

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

**SUPPORT STATEMENT**  
(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. See Attached

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

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

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

Name and Title: John Allison

Business/Organization: Allison Orchards

Street/Mailing Address: 1142 Green Ave

City, State, Zip Code: Manson, WA 98831

Telephone Number: 509 687-3806 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.

John M. Allison John M. Allison Aug 29, 2018  
PRINT NAME SIGNATURE DATE

Stehekin Valley Ranch, Po Box 36, Stehekin, WA 98852

<http://www.backcountrytravels.com/>

2018 SEP 5 AM 8:33  
SEARCHED  
SERIALIZED  
INDEXED  
FILED

STATEMENT IN SUPPORT BACKCOUNTRY Travel LLC Docket no TS-180677

THE TRANSPORTATION NEED

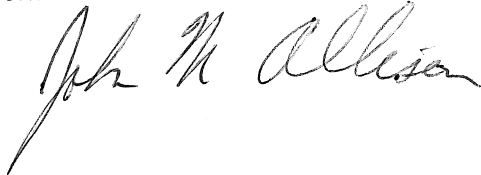
The Chelan Valley needs additional transportation services between Chelan and Stehekin. With the discontinuation of float plane service, we are left with only early morning up lake, and midday down lake ferry service provided by the Lake Chelan Boat Co. As a 46-year resident of the Chelan Valley, I have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

Aug. 20, 2018

A handwritten signature in black ink that reads "John M. Allison". The signature is written in a cursive style with a large initial "J" and "A".

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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.

See attached

---

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

See attached

---

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

See attached

2018 SEP -5 PM 8:00

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

Name and Title: Nicky Allison

Business/Organization: The Cutting Garden

Street/Mailing Address: 1142 Green Ave

City, State, Zip Code: Manson WA 98831

Telephone Number: 509 687-3806 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.*

Nicky Allison Nicky Allison Aug 20, 2018  
PRINT NAME SIGNATURE DATE

Stehekin Valley Ranch, P.O. Box 36, Stehekin, WA 98852

<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

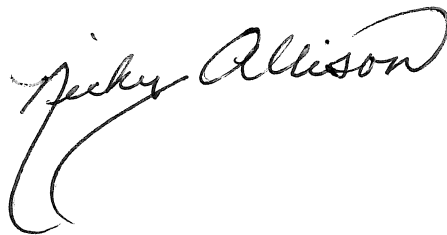
The Cutting Garden

1142 Green Ave.

Manson, WA 98831

509-687-3806

Nicky Allison



Aug.20, 2018

RECEIVED  
REGISTRATION  
STATE OF WASH  
LIFE AND TRAVEL  
CORPORATION  
2018 SEP -5 AM 8:33



**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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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. ~~The current boat schedule does not 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.

RECEIVED  
STATE OF WASH  
UTL AND TRAV  
COMMISSION  
2018 SEP -5 AM 8:32  
JEN HERRMANN

**VERIFICATION**

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

Name and Title: JULIE MELVIN

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

Street/Mailing Address: 551 Valley RD

City, State, Zip Code: Brewster, WA 98812

Telephone Number: 509.689.7646 \_\_\_\_\_ 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.*

Julie Melvin  
PRINT NAME

Julie Melvin  
SIGNATURE

8/22/18  
DATE

TS-180677

RECEIVED  
2018 SEP -5 AM 8:32  
STATE OF WA  
UTIL. AND TRAN.  
COMMISSION

**IMPORTANT!!!**

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

### APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

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 more options in the days of the week to travel, particularly in the fall, and a schedule that allows me to get back to the office to work timely. The current system creates too much "downtime", meaning I can not go to Stehekin for a business meeting and work at the clients place of business without having to take almost two full days to travel. The current boat does not leave Stehekin early enough to get back into town and have a productive day. This is even worse when they go to the 3 day a week schedule. Additionally, there is no current service that will put you back in town early enough to pick up children from school, which means I have to arrange that as well. Having a daily, faster, earlier schedule would definitely benefit my business needs.

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

Travel times are inefficient, particularly if you only need to be in Stehekin for a few hours, once my work is completed I need to leave, this cannot always be scheduled and there is no flexibility in the current system. A couple years ago, I had an incident where I needed to get downlake, busy weekend, no room on the boat and couldn't trade my ticket for an earlier ride down. Additionally, I have a small non-service dog, he needs to be able to ride in the cabin (he is a purse dog). This is not allowed on the current boats.

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

I need to be able to do business in Stehekin two or three times per year for shorter trips. This would enhance my ability to provide services to my Stehekin clients as well getting more timely information to the Stehekin business so that they are more efficient and informed.

STATE OF WASHINGTON  
DEPARTMENT OF TRANSPORTATION  
COMMERCIAL FERRY  
2018 SEP -5 AM 8:32  
RECEIVED  
COMMERCIAL FERRY

**VERIFICATION**

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

Name and Title: Jordana LaPorte, President  
 Business/Organization: LaPorte Financial Alliance, Inc.  
 Street/Mailing Address: PO Box 489  
 City, State, Zip Code: Chelan WA 98816  
 Telephone Number: 509-682-2521 Fax Number: 509-682-2522

*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.*

JORDANA LAPORTE      [Signature]      8/21/18  
 PRINT NAME                      SIGNATURE                      DATE

TS-180671

RECEIVED  
 MESSAGE CENTER  
 2018 SEP -5 AM 8:32  
 STATE OF WASH  
 UTIL AND TRANP  
 COMMISSION

**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

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Backcountry Travels LLC

Application Docket No.:  
TS-180677

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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.

*This service allows more options to meet our transportation needs. We have to make frequent trips to get supplies for our cabin maintenance. We would be allowed to transport 1/2 day to appt in a more timely manner.*

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. *The current schedule forces us to overnight in Chelan (unnecessary hotel lodging) because of the late arrival into Chelan and the early departure from Chelan. We have no options to make medical or other appointments downlake.*

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

*As mentioned above, the current schedule is not convenient for us to meet downlake appointments, purchase supplies, without 2 overnights stay. Having ferry service based in Stehekin is so needed for medical evacuation & service.*

### VERIFICATION

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

Name and Title: Dixie Williams Jacky

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

Street/Mailing Address: Stehekin Valley Road

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 208-680-5112 Fax Number: \_\_\_\_\_

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

Dixie Williams Jacky  
PRINT NAME

Dixie Williams Jacky  
SIGNATURE

8/20/18  
DATE

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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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. CURRENTLY I TRAVEL FROM IDAHO TO STEHEKIN, HAVE TO

OVERNITE, THEN CATCH TO BOAT TO STEHEKIN, 2 DAYS TO RETURN AND THAT IS \$ . I ALSO TAKE MY DOG WHICH FORCES ME TO TAKE LADY II WHICH IS 4hr UP/BACK. VERY INCONVENIENT

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. I NEED FLEXIBILITY IN BOAT DEPARTURES AND SHORTER TRIP TIMES. THE SERVICE MUST ALLOW PETS (CAGES ARE OK)

DOING MAINTENANCE AT THE CABIN AND MISSING 1 PART FOR THE REPAIR IS A HASSLE. IF THIS SERVICE WOULD ALLOW DOWN & BACK THE SAME DAY

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

THE STATUS QUO WOULD EXIST WHICH IS INCONVENIENT & COSTLY FOR 2 NIGHTS OVERSTAY.

### VERIFICATION

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

Name and Title: DENNIS J. JACKY

Business/Organization: NA

Street/Mailing Address: 3835 S. FIRENZE WAY

City, State, Zip Code: MERIDIAN, ID 83642

Telephone Number: 208 785-1093 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.

DENNIS J JACKY  
PRINT NAME

Dennis J. Jacky  
SIGNATURE

8-22-18  
DATE

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. It would provide a way for me to arrive in Stehekin the same day, traveling from east coast. Currently I'm losing 2 days because only one early morning time is available with current service.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. It currently takes me two days to arrive in Stehekin to visit family. I'm also spending extra money to book a place to stay in Chelan. I have limited time to be away from home because I'm full time caregiver

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. The affect is more expense and less time in Stehekin. Limited times over winter months with current service not running daily. Also my concern for family members needing healthcare but limited times to make Dr. appointments or have acute problems taken care of because no service daily to get to Chelan.

**VERIFICATION**

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

Name and Title: Denise Minor office manager -  
 Business/Organization: Minor Family Practice PLLC  
 Street/Mailing Address: 1061 Garner Run Road  
 City, State, Zip Code: Prosperity, PA 15329  
 Telephone Number: 724-998-3475 Fax Number: 724-627-5772

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.

Denise Minor PRINT NAME      Denise Minor SIGNATURE      8-16-18. DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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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.  
See Attached 2<sup>nd</sup> page.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. WE CANNOT MAKE IT TO STEHEKIN FROM THE EAST COAST IN A SINGLE DAY. THIS IS MUCH MORE INCUMBERT & COSTLY FOR US.

If the request is denied, would it have any affect on you or your business/organization:  
 Yes  No  If yes, please explain. WE ARE NOT AS LIKELY TO TRAVEL AS FREQUENTLY TO CHELAN & STEHEKIN BECAUSE OF INCREASED

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

Name and Title: DR WILLIAM R MINOR  
 Business/Organization: MINOR FAMILY PRACTICE PLLC  
 Street/Mailing Address: 1061 GARDNER RUN ROAD  
 City, State, Zip Code: PROSPERITY, PA 15329  
 Telephone Number: 724-998-5286 Fax Number: 724-627-5777

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 R Minor William R Minor 8/16/18  
 PRINT NAME SIGNATURE DATE



TS-180677

WE NEED A TRANSPORTATION SERVICE TO STEHEKIN THAT WOULD GET US TO STEHEKIN IN ONLY 1 DAY. THIS HAS BEEN A "STICKING POINT" FOR OUR FAMILY FOR SOME TIME. WE HAVE A DAUGHTER, HER HUSBAND, AND GRANDCHILD LIVING IN STEHEKIN. WE LIVE IN PENNSYLVANIA. THE PRESENT TRANSPORTATION SERVICE LEAVES EARLY IN THE MORNING FROM CHELAN OR FIELDS POINT. WE CAN NOT GET TO THESE LOCATIONS EVEN BY FLYING THE "RED EYE." WE HAVE TO FIND LODGING IN CHELAN INCREASING THE INCONVENIENCE & COST OF THE TRIP. ANYONE VISITING STEHEKIN FROM THE EAST COAST HAS THAT SAME INCONVENIENCE. IT IS EVEN MORE DIFFICULT IN THE WINTER WHEN THE PRESENT SERVICE ONLY OPERATES 3 DAYS / WEEK. THE NEW TRANSPORTATION SERVICE OFFERED BY BACK COUNTRY TRAVELS, LLC WOULD GIVE US GREATER FLEXIBILITY IN PLANNING OUR TRIPS & ALSO BE LESS EXPENSIVE BECAUSE WE COULD LEAVE THE EAST COAST AND CATCH THE BOAT AT 1:00 PM IN CHELAN AND MAKE IT TO STEHEKIN IN 1 DAY. THE PRESENT TRANSPORTATION IS SOMETIMES DIRTY. I AM A PHYSICIAN AND AM AWARE HOW COSTLY MEDICAL EMERGENCIES ARE IN STEHEKIN IF SOMEONE HAS TO SEE A MEDICAL PROVIDER OR GO TO A HOSPITAL QUICKLY. IN A TRUE EMERGENCY THE ONLY OPTION IS BY HELICOPTER. IF SOMEONE IS SICK AND NEEDS URGENT MEDICAL CARE THE PRESENT SERVICE IS NOT VERY CONVENIENT. THE NEW SERVICE'S HOURS WOULD BE MORE ACCOMMODATING TO THESE SITUATIONS AS WELL AS TO THE RESIDENTS OF BOTH CHELAN & STEHEKIN WHO CHOSE TO WORK <sup>IN CHELAN OR STEHEKIN</sup> AND TRAVEL BACK & FORTH. COMPETITION IS ALWAYS GOOD FOR COMMUNITIES AND OFFERS A BUFFER IF ADVERSE CIRCUMSTANCES WOULD HALT OR DELAY THE SERVICES OFFERED BY ONLY A SINGLE ENTITY PROVIDING THAT SERVICE. THE NEW PROPOSED SERVICE APPEARS TO OFFER MORE CONVENIENT & FREQUENT YEAR ROUND SERVICE.

RECEIVED  
2018 SEP -5 AM 8:32  
STATE OF WISCONSIN  
DEPARTMENT OF TRANSPORTATION

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

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MID-MORNING TRANSPORT FROM ZSMI TO STEHEKIN IN SHORTER TIME THAN NOW AVAILABLE

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

BUT VERY DIFFICULT TO MAKE EARLY DEPARTURE DUE TO TRAVEL TIME TO DOCK FROM OWNERS

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

- WOULD CAUSE MORE EXPENSE DUE TO USING AIR — OR NOT GOING AT ALL

**VERIFICATION**

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

218 SEP - 5 8:31  
STATE OF WASHINGTON  
TRANSPORTATION  
COMMISSION

TS-180677

Name and

Title: GARY GRAFF

Business/

Organization: \_\_\_\_\_

Street/Mailing

Address: 211 E HERON GROVE SHELTON, WA

City, State, Zip 98589

Code: \_\_\_\_\_

Telephone Number: 360-427-0647 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.*

GARY D. GRAFF

PRINT NAME

[Signature]

SIGNATURE

8/19/18

DATE

RECEIVED  
OPERATIONS MANAGEMENT  
SEP -5 AM 8:31  
STATE OF WASH  
UTIL AND TRANS  
COMMISSION

**IMPORTANT!!!**

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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 this boat service would help <sup>more</sup> tourists get here easier. The Thursday schedule in the winter is very helpful to locals providing the opportunity to go down lake for an errand or appt and get home in the same day. The later departure from down lake would be beneficial to tourists coming to Stehekin.*

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced. *FROM JAN 1 - MAR 31 the current boat only runs 3 days a week which is a hardship if I need to go out then. I have to stay out too long. It also discourages tourists.*

If the request is denied, would it have any affect on you or your business/organization: Yes  No \_\_\_ If yes, please explain. *depending on current schedule there might be less tourists sometimes and they are the basis of our economy*

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

Name and Title: JEAN VAVREK  
Business/Organization: one of the managers of The House That Jack Built  
Street/Mailing Address: POB 11 / 31 DE FACTO LANE  
City, State, Zip Code: STEHEKIN, WA 98852  
Telephone Number: 509-293-0876 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.*

JEAN VAVREK PRINT NAME      Jean Vavrek SIGNATURE      8/24/18 DATE

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

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. THIS SERVICE WOULD PROVIDE SIGNIFICANTLY MORE FLEXIBILITY TO OUR RENTAL CABIN GUESTS -> LATER DOWNLAKES DEPARTURE TIME FOR THOSE TRAVELING FROM OUT OF TOWN AND WE HEAVILY RELY ON FAMILY MEMBERS WHO LIVE IN STEHEKIN FOR CHILDCARE ~ 3 DAYS/WEEK (NEEDS MORE FLEXIBILITY)

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. GUESTS FROM OUT OF TOWN ARE FORCED TO STAY ADDITIONAL NIGHT BEFORE EARLY DEPARTURE. INCREASED CHILDCARE COSTS DUE TO DEPARTURE TIME BEFORE I CAN RETURN FROM WORK - RECEIVE FAMILY BABYSITTER

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. SIGNIFICANTLY LIMITS RENTAL CABIN OPPORTUNITIES: ADDS TRAVEL BURDEN/COSTS TO OUR GUESTS LIMITS PERSONAL TRAVEL OPPORTUNITIES - INCREASED CHILDCARE COSTS

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

Name and Title: ALICE JOHNSTON  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: PO Box 55  
 City, State, Zip Code: CHELAN WA 98816  
 Telephone Number: 509-670-9396 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 JOHNSTON PRINT NAME      Alice Johnston SIGNATURE      08/23/18 DATE

20 SEP 15 AM 8:31

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

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. timely transport with dogs - not currently available. online/phone reservations & ticket changes. I am commuting Stehekin to Seattle and have had trouble changing boats/tickets over the phone

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. see above - was not able to make a change in my reservation & pay by card over the phone; had to physically mail my ticket + \$8.20 and hope by the time my mail got there that spots were still available on the boat I wanted

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. difficult to boat in and out b/c I cannot be sure I can change plans + get back if I am needed for work.

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

Name and Title: BETSI HOPPER, WRANGLER W/ STEHEKIN OUTFITTERS  
 Business/Organization: STEHEKIN OUTFITTERS  
 Street/Mailing Address: P.O. BOX 4, STEHEKIN WA  
 City, State, Zip Code: STEHEKIN, WA  
 Telephone Number: N/A Fax Number: N/A

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

ELIZABETH HOPPER [Signature] 8/21/18  
 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. I WOULD MORE OFTEN TRAVEL TO STEHEKIN. AS

IT IS, SAILINGS ARE INCONVENIENT AT BEST. TRAVELLERS & RESIDENTS WOULD GREATLY BENEFIT FROM EXPANDED FERRY SERVICE

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

SAILINGS EITHER ARE TOO EARLY OR LATE IN THE DAY MAKING TRAVEL PROHIBITIVE!

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

IT WOULD CONTINUE TO IMPED E MY TRAVEL PRIMARILY TO STEHEKIN RANCH.

### VERIFICATION

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

Name and Title: DANIEL HOUSE

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

Street/Mailing Address: PO Box 272

City, State, Zip Code: MANCHESTER, WA. 98353

Telephone Number: 360-393-5313

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.

DANIEL HOUSE  
PRINT NAME

Daniel House  
SIGNATURE

8/19/2018  
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. ~~We want to drive from Issaquah and catch a ferry from Chelan to Stehekin mid-day or afternoon and return from Stehekin a few days later at a reasonable time of day to drive home to Issaquah.~~

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

We want to go to Stehekin. We cannot drive from Seattle and make the ferry departure in the morning without getting up at a ridiculously early hour, too early for my child. We choose not to waste a day of our vacation spending the night in Chelan to catch the ferry the next morning either. Sometimes rooms are not even available. Schedule returning from Stehekin gets us home too late. So we vacation elsewhere.

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 continue to vacation and spend our money elsewhere, not Chelan or Stehekin.

**VERIFICATION**

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

Name and Title: Michael Bowers

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

Street/Mailing Address: 23120 SE Black Nugget Rd Unit 101

City, State, Zip Code: Issaquah WA 98029

Telephone Number: 425-281-2661 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 B. Bowers  
PRINT NAME

Michael Bowers  
SIGNATURE

8/19/18  
DATE

2018 SEP -5 AM 8:33  
STATE OF WASHINGTON  
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.  
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.

Our group does semi-annual + annual trips to Stehekin and with Backcountry. Most live in Western WA + have to schedule additional day off or drive home at night due to evening arrival of current ferry to Field Point or Chelan. Some can't come because don't have the extra day to take off.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.  
see above: 1) have to take extra day off work, 2) have to drive home at night, 3) unable to come on the trip because unable to take an extra day off work

If the request is denied, would it have any affect on you or your business/organization?  
Yes  No  If yes, please explain. unable to schedule all the days required for extra time required of current ferry, both going to + returning from Stehekin.

### VERIFICATION

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

Name and Title: Denise Ward  
Business/Organization: individual  
Street/Mailing Address: 1812 S 284th LN # C203  
City, State, Zip Code: Federal Way WA 98003  
Telephone Number: 253-347-0713 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.

Denise Ward  
PRINT NAME

Denise Ward  
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.  
 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 need a viable option for transportation from the south end of Lake Chelan to Stehekin that leaves after noon.

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

There are only ferries that leave before 10 am now. That means I have to stay overnight in Wenatchee or Chelan if I want to catch a ferry to Stehekin.

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

**VERIFICATION**

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

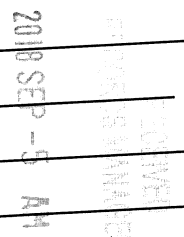
Name and Title: Greg Stinson  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: 5212 46th Ave. S.  
 City, State, Zip Code: Seattle, WA 98118  
 Telephone Number: 585-281-6673 Fax Number: \_\_\_\_\_

*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.*

Greg Stinson  
 PRINT NAME

  
 SIGNATURE

8/20/18  
 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.

go out 2-4 days per week - some times up for 2 weeks or more  
Stehekin to Chelan & back - not convenient time to expense.

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

I have to go on low boat so I can get food & fuel to Stehekin  
then back to boat down lake to get more

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

Retired Retired

Price variability

**VERIFICATION**

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

Name and Title: Martin E. Winkler

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

Street/Mailing Address: RR 14

City, State, Zip Code: Stehekin WA 98857

Telephone Number: \_\_\_\_\_ 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.

Martin E. Winkler  
PRINT NAME

[Signature]  
SIGNATURE

8-22-18  
DATE

Bad arm

20 SEP -5 AM 8:31  
WASH STATE  
CLERK  
COMM

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

<b>SUPPORT STATEMENT</b>	
(To be completed by the individual or business/organization supporting the request for operating authority)	
<b>THE TRANSPORTATION NEED</b> Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. <u>IN THE WINTER INSTEAD OF SPENDING TWO NIGHTS AWAY FROM HOME</u> <u>IT WOULD BE GREAT TO HAVE A BOAT SERVICE THAT DEPARTS STEHEKIN EARLY THURSDAY MORNING AND RETURNS LATE THURSDAY AFTERNOON FOR DOCTOR + DENTAL APPOINTMENTS.</u>	
Are your transportation needs being met now? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If not, explain problems you have experienced. _____ _____ _____	
If the request is denied, would it have any affect on you or your business/organization: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain. _____ _____ _____	

<b>VERIFICATION</b>		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title:	<u>JONATHAN SCHERER</u>	
Business/Organization:	_____	
Street/Mailing Address:	<u>PO Box 11</u>	
City, State, Zip Code:	<u>STEHEKIN WA 98852</u>	
Telephone Number:	_____	Fax Number: _____
<i>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.</i>		
<u>JONATHAN SCHERER</u> PRINT NAME	<u>Jonathan Scherer</u> SIGNATURE	<u>08/23/2019</u> 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 need fast and convenient access to the Stehekin Valley for recreation during limited vacation time with family. The proposed service is innovative and would meet my needs.*

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 regular service terminated. A 1pm departure from Chelan would be most convenient rather than 8:30am so my family does not have to leave the Westside at Zero Dark Thirty on the night before at additional cost and inconvenience.*

If the request is denied, would it have any affect on you or your business/organization:  
 Yes  No  If yes, please explain.  
*I would hesitate and be reluctant to commit the extra time and money to vacation in Stehekin. I do not like to drive in the dark; it is dangerous. Spending the night before departure in Chelan is costly and during the summer there is a two (2) night minimum, so that makes it out of the question!*

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

Name and Title: Thomas and Monica McDonough

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

Street/Mailing Address: 16115 75<sup>th</sup> Place West

City, State, Zip Code: Edmonds WA 98026

Telephone Number: (206) 650-6497 Fax Number: (425) 778-8550

*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.*

Thomas F. McDonough      Thomas F. McDonough      8/20/2018  
 PRINT NAME                      SIGNATURE                      DATE

RECEIVED  
 WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
 20 SEP 15 AM 8:53

**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.  
This service would facilitate our overnight and multi-day expeditions to the Stehekin area.

Are your transportation needs being met now? Yes \_\_\_ No XX 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:  
Yes xx No \_\_\_ If yes, please explain.  
Our time in the Stehekin area will continue to be limited.

**VERIFICATION**

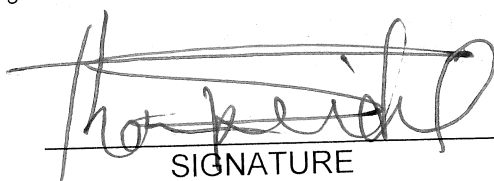
(To be completed by the individual or business/organization supporting the request for operating authority)

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 Fax Number: n/a

STATE OF WASHINGTON  
UTILITY AND TRANSPORTATION COMMISSION  
08 SEP -5 AM 8:31  
RECEIVED  
PERMISSIONS MANAGEMENT

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.

Thom Speidel  
PRINT NAME

  
SIGNATURE

08-20-2019  
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. Since we lost our float plane service, transportation to/from Stehekin has been severely limited to one carrier with inflexible hours.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. Few boats and service hours. Difficult to only have 1 or 2 departure times given other transportation options to/from terminal

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. Will continue to make scheduling trips difficult, especially when entertaining guests and visiting dignitaries.

**VERIFICATION**

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

Name and Title: Richard H. Watson  
Business/Organization: \_\_\_\_\_  
Street/Mailing Address: PO Box 1415  
City, State, Zip Code: Chelan WA 98816  
Telephone Number: (509) 470-2960 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.

Richard H. Watson PRINT NAME  
[Signature] SIGNATURE  
8/21/18 DATE



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

<b>SUPPORT STATEMENT</b>	
(To be completed by the individual or business/organization supporting the request for operating authority)	
<b>THE TRANSPORTATION NEED</b> Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.	
<u>ALLOWING A STEHEKIN-BASED BOAT WOULD ALLOW ME TO MAKE FLIGHT CONNECTIONS BACK TO MEMPHIS ON THE SAME DAY WITHOUT HAVING TO STAY OVER IN CHELAN OR SEATTLE.</u>	
Are your transportation needs being met now? Yes ___ No ___ If not, explain problems you have experienced.	
If the request is denied, would it have any affect on you or your business/organization: Yes ___ No ___ If yes, please explain.	

<b>VERIFICATION</b>		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title:	<u>SUSAN MCKNIGHT</u>	
Business/Organization:		
Street/Mailing Address:	<u>2082 COURTLAND PLACE</u>	
City, State, Zip Code:	<u>MEMPHIS, TN 38104</u>	
Telephone Number:	<u>901-848-3831</u>	Fax Number: <u>901-324-4035</u>
<i>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.</i>		
<u>SUSAN MCKNIGHT</u>	<u>[Signature]</u>	<u>8/20/2018</u>
PRINT NAME	SIGNATURE	DATE

RECEIVED  
 PROJECTS MANAGER  
 STATE OF WASH  
 UTIL AND TRAN  
 COMMISSION  
 2018 SEP -5 AM 8:31



**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.

[Redacted text]

*I live in Portland, OR & when I come to Stehekin 1 or 2 times a year, I would like a more convenient time to have transportation to & from Stehekin. It is a long drive home, especially at times when there is only 1 boat a day with late return time.*

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

*The current hours of transportation do not work for me*

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

Yes  No  If yes, please explain: Check above explanation

**VERIFICATION**

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

Name and Title: [Redacted] *Barbara J. Edmonds*

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

Street/Mailing Address: [Redacted]  
*3023 S.E. Boyd Street*

City, State, Zip Code: Milwaukie, OR 97222  
*Milwaukie is 6 miles south of Portland, OR*

Telephone Number: [Redacted] *503-654-9498* Fax Number: \_\_\_\_\_

STATE OF WASHINGTON  
UTILITY AND TRANSPORTATION COMMISSION  
2018 SEP -5 AM 8:30  
JONES, JACQUELLE  
RECEIVED

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.

*Barbara Jean Edmonds*

[Redacted]

PRINT NAME

*Barbara Jean Edmonds*

SIGNATURE

*August 20, 2018*

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.

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 \_\_\_ No X 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

RECEIVED  
PROJECTS MANAGER  
2018 SEP -5 AM 8:30  
STATE OF WASH  
UTL AND TRANSP  
COMMISSION

**VERIFICATION**

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

Name and Title: \_\_

\_ Carol Benesh \_\_\_\_\_

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

Street/Mailing Address: \_\_ 6889 Marble Canyon  
Road \_\_\_\_\_

City, State, Zip Code: \_\_ Reno

NV18511 \_\_\_\_\_

Telephone Number: \_\_ 775-338-9968 \_\_\_\_\_ 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.*

Carol Benesh  
\_\_\_\_\_  
PRINT NAME

*Carol Benesh*  
\_\_\_\_\_  
SIGNATURE

*August 29, 2018*  
\_\_\_\_\_  
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 **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

RECEIVED  
PERSONNEL MANAGEMENT  
2018 SEP -5 AM 8:30  
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.  
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 application could provide to you or your business/organization if this request for operating authority is granted.

Stehekin residents have to spend multiple nights at hotels in order to take care of necessary appointments and errands during business hours because the schedule arrives downlake late in the day, and departs to head back up lake before business hours the following day.

Adding a Stehekin-based boat will help both of these issues by:

Adding another option for additional demand that is not being met by the current ferry boats.

Allowing folks with long drives to travel in daylight with a schedule that leaves Stehekin in the morning and Field's Point mid-day.

Give more options for residents wanting to get doctor's appointments and other errands done during business hours. Leaving Stehekin in the morning will allow them to spend the afternoon running errands and only spend 1 night in a hotel before travelling back on ANY of the ferry boats the following day.

Daily boat service will be available ALL year, making winter travel less time consuming and expensive for everyone.

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

There have been numerous instances when we have had to either head down lake two days early, and put off heading home for a couple of days because of the schedule provided by the current boat service. The limited departure times, and the limited days of operation (especially during the winter months) are definitely not convenient, and have cost many extra days of travel. A doctors appointment can quickly become a three day event.

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

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

The current boat schedule creates travel issues.

Guests must travel in the dark early in the morning and late at night in order to make the ferry schedule times.

Alternatively, guests can end up with additional costs to stay an extra night in Chelan to avoid the night-time driving. Since many hotels in Chelan are quite busy in the summer, sometimes they have to pay for a minimum of 2 nights, even though they only want to stay 1 night.

People have to be able to get to Stehekin in order for any business to survive here, without guests, there is no Stehekin.

**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, WA 98852  
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.*

Nick Davis

PRINT NAME

[Signature]

SIGNATURE

8-21-18

DATE

TS-190677

**IMPORTANT!!!**

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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.**