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Applicant Name:  Backcountry Travels LLC  Application Docket No  TS-180677	
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Business/Organization: Allison Orchards	<i>2</i> 5 (1)
Business/Organization.	ending The second
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Street/Mailing Address: 1/42 Green WG City, State, Zip Code: Manson, WA 9883/ Telephone Number: 1509 68 7 - 3806 Fax Number:	
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Street/Mailing Address: 1/42 Green WG  City, State, Zip Code: Manson, WA 9883/  Telephone Number: 509 68 7 - 3806 Fax Number:	
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Street/Mailing Address: 1/42 Green Washington. City, State, Zip Code: Manson WA 9883    Telephone Number: 509 68 7 - 3806   Fax Number: I understand that this information is being given as the basis for a grant of operating authority by the Washing Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under pen perjury under the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the the	
Street/Mailing Address:	

http://www.backcountrytravels.com/

### STATEMENT IN SUPPORT BACKCOUNTRY Travel LLC Docket no TS-180677 THE TRANSPORTATION NEED

The Chelan Valley needs additional transportation services between Chelan and Stehekin. With the discontinuation of float plane service, we are left with only early morning up lake, and midday down lake ferry service provided by the Lake Chelan Boat Co. As a 46-year resident of the Chelan Valley, I have seen the following needs:

- 1) As an avid hiker, and mountaineer, family and climbing partners must leave Western Washington by midnight to use the current service, and arrive home very late, unless they are able to book hotel rooms in Chelan which seasonally is both difficult and expensive. The proposed mid-morning Chelan departure, and mid-afternoon return would be much better.
- 2) The washout loss of 9 miles of the Stehekin River Road adds 18 miles to the access of the premier mountaineering sites north and south of Cascade Pass. The proposed new service times might well save 2 days for mountain trips.
- 3) As a retired EMT and Chelan Co. Mountain Rescue Service member, I recognize the great value to timely transport of accident, illness, and rescue victims. Without floatplane service, the proposed new ferry service would greatly facilitate rapid evacuation of such victims.
- 4) I am also a retired member of Chelan Co. Fire District 5(Manson). During my tenure, Fire District 5 was called upon to provide personnel, and equipment to fight forest fires in and around Stehekin. Again, the timeliness provided by additional ferry service could make a vital difference in fire outcome.

John M. Allison 1142 Green Ave Manson, WA 98831 509-687-3806

John M. Allison

Ah M Alleson

Aug. 20, 2018

A. Beart Name:	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
Backcountry Haveis LLO	
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	two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	p back in Stehekin at 2:45pm.
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SUPPORT	STATEMENT
(To be completed by the individual or business/orga	nization supporting the request for operating authority)
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application could provide to you or your business/org	ganization if this request for operating authority is
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VERIE	ICATION
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
16.	
Name and Title:	507C
Business/Organization: The Car	tting Garden
Street/Mailing Address: 1142 Green	Ave
City, State, Zip Code: Manson M	1/A 98831
Telephone Number: 509 687-380	Fax Number:
I understand that this information is being given as the b	asis for a grant of operating authority by the Washington
Transportation Commission on adency of it	ne state of washindion. I certify of deciale under pendity of
perjury under the laws of the state of Washington that th	e information contained in this statement is true and correct.
1 ( ( ) ( ) ( ) ( ) ( )	1. Alling aug 20 2018
1/1CKY / 1/1/30YU / fell	SIGNATURE
PRINT NAME	30x 36, Stehekin, WA 98852
Stehekin Valley Ranch, Pol	

http://www.backcountrytravels.com/

Support Statement for docket no:TS-180677

Nicky Allison

Owner of: The Cutting Garden

1142 Green Ave. Manson, WA 98831

IN order of questions on the support Statement:

As a business owner for the past 40 years in the village of Manson on Lake Chelan, I have an interest in FAST and efficient transportation to and from Stehekin. Over the years I have been incumbered with the limited options to service my clients in Stehekin. My present business is providing flowers for weddings and special occasions. The need for prompt service up lake is critical to my ability to provide fresh flowers, especially in the heat of the summer.

NO: Last summer we had reservation at the Stehekin valley ranch. I called 3 weeks prior to the start date of our vacation and the existing transportation option was booked and could not provide timely transportation for our family. We no longer have the option of a plane service. Our family time was cut shot by a full day due to the unavailability of space on the ferry. An addition boat service would fill part of the void. I am not alone in the discovery that our existing option, while they provide a nice service, is not sufficient to handle the tourist and business load during the high season, and does not provide full service in the off seasons.

YES: I would abstain from advertising my services in the Stehekin valley thus leaving the residents and guests with few options to service their needs.

I respectfully request that you award Backcountry Travels LLC with a license to operate a high speed catamaran on Lake Chelan.

Nicky Allison - owner

The Cutting Garden

1142 Green Ave.

Manson, WA 98831

509-687-3806

Nicky Allison

Allison

Aug.20, 2018

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APPLICANT S  (To be completed by the individual	al requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying 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

(To be completed by the individual or business/organization supporting the request for operating authority)  THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. The current boat schedule does of have the option to leave Stehekin in the AM; Which enables one to get to Chelan at a decent time in order to travel to your next destination and not spend an additional night in Chelan; which creates additional expense.
Are your transportation needs being met now? Yes No _x If not, explain problems you have experienced. When attempting to schedule a trip the return trip arriving late in the afternoon has been the game changer for me with other personal travel conflicts and driving late.
If the request is denied, would it have any affect on you or your business/organization:  Yes_x No If yes, please explain The early boat leaving Stehekin will be a great asset, as I enjoy time spent in Stehekin but am hesitate of more trips planned because of the late
arrival and additional travel time

VE  (To be completed by the individual or business/o	RIFICATION organization supporting the req	uest for o	pperating au	thority)	
Name and Title:JULIE MELVIN		_			
Business/Organization:					
Street/Mailing Address:551 Valley RD					
City, State, Zip Code:Brewster, WA 98812					
Геlephone Number:509.689.7646		<sub>-</sub> Fax			
Number: I understand that this information is being given as to Utilities and Transportation Commission, an agency perjury under the laws of the state of Washington th	the basis for a grant of operating of the state of Washington. I can the information contained in	g authori certify or this state	ty by the W declare und ement is tru	ashingt Ier pend e and c	on alty of correct.
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### IMPORTANT!!!

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

APPLICANT S	TATEMENT
(To be completed by the individual Applicant Name: 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	two passenger catamaran. The vessel would leave
THE TRANSPORTATION NEED Briefly described application could provide to you or your business/organted.  I need more options in the days of the week to the allows me to get back to the office to work timel "downtime", meaning I can not go to Stehekin for place of business without having to take almost leave Stehekin early enough to get back into toworse when they go to the 3 day a week sched will put you back in town early enough to pick unarrange that as well. Having a daily, faster, earneeds.  Are your transportation needs being met now? have experienced.  Travel times are inefficient, particularly if you one	y. The current system creates too much or a business meeting and work at the clients two full days to travel. The current boat does not wn and have a productive day. This is even ule. Additionally, there is no current service that p children from school, which means I have to clier schedule would definitely benefit my business.  Yes Nox_ If not, explain problems you nly need to be in Stehekin for a few hours, once not always be scheduled and there is no flexibility ad an incident where I needed to get downlake, n't trade my ticket for an earlier ride down.  e needs to be able to ride in the cabin (he is a
If the request is denied, would it have any affer Yesx_ No If yes, please explain  _I need to be able to do business in Stehekin would enhance my ability to provide services	two or three times per year for shorter tripsThis
would enhance my ability to provide services information to the Stehekin business so that t	They are more than the second of the second

2018 SEP -5

VERIFICATION  (To be completed by the individual or business/organization supporting the request for	or operating authority)
Name and Title: Strdina Latorte, Preside	nt
Business/Organization: La Parte Financial Alliance	, Inc.
Street/Mailing Address: PO Box 489	
City, State, Zip Code: Welan WA 988/6	2.2.2
Telephone Number: 509-682-2521 Fax Number: 52	
I understand that this information is being given as the basis for a grant of operating autho Utilities and Transportation Commission, an agency of the state of Washington. I certify o perjury under the laws of the state of Washington that the information contained in this sta	r deciare under penaity of
PRINT NAME SIGNATURE	8/2/18 DATE
TS-180671	SEP-5 AM 8
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

	Application Docket No.:
Applicant Name:	TS-180677
Backcountry Travels LLC	
THE APPLICATION What authority are you apple daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thire is a total state of the service and a total service of the comfortable and efficient thire is a total service of the composition of the compositi	thy two passenger catamaran. The vessel would leave
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Name and Title: Dixue Williams	Tacky
Business/Organization:	111 0.1 550 00 2
Street/Mailing Address: Stehekin	Valley Noag
City, State, Zip Code: Stehehin	WA 98852
City, State, Zip Code.	12. Fax Number:
Telephone Number: 208-680-511	to far arcting authority by the Washington
that this information is being given as the	he basis for a grant of operating authority by the Washington of the state of Washington. I certify or declare under penalty o at the information contained in this statement is true and correct
Dixie Williams Jucky	SIGNATURE Jocky 8/20/18
PRINT NAME	JISIN/CISICE U

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A Usant Namo	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
Backcountry Travels 229	amondments
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VERIFICATION

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

Name and Title: DENN'S J. Jacky

Business/Organization: NA

Street/Mailing Address: 3835 S. FIRENZE WAY

City, State, Zip Code: MERID (AN, ID 83642

Telephone Number: 208 785-1093 Fax Number: NA

To the Machineton

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.

DENNIS J JACKY PRINT NAME SIGNATURE SIGNATURE

8-12-18 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.

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(To be completed by the individual or business/organization supporting the request to the service that you need and that the 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 application could provide a way for me to acrive in granted. It would provide a way for me to acrive in
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I'm losing 2 days because only one
Are your transportation needs being met now? Yes No V If not, explain problems you have experienced. It currently takes me two days to arrive have experienced. It currently takes me also spending extra
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money to book a place to stay in Chelan. I have im few time to be away From home because I'm full time Caregiver time to be away From home because I'm full time caregiver
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1895 time in Steve king not running daily. Also my concern to
pri appointments or have acute problems taken cure of
(Table completed by the individual or business/organization supporting the request for operating authority)
Name and Title: Denise Minor of the Philosophic
Business/Organization: Minor Family Fluctive, J. L.
Street/Mailing Address: 1061 6asher (417-62705772)  City, State, Zip Code: 105 perity 1 A 15379  Fax Number: 724-62705772
Telephone Number: // 4 / / / / / / / / / / / / / / / / /
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 Utilities and Transportation Commission, an agency of the state of Washington that the information contained in this statement is true and correct. perjury under the laws of the state of Washington that the information contained in this statement is true and correct.
Denise Minor Denise Menn 8-16-18.  SIGNATURE DATE
Denise Minor Denise Menn 8-16-18.  PRINT NAME  SIGNATURE  DATE

	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
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1711 TO (1111)	usiness/organization supporting the request for operating authority
Name and Title: Dr. WILLA	usiness/organization supporting the request for operating authority)  on R M MOR  Farmy Praetice PLLC.
Name and Title: Dr. WILLA Business/Organization: MUUOR Street/Mailing Address: 1061 G	wasiness/organization supporting the request for operating authority)  was more  family praetice PLLC.
Name and Title: Dr. William Business/Organization: Millor Street/Mailing Address: Wolf Grown City, State, Zip Code: Prosper	usiness/organization supporting the request for operating authority)  with Minor  Farmy Praetice PLLC.  SHOWN RUND  ERITY, PA 15329

WILLIAM R MINDER

WE NEED A TRAWS POITATION Service TO STEHEKIN MAT would Get us to stehek in in only I DAY. THIS HAS BEEN A STICKING POINT FOR OUR FAMILY FOR SOMETIME. WE HAVE A DAUGHTER, HER HUSBAND, AND GRAUD CHILD LIVING IN Stehek IN. WE LIVE IN PENNSY LUANIA THE PRESENT TRANSPORTATION SERVICE LEAVES EARLY IN THE MORNING FRO CHELAN OR FIELDS POINT. WE CAN NOT GET TO TLESE LOCATIONS EVEN BY FLYING THE "RED EYE." WE HAVE TO FIND LOOKING IN ChelAW INCREASING The incuremence of cost of Tetro. Any one visity stable kinfrom THE EAST CORST HAS THAT SAME INCOMMENCE. IT IS EVEN MUTE DIFFICULTIN The winter when The present service only opendes 3 DAYS | WEEK. The New TRANS portation service offered by BACK country Travels, LLC would give us greater flexibility in pranning our trips & also be less expensive because he could learn The EAST WAST AND CATCH THE BOAT AT 1:00 PM IN Chellan and make It to stehekin in I Day. The present transportation is somet Dirty: I AM A physician And Am Anare how costy mencal smergencies are in stehekin if some on has to see a nevicul provider or go to a hospital guickly. IN A True emergery The or! option is by helicopter. IF some one is Sick this needs ingest medical care The present service is not veg consenent. The Men services hours would be were Accommonary to these scharus As well as to The hesiclents of botth cle link of steheking who chose to work and travel back of forth. Competition is olway GOOD FOR communities AND Offers A buffer IF Novevse circumstran would hart or De LARY The Deservices of Fered by only A Single entity providing that service. THE New proposed service Appear TO OFFER MOZE ansented a frequest year round services

API (To be completed by	PLICANT STATEMENT the individual requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
A daily year round commercial left y scr	re you applying for? Include any amendments.  vice on Lake Chelan based out of Stehekin WA. The vessel  and efficient thirty two passenger catamaran. The vessel would  urn at 1pm, arriving back in Stehekin at 2:45pm.
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VERIFICATION

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

TS-180677

Name and		
Title: GATZY GTZAFF		***************************************
Business/		
Organization:		
Street/Mailing		
Address: 211 E HEROXI GOUT SHELTO	4,4	)A
City, State, Zip 98589		
Code:		
Telephone Number: 360-421-0647 Fax		
Number:		
I understand that this information is being given as the basis for a grant of operating author. Utilities and Transportation Commission, an agency of the state of Washington. I certify or of perjury under the laws of the state of Washington that the information contained in this st correct.	declare ui	nder penalty
PRINT NAME SIGNATURE	<u> 8/1</u>	9//8 DATE
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#### IMPORTANT!!!

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THE APPLICATION What authority are you apply	ving for? Include any amendments.
A daily year round commercial ferry service on lake	e Chelan based out of Stenekin WA. The vesser that
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(To be completed by the individual or business/org	anization supporting the request for operating authority)
1 - 1 1 (1) 10 -	
Name and Title: JEAN VAVRE	
Business/Organization: One of manager	is of The House That Jack Bull
$D_{\alpha}(I)$	
Street/Mailing Address: POB II	131 DE LACTO LANE =
City, State, Zip Code: STEHEKIN,	WA 48852
Telephone Number: 509 - 293 - 08 -	Fax Number:
	pasis for a grant of operating authority by the Washington
Lucial - and Transportation Commission an adency of t	he state of washington. I certify of declare under penalty of
portury under the laws of the state of Washington that the	ne information contained in this statement is true and correct.
perjury under the laws of the state of videomigien that is	GA CONTRACTOR CONTRACT
	San Danda dante
JEAN VAUDEK	Jun Vavur 0/14/10
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Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
	Ling for 2 Include any amendments.

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

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

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	Application Docket No.:
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Backcountry Travels LLC	4
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(To be completed by the individual or business/	/organization supporting the request for operating authority)
Name and Title: BETSIE HOPPER, WE	LANGLER W STEHEKIN DOT FITTERS
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Business/Organization. <u>Stene Cont</u>	
Street/Mailing Address: P.O. BOX	Stene
City, State, Zip Code: STEHEKIN, WI	
City, Olato, 210 Cour. 751City	E - Alumbori - A A
	Fax Number. N/R
Telephone Number: N/A	Fax Number: U/A
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PRINT NAME

	eted by the individual requesting operating authority)  Application Docket No.:
pplicant Name:	TS-180677
ackcountry Travels LLC	15-100077
	and the land amendments
HE ADDI ICATION What author	rity are you applying for? Include any amendments.  y service on Lake Chelan based out of Stehekin WA. The vessel that and efficient thirty two passenger catamaran. The vessel would leave
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(To be completed by the individual Name and Title: ANTE Business/Organization: Street/Mailing Address: Policy, State, Zip Code: MANTE Telephone Number: 320-0	VERIFICATION dual or business/organization supporting the request for operating authority)  Sax 272  CHESTER, WA. 78353  Fax Number:  Sheing given as the basis for a grant of operating authority by the Washington and the property of the p
(To be completed by the individual Name and Title: ANTE Business/Organization: Street/Mailing Address: PO City, State, Zip Code: MANTE Telephone Number: 320-0	VERIFICATION dual or business/organization supporting the request for operating authority)  Sox 272  CH37+2, WA. 98333  Fax Number:
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APPLICANT S (To be completed by the individual	
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying 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 (To be completed by the individual or business/organ	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/orga granted. We want to drive from Issaquah and cate afternoon and return from Stehekin a few days la Issaquah.	the transportation service that you need and that the anization if this request for operating authority is the afternation of the control of
Are your transportation needs being met now?	 ∕es No _X_ If not, explain problems you
We want to go to Stehekin. We cannot drive from morning without getting up at a ridiculously early waste a day of our vacation spending the night in either. Sometimes rooms are not even available. too late. So we vacation elsewhere.	hour, too early for my child. We choose not to Chelan to catch the ferry the next morning
If the request is denied, would it have any affect of Yes_X_ No If yes, please explain We will continue to vacation and spend our mone	
VERIFIC  (To be completed by the individual or business/organi	
Name and Title: Michael Bow	ers = 8
Business/Organization:	
Street/Mailing Address: 23120 SE Black	Nugget Rd Unit WI
City, State, Zip Code: \[ \ssagnah \ W \text{\$\exititt{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	
Telephone Number: 425 - 281 - 2661	Fax Number:
I understand that this information is being given as the basi Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the in	state of Washington. I certify or declare under penalty of
Michael B. Bowers Much PRINT NAME	ASIGNATURE BATE

(To be completed by	the individual requesting operating author	rity)
Applicant Name:	Application Docket No. TS-180677	
Backcountry Travels LLC	15-160677	
THE APPLICATION What authority are adaily, year round commercial ferry servivill be used is a quiet, comfortable and effective at 10:40am daily and return at 1	ficient thirty two passenger catamarar	n. The vessel would leave
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(To be completed by the individual or but the TRANSPORTATION NEED Bridge Bridge)	usiness/organization supporting the reque	that you need and that the
THE TRANSPORTATION NEED Bridge application could provide to you or your be	pusiness/organization if this request fo	r operating authority is
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granted.  Our group does semi annua  with Backcountry Most li  additional day off or driv  current ferry to Field Poir	1 + annual (11ps to )	me to schedule
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Name and Title: Denise U	Lial	The state of the s
Business/Organization: individe	and 1 1 1 1 203	
Ctroot/Mailing Address: 1012 7	209	
City State Zip Code: Federal	way wa 1000	
Tolophone Number: 253-341	しいう Fax Number:	espekalik
		authority by the Washington
I understand that this information is being of Utilities and Transportation Commission, a	n agency of the state of Washington. I ce	rtify or declare under penalty of
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Denise Ward	Opniso Ward	8/20/18 DATE
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Denise Ward PRINT NAME	Opniso Ward SIGNATURE	8/20/18 DATE

APPLICANT STATEMENT

(To be completed by the individual or busing Name and Title: Greg Stinson  Business/Organization: 5212 46th  Street/Mailing Address: 5212 46th  City, State, Zip Code: Seattle, WA 98th  Telephone Number: 585-281-6673  I understand that this information is being given Utilities and Transportation Commission, an agree perjury under the laws of the state of Washington Greg Stinson	Ave. S. 8118 Fax	Number: f operating auth ngton. I certify tained in this st	ority by the or declare t	Washin	ngton enalt d cor
Name and Title: Greg Stinson  Business/Organization: 5212 46th  Street/Mailing Address: Seattle, WA 96  Telephone Number: 585-281-6673	Ave. S.  8118  Fax	Number:	ority by the	Washin	ngton enalt
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Name and Title: Greg Stinson  Business/Organization: 5212 46th	ess/organization supporting  Ave. S. 8118		Section 1	2018 SEP -5	ity)
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or Chelan if I want to catch a ferry to Stehek	in.				
have experienced.  There are only ferries that leave before 10 a	m now. That means I h	ave to stay ov	vernight in	<u> Wena</u>	tche
Are your transportation needs being met n	ow? Yes No X	If not, exp	lain proble	ems you	ч 
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I need a viable option for transportation from	the country				
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pplicant Name: ackcountry Travels LLC  HE APPLICATION What authority are you a daily, year round commercial ferry service on will be used is a quiet, comfortable and efficient and return at 1pm, and and return at 1pm, and return at 1pm, and return at 1pm, and return at 1pm, and	TS-180677 applying for? Include an	v amendments	-		

	Application Docket No.:
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Name and Title:  Business/Organization:  Street/Mailing Address:  City, State, Zip Code:  Telephone Number:	Fax Number:
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Name and Title:  Business/Organization:  Street/Mailing Address:  City, State, Zip Code:  Telephone Number:	Fax Number:
Name and Title:  Business/Organization:  Street/Mailing Address:  City, State, Zip Code:  Telephone Number:	Fax Number:
Name and Title:	Fax Number:  the basis for a grant of operating authority by the Washington y of the state of Washington. I certify or declare under penalty hat the information contained in this statement is true and correct the state of Washington. The statement is true and correct the state of Washington. The statement is true and correct the statement in the statement is true and correct the statement in the statement is true and correct the statement in the statement is true and correct the statement in the statement is true and correct the statement in th

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
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A daily year round commercial ferry service on Lak	ce Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient thir	ty two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arrivi	ng back in Stehekin at 2:45pm.
SUPPORT	STATEMENT
(To be completed by the individual or business/org	anization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly descri	he the transportation service that you need and that the
application could provide to you or your business/o	rganization if this request for operating authority is
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	et en vou er vour business/organization.
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VERI	IFICATION
(To be completed by the individual or business/org	ganization supporting the request for operating authority)
	20
Name and Title: JONATHAN SCHEN	
Business/Organization:	
	1 4 (2022)
City, State, Zip Code: STEHELEN	WA 98852
Telephone Number:	Fax Number:
	basis for a grant of operating authority by the Washington
Lucion and Transportation Commission on agency of	the state of Washington. I Certify or deciare under pendity or
nerium under the laws of the state of Washington that t	the information contained in this statement is true and correct
polyary arias and large states	
TOWATHAN SCHERER )	mxxxx >cleve 08/23/30/9
PRINT NAME	SIGNATURE DATE

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Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
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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 efficient thirt	y two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arrivin	g back in Stehekin at 2:45pm.
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THE TRANSPORTATION NEED. Briefly describ	e the transportation service that you need and that the
	agnization if this regulest for oneraling authority is
granted / New tast and convenient ac	cess 10 trae steriera variation
during limited vacation time with family	. The proposed service is
innovative and would meet my	veeds.
/	
Are your transportation needs being met now?	Yes No If not, explain problems you
have experienced. Taking the lady of the	Lake is my only option after the
seaplane service terminated. A lam d	granture from hiller would be most convent
rather than 830 am so my tamily does not	have to leave the Westside at Zopo Dark
Thry or the right before at additional cos	t and inconvenience.
If the request is denied, would it have any affect	
Yes No If yes, please explain.	ould heritate and be rejustant, to
commit The extra time and move	y to vacation in Stehekin.   do not I she
to drive in the dark: it is dangerous	. Spending the Night before agapture in
Chelan is costly and during the sum.	mer there is a two 2) is ignorminimum,
so that makes it out of the question	· · · · · · · · · · · · · · · · · · ·
VEDI	FICATION # 23
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
1	
Name and Title: Thomas and Monta	147 17 47 17 17 17 17 17 17 17 17 17 17 17 17 17
Business/Organization:	
11 7 7	Place West 3 3 3
Street/Mailing Address: /6/15 /3	h (2011/ 00 00 00
City, State, Zip Code: Edmonds W	A 98026
Telephone Number 206) 650 - 6497	Fax Number: <u>425/778-8330</u>
I understand that this information is being given as the b	asis for a grant of operating authority by the Washington
1 Towns - Astion Commission on adency of the	the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.

Applicant Name: 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 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 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 two passenger catamaran. The vessel would leave will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave will be used is a quiet for operating authority)  SUPPORT STATEMENT  (To be completed by the individual or business/organization supporting the request for operating authority)  THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.  The service would facilitate our overnight and multi-day expeditions to the Stehekin area.  Are your transportation needs being met now? Yes NoXX If not, explain problems you have experienced.  The "reverse" commute to/from Chelan would be most helpful.  If the request is denied, would it have any affect on you or your business/organization:  Yesxx No If yes, please explain.  Our time in the Stehekin area will continue to be limited.  VERIFICATION  (To be completed by the individual or business/organization supporting the request for operating authority)  Name and Title:Thom Speidel  Business/Organization:Friends and Family_  Street/Mailing Address:POB 2102  City, State, Zip Code:Tonasket, WA 98855  Telephone Number:509-429-5522
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City, State, Zip Code:
Telephone Number:509-429-5522 Fax Number: _n/a
I want this information is being given as the basis for a grafit of operating authority by the Machinister.
I understand that this information is being given as the basis for a grant of operating authority by the vision of Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of Utilities and Transportation Commission, an agency of the state of Washington that the information contained in this statement is true and correct.
Utilities and Transportation Commission, an agency of the state of Washington. The laws of the state of Washington that the information contained in this statement is true and correct perjury under the laws of the state of Washington that the information contained in this statement is true and correct.
08-20-2019
Thom Speidel SIGNATURE DATE
PRINT NAME J SIGNATURE

	Application Docket No.:
Applicant Name:	TS-180677
Backcountry Travels LLC	
THE APPLICATION What authority are you appl	lying for? Include any amendments.  See Chelan based out of Stehekin WA. The vessel that ty two passenger catamaran. The vessel would leave
A daily, year round commercial lefty scrylog on their	ty two passenger catamaran. The vesser would leave
will be used is a quiet, comfortable and efficient thir Stehekin at 10:40am daily and return at 1pm, arrivi	ng back in Stehekin at 2:45pm.
Stehekin at 10.40am dany and retains	
	STATEMENT  The string the request for operating authority)
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have experienced.	? Yes No X If not, explain problems you and Gervice hours of Titlicity river of Ther TRANS
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(To be completed by the individual or business/	RIFICATION organization supporting the request for operating authority)
Name and Title: Hichard H. L	1/0   50 N   mages
Business/Organization:	7/1/5
Street/Mailing Address: PO 190	× 1413 98816 =
City, State, Zip Code: Chelan	Fax Number:
Telephone Number: <u>(509)</u> <u>470 - 29</u>	" washington
I understand that this information is being given as to Utilities and Transportation Commission, an agency perjury under the laws of the state of Washington th	he basis for a grant of operating authority by the Washington of the state of Washington. I certify or declare under penalty at the information contained in this statement is true and corre
	Jach / Hhata 8/21/18
Michard 7. Wellson -	SIGNATURE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you	ı applying for? Include any amendments.
A daily year round commercial ferry service of	n Lake Chelan based out of Stehekin WA. The vessel that
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SUPP	ORT STATEMENT
(To be completed by the individual or busines	ss/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly de	escribe the transportation service that you need and that the ess/organization if this request for operating authority is
Granted	ASED BOAT WOULD ALLOW ME TO
MAKE FLIGHT CONNECTIONS	S BACK TO MEMPH'S ON THE SAME DAY IN CHELAN ORSENTILE.
WITHOUT HAVING TO STAY OVER	IN CHOLAN ORSENTILO.
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have experienced.	
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Yes No If yes, please explain	,
	VERIFICATION
(To be completed by the individual or busine	ss/organization supporting the request for operating authority)
Name and Title: $\frac{\mathcal{S}U\mathcal{S}A\mathcal{N}}{\mathcal{N}}$	(ncknight
Pusings/Organization:	,
Business/Organization: Street/Mailing Address: 2082	CAUDILAND PLACE
City, State, Zip Code:	531 - 1 0013714025
Telephone Number: 90/-8 48-3	83/ Fax Number: 90/-324-4055

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.

	APPLICANT S  (To be completed by the individu	STATEMENT al requesting operating authority)
	Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
	THE APPLICATION What authority are you applying 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
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	have experienced.  The sequest is denied, would it have any affect of the sequest is denied, which is the sequest in the sequest is denied, which is the sequest in	on you or your business/organization:
	VERIFIC To be completed by the individual or business/organi	
	Name and Title: Bar bara	J. Edmonds
	Business/Organization:	SE S
	Street/Mailing Address:  3023 S.E. Boyd Street	t 50 5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	City, State, Zip Code: Milwaukie, OR 97222  Milwaukie is lo miles &	
		654-9498 Fax Number:
,	I understand that this information is being given as the basi Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the in	state of Washington. I certify or declare under penalty of
	Barbara Jean Edmonds  Barbara Sarbara  PRINT NAME	ura Jean Edmonds August 20,2018 SIGNATURE 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		
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 am from Wenatchee and I come up every year planning to visit Stehekin. Sometimes it is just too
inconvenient to do so due to transportation. It has been difficult for a long time because of Ferry times to
and from. The addition of alternate times would be much more amenable to coming there more often.
I can also see the need for transportation for emergency medical attention and appointments for those
who live there and those who visit. Please open up this service.
Are your transportation needs being met now? Yes NoX_ If not, explain problems you
have experienced.
Long wait times at the dock waiting for boats to and from. I travel by plane to the area now and so it does
not fit needs of meeting flights and then I have to spend more time waiting to get on a plane.
If the request is denied, would it have any affect on you or your business/organization:
Yes X No If yes, please explain This is my favorite place to come too and it is very
inconvenient to get in and out of. I have come from Washington DC, Virginia, and now Nevada
and soon from Arizona. Thank you
and 300H Hoffi Alizona. Thank you

2018 SEP -5 AM 8: 30

(To be completed by the individual or busing	VERIFICATION ness/organization supporting the reque	est for operating authority)
Name and Title:		
_Carol Benesh		
Business/Organization:		
Street/Mailing Address:6889 Marble C	Canyon	
Road		
City, State, Zip Code:Reno		
NV18511		
Telephone Number:775-338-9968	F	ax
Number:		
I understand that this information is being given of Utilities and Transportation Commission, an age perjury under the laws of the state of Washington	ncy of the state of Washington. I certi	ify or declare under penalty of
Carol Benesh	Carl Bergh	<u> auant 20,2018</u>
PRINT NAME	SIĞNATURE '	DATE

TS-180677

#### **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.

APPLICANT S	STATEMENT
	al requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying 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	TATEMENT
(To be completed by the individual or business/organi	ization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/orga granted.	the transportation service that you need and that anization if this request for operating authority is
Stehekin residents have to spend multiple nights appointments and errands during business hours the day, and departs to head back up lake before Adding a Stehekin-based boat will help both of the Adding another option for additional demand that Allowing folks with long drives to travel in daylight morning and Field's Point mid-day. Give more options for residents wanting to get do during business hours. Leaving Stehekin in the mrunning errands and only spend 1 night in a hotel	because the schedule arrives downlake late in business hours the following day. ese issues by: is not being met by the current ferry boats. with a schedule that leaves Stehekin in the ctor's appointments and other errands done forning will allow them to spend the afternoon
the following day.  Daily boat service will be available ALL year, mak expensive for everyone.	
	2018 SEP - 5
Are your transportation needs being met now? Y have experienced  There have been numerous instances when we have hout off heading home for a couple of days because of the second	nad to either head down lake two days early, and the schedule provided by the current boatservice
The limited departure times, and the limited days of op definitely not convenient, and have cost many extra da become a three day event.	eration (especially during the winter months) are
If the request is denied, would it have any affect or	n you or your business/organization:
Yes_X_ No If yes, please explain The current boat schedule creates travel issues.	•
Guests must travel in the dark early in the morning and times.	late at night in order to make the ferry schedule
Alternatively, guests can end up with additional costs to time driving. Since many hotels in Chelan are quite bus minimum of 2 nights, even though they only want to sta People have to be able to get to Stehekin in order for a is no Stehekin.	sy in the summer, sometimes they have to pay for a gay 1 night.

VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: Nick Davis
Business/Organization: Stehekin Reservations
Street/Mailing Address: P.O. Box 304
City, State, Zip Code: Stehekin, UA 9885Z
Telephone Number: 509 669-5045 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.
Mick Davis Signature S-21-18 PRINT NAME SIGNATURE DATE

TS-180677

#### **IMPORTANT!!!**

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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

Note: Please be sure to write your application/docket number on all forms.