RECEIVED AUG 3 0 2018

Applicant Name:	Application Docket No.: WASH, UT, & TP, COMM
Backcountry Travels LLC	TS-180677
THE APPLICATION 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	chelan based out of Stehekin WA. The vessel that two passenger catamaran. The vessel would leave
SUPPORT S	STATEMENT
(To be completed by the individual or business/orgar	nization supporting the request for operating authority)
application could provide to you or your business/org granted.	e the transportation service that you need and that the panization if this request for operating authority is
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not sufficient to meet our na	as
Are your transportation needs being met now? have experienced.	Yes No X If not, explain problems you
Cresent transportation service	doesn't stop twice at the sceme
location in the sameday (our loc	ation).
If the request is denied, would it have any affect	on you or your business/organization:
Yes No _X If yes, please explain	<u> </u>
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VEDER	CATION
	ization supporting the request for operating authority)
Name and Title:	entaines entre ent
Business/Organization: Lake Chelan Llamas	E Uplake Adventures
Street/Mailing Address: P.O. Sox 2030	/
City, State, Zip Code: Chelan, WA 9	88/6
Telephone Number: 509-74/-0852	Fax Number: VA
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
	signature S-23-2018 DATE

Applicant Name: Application Docket Not TS-180677	.:
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AUG 3 0 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 WAHTHE vesse COMW 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	g authority)
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application could provide to you or your business/organization if this request for operating a	outhority is
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to go to Chaland or trespond - tothe Trest more	aup
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Backcountry Travels LLC			
THE APPLICATION What authority are	you applying for? Include any a	nendments.	at .
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tip.	No Y	f not, explain problems you	
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to leave as 3:30 Mis. O	Returning on the	e ferry in the	
The morning leving.	iviène back to Spok		يب
CO 100 VEGO.	any affect on you or your bus	iness/organization:	~ ^
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Name and Title: Susay	M. Kurtz		
Name and Title:	M. Kurtz	3 3	
Business/Organization:	M. Kurtz 2 W Olson Rd		
Business/Organization:	M. Kurtz 2 W Olson Rd	3 3	
Business/Organization: Street/Mailing Address: 1080 City, State, Zip Code: 1070	Y, Kurtz 2 W Olson RJ Wile Falls WA 08-1216 Fax Numb	99026 co	
Business/Organization:	Y, Kurtz 2 W Olson RJ Wile Falls WA 08-1216 Fax Number given as the basis for a grant of opera	oer:	ton alty
Business/Organization: Street/Mailing Address: 1080 City, State, Zip Code: Nive I Telephone Number: 509 - 40	Y WOLON RU Wile Falls WA OB-1216 Fax Number Given as the basis for a grant of operation agency of the state of Washington. Chington that the information contained	oer: ating authority by the Washingt I certify or declare under pend in this statement is true and c	ton alty
Business/Organization: Street/Mailing Address: 1080 City, State, Zip Code: Nive I Telephone Number: 509 - 40	Y, Kurtz 2 W Olson RJ Wile Falls WA 08-1216 Fax Number given as the basis for a grant of opera	oer: ating authority by the Washingt I certify or declare under pend in this statement is true and c	ton alty

APPLICANT S	STATEMENT
(To be completed by the individu	al requesting operating authority)
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ing for? Include any amendments.
THE APPLICATION What authority are you apply 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 emclerit tring Stehekin at 10:40am daily and return at 1pm, arriving	p back in Stehekin at 2:45pm.
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application could provide to you of your businession	varts Chelan or Fields
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If the request is denied, would it have any affect	t on you or your business/organization:
Yes No If yes, please explain	ten trips to stehekin
101 PA 105 1 EUR 100 15 PA	7 ferry Schedules
IN Order 10 Mind Chicket	
VERI	FICATION
(To be completed by the individual or business/org	panization supporting the request for operating authority)
Name and Title: MR. Joseph 1	1. RAVENEL
· ·	
Business/Organization:	The Man Ale
Street/Mailing Address: 19319 146	AVE NE
City, State, Zip Code: NoodiNVIIL	e WA 98072
City, State, Zip Code. Transaction of the Color of the Co	Fax Number:
Talanhana Number: -////0: //7/ C/22	Tax Number
	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of
Litition and Transportation Commission, an agency of	basis for a grant of operating dutility by the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
periury under the laws of the state of Washington that t	the state of Washington. Teertify of declars and correct. he information contained in this statement is true and correct.
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Joseph A RAVENEL &	uph A Raweral 6202018
DOSE IN HIVATOR	SIGNATURE DATE
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AUG 3 1 2018 Application Docket No.: Applicant Name: TS-180677 WASH. UT. & TP. COMM Backcountry Travels LLC 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 WE LIKE TO TRAVEL TO STEHEKIN OFTER FOR VISITING granted. -FREINDS/RELATIVES WHO LIVE NEAR + IN STEHEKIN. THIS SERVICE WOULD DROP US OFF AT OUR FRENDS/RELATIVES PROP. Are your transportation needs being met now? Yes____ No <a>X If not, explain problems you WE LIVE ON THE SOUTH SHORE. IT IS MORE CONVENIENT have experienced.-FOR US TO TAKE THE SHORT DRIVE TO FIELDS PT. AND HAVE A SHORT RIDE TO STENEKIN. 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 SRIVE TO CHELAN AND TRAVEL 2-4 HRS. TO STEHELIN AND THEN HAVE SOMEONE PICKUS 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: HICT RUNKEL Business/Organization:___ Street/Mailing Address: 100 MINNEAPOUS BEACH RA-City, State, Zip Code: CHELAN, WA. 98816 Fax Number:_____ Telephone Number: 206 276 028:5 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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pplicant Name:	Application Docket No.:		
ackcountry Travels LLC	TS-180677	WASH. UT. & TP. C	OMM
HE APPLICATION What authority are you apply	ving for? Include any amend	dments	
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VER (To be completed by the individual or business/or Name and Title: William P. SHARK Business/Organization: Street/Mailing Address: P.O. Box 544 City, State, Zip Code: MANSON WA. 9 Telephone Number: 599-470-2468	RIFICATION rganization supporting the request. Fax Number: basis for a grant of operating	uest for operating author	ngton enalty o
VER (To be completed by the individual or business/or Name and Title: William P. SHARK Business/Organization: Street/Mailing Address: P.O. Box 544 City, State, Zip Code: MANSON WA. 9 Telephone Number: 599-470-2468	RIFICATION rganization supporting the request. Fax Number: basis for a grant of operating	uest for operating author	ngton enalty o
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Applicant Name:	Application Docket No.:	3LF 0 4 2010
Backcountry Travels LLC	TS-180677	WASH, UT. & TP. COMM
THE APPLICATION What authority are you apply	ing for? Include any amend	ments. kin WA. The vessel that
A daily, year round commercial terry service on East	two passenger catamaran.	The vessel would leave
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	5 th WINGS-	Chejan 3
Business/Organization:	1A 80	
Street/Mailing Address:	14/1 G8821	
City, State, Zip Code: Manager	WH 1001	
59.410-5453	Fax Number:_	
Telephone Number: 97 9/05	basis for a grant of operating	authority by the Washington
I understand that this information is being given as the Utilities and Transportation Commission, an agency of Utilities and Transportation Commission, an agency of Utilities and Transportation Commission, and Transport	f the state of Washington. I cel	tify or declare under penalty of
Utilities and Transportation Commission, an agency of perjury under the laws of the state of Washington that	the information contained in the	(#)
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pplicant Name: ackcountry Travels LLC	Applicat	UII DOOKOL 1 TO		4 2018	1
ackcountry Travels LLC	TS-1806	on Docket No.:			
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HE APPLICATION What authority are you app	plying for? In	clude any amend	ments.	anal tha	
HE APPLICATION What authority are you apply daily, year round commercial ferry service on La	ake Chelan ba	ased out of Stehe	kin WA. The ve	<u>sser ma</u> uld leav	e
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Applicant Name: Backcountry Travels LLC Application Docket No.: TS-180677

SEP 04 2018

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

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. Afternoon transportation is needed to Stehekin
Afternoon transportation is needed to Stehekin and Morning transportation to Chelan/Manson
Are your transportation needs being met now? Yes No _
have experienced. additional expense (ladgeing) 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
Name and Title:
Street/Mailing Address: 303 Lakeshore University, State, Zip Code: Manson WA 98831 Each 2013 507/2 Fax Number:
Tolophone Number: 509-29 5-5016 Tax 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.
8/22/18
PRINT NAME SIGNATURE DATE

	Appl	ication Docket	t No.:			
oplicant Name:		180677				
ackcountry Travels LLC						
HE APPLICATION What authority are you	applying for	? Include any a	amendmen Stebekin V	ts. ΝΔ The v	essel t	hat
HE APPLICATION What authority are you daily, year round commercial ferry service or and efficient an	n Lake Chela	an based out of	naran. The	vessel w	ould le	ave
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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.

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
	applying for? Include any amendments.
A daily year round commercial ferry service of	n Lake Chelan based out of Stehekin WA. The vessel that not thirty two passenger catamaran. The vessel would leave
will be used is a quiet, comfortable and efficier	nt thirty two passenger catamaran. The vessel would leave
will be used is a quiet, comfortable and efficient Stehekin at 10:40am daily and return at 1pm,	arriving back in Stenekin at 2.45pm.
	PORT STATEMENT ss/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly d	describe the transportation service that you need and that the less/organization if this request for operating authority is
application could provide to you or your busing	describe the transportation service that you move the transportation service that you make the transportation if this request for operating authority is
granted. The woold be op	alor the morning &
to stehekmat a	Table Coast on facility
be able to return to	5 Fields Pointi ai air ca
time. The demand to	or this is clear.
Are your transportation needs being met	now? Yes No If not, explain problems you
have experienced.	and the am to make
I have to leave ver	of early in the art of the
present ferry. One tim	ne I stayed in railies,
That's more time (val	cation) and money.
If the request is denied, would it have any	y 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 more
night spending more	money and warse no hood
voication time. wh	ich lette he ricites)
really wants to do	·
	VERIFICATION (15 continue outbority)
(To be completed by the individual or busin	VERIFICATION ness/organization supporting the request for operating authority)
Name and Title: Karen Picka	
Business/Organization:	
Street/Mailing Address: 4708	79th Ave NE 98270 5
City, State, Zip Code: Macy5Vill	
Telephone Number: 425- 299-0	15 % Fax Number
I understand that this information is being given Utilities and Transportation Commission, an age perjury under the laws of the state of Washington	as the basis for a grant of operating authority by the Washington ency of the state of Washington. I certify or declare under penalty on that the information contained in this statement is true and corre
	P. Rend 9-21-18
Karen Pickard	SIGNATURE DATE

Applicant Name:	Application Docket No.	,
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you and A daily, year round commercial ferry service on L will be used is a quiet, comfortable and efficient to Stehekin at 10:40am daily and return at 1pm, arr	thirty two passenger catamarar	n. The vessel would leave
		Section (Section 1997) and the contraction of the c
SUPPO	RT STATEMENT	st for operating authority)
(To be completed by the individual or business/of the TRANSPORTATION NEED Briefly des		
THE TRANSPORTATION NEED Briefly des application could provide to you or your business	s/organization if this request fo	r operating authority is
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granted	residents, with a dog,	WE TIEU TVANSPORTATION
from Fields Pt to Schikin on a voularba	asis. The proposed schilule a	and be more
and levitest for us and visiting fi	riends and family.	
Are your transportation needs being met no		t, explain problems you
Are your transportation needs being met no have experienced.		1. 11. : that must
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ashe rights in upnatcher aw hin	re spent in Stehekin is	reduced because of
en mirrent Leven schodule:	7	
If the request is denied, would it have any a	affect on you or your busines	s/organization:
Yes No If yes, please explain.		
Yes No If yes, please explain Reduced Usits to Hehekin.		
- / Kura con a		
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V	ERIFICATION	(for any sing of the arity)
(To be completed by the individual or business	s/organization supporting the requ	est for operating authority)
11th I and ton	of Thoman	
Name and Title: Kirk and Jane	1/10///30//	
Durings /Organization:		
Otroot/Mailing Address: 520 NE: 19	7/10	
City, State, Zip Code: East wenatched	e WA 98802	
City, State, Zip Code. Casy Wy Racino	Fax Number:	
Telephone Number: (206) 455-0095	I ax Numbon_	7.11
	t of an autino	outhority by the Washington
I understand that this information is being given as Utilities and Transportation Commission, an agenc perjury under the laws of the state of Washington t	the basis for a grant of operating	authority by the Washington rtify or declare under penalty of his statement is true and correct
Lunderstand that this information is being given as	the basis for a grant of operating	authority by the Washington rtify or declare under penalty of his statement is true and correct
Lunderstand that this information is being given as	the basis for a grant of operating	authority by the Washington rtify or declare under penalty of his statement is true and correct
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Lunderstand that this information is being given as	the basis for a grant of operating	authority by the Washington rtify or declare under penalty of nis statement is true and correct. S-)2-18 DATE

Tanet Thomson

	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you a	
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application could provide to you or your busines	ss/organization if this request for operating authority is
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Stehnkin where I have a	a cabin I visit between May
+ Octuber. This boat wou	w? Yes No X If not, explain problems you
Are your transportation needs being met no	ow? Yes No X If not, explain problems you
have experienced. With the changes in the	trails/road, plane Service (and
English to Coutch the boot	of Fields Point
If the request is denied, would it have any a	affect on you or your business/organization:
Yes No If yes, please explain	A surface of
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to access a place - have	e your torres since

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Name and Title: Grinny Darvill		8	
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Business/Organization:		- 61	rear gard
Street/Mailing Address: 20175 E. Hickory Road	2	770	- (5)
City, State, Zip Code: Mount Vernus WA 98274		CD.	() () () () () () () () () ()
Telephone Number: 360 424 58 54 Fax Number:		ယ္	
I understand that this information is being given as the basis for a grant of operating authori Utilities and Transportation Commission, an agency of the state of Washington. I certify or perjury under the laws of the state of Washington that the information contained in this state	ity by the Was declare under ement is true a	hington penalty and cori	y of rect.
PRINT NAME SIGNATURE	8-2i) - 2(NTE	08
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EAPPLICATION What authority are you applying for aily, year round commercial ferry service on Lake Chebe used is a quiet, comfortable and efficient thirty two mekin at 10:40am daily and return at 1pm, arriving bace Support State (To be completed by the individual or business/organization could provide to you or your business/organization the support of the support	or? Included lan based passenged k in Stehe TEMENT on supporting ation if this supporting the supporting of the supporting the supporting of the support	er catamaran ekin at 2:45pr ing the reques ation service is request for	dments. ekin WA. The v . The vessel w m. et for operating a	authority) and tha hority is	at the
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treet/Mailing Address: <u>F.O. Box 32195</u>					
city, State, Zip Code: TUSEN, AZ 8	5751	7		E CO	7 (A)
1 1 - Number (= 20 99-5-790		x Number:_	1 4 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(4)	
understand that this information is being given as the basis utilities and Transportation Commission, an agency of the si	for a gran	t of operating	authority by the	Washing	gton naltv

(To be completed by the individual requesting operating authority)

(To be completed by the individual	al requesting operating
Applicant Name	Application Docket No.: 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	two passenger catamaran. The vessel would leave

SUPPORT STATEME	NT
	porting the request for operating authority)
(To be completed by the individual or business/organization could provide to you or your business/organization in granted.	
granted	
Visiting my niece and nephew in Stehekin	
	No _x_ If not, explain problems you
Are your transportation needs being met now? Yes	
have experienced.	
Ferry times are not coducive to my travel in and out of Chelan to ge	et to StehekinI travel either from Seattle or
Bellingham	
	anization:
If the request is denied, would it have any affect on you of	or your business/organization.
If the request is denied, would it have any affect on you of Yes_x No If yes, please explainI try to visit this trip to soo my family	it on weekends and this is protty important and more costly. Therefore ar
Yes_x No If yes, please explainI try to visit without taking days off to make this trip to see my family	Inconvenient and more occupilish allowing me to
additional ferry with more available times would make the tri	
spend more time with family	
Sporter mere say	St., Layer 1

VERIFICATION

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

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

Applicant Name:	Application Docket No.:			
Sackcountry Travels LLC	TS-180677			
		1 -		
THE APPLICATION What authority are you	applying for? Include any amendm	ents. n WA The v	essel th	nat
THE APPLICATION What authority are you A daily, year round commercial ferry service or will be used is a quiet, comfortable and efficien			ould lea	ave
will be used is a quiet, comortable and ember Stehekin at 10:40am daily and return at 1pm, a	arriving back in Stehekin at 2:45pm.			
Steriorin at 101.10am as ,				
OLIDA	ORT STATEMENT			
	s/organization supporting the request for	or operating a	uthority))
THE TRANSPORTATION NEED Briefly do	escribe the transportation service th	at you need	and tha	at the
application could provide to you or your busine	ess/organization if this request for of rk, I frequently required winter transportation into or out of	of Stehekin during t	he winter m	nonths
to complete project work. Because I was based out	of Searo vyodney, this required very service			
Stevens Pass (Hwy 2) frequently in snowy drivi	ng conditions. I would like to see an a	fternoon dep	arture t	rom
a. I a series departure from Stehekin fo	r NPS employees traveling to Steheki	n for work pr	ojects.	
Are your transportation needs being met n have experienced. The NPS project budgets I have worked w	now? Yes No X If not, e	xplain proble lodging in Chelan	ems you	U ing to ar
have experienced. The NPS project budgets i have worked to from Stehekin in the winter when driving conditions to the condition of the project budgets i have worked to the project budgets in the project budgets i	ons over the passes can be dangerou	is, and the ci	urrent be	oat
from Stehekin in the winter when driving condition	ons over the passes can be dark. Also, all project work in	the winter h	as to be)
schedule requires very early and very late driving	ig In the dark. Also, all project working	to the boat s	chedule	€.
scheduled around boat days and requires a two	o-night minimum stay in Steriekin dde	i-otion		
If the request is denied, would it have any	Yes, NPS employees based out of the S	rganization edro Woollev	i. headqua	arters
	and drive over Stevens Pass (MWV Z) III li	ie uaik aliu, u	urning are	
anditions to make the current fe	rry boat morning departure to Steller	11. 11113 18 art	<u> </u>	pract
but employees have little choice except to find funding for	r an overnight stay in Chelan, which impacts	project budgets	3.	
but employees have all				
	WEDIFICATION		200 M	
(To be completed by the individual or busine	VERIFICATION ess/organization supporting the request	for operating	authorit	:y)
(10 be completed by the individual or basing		No. or other state of		
Name and Title: Kerri Cook, Engineer & F	Project Manager	The second second		1 4
Business/Organization: Olympic Nationa	l Park			
Street/Mailing Address: 600 E. Park Ave			Ċn	A Topian
City, State, Zip Code: Port Angeles, WA 9	8362		April 10	- <u> </u>
		F. 1864	ာ့	10000
Telephone Number: (360) 565-3161 I understand that this information is being given a	Fax Number:	\$75 A	(4)	1775

Kerri L. Cook
PRINT NAME

8/20/2018 DATE

EAPPLICATION What authority are you applying aily, year round commercial ferry service on Lake be used is a quiet, comfortable and efficient thirty hekin at 10:40am daily and return at 1pm, arriving the service of Lake be used is a quiet, comfortable and efficient thirty hekin at 10:40am daily and return at 1pm, arriving to be completed by the individual or business/organ anted. The new from the form the new addition of the new from the new frounds.	g for? Include any amendments. Chelan based out of Stehekin WA. The vessel that wo passenger catamaran. The vessel would leave back in Stehekin at 2:45pm. TATEMENT zation supporting the request for operating authority) The transportation service that you need and that the anization if this request for operating authority is half transportation. It is great. One company promote customer services the beautiful community. Yes No If not, explain problems you on you or your business/organization:
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that this information is being given as the	asis for a grant of operating authority by the Washington he state of Washington. I certify or declare under penalty on the information contained in this statement is true and corre
Lyhelle WST-Roberson PRINT NAME	

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	Application Docket No.:
pplicant Name: ackcountry Travels LLC	TS-180677
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Name and Title: Angela C	habot 55
Rusiness/Organization: individ	nal
Street/Mailing Address.	E. Helen St. 33
City, State, Zip Code: Seattle	Fax Number: N/A
Telephone Number: 206324	the with by the Washington
I understand that this information is being given the Utilities and Transportation Commission, and perjury under the laws of the state of Washin	ren as the basis for a grant of operating authority by the Washington agency of the state of Washington. I certify or declare under penalty of agency of the state of Washington. I certify or declare under penalty of agency of the information contained in this statement is true and correct.

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply	ving for? Include any amendments.	
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Name and Title: Christine Laugh	make a second se	
Business/Organization: USAF Refire		
Street/Mailing Address: 16 14 S (Frand S	1VA 99203	
City, State, Zip Code: Spokane	WA 99203	
Telephone Number: 509-1954-9789	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	asis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of e information contained in this statement is true and correct.	
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Application Docket No.: Applicant Name: TS-180677 Backcountry Travels LLC 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. No ____ If not, explain problems you Are your transportation needs being met now? have experienced.-If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Business/Organization:__ Street/Mailing Address: City, State, Zip Code: Spakane Fax Number:__ Telephone Number: 509-999-179 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

	ICANT STATEMENT ne individual requesting operating authority)
	Application Docket No.:
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Name and Title: ROYCOC II C	Description of the Capus Pratty & 116
Business/Organization: TEHELIN	AGIRCO. LLC, GASLALECTION ROOM CSCO
Street/Mailing Address:	BOX 101. STEKEKIN WA 10812
Street/Mailing Address.	1 MAIA OCILLO 7
City, State, Zip Code: 71 Ct. Ck.	O VOTO O DO A LL LAGO LA LA LAGO LA LA
Telephone Number: VDA 610 7919	7 Fax Number Valouitive y of EWS
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