

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 PROPOSAL WOULD BE A DEFINITE IMPROVEMENT FOR US AND WOULD PROVIDE AN OPTION NOT CURRENTLY AVAILABLE. WE COULD DRIVE TO CHELAN, ARRIVE BY 1 PM, AND ARRIVE IN STEHEKIN THE SAME DAY.

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

CURRENTLY WE HAVE TO DRIVE TO CHELAN THE PREVIOUS DAY AND STAY OVERNIGHT IN ORDER TO GET TO STEHEKIN THE FOLLOWING DAY. THIS WOULD BE A BIG IMPROVEMENT.

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

Yes  No  If yes, please explain. IF DENIED WE WOULD CONTINUE TO HAVE THE SAME PROBLEMS IN GETTING TO STEHEKIN WITH THE GROUPS OF USUALLY A DOZEN PEOPLE THAT WE BRING HERE 5 OR 6 TIMES A YEAR.

### VERIFICATION

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

Name and Title: WILLIAM GIFFORD, CHAIR NW SUBCOMMITTEE

Business/Organization: SIERRA CLUB OUTINGS

Street/Mailing Address: 2514 NW 1<sup>ST</sup> DRIVE

City, State, Zip Code: GRESHAM, OR 97030

Telephone Number: 503-491-1128 Fax Number: 503-222-2758

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.

WILLIAM GIFFORD  
PRINT NAME

William Gifford  
SIGNATURE

8/16/2018  
DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
<b>THE APPLICATION</b> What authority are you applying for? Include any amendments. <u>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.</u>	

**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.

Having a service that caters to the upper end of Lake Chelan would be a good thing

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

The boat only comes from the lower end of the lake one time a day so getting out isn't too easy

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

Will continue to make departing the upper end of the lake hard and it only runs three days a week making it harder to go and come.

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

Name and Title: Jim Courtney

Business/Organization: Alpine Services

Street/Mailing Address: P.O. Box 296

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 509-470-1799 Fax Number: NA

*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.*

Jim Courtney                      Jim Court                      8/17/2018  
PRINT NAME                                      SIGNATURE                                      DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

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Backcountry Travels LLC

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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.

Transportation down and up the lake more consistent with our upper end of Lake Chelan life.

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

There is only one boat and one time to travel down or up the lake. With no flight service it is hard to make appointment, etc. unless you arrange to go a day or more earlier. So higher expenses as well.

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

Harder getting out or in a timely fashion

**VERIFICATION**

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

Name and Title:

Irene Courtney \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Street/Mailing Address:

Mill Hill Road \_\_\_\_\_

City, State, Zip Code:

Stehekin, WA, 98852 \_\_\_\_\_

Telephone Number: No phone \_\_\_\_\_

*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.*

Irene Courtney

PRINT NAME

Irene Courtney

SIGNATURE

8-17-2018

DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

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Application Docket No.  
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(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 Stehekin, WA

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

I work full time and need a way to get to Stehekin sooner and back on a timely schedule

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

Yes X No \_\_\_ If yes, please explain.

I won't visit very often because I can't get there and back on a timely schedule.

**VERIFICATION**

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

Name and Title: Dixie Strunk

Business/Organization: \_\_\_\_\_

Street/Mailing Address: 5826 200<sup>th</sup> St SW Apt C

City State Zip Code: Lynnwood, WA 98038

Telephone Number 425-775-6318 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.

Dixie Strunk  
PRINT NAME

Dixie Strunk  
SIGNATURE

8.17.18  
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.  
 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: Art Paulsen  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: 20448 N. Shadenway  
 City, State, Zip Code: surprise AZ 85374  
 Telephone Number: 206 736 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.*

ART PAULSEN PRINT NAME                      Art Paulsen SIGNATURE                      8-18-2018 DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
<b>THE APPLICATION</b> 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. If granted, this service could provide a much more convenient schedule for traveling in and out of the valley.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. I have a very narrow window for being able to leave the valley and the current boat schedule requires me to stay over-night and pay for a hotel room. Would be nice to have more options

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 having to spend extra time and money with the current schedule. Also in the winter the current boat company only runs three days a week which requires the valley residents to spend two to three nights in a hotel before able to return home.

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

Name and Title: Samantha Courtney


Business/Organization: Glacier Water Massage

Street/Mailing Address: P.O. Box 296

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: (509)423-3297 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.*

Samantha Courtney PRINT NAME       SIGNATURE      8-18-18 DATE

Applicant Name:  
Backcountry Travels LLC

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**THE APPLICATION**

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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 service we need is one that quietly, comfortably, and efficiently bring happy passengers to Stehekin, and can be counted on year round.*

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. *The service we have right now is slow, unclear and unreliable, in the winter months there are many days it doesn't operate which is very inconvenient.*

If the request is denied, would it have any affect on you or your business/organization:  
Yes  No  If yes, please explain. *It leaves us at the sole mercie of one unstable company that could decide to strand people in the valley at any time.*

**VERIFICATION**

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

Name and Title: *Mr Gorden F. Courtney*

Business/Organization: \_\_\_\_\_

Street/Mailing Address: *P.O. Box 296 Stehekin*

City, State, Zip Code: *Stehekin WA 98852*

Telephone Number: *509,846,6632* 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.

*Gorden F. Courtney*  
PRINT NAME

*Gorden F. Courtney*  
SIGNATURE

*8-18-2018*  
DATE

### APPLICANT STATEMENT

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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. **Our guests desire transportation service that leaves Stehekin in the morning and Chelan/Field's Point in the afternoon. We also need enough transportation options for our guests to be able to travel on the days they are booked with us so that we don't end up with empty cabins due to lack of transportation options to Stehekin.**

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced. **The 2 biggest problems of MANY: Current service is not sufficient to meet demand. We have had MULTIPLE guests shorten their stay with us because they could not get boat tickets for the dates they wanted. (ie. They left us a day earlier than they wanted to because that was the only day they could get boat tickets for.) Our guests also often shorten their stay with us because the current boat schedule requires them to spend extra days travelling and/or spending a night in Chelan to ensure they can catch the boat on time. A schedule leaving Stehekin in the morning and Chelan/Field's Point in the afternoon would work much better for our overnight guests travelling long distances.**

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 continue to lose revenue due to guests adjusting their bookings to accommodate the lack of transportation service to our establishment. We have 4 short months to make a living by renting cabins, so every time someone cancels a night's stay due to an inability to get here, it is a huge impact on our livelihood.**

### VERIFICATION

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

Name and Title: Bethany Gerhard, General Manager

Business/Organization: Stehekin Valley Ranch

Street/Mailing Address: PO Box 36

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 509-682-4677

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.*

Bethany Gerhard  
PRINT NAME

  
SIGNATURE

8/17/18  
DATE



**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. **I need better service at times that allow me to do errands downlake without having to spend multiple nights at hotels. This is especially needed in the winter when current boat service only runs 3 days a week, but also in the busy summer months as well. A boat that leaves Stehekin in the morning would be a huge help to local residents, as we could then travel downlake, do our errands/doctor's appointments the same day, and return the next day. The current service requires an extra day to reasonably do the same thing, due to their schedule arriving downlake late in the day and leaving to come back first thing in the morning.**

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced. **I basically cannot leave Stehekin at all in the summer because the current boat schedule requires too much time to leave, accomplish my errands, and return. I can't miss that much work. A morning departure from Stehekin would allow me to do what I need in one less day, thus making it possible. Winter travel is also expensive due to the current boat service only running 3 days a week, requiring Stehekin residents to pay for lodging for multiple nights while they wait for the next opportunity to return home.**

If the request is denied, would it have any affect on you or your business/organization: Yes X No \_\_\_ If yes, please explain. **The current transportation service is not sufficient to meet my needs. Without an additional service such as the one proposed by Backcountry Travels, LLC, valley residents must suffer by paying extra lodging fees as well as losing time/income in order to take care of basic needs such as doctor's appointments, etc.**

**VERIFICATION**

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

Name and Title: Bethany Gerhard, Stehekin Resident

Business/Organization: \_\_\_\_\_

Street/Mailing Address: PO Box 303

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: N/A 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.*

Bethany Gerhard  
PRINT NAME

  
SIGNATURE

8/17/18  
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. I would appreciate a boat leaving Fields Point later in the day. I live on the west side of the mountains & have to leave home quite early to make the current boat uplake.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. Yes, I can get up & down the lake, however, the current boat is worn & unkept, making it less comfortable than it could be. The schedule is unfriendly for my needs as well. Ticketing could be more friendly with removal of expiration dates & reduced rates for family tickets.

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. If competition is allowed, it seems that the end result for the consumer will be a better service. If service is limited to one boat, it is likely that the interests of those who own & run that boat <sup>company</sup> will be served & the consumer is without a voice.

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

Name and Title: Sharon Bilbro  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: 35831 SE 27th Pl.  
 City, State, Zip Code: Fall City, WA 98024  
 Telephone Number: 425.698.5222 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.*

Sharon Bilbro PRINT NAME      Sharon Bilbro SIGNATURE      19 Aug 18 DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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<b>SUPPORT STATEMENT</b>	
(To be completed by the individual or business/organization supporting the request for operating authority)	
<b>THE TRANSPORTATION NEED</b> 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>More convenient options for transportation to &amp; from Stehekin. When living in Stehekin an earlier boat to Fields Point would make it possible to accomodate more scheduled events. From the west side, a later departure from Fields Pt makes travel in one day much easier.</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>Not entirely. More options would be much better. The proposed days of leaving at 8:00 from Stehekin would reduce the expense &amp; time required for making events in Chelan/Wanatchee when staying in Stehekin.</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 would reduce flexibility. Also our system is based on the proven principle that competition benefits the customer. More competition would be a good outcome of granting this request.</u>	

<b>VERIFICATION</b>		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title: <u>Thomas Bilbro</u>		
Business/Organization: _____		
Street/Mailing Address: <u>35831 SE 27<sup>th</sup> PL Fall City, WA</u>		
City, State, Zip Code: <u>98024</u>		
Telephone Number: <u>425 270 1981</u> 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>Thomas Bilbro</u> PRINT NAME	<u>Thomas Bilbro</u> SIGNATURE	<u>8/20/18</u> DATE

Applicant Name:  
Backcountry Travels LLC

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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 to be able to travel from Stehekin to Chelan and arrive in Chelan with time to conduct business or schedule appointments for the same day.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. As stated above, there have been many times when I was unable to conduct business without scheduling an additional night away from home because of the current ferry schedule.

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. The current ferry schedule makes conducting any business away from Stehekin at least a two night trip. The ferry and schedule proposed by Back Country Travels LLC would save me a minimum of 24 hours away from home, plus all the expense that involves.

### VERIFICATION

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

Name and Title: Jake Courtney

Business/Organization:

Street/Mailing Address: 53 Company Creek Rd.

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

Telephone Number: (509) 931-1601

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.

Jake Courtney  
PRINT NAME

  
SIGNATURE

8-18-2018  
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. I need a way to get downlake in order to make Dr. appointments and conduct other business on the same day of travel, allowing me to be away from home just one night, rather than two.

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced.  
With the existing Ferry System it is virtually impossible to make appt. etc. the same day of travel. It takes 2 nights away from home in order to do something as simple as having a check-up with a Dr.

If the request is denied, would it have any affect on you or your business/organization:  
 Yes  No \_\_\_ If yes, please explain. There are things I do not do downlake because of the time it takes, such as doctors appointments, events, family gatherings, etc. I have 6 young children at home, and being away for most of three days in order to attend an appointment or other business, is really not an option. We need a better, more efficient option in and out of Stehekin.

**VERIFICATION**

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

Name and Title: Dawn Courtney

Business/Organization: \_\_\_\_\_

Street/Mailing Address: 53 Company Creek Rd.

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 509-931-1601 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.*

Dawn Courtney PRINT NAME      Dawn Courtney SIGNATURE      8-19-2008 DATE

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
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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. Since the loss of a float plane service to the valley, and with the current ferry ferry services limited operations in the winter months, my ability to travel to/from the town of Stehekin has been severely restricted. This new option would appear to directly address my current problems by operating daily/year round.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. The current transportation available operates as little as 3 days/week in the winter months. This limits my ability to travel and also prohibits friends and family from visiting 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. If this application is denied then my ability to make timely doctor visits, emergency travel, or simply the convenience of being able to travel any day of the year, will continue to be an issue for me.

**VERIFICATION**

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

Name and Title: Bren Starcher

Business/Organization: \_\_\_\_\_

Street/Mailing Address: PO Box 283

City, State, Zip Code: Stehekin WA 98852

Telephone Number: (509) 931 1602 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.

Bren Starcher  
PRINT NAME

  
SIGNATURE

8/20/18  
DATE

RECEIVED

Applicant Name:  
Backcountry Travels LLC

Application Docket No.: **AUG 28 2018**  
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.

**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.

for annual Retreat @ Stehekin Ranch -  
additional ferry service would greatly help  
need for early departure + afternoon return.

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

We have to drive a day ahead + spend the night  
in Chelan; some on way out of Stehekin. 2 years  
ago, air service was available + filled our needs.

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

not same every year.

**VERIFICATION**

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

Name and Title: Jutta Keruke

Business/Organization: Hobbiters Hiking Club

Street/Mailing Address: 8929 E. Jason Hill Lane

City, State, Zip Code: Spokane, WA 99223

Telephone Number: 509.279.4000 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.

Keruke  
PRINT NAME

Keruke  
SIGNATURE

8/24/18  
DATE

RECEIVED

Applicant Name:  
Backcountry Travels LLC

Application Docket No.: AUG 28 2018  
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.

**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.

As a tourist I would like the option of leaving Field's Point later in the day when going to Stehekin, and being able to leave Stehekin sooner after leaving the Rancho. It makes more flights possible from Seattle.

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

The transportation that is currently available limits my travel options, I waste too much time between travel options, ie hotels, car rental, etc

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

It makes it harder for me to visit because I "waste" days/time on travel instead of visiting Stehekin. I want to use vacation days in Stehekin not in travel to & from.

**VERIFICATION**

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

Name and Title: Melodie Bogantz

Business/Organization: none

Street/Mailing Address: 4709 Sportsman Club Rd P.O. Box 504

City, State, Zip Code: Johnstown, OH 43031

Telephone Number: 614.209.5391 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.

Melodie Bogantz  
PRINT NAME

Melodie Bogantz  
SIGNATURE

8/22/18  
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.  
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 current service is geared towards tourism and it takes all day to go up and down the lake. The new service would take less time so would be more conducive to business or non-tourism activity

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced.  
The time to go from dock to dock takes too long. You can not drive to Stehekin and right now there is no commercial airplane flying into the area.

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 suffer through with what is available.

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

Name and Title: Margot Sanchez

Business/Organization: \_\_\_\_\_

Street/Mailing Address: 108 BUTTE RD; PO BOX 1715

City, State, Zip Code: Chelan, WA 98816

Telephone Number: 509 682-2038 Fax Number: NA

*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.*

Margot Sanchez PRINT NAME      Margot Sanchez SIGNATURE      8-22-2018 DATE

2018 AUG 24 AM 8:24  
 STATE OF WASHINGTON  
 WASHINGTON STATE  
 PUBLIC UTILITIES AND 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.

**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.  
More flexibility in travel from Holden Village / Chelan

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced.  
The boat company has a monopoly and takes advantage of commuters. It also takes almost a full day of travel to get to Holden or Stehekin

If the request is denied, would it have any affect on you or your business/organization:  
 Yes  No \_\_\_ If yes, please explain. The same as above. Deal with the limitations of the current transportation available. Why don't we have a state/local run ferry service??

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

Name and Title: Danielle Maeder  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: PO Box 1372  
 City, State, Zip Code: Chelan WA 98816  
 Telephone Number: 717-376-4583 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.*

Danielle Maeder PRINT NAME      Danielle Maeder SIGNATURE      8/22/18 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.  
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.

My guests and visitors must stay in a hotel or get up early to travel from Seattle

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

Boat is full and I can't get on. Schedule is limited.

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

Many Many people choose not to travel up lake due to limited schedule and full boats. Other methods are cost prohibitive.

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

Name and Title: Kim Martin Human Resources Manager

Business/Organization: North Cascades Bank

Street/Mailing Address: 220 Johnson Ave

City, State, Zip Code: Chelan, WA 98816

Telephone Number: 509-387-3112 Fax Number: 509-682-7333

*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.*

Kim Martin

PRINT NAME

Kim Martin

SIGNATURE

8-22-18

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.  
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.  
Flexibility of a ferry service that will get me up to Stehekin and back at a more reasonable time than what is currently being offered. I could also go to Chelan & back in 1 day.

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced.  
Schedule is limited, need to take a full day off work. With this ferry I could work half a day & then head uplake.

If the request is denied, would it have any affect on you or your business/organization:  
 Yes  No \_\_\_ If yes, please explain. I specifically plan my vacation around this. I travel many times to Stehekin w/ family living there. I would go more if the schedule was like this.

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

Name and Title: Kristin M. Shively Loan Servicing  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: 117 Fairway  
 City, State, Zip Code: Chelan WA 98816  
 Telephone Number: 509/682-4502 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.*

Kristin M. Shively PRINT NAME      Kristin M. Shively SIGNATURE      8/22/18 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.

My husband and I visit Stehekin at least twice every year. Discontinuance of air service 2 years ago has limited our travel options. With more people using the only ferry service, in the summer it is difficult to find space if you make a last minute decision to get away for a few days. A daily ferry service year round would also increase our options to recreate in the Stehekin valley year round. An increase in options to travel to this spectacular remote area will benefit everyone and supplement rather than detract from the ferry service currently offered. In addition, we often travel with friends from out of the area. The current ferry schedule has caused them to spend one or two extra nights in the area.

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

Difficulty in getting a last minute seat on the current ferry and oft times inconvenient travel times.

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

Yes x No \_\_\_ If yes, please explain. \_\_\_ Continue to restrict my travel options to the Stehekin Valley that affects how often and when my husband and I and friends can go there.

RECEIVED  
RECORDS MANAGEMENT  
2018 AUG 24 AM 8:24  
STATE OF WASHINGTON  
LTL AND TRAVEL  
COMMERCIAL

**VERIFICATION**

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

Name and Title: Casey Leigh

Business/Organization: \_\_\_\_\_

Street/Mailing Address: P.O. Box 301,  
\_\_\_\_\_

City, State, Zip Code: Entiat, Washington

98822 \_\_\_\_\_

Telephone Number: 509-784-9040 \_\_\_\_\_ 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.*

\_\_\_\_\_  
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