

RECEIVED

AUG 30 2018

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677	WASH. UT. & TP. COMM
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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 approximately half hour turnaround time in Chelan is not sufficient to meet our needs

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

Present transportation service doesn't stop twice at the same location in the same day (our location).

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

Yes No If yes, please explain.

RECEIVED
 2018 AUG 30 AM 11:17
 STATE OF WASHINGTON
 UTILITIES AND TRANSPORTATION COMMISSION
 RECORDS MANAGER

VERIFICATION

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

Name and Title: _____

Business/Organization: *Lake Chelan Homes & Uplake Adventures*

Street/Mailing Address: *P.O. Box 2030*

City, State, Zip Code: *Chelan, WA, 98816*

Telephone Number: *509-741-0852* 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.

James C. Thomas

PRINT NAME

James C. Thomas

SIGNATURE

8-23-2018

DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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AUG 30 2018

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 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

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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 think the flexibility of the hrs of operation would help those going to Stehekin or for Stehekin fish sharing to go to Chelan or beyond - both hrs + more days esp during the winter, for medical needs etc

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

I can get to Stehekin but it costs me a lot more to stay overnight coming or going. It would be very slow + noisy now.

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

I used to go to Stehekin annually but having to stay in Chelan in order to be ready for opening of the boat passes + onto the boats. It would be nice to have all the boarding process online - wouldn't have near the hassle

VERIFICATION

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

Name and Title: Alice M. Lake
Business/Organization: Tourist
Street/Mailing Address: 17614 Snohomish Ave
City, State, Zip Code: Snohomish WA 98296
Telephone Number: 360-668-8196 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.

Alice M Lake
PRINT NAME

Alice M. Lake
SIGNATURE

8-23-18
DATE

RECEIVED
2018 AUG 30 AM 8:17
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. The proposed ferry service to Stehekin would allow one day travel between Spokane and Stehekin in late September when our hiking club makes an annual trip.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. At present to travel in late September we have to leave at 3:30 AM or spend a night in Chelan to catch the morning ferry. Returning on the ferry in the afternoon means driving back to Spokane in late evening.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. Most motels in Chelan require a minimum of two nights. This adds a great deal to the time involved and the cost of motel and extra meals.

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

Name and Title: Susan M. Kurtz

Business/Organization: _____

Street/Mailing Address: 10802 W Olson Rd

City, State, Zip Code: Nine Mile Falls WA 99026

Telephone Number: 509-468-1216 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.

Susan M. Kurtz Susan M. Kurtz 8/25/18
PRINT NAME SIGNATURE DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. NEED A ferry that departs Chelan or Field's Point in Afternoon.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. CURRENT Ferry schedule REQUIRES OVERNIGHT STAY IN EASTERN WA IN ORDER TO MAKE THE ferry, I live in Woodinville WA. NO float plane Availability MEANS NO Flexibility

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

MEANS Fewer And shorter Trips To Stehekin in order to make current ferry schedule

VERIFICATION

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

Name and Title: MR. Joseph A. Ravenel

Business/Organization: _____

Street/Mailing Address: 19319 148th AVE NE

City, State, Zip Code: Woodinville WA 98072

Telephone Number: 206.719.0122 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.

Joseph A. Ravenel
PRINT NAME

Joseph A Ravenel
SIGNATURE

8-28-2018
DATE

2018 AUG 31 AM 9:44
RECEIVED
OFFICE MANAGER

RECEIVED

AUG 31 2018

WASH. UT. & TP. COMM

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

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

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

WE LIKE TO TRAVEL TO STEHEKIN OFTEN FOR VISITING FRIENDS/RELATIVES WHO LIVE NEAR & IN STEHEKIN. THIS SERVICE WOULD DROP US OFF AT OUR FRIENDS/RELATIVES PROP.

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

WE LIVE ON THE SOUTH SHORE. IT IS MORE CONVENIENT FOR US TO TAKE THE SHORT DRIVE TO FIELDS PT. AND HAVE A SHORT RIDE TO STEHEKIN. ALSO CAN BE DROPPED OFF AT FRIENDS HOUSE

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

Yes No ___ If yes, please explain. WE WOULD THEN HAVE TO DRIVE TO CHELAN AND TRAVEL 2-4 HRS. TO STEHEKIN AND THEN HAVE SOMEONE PICK US UP TO GO DOWN LAKE 5 MILES TO THE MILLER PROPERTY

VERIFICATION

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

Name and Title: ART RUNKEL

Business/Organization: _____

Street/Mailing Address: 100 MINNEAPOLIS BEACH RD.

City, State, Zip Code: CHELAN, WA. 98816

Telephone Number: 206 276 0285 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 RUNKEL
PRINT NAME


SIGNATURE

8/28/18
DATE

RECEIVED

SEP 04 2018

WASH. UT. & TP. COMM

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. WOULD BE ABLE TO GET PARTS OR OPERATOR UP LAKE TO BRING BOAT BACK TO MANSON.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. CAN'T GET DOWN LAKE IN MORNING AND NOT UP LAKE IN THE AFTERNOON.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. WOULD NOT BE ABLE TO GET TO STEHEKIN IN THE AFTERNOON.

VERIFICATION

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

Name and Title: William P. SHARKEY

Business/Organization: _____

Street/Mailing Address: P.O. Box 544

City, State, Zip Code: MANSON, WA, 98831

Telephone Number: 509-470-2468

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.

William P. SHARKEY
PRINT NAME

William P. Sharkey
SIGNATURE

8-20-18
DATE

RECEIVED
STATE UTILITIES AND TRANSPORTATION COMMISSION
SEP 04 11:08 AM '18

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

SEP 04 2018

WASH. UT. & TP. COMM

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 live on the South side of Lake Chelan. My husband & I work in the morning and would like to visit friends that live on the North Side in the Afternoon. This would allow travel at optimum times.

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

The current ferry service is VERY limited. Only offering a morning departure from Chelan. It also cuts days in the "off season".

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

We will not be able to travel to the other side of the lake often enough. Maybe 1-2 times a year. If we could travel more, we would also spend more money on businesses in Stehekin that could possibly stay open year-round.

VERIFICATION

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

Name and Title: Janice Vyborny Manager & Distribution #10/VISTA WINES
Business/Organization: RIO VISTA WINES - Chelan
Street/Mailing Address: 950 Klatt Rd
City, State, Zip Code: Manson WA 98831
Telephone Number: 509-470-5453 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.

Janice Vyborny
PRINT NAME

Janice Vyborny
SIGNATURE

8/21/18
DATE

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

SEP 04 2018

WASH. UT. & TP. COMM

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

EASIER ACCESS TO STEHEKIN YEAR AROUND FOR LODGING & FOOD

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

CURRENTLY LIMITED SERVICE - LIMITED TO MORNING OR EVENING - THIS SERVICE WOULD PROVIDE MORE OPTIONS MID DAY

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

MORE ACCESS TO BOAT TRANSPORTATION MID DAY AND DAILY SERVICE IN THE WINTER MONTHS

VERIFICATION

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

Name and Title: KJ CASADY
Business/Organization: _____
Street/Mailing Address: 1000 SR 150 SPO28
City, State, Zip Code: MAWSON WA 98831
Telephone Number: 206-399-3713 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.

[Signature]
PRINT NAME

KJ CASADY
SIGNATURE

8/22/2018
DATE

2018 SEP -4 AM 8:00
STATE OF WASHINGTON
UTILITY AND TRANSPORTATION COMMISSION

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

SEP 04 2018

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

Afternoon transportation is needed to Stehekin and morning transportation to Chelan/Manson

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

additional expense (lodging) for mid-day trips for business/services

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

lack of transportation

VERIFICATION

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

Name and Title: Kurt Sixel
Business/Organization: Banker / mortgage
Street/Mailing Address: 303 Lakeshore Drive
City, State, Zip Code: Manson WA 98831
Telephone Number: 509-293-5076 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.

Kurt Sixel
PRINT NAME


SIGNATURE

8/22/18
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. *With the new business, Backcountry Travels LLC, it would provide a way for our family + friends to utilize the facility on their own schedule.*

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. *Our family has a large parcel of land 1/2 mi down lake from Stehekin. We have owned it since the mid 50's. In the past our parents, grand parents, family & friend were able to utilize it with the Lady of the Lake II. With the new owners they will not stop at our private home.*

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. *Our family and friend would not be able to utilize the home that has been in the family since the mid 50's*

VERIFICATION

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

Name and Title: *Darrel Lewman* *owner*

Business/Organization: *Family Home*

Street/Mailing Address: *84 Lewman Hubbard Ln*

City, State, Zip Code: *Manson, Wa. 98831*

Telephone Number: *509-687-3898*

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.

Darrel Lewman
PRINT NAME

Darrel Lewman
SIGNATURE

8-30-18
DATE

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. It would be optimal to catch the ferry to Stehekin at a later time in the morning & be able to return to Fields Point at an earlier time. The demand for this is clear.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced.
I have to leave very early in the am to make present ferry. One time I stayed in Pateros, but that's more time (vacation) and money.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain. It forces me to leave at an early time from home; or stay over-night spending more money and waisting more vacation time... which let's be honest, nobody really wants to do.

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

Name and Title: Karen Pickard
 Business/Organization: _____
 Street/Mailing Address: 4708- 29th Ave NE
 City, State, Zip Code: Marysville, WA 98270
 Telephone Number: 425-299-9583 Fax Number: _____

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

Karen Pickard Karen Pickard 8-21-18
 PRINT NAME SIGNATURE DATE

2018 SEP -5 AM 8:50
 STATE OF WASHINGTON
 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.
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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.

As property owner and seasonal residents, with a dog, we need transportation from Fields Pt to Stehekin on a regular basis. The proposed schedule would be more convenient for us and visiting friends and family.

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

It's difficult for family members to come and go from Seattle without spending extra nights in Wenatchee. Our time spent in Stehekin is reduced 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.

Reduced visits to Stehekin.

VERIFICATION

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

Name and Title: Kirk and Janet Thomson
 Business/Organization: _____
 Street/Mailing Address: 520 NE. 19th
 City, State, Zip Code: East Wenatchee, WA 98802
 Telephone Number: (206) 455-0095 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.

Kirk Thomson PRINT NAME [Signature] SIGNATURE 8-22-18 DATE
Janet Thomson PRINT NAME [Signature] SIGNATURE

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

I need one day service from Mount Vernon to Stehekin where I have a cabin I visit between May + October. This boat would allow me 1 day trip without Samuel

driving in the dark.

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

With the changes in the trails/road, plane service (and myself) I rely on the boat and must be on the road by 5:00 AM to catch the boat out Field's Point

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

It would make it more difficult as I age (now 77) to access a place I have had + loved since the late 1960's.

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

Name and Title: Ginny Darvill
 Business/Organization: _____
 Street/Mailing Address: 20175 E. Hickox Road
 City, State, Zip Code: Mount Vernon WA 98274
 Telephone Number: 360 424 5854 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.

Ginny Darvill PRINT NAME Ginny Darvill SIGNATURE 8-20-2008 DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. IF GRANTED, WE WOULD HAVE MORE FLEXIBILITY IN SCHEDULING STAYS AT STEHEKIN.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. BEING THAT WE LIVE OUT OF TOWN WE FIND IT DIFFICULT TO SCHEDULE ARRIVAL / DEPARTURE FOR US AND FAMILY MEMBERS. CURRENT FERRY SCHEDULES ARE VERY RESTRICTIVE.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. MORE TRAVEL OPTIONS WOULD MAKE IT EASIER TO COORDINATE WITH FAMILY FOR VISITS TO STEHEKIN. WE HAVE CHILDREN (GRANDCHILDREN) AND NUMEROUS COUSINS & FRIENDS IN THE NW THAT WOULD LOVE TO JOIN US.

VERIFICATION

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

Name and Title: Michael Sawicki - owner

Business/Organization: Concrete Solutions

Street/Mailing Address: P.O. Box 32195

City, State, Zip Code: TULSEN, AZ 85757

Telephone Number: 520-909-5790 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.

Michael A Sawicki
PRINT NAME

[Signature]
SIGNATURE

8-2018
DATE

2018 SEP -5 AM 8:30
UTL AND TRAN
STATE OF WASH
COMM

(To be completed by the individual requesting operating authority)

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

Visiting my niece and nephew in Stehekin

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

Ferry times are not conducive to my travel in and out of Chelan to get to Stehekin....I travel either from Seattle or Bellingham ..

If the request is denied, would it have any affect on you or your business/organization:
Yes x No ___ If yes, please explain.....I try to visit on weekends and this is pretty impossible without taking days off to make this trip to see my family.....Inconvenient and more costly.. Therefore an additional ferry with more available times would make this trip easier for me to accomplish, allowing me to spend more time with family.

VERIFICATION

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

20 SEP -5 AM 8:33

TS-180677

Name and Title: Ginger Bensch...

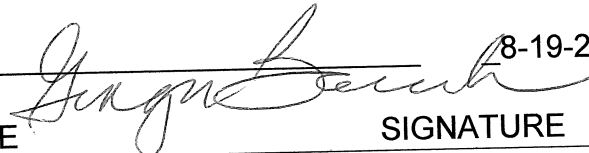
Business/Organization: Family

Street/Mailing Address: 3775 Greenville Place, Bellingham Wa.
98226

Telephone Number: 713-724-3211 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.

Ginger Bensch



8-19-2018

PRINT NAME

SIGNATURE

DATE

IMPORTANT!!!

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

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

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

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

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

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

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
<p>THE APPLICATION 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></p>	

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 previous employee of North Cascades National Park, I frequently required winter transportation into or out of Stehekin during the winter months to complete project work. Because I was based out of Sedro Woolley, this required very early and very late traveling over Stevens Pass (Hwy 2), frequently in snowy driving conditions. I would like to see an afternoon departure from Chelan and morning departure from Stehekin for NPS employees traveling to Stehekin for work projects.

Are your transportation needs being met now? Yes _____ No If not, explain problems you have experienced. The NPS project budgets I have worked with do not include adequate funding to pay for overnight lodging in Chelan when traveling to and from Stehekin in the winter when driving conditions over the passes can be dangerous, and the current boat schedule requires very early and very late driving in the dark. Also, all project work in the winter has to be scheduled around boat days and requires a two-night minimum stay in Stehekin due to the boat schedule.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No _____ If yes, please explain. Yes, NPS employees based out of the Sedro Woolley headquarters will continue to have to leave the office at 4:30 am and drive over Stevens Pass (Hwy 2) in the dark and, during the winter, snowy driving conditions to make the current ferry boat morning departure to Stehekin. This is an unsafe practice but employees have little choice except to find funding for an overnight stay in Chelan, which impacts project budgets.

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

Name and Title: Kerri Cook, Engineer & Project Manager


Business/Organization: Olympic National Park

Street/Mailing Address: 600 E. Park Ave.

City, State, Zip Code: Port Angeles, WA 98362

Telephone Number: (360) 565-3161 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.

Kerri L. Cook  8/20/2018
 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 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. The need for additional transportation options to/from SR from/to Stehekin is great. One company providing boat service does not promote customer service meeting needs of this vibrant & beautiful community

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

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

When vacation plans allow a visit to the NW, we appreciate the option of not staying 2 nights getting from seatac to Stehekin.

VERIFICATION

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

Name and Title: Lynette West-Robertson

Business/Organization: _____

Street/Mailing Address: 24902 Twin Arrows

City, State, Zip Code: San Antonio TX 78258

Telephone Number: 8304461749 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.

Lynette West-Robertson
PRINT NAME

Lynette West-Robertson
SIGNATURE

8/19/18
DATE

2018 SEP -5 AM 9:33
STATE OF WASHINGTON
UTILITY AND TRANSPORTATION COMMISSION

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.
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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.

Better daily year round ferry service to Stehekin for hiking, fishing, camping & other tourist needs.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. (Lady of the Lake)

Our only option to get to Stehekin is the ferry leaving Chelan at 8:30am or Field's Point at 9:45am. Hard to meet these times coming from Seattle! And off season travel to Stehekin is even more difficult.

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

Yes No ___ If yes, please explain. We will visit Stehekin less as tourists if this new ferry is not implemented. We also have to pay for a night at a hotel in Chelan that we don't even want. And will have to check out early just to make the ferry. We won't be able to go unless we plan way in advance because there are not a lot of hotels in Chelan.

VERIFICATION

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

Name and Title: Angela Chabot

Business/Organization: individual

Street/Mailing Address: 2517 E. Helen St.

City, State, Zip Code: Seattle, WA 98112

Telephone Number: 206-324-2501 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.

Angela Chabot
PRINT NAME

Angela Chabot
SIGNATURE

8/20/18
DATE

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

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

I have traveled to Stehekin 5 times since I came to live in Washington. This unique and beautiful spot should be shared throughout the year. Stehekin's community and livelihood is at stake

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

As it stands now, I am able to travel only when the ferry service allows. I did use the seaplane once and now this is no longer available.

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

My families enjoyment of this gem in Washington is impacted and I think the families in Stehekin deserve more opportunity for growth

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

Name and Title: Christine Laughlin
 Business/Organization: USAF Retired
 Street/Mailing Address: 1614 S Grand Blvd
 City, State, Zip Code: Spokane WA 99203
 Telephone Number: 509-954-9789 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.

Christine Laughlin PRINT NAME Christine Laughlin SIGNATURE 8.22-18 DATE

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

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

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

I definitely believe that another service is needed. The current service is not enough.

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

Need alternative times!

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

I'd like to use it in the off season

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

Name and Title: PAUL C. THATCHER

Business/Organization: Retired USAF

Street/Mailing Address: 1614 S. Grand Blvd.

City, State, Zip Code: Spokane WA 99203

Telephone Number: 509-999-1797 Fax Number: _____

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

Paul C. Thatcher PRINT NAME Paul C. Thatcher SIGNATURE 8-22-18 DATE

RECEIVED
 SEP - 5 AM 8:33
 WASHINGTON STATE UTILITIES AND TRANSPORTATION COMMISSION

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.
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SEP-5 AM 10:00

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.

Ingress & Egress from Stehekin for ourselves & our clients, customers & guests - more comfortably. We are yearround residents that would appreciate more service.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. I believe that more options are needed.

The proposed schedule would allow visitors to Stehekin (and Lucerne/Holden) more convenient departure time from any place in the state (Seattle area) to arrive to board a boat to Stehekin.

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

Yes No If yes, please explain. My husband + I own 3 businesses. 2 of which are tourist dependent (Bakery cafe + rental cabins). More visitors would help the bakery. Better arrival & departure times for our cabin guests would help their travel. More options for our personal travel plans would also help us.

VERIFICATION

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

Name and Title: Roberta & Cragg Courtney managing members
Business/Organization: STEHEKIN PASTRY CO. LLC, CASCADE CABIN RENTALS LLC
Street/Mailing Address: STELLAR EXCAVATION LLC Box 07, STEHEKIN WA 98892
City, State, Zip Code: STEHEKIN WA 98892
Telephone Number: 509 670 3992 Fax Number: email: rdcourtney07@msn.com

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.

ROBERTA COURTNEY
PRINT NAME

Roberta Courtney
SIGNATURE

8/29/18
DATE