Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
Buokeeunity Travele 229		
THE APPLICATION What authority are you apply	ing 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 Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave	
Stenekin at 10:40am daily and return at 1pm, arriving	Dack III Stellekili at 2.40pm.	
	STATEMENT	
	nization 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/org	BE A DEFINITE IMPROVEMENT	
granted. THIS PROPOSAL WOULD BE A DEFINITE IMPROVEMENT FOR US AND WOULD PROVIDE AN OPTION NOT CUBRENTLY		
AVAILABLE. WE COULD DRIVE TO CHELAN ARRIVE BY I AM		
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 CHELDN THE PRENIOUS DAY		
AND STAY OVERNIGHT IN ORDER TO BET TO STEHEKIN		
The same of the sa		
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		
100/		
STEHELIN MITH THE GROUPS OF USUALLY A		
BOZEN PEOPLE THAT WE BRING HERE 50R 6		
TIMES A VEAR.		
	CATION nization supporting the request for operating authority)	
Name and Title: WILLIAM GIFFOT	RD, CHAIR, NW SUBSOMMITTEE	
Business/Organization: SIERRA CLU	B OUTINGS	
Street/Mailing Address: 2514 NW	13 DRIVE	
City, State, Zip Code: GRESHAW C	K 97030	
	Fax Number: <u>583-222-2758</u>	
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	sis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.	

WILLIAM GIFFORD PRINT NAME

Action Gifford SIGNATURE

8/16/2018 DATE

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	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 S (To be completed by the individual or business/organ	ization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	the transportation service that you need and that the	
of Lake Chelan would be	I caters to the upper end	
of Jake Chelan would be	a good trong	
Are your transportation needs being met now?	Yes No <u>X</u> If not, explain problems you	
have experienced. The host only comes ho	ont isen't to easy	
one Tembaday 30 gilleng	out then I so early	
If the request is denied, would it have any affect on you or your business/organization:		
Yes X No If yes, please explain. Will continue to make a the lake hard ord it only ru making it harder to appose	deporting the hope and of my three days a week come.	
VEDIC	CATION	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
Name and Title: Jim Courtney		
Business/Organization: Alpine Sev	vices	
Street/Mailing Address: P.O. Box 296		
City State Zin Code: Stehakin, W.	A 98852	
Telephone Number: <u>509-470-1799</u>	Fax Number: <i>N</i> / \	
I understand that this information is being given as the ba		
Jin Courtney () PRINT NAME	SIGNATURE B/17/2018	

	idual requesting operating authority)
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you app A daily, year round commercial ferry service on La will be used is a quiet, comfortable and efficient thi Stehekin at 10:40am daily and return at 1pm, arrivi	ke Chelan based out of Stehekin WA. The vessel that it was passenger catamaran. The vessel would leave
SUPPOR	T STATEMENT
(To be completed by the individual or business/ord	ganization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly descri	ibe the transportation service that you need and that the
granted	organization if this request for operating authority is
Transportation down and up the lake more cor	nsistent with our upper end of Lake Chelan life.
Are your transportation needs being met now?	? Yes NoX_ If not, explain problems you
have experienced.	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 affer Yes_X No If yes, please explain. Harder getting out or in a timely fashion	ect on you or your business/organization:
VER	RIFICATION
(To be completed by the individual or business/or	ganization 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	
Utilities and Transportation Commission, an agency of perjury under the laws of the state of Washington that	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
Trong Courtney . O.	rone Crutuy 8-17-2018 SIGNATURE DATE
DDINT NAME	SIGNATURE DATE

APPLICANT STATEMENT

APPLICANT : (To be completed by the individu	STATEMENT ual requesting operating authority)
Applicant Name:	Application Docket No.
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake	ing for? Include any amendments. Chalan based out of Stablakis MA. The unesel 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	
-/ SUPPORT	STATIEMENT
(To be completed by the individual or business/organ	sization supporting the request for operating authority)
THE TRANSPORTATION NEED. Briefly describe application could provide to you or your business/org granted.	the transportation service that you need and that the anization if this request for operating authority is
Transportation to Stebekin, WA	
Are your transportation needs being met now?	Yes NoXif not explain problems you
have experienced. I work full time and need a way to get to Stehekii	n sooner and back on a timely schedule
TWO IN CONTROL OF THE STATE OF	g source and book on a princip serious.
If the request is denied, would it have any affect Yes, X	
VERIFIC	CATION
(To be completed by the individual or business/organ	sization supporting the request for operating authority)
Name and Title: Dixie Strunk	•
Business/Organization	
Street/Mailing Address: 5826 200" St SW, Apt	С
City: State: Zip Code:	/A 98036
Telephone Number <u>425-775-6318</u> Fa	x Number
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the I	state of Washington. I certify or declare under penalty of
Dixie Strunk PRINT NAME	O.Z. SCr. & 8.17.18 SIGNATURE DATE
FRIN! NAME	SIGNATURE DATE

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
•		
THE APPLICATION What authority are you applyi	ng 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		
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	
SUPPORT S	TATEMENT	
	ization supporting the request for operating authority)	
	the transportation service that you need and that the	
application could provide to you or your business/org	anization if this request for operating authority is	
granted. Another method of		
cholan to Stehelich is no	eded. Since there is no	
Lorger Seaplane sonvice,	the current ferry	
ashedule and Availability	is not Adoquate-	
	5 10 10 10 10 10 10 10 10 10 10 10 10 10	
, J	Yes No <u></u> If not, explain problems you	
have experienced. There are times when the	existing boat service	
	o quedels nest the	
heeds of geople 20511ing	to travel to Stehellin.	
If the request is denied, would it have any affect	on you or your business/organization:	
Yes No If yes, please explain		
	envice unli pagatinely.	
impact those of us u	no desire to travel to	
SteRelin from cholon.		
VEDIEL	CATION	
	nization supporting the request for operating authority)	
(10 be completed by the management		
Name and Title: Act Paulsen		
Business/Organization:		
201110	1000	
	hadeng weny	
City, State, Zip Code: Surphse A 2 8	5314	
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.	
HRT PAULSEN Ch	8.18.20.18	
PRINT NAME	SIGNATURE DATE	
1		

	De la Company
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ing for? Include any amendments.
A deily year round commercial ferry service on lake	Chelan based out of Stenekin WA. The vesser 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	j back in Stenekin at 2.45pm.
SUPPORT S	STATEMENT
(To be completed by the individual or business/organ	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly described by the street by	e the transportation service that you need and that the
application could provide to you or your business/org granted.	provide a much more convenient
schedule for traveling in and	out of the valley.
3	
Are your transportation needs being met now? have experienced. I have a very nacrow	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 requies me to stay over
night and pay for a hotel room	, Would be rice to have more
extions	
If the request is denied would it have any affect	on you or your business/organization:
15	1 - 1d P - + trans hall had to 51 KM d
I also be as a set manager to the	CHECOUNT SCHOOLING ASO IN THE WINTER
The current boat comeany only fund	5 Three days of week with the
the valley residents to spend two to	o three nights in a visiter become
able to return home.	
VERIF	ICATION
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
Name and Title: Samantha Court	V) J4 A
	Massago
Business/Organization: Glacer Water	i lasselle
Street/Mailing Address: P.O. Box 296	00000
City, State, Zip Code: Stenekin, WA	98862
Telephone Number: <u>(509)423-3297</u>	Fax Number:
I understand that this information is being given as the ba	ne state of washington. I certify of declare under periods of
perjury under the laws of the state of Washington that the	e information contained in this statement is true and correct.
P	to C2-1
Samantha Courtney 1 Min	well (awhy) 8-18-18
PRINT NAME	SIGNATURE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you a	annlying for 2. Include
A daily, year fourid confinercial terry service on	lake Cholon boood and of Otal Line and The
	IDITIVIWO Dassandor octomoron. The
Stehekin at 10:40am daily and return at 1pm, ar	riving back in Stehekin at 2:45pm.
SUPPO	RT STATEMENT
(To be completed by the individual or business/	Organization supporting the request for operating authority
TITE INANSPORTATION NEED Briefly doe	cribo the transportation and the
granted. The Dewice we much is a	sorbe the transportation service that you need and that the sorganization if this request for operating authority is that further comportable, and
	races to Stipphin and Can be
counted on estar round.	The way was the second
Are your transportation needs being met now	v? Yes No Y If not and it
nave experienced. We survey we have	v? Yes No_X_ If not, explain problems you have reached moly is blow unclean
and wrillable, in the wint	ter months there are many
day it doesn't aporate up	rich is very inconviount
If the request is denied, would it have any aff	ect on you or your business/organization:
i yes, please explain. \mathcal{M}	t leaver up at the Dale
mercie as one unitable	company that could decide
to swand player in to	he vally at any time.
•	
/To be completed by the initial to	RIFICATION
(10 be completed by the individual or business/or	rganization supporting the request for operating authority)
Name and Title: Mr Gorden F. Cou	istney.
Business/Organization:	S. Till S.
Street/Mailing Address: P.O. 130x 296	Stehekin
City, State, Zip Code: Stenekin WA	
Telephone Number: 509,846,6632	
	Fax Number:
	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of
perjury under the laws of the state of Washington that t	the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
Gorden F. Couriney Son	Mr. F. Caurtons 8-18-2018
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 A daily, year round commercial ferry service on will be used is a quiet, comfortable and efficient Stehekin at 10:40am daily and return at 1pm, a	t thirty two passenger catamaran. The vessel would leave	<u>.</u>
(To be completed by the individual or business	ORT STATEMENT s/organization supporting the request for operating authority) escribe the transportation service that you need and that the sess/organization if this request for operating authority is	the
granted. Our guests desire transportation so Chelan/Field's Point in the afternoon. We al to be able to travel on the days they are boo	ervice that leaves Stellekil ill the morning and leaves stellekil ill the morning and leaves stellekil ill the morning and less that we don't end up with empty cabi	
Are your transportation needs being met not have experienced. The 2 biggest problems of demand. We have had MULTIPLE guests shoat tickets for the dates they wanted. (ie. In that was the only day they could get boat titus because the current boat schedule requisions a night in Chelan to ensure they can the morning and Chelan/Field's Point in	ow? Yes No _X_ If not, explain problems you of MANY: Current service is not sufficient to meet horten their stay with us because they could not get They left us a day earlier than they wanted to because ickets for.) Our guests also often shorten their stay waires them to spend extra days travelling and/or can catch the boat on time. A schedule leaving Stehe the afternoon would work much better for our overnights.	e rith kin
Yes_X_ No If yes, please explain.	affect on you or your business/organization: We would continue to lose revenue due to guests the lack of transportation service to our establishmer by renting cabins, so every time someone cancels a it is a huge impact on our livelihood.	nt.
(To be completed by the individual or busines	VERIFICATION ss/organization supporting the request for operating authority)	
Name and Title: Bethany Gerhard, Gener	ral Manager	
Business/Organization: Stehekin Valley F		
Street/Mailing Address: PO Box 36		
City, State, Zip Code: Stehekin, WA 9885		
	Fax Number: N/A	
I understand that this information is being given as Utilities and Transportation Commission, an agent perjury under the laws of the state of Washington	s the basis for a grant of operating authority by the Washington of the state of Washington. I certify or declare under penalty that the information contained in this statement is true and con	y of rect.
Bethany Gerhard PRINT NAME	SIGNATURE B/17/18 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 nization supporting the request for operating authority)	
THE TRANSPORTATION NEED application could provide to you or your business/org granted. I need better service at times that allow a spend multiple nights at hotels. This is especially only runs 3 days a week, but also in the busy surin the morning would be a huge help to local reserrands/doctor's appointments the same day, an an extra day to reasonably do the same thing, duday and leaving to come back first thing in the maximal of the experienced. I basically cannot leve Stehekin schedule requires too much time to leave, accommuch work. A morning departure from Stehekin thus making it possible. Winter travel is also exprunning 3 days a week, requiring Stehekin residently wait for the next opportunity to return home of the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied, would it have any affect the request is denied.	e the transportation service that you need and that the ganization if this request for operating authority is me to do errands downlake without having to y needed in the winter when current boat service mmer months as well. A boat that leaves Stheekin idents, as we could then travel downlake, do our d return the next day. The current service requires to their schedule arriving downlake late in the next day. If not, explain problems you at all in the summer because the current boat in at all in the summer because the current boat would allow me to do what I need in one less day, bensive due the the current boat service only tents to pay for lodging for multiple nights while at on you or your business/organization: trent transportation service is not sufficient to uch as the one proposed by Backcountry Travels, a lodging fees as well as losing time/income in	
order to take care of basic needs such as doctor		
(To be completed by the individual or business/orga	ICATION Inization supporting the request for operating authority)	
Name and Title: Bethany Gerhard, Stehekin Re	esident	
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 DATE	

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677	
THE APPLICATION What authority are you app A daily, year round commercial ferry service on Labwill be used is a quiet, comfortable and efficient thin Stehekin at 10:40am daily and return at 1pm, arrivi	ke Chelan based out of Stehekin WA. The vessel that rty two passenger catamaran. The vessel would leave	
(To be completed by the individual or business/org	T STATEMENT ganization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly description could provide to you or your business/o	ibe the transportation service that you need and that the organization if this request for operating authority is leaving Fields Point later in the day.	
live on the west side of the mountains & have to leave home quite		
early to make the current boat u	iplake.	
boat is worn * unkept, making The schedule is unfriendly for in more friendly with removal of ex If the request is denied, would it have any affect Yes X No If yes, please explain. If that the end result for the of If service is limited to one boat those who own a run that boat is without a voice.	competition is allowed, it seems consumer will be a better service. This likely that the interests of interests.	
(To be completed by the individual or business/org	IFICATION ganization supporting the request for operating authority)	
Name and Title: Sharon Bilbro		
Business/Organization:		
Street/Mailing Address: 35831 SE 27	th Pl.	
City, State, Zip Code: Fall City, WA	98024	
Telephone Number: 425, 698, 5222	Fax Number:	
I Utilities and Transportation Commission, an agency of i	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.	

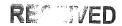
Sharon Bilbro Sharon Bilbro 19 Aug 18
PRINT NAME SIGNATURE DATE

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 the will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would least the 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 application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation service that you need and that application could provide to you or your back in Stehekin at 2:45pm. Stehekin, When living in Stehekin and earlier hoad to Fields Paint would and the provide and the	
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 the will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would lead Stehekin at 10:40 am daily and return at 1pm, arriving back in Stehekin at 2:45 pm. 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 application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transport to pread the fields Paint would the passed of leaving the fields Pringles Transport to the fields Paint would be formed and the fields Pringles transportation needs being met now? Yes Nox If not, explain problems you have experienced. Not entirely more optims would be first would be field the cappage of leaving at 8:00 from Stehetin would the counts. The possed days of leaving at 8:00 from Stehetin would the counts of the first would be formed by the counts. The possed days of leaving at 8:00 from Stehetin would be first would be formed by the counts of the first would be formed by the counts of the first would be formed by the first would be formed by the counts. The possed days of leaving at 8:00 from Stehetin would be formed by the first would be first would be first would be formed by the first would be first	Į.
A daily, year round commercial ferry service on Lake Chelan based out of Sterlekin WA. The Vessel will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would lead 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 application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation for portating authority is Stehekin. When living in Stehekin, an earlier boat to Fields Point would be have it passible to accommodate more scheduled events. From the Wesside a later oleparture from Fields Pr makes travelin one day much have experienced by enrich more optims would be much be fler. The possed clays of leaving at 8:00 from Stehekin would the required for making events in Chlan Maken Staying in Stehekin. If the request is depied would it have any affect on you or your business/organization:	
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation for the Fields Paint would Stehekin. When living in Stehekin an earlier boat to Fields Paint would make it passible to accomedate more scheduled events. From the westing a later oleparture from Fields Pr makes travel in one day much have experienced. Not entirely hope optims would be marked and service the expense of leaving at 8:00 from Stehelin would reduce the expense of the required for making events in chilan Walled Wann Staying in Stehelin.	at ve
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation to transportation. Stehekin, when living in Stehekin an earlier boat to Fields Point would make it possible to accompadate more scheduled events. From the west side a later olepature from Fields Pt makes travel in one day much have experienced. Not entirely More optims would be lift not, explain problems you have experienced. Not entirely More optims would be much be terr. The proposed days of leaving at 8:00 from Stehekin would reduce the expense of time required for making events in Chilan We when Staying in Stehekin.	
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation to transportation to transportation. Stehekin an earlier boat to Fields Point would make it possible to accompadate more scheduled events. From the Wester of a later olepathine from Fields Pt makes travel in one day much have experienced. Not entirely More optims would be lift not, explain problems you have experienced. Not entirely More optims would be much be terr. The proposed days of leaving at 8:00 from Stehekin would reduce the expense of leaving at 8:00 from Stehekin would when Staying in Stehekin.	4 41
Stehekin. When living in Stehekin an earlier boat to Fields Point would make it possible to accompadate more scheduled events. From the west side a later aleparture from Fields PT makes travel in one day much have experienced. Not entirely. More options would be much be there. The proposed days of leaving at 8:00 from Stehekin would reduce the expense of time required for making events in chilan Waller when Staying in Stehekin.	tne
Make it possible to accompadate more scheduled events. From the west side a later aleparture from Felds PT makes travel in one day much have experienced. Not entirely. More options would be much be there. The proposed days of leaving at 8:00 from Stehekin would reduce the exposse of time required for making events in chilan Wallen Staying in Stehekin.	d
Are your transportation needs being met now? Yes Nox If not, explain problems you have experienced. Not entirely More optims would be much be fler. The proposed days of leaving at 8:00 from Stehelin would reduce the expense of time required for making events in Chilan Wallam Staying in Stehelin.	7
Are your transportation needs being met now? Yes Nox If not, explain problems you have experienced. Not entirely More options would be much be Her. The proposed days of leaving at 8:00 from Stehelin would reduce the expense of time required for making events in chilan Wa When Staying in Stehelin. If the request is denied would it have any affect on you or your business/organization:	4 095
reduce the exposes of leaving at 8:00 from Stehetin would reduce the exposes of time required for making events in chilan Wa when Staying in Stehetin. If the request is denied would it have any affect on you or your business/organization:	
reduce the exposse of time required for making events in chilan We when Staying in Stellekin. If the request is depied would it have any affect on you or your business/organization:	
When Staying in Stelle kin. If the request is denied would it have any affect on you or your business/organization:	natch
If the request is denied would it have any affect on you or your business/organization:	
Yes \ No If yes, please explain. It would reduce flexibility. If ye	
our system is based on the proven principle that competition be useful that competition	
benefits the customer. More competition would be a good outcome of granting this request.	
<u>sarcone</u> or grandy	
VERIFICATION	
(To be completed by the individual or business/organization supporting the request for operating authority))
Name and Title: Thomas Bilbo	
Business/Organization:	
Street/Mailing Address: 35 831 SE 2 PPL Fall City, WA	
City, State, Zip Code: 98024	
Telephone Number: 425 270 19 8 / Fax Number:	
I understand that this information is being given as the basis for a grant of operating authority by the Washingto Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penal perjury under the laws of the state of Washington that the information contained in this statement is true and co	ity Or
PRINT NAME SIGNATURE 8/20/18 DATE	i i

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applyi	ng for? Include any amendments.	
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave	
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	
Stellerill at 10.40am daily and retain at 15m, among		
(To be completed by the individual or business/organ	STATEMENT iization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	the transportation service that you need and that the	
granted	1	
	velfrom Stehekin to Chelan and	
arive in Chelan with stime	to conduct bussiness or	
schedule appointments for the	e same day	
Are your transportation needs being met now? have experienced. As Stated above	Yes No X If not, explain problems you there have been many times	
	fuct bussiness without scheduling	
	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 bussiness a		
a two night trip. The ferry		
	Il the expense that involves	
hours away from home, plus a	Il the expense that involves	
VERIF	ICATION	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
Name and Title: Take Courteray		
Business/Organization:		
Street/Mailing Address: 53 Company	Creek Rd.	
11 000 10		
City, State, Zip Code: Stelle Kin, WA, 98937 Telephone Number: 500 931-1601 Fax Number:		
Telephone Number: 501 431-1601		
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of th perjury under the laws of the state of Washington that the	e state of Washington. I certify or declare under penalty of a information contained in this statement is true and correct.	
Jake Courtney Ja	SIGNATURE DATE	

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applyi	-	
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty		
Stehekin at 10:40am daily and return at 1pm, arriving		
George and the second		
# 이용 이 회원을 하는 것이 모든 이용을 하는 것이 없었다면서 하는 것이 하는 것이 없는 것이 없는 것이 없는 것이 없다면 하는 것이다면 없다.	TATEMENT ization supporting the request for operating authority)	
	the transportation service that you need and that the	
application could provide to you or your business/org	anization if this request for operating authority is	
ments and conduct other business	on the same day of travel,	
allowing me to be away from	home just one night, rather	
than I two.		
Are your transportation needs being met now? `have experienced.	Yes No 🔀 If not, explain problems you	
With the existing Ferry System it i	s virtually impossible to make appl.	
etc. The same day of travel. It	takes 2 nights away from home	
in order to do something as sir		
If the request is denied, would it have any affect		
Yes No If yes, please explain. There		
<u>because of the time it takes, suc</u> Family authorings etc. I have be	in as Noctors appointments, events,	
being grant for most of three or	in order to attend an	
appointment or other bisiness.	is really not an option. We need	
a better, more efficient option in	and out of Stehekin.	
[[마마하다] 그 사람이 그는 사람이 되었다면 하다 하다 하다 하다 하는 사람들이 되었다면 하다 하는 사람들이 되었다면 하다 하다 하다 하다 하는 그렇게 되었다.	CATION ization supporting the request for operating authority)	
Name of The Day of Age of the age		
Name and Title: <u>Jawn</u> Courthey		
Business/Organization:	A : 0 :	
Street/Mailing Address: 53 Company	Creek Rd.	
City, State, Zip Code: 14 hekin, 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 Onthey 4	Daun Movaney 8-19-208 SIGNATURE DATE	

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE ADDITION What suthanity are you seek	The first of the last of the l
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake	ng for? Include any amendments. Chelan based out of Stebekin 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 S	TATEMENT
(To be completed by the individual or business/organi	
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the
application could provide to you or your business/orga granted. Since the 1025 of a float plane service	anization if this request for operating authority is
granted. Since the 1033 OF a Float plane Service	e to the velley, and with the current formy
ferry services limited opporations in the winter w	norths, my obility to travel toffrom the
town of Stehekin has been severely restric	led. This new option would appear to
directly address my corrent problems by a	poerating daily / year round.
Are your transportation needs being met now? \ have experienced. The correct transportation avail	res No <u></u> If not, explain problems you
have experienced. I've correct transportation avail	able opporates as little as 3 days week
in the winter months. This limits my ability	to frevel and also probabilis friends and
Camily from visiting in the winter.	
If the request is denied, would it have any affect of	on you or your business/organization:
Yes V No If yes, please explain. If [hin]	application is devied then my ability
able to travel any day of the year, will a	well, or simply the convenience of being
whe to were any may or the year, will c	ontine to be an 1550e ter me.
VERIFIC	
(To be completed by the individual or business/organiz	zation supporting the request for operating authority)
Name and Title: See Starcher	
Business/Organization:	
Street/Mailing Address: PO Box 283	
City, State, Zip Code: Stehetin UA 9885	<u> </u>
Telephone Number: (509) 931 1602	Fax Number:
I understand that this information is being given as the basis	
Utilities and Transportation Commission, an agency of the s	state of Washington. I certify or declare under penalty of
perjury under the laws of the state of Washington that the in	formation contained in this statement is true and correct.
Dren Storcher K	2/20/18
PRINT NAME S	SIGNATURE DATE



AUG 28 2018

Application Docket No.:

Applicant Name:

TS-180677 Backcountry Travels LLC WASA, 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 the application could provide to you or your business/organization if this request for operating authority is granted. No ___ If not, explain problems you Are your transportation needs being met now? Yes have experienced. If the request is denied, would it have any affect on you or your business/organization: Yes V No If yes, please explain. mot rome overy year. VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Business/Organization: Hobrailers Street/Mailing Address: City, State, Zip Code:____ Telephone Number: 509, 279, 4000 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.

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Applicant Name:	A 1: (: 5	
Backcountry Travels LLC	Application Docket No.:	AUG 28 2018
	TS-180677	SH. UT. & TP. COMM
THE APPLICATION What authority are you applying A daily year round commercial form		
Tradity, year toulid continuencial terry service on Lake	Cholon hassalari (O)	
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm	ne vessei would leave
SUPPORT S	TATEMENT	
(10 be completed by the individual or business/organi	ization supporting the request to	or operating and a sit)
TILE INCINCION ALION NEED Briefly describe	the transportation comits u	
application could provide to you or your business/orga	anization if this request for on	at you need and that the
application could provide to you or your business/orga granted. As a townist I would	tike the optice	
leaving Field's Point later in	the day when	going to Stehekin
and being able to leave Steh	()	() ().
	1 1 1	Her leaving
	J	m Seattle.
Are your transportation needs being met now? Y have experienced.	'es No <u>✓</u> If not, exp	plain problems you
The transportation that	is currently	quartable
limits my travel option	TILL	
	a waste to	20 much
Server Times	offices is hote	1s car rentalje
If the request is denied, would it have any affect o Yes No If yes, please explain.	n you or your business/org	janization:
ii yes, piease explain		9
It makes it harder for		N T
I "waste" daystine on	or me to visit	because
		ot visiting
not in travel 1 0 D	se vacation day	s in Stehekiln
VERIFICATION		
(To be completed by the individual or business/organiz	ation supporting the request for	operating authority)
Name and Title: Melodie Boggo	+7	1 gameny
Business/Organization: none		
Street/Mailing Address: 4709 Sportsma	in Club Rd	P.O. Box 504
City, State, Zip Code: Johnstown, OH	43031	
Telephone Number: 614, 209, 5391	Fax Number:_ ഉ/വ	
l understand that this information is being given as the basis Utilities and Transportation Commission, an agency of the st	for a grant of a series (
perjury under the laws of the state of Washington that the info	ormation contained in this stater	nent is true and correct
\sim 1		
Molatio Donata		al line
PRINT NAME	n pogán ()	0/22/18
SIO	GNATURE	DATE

Applicant Name:	Application Docket No.:			
Backcountry Travels LLC	TS-180677			
THE APPLICATION What authority are you applying the state of the state			000014	hat
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		COOCI W	odia ioi	avo
	·			
			7-07-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0	
SUPPORT S				
(To be completed by the individual or business/organ				
THE TRANSPORTATION NEED Briefly describe	the transportation service that you anization if this request for operat	u need ing auth	and the ority is	at the
granted. The wrest service is geoved	towards tourism and it	takes	sallo	lay
to go up and down the lake. The new would be more conducive to business o	service would take less	time	50	
would be more conducive to business o	rnon-tourism activity	/		
Are your transportation needs being met now?	Yes No ➢ If not, explai	n proble	ms vou	
have experienced.				
The time to go from deck to d	lock takes too long. Yo	JCan	not	
Are your transportation needs being met now? Yes No & If not, explain problems you have experienced. The time to go from deck to dock takes too long. You can not drive to stehetin and right now there is no commercial air plane flying into the area.			<u>e</u> :	
flying into the area.			***************************************	
If the request is denied, would it have any affect	on you or your business/organ	zation:		
Yes X No If yes, please explain				
Yes X No If yes, please explain. We would have to suffer through	with what is avail	abk.		
7				
			2	. Do
·		Transfer College	<u> </u>	
VERIFIC	CATION	- 78	5	53.5
(To be completed by the individual or business/organ		erating a	uthority)) 1999 (*) 1999 (*)
11. 4 6			IDa	
Name and Title: Margot Sanches		s David David David der		
Business/Organization:		: .	್ಲಾಂ 	1.874 1.87 1.87
Street/Mailing Address: 108 Bottle Rd; Po	Box 1715		Service .	#++. *
City, State, Zip Code: Chelan, WA 98811	6			
Telephone Number: -509 682 -2038				
I understand that this information is being given as the bas. Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the i	state of Washington. I certify or deci	are unde	r penali	ty of
•				
	0 1			
Margot Sanchaz Margo PRINT NAME		0	3015	?
	ot soucher,	8-22-	2015	

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	
A daily, year round commercial ferry service on Lake	
will be used is a quiet, comfortable and efficient thirty	
Stehekin at 10:40am daily and return at 1pm, arriving	j back in Stenekin at 2:45pm.
SUPPORT	STATEMENT
	nization supporting the request for operating authority)
	e the transportation service that you need and that the
application could provide to you or your business/org	
granted.	
- The flyibility in strike	Mm Holdy Village / Chelan
0 0	
Are your transportation needs being met now?	Yes No If not, explain problems you
have experienced.	
The boat company up a monopoly a	at takes advirture of committees.
Habo takes almost a hall of	is I true to get to Holder or
Start	
If the control of the	
If the request is denied, would it have any affect Yes \(\sum \) No If yes, please explain. The	
with the limitations of the	
with the same son the	Court House strong assets
Why don't we have a State //or	al run ferry Service?
<i>/</i>	· f
	CATION
	nization supporting the request for operating authority)
Name and Title: Tamele Marede	~
	-
Business/Organization:	
Street/Mailing Address: PO BOX 131	0.011
City, State, Zip Code: Chela WA	788/6
Telephone Number: 717 - 376-458	3 Fax Number:
I understand that this information is being given as the ba	sis for a grant of operating authority by the Washington
Utilities and Transportation Commission, an agency of the	e 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.
	+ lm// la clastia
_ aniele Maeder	THY/148 8/00/18
PRINT NAME	SIGNATURE / DATE

Applicant Name:	Application Docket No.:		
Backcountry Travels LLC	TS-180677		
THE APPLICATION What authority are you apply	ing 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 Stehekin at 10:40am daily and return at 1pm, arriving	t back in Stehekin at 2:45nm		
eteriorin de 19. rodin dany and return at 1pm, arriving	g back in Steriekin at 2.45pm.		
■	STATEMENT iization supporting the request for operating authority)		
	the transportation service that you need and that the		
application could provide to you or your business/org	anization if this request for operating authority is		
arantad			
My guests and visitors must	· stay in a hotel or get		
My guests and visitors must up early to travel from Se	attle		
5			
Are your transportation needs being met now? have experienced.			
Boat is full and I can't	act on Schedule is limited		
	The second secon		
If the request is depied would it have any effect			
If the request is denied, would it have any affect Yes X No If yes, please explain.	on you or your business/organization:		
res in yes, please explain			
May Many people choose	not to travel up lake		
due to limited schedule and full heat. Other methods			
are cost prohibitive.			
VERIFION (To be completed by the individual or business/organ	ization supporting the request for operating authority)		
Name and Title: Kim Martin	Human Kesources 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 Ke	Marti 8-22-18 SIGNATURE DATE		

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply		
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty		
Stehekin at 10:40am daily and return at 1pm, arriving		
[HOLD NOT	STATEMENT nization supporting the request for operating authority)	
	the transportation service that you need and that the	
application could provide to you or your business/org		
	t a more reasonable time	
Than what is currently be	ing offered. I could also go	
to Chilan & back in I day		
Are your transportation needs being met now?	Yes No 🔀 If not, explain problems you	
Schedule is limited, need to	tak a full day off work.	
With this ferry I could wor	k half a day & Hen head	
uplake.	0	
If the request is denied, would it have any affect		
Yes No If yes, please explain travel	Many times to Stehekin W/	
Lamily living there I wan		
was like this.		
·		
	CATION	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
Name and Title: Kristin M. Shive	ely Loan Servicing	
Business/Organization:	1	
Street/Mailing Address: 117 Farrway		
City, State, Zip Code: Chilan WA 98816		
Telephone Number: 509 1682 - 4502 Fax Number:		
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	sis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.	
Kristin M. Shively Kust PRINT NAME	SIGNATURE 8/22/18 DATE	

APPLICANT STATEMENT (To be completed by the individual requesting operating authority)			
Applicant Name: Application Docket No.:			
Backcountry Travels LLC	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		
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.————————————————————————————————————		
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.		

2018 AUG 24 AM 8: 24

VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title: Casey Leigh Business/Organization:	g are or	queet for operating authority)
Street/Mailing Address:P.O. Box 301,		
City, State, Zip Code:Entiat, Washing	gton	_
Telephone Number:509-784-9040		Fax
Number:		
I understand that this information is being given a Utilities and Transportation Commission, an agen perjury under the laws of the state of Washington	icv of the state of Washington I ce	ertify or declare under penalty of
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 <u>WITHIN 30 DAYS</u> 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