportation services drastically reduces our ability to service our customer's potable water systems in a timely manner throughout the year.

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

Our business will continue to struggle maintaining our customer's potable water systems on a daily basis throughout the year. Ultimately our customers pay the price for water having a daily year round transportation service on the lake.

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

Name and Title: Charles R. Miller owner & manager


Business/Organization: MVM Quality Drilling LLC

Street/Mailing Address: 404 S. Clifford St

City, State, Zip Code: Chelan, WA 98816

Telephone Number: (509) 682-1122 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.

Charles R. Miller  8/17/18

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.

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. We need a way to get ~~out~~ from Stehekin to the other end of the lake for medical REASONS.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. THE FERRY LEAVING STEHEKIN ARRIVES TOO LATE IN THE DAY IN RESPECT TO MEDICAL APPOINTMENTS IN CHELAN OR WENATCHEE. FERRY OPERATES ONLY 3 DAYS PER WEEK IN THE WINTER.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. A medical appointment can only be scheduled sporadically during the year. This has a huge impact if suffering from a chronic condition.

VERIFICATION

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

Name and Title: Mary Martin Maeick

Business/Organization:

Street/Mailing Address: P.O. Box 12

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 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.

Mary Martin Maeick Mary Martin Maeick 8/17/18
PRINT NAME SIGNATURE DATE

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. Our family owns property at the upper end of Lake Chelan. We invested thousands of dollars in improvements to our dock on the representation from the only current provider of public transportation on Lake Chelan that they would stop at our property if the work was performed. They have reneged on that promise and we are therefore forced to incur additional time and expense in order to get to our residence. If this organization was granted approval it would greatly enhance our ability to have free use and enjoyment of our cherished family gathering place. That is something that the current provider not only fails to provide but has done so at significant expense to our family.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. As stated above, the current service provider refuses to stop directly at our property despite the investment of significant resources to improve the dock to their exact specifications. Because there is no other option for public transportation on the Lake there is no incentive for them to provide something that historically had been provided. We and our guests spend hundreds of dollars and significant time extending our travel beyond what is necessary because of the failures by the current and only provider.

If the request is denied, would it have any affect on you or your business/organization:
Yes No ___ If yes, please explain: We will continue to be unable to fully utilize our property on Lake Chelan to its full capacity due to the refusal of the current provider to meet not only our needs but also live up to the commitments that were made and relied upon when investing in order to meet their requirements.

VERIFICATION

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

Name and Title: Jordan L. Miller

Business/Organization: Sawtooth Recreation, LLC//MVM Quality Drilling//Private property owner

Street/Mailing Address: 811 Autumn Crest Drive

City, State, Zip Code: Wenatchee, WA 98801

Telephone Number: 509-679-8199 Fax Number: 509-662-2452

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.

JORDAN L MILLER

PRINT NAME

[Signature]

SIGNATURE

8/17/18

DATE

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 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.

Every day winter service
would like to get down lake sooner in the day

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

M, W, F Winter boats

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

Yes No ___ If yes, please explain.

M, W, F Winter Boats

VERIFICATION

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

Name and Title: Paul Daskale

Business/Organization: The Dander

Street/Mailing Address: Box 101

City, State, Zip Code: Stehekin, WA 98859

Telephone Number: _____ 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.

Paul Gaskill
PRINT NAME

Paul Daskale
SIGNATURE

8-11-18
DATE

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. _____

We generally need an alternative to transportation between Chelan and Stehekin, and Chelan and Holden Village. This would allow for transportation in a much more efficient manner. This will also allow for redundant travel which is not available at this time.

Are your transportation needs being met now? Yes _____ No x If not, explain problems you have experienced. ~~Time constraints with the current ferry service does not allow for an efficient travel~~ to/from Stehekin. Therefore we usually have to rent a boat, or stay additional days, just to meet the current travel schedules.


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 limit the amount of business that we do within the Stehekin valley _____

VERIFICATION

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

Name and Title: _____ Kris Erlandsen, President _____
Business/Organization: _____ Erlandsen & Associates, Inc. _____
Street/Mailing Address: _____ P.O. Box 739 _____
City, State, Zip Code: _____ Brewster, WA 98812 _____
Telephone Number: _____ 509-689-2529 _____ Fax Number: _____ 509-689-2520 _____

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 ERLANDSEN  8/17/2013
PRINT NAME SIGNATURE DATE

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 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.
We lead groups of 10-14 people on hiking, camping, and lodge trips. Transportation from Chelan to Stehekin is part of the trip.

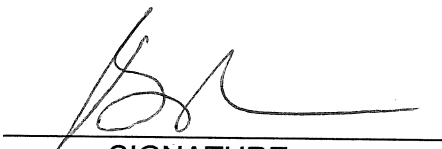
Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.
Due to the times of current shuttle options, the group must stay overnight in Chelan adding extra day of travel or leaving main travel cities (PNV, SEA) at inconvenient times.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No ___ If yes, please explain. Some people who would like to participate in our trips might not be able to add the extra time needed for overnight stay in Chelan to make early shuttle. This limits those who would otherwise want to visit Stehekin.

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

Name and Title: Barbara Prosch - leader
 Business/Organization: Sierra Club National Outings
 Street/Mailing Address: 28 Slumber Meadow Trl
 City, State, Zip Code: Palm Coast, FL 32164
 Telephone Number: 407-497-4897 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.

Barbara Prosch  8/16/18
 PRINT NAME SIGNATURE DATE