Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
Buokeeunity Travele 229		
THE APPLICATION What authority are you apply	ing for? Include any amendments.	
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that	
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave	
Stenekin at 10:40am daily and return at 1pm, arriving	Dack III Stellekili at 2.40pm.	
	STATEMENT	
	nization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the	
application could provide to you or your business/org	BE A DEFINITE IMPROVEMENT	
granted. THIS PROPOSAL WOULD BE A DEFINITE IMPROVEMENT FOR US AND WOULD PROVIDE AN OPTION NOT CUBRENTLY		
AVAILABLE. WE COULD DRIVE TO CHELAN ARRIVE BY I AM		
AND ARRIVE IN STEHEKIN THE SAME DAY.		
Are your transportation needs being met now? Yes No 🧩 If not, explain problems you		
have experienced.  CURRENTLY WE HAVE TO DRIVE TO CHELDN THE PRENIOUS DAY		
AND STAY OVERNIGHT IN ORDER TO BET TO STEHEKIN		
The same of the sa		
If the request is denied, would it have any affect on you or your business/organization:  Yes No. If yes, please explain, IF DENIED WE WOULD CONTINUE		
100/		
STEHELIN MITH THE GROUPS OF USUALLY A		
BOZEN PEOPLE THAT WE BRING HERE 50R 6		
TIMES A VEAR.		
	CATION nization supporting the request for operating authority)	
Name and Title: WILLIAM GIFFOT	RD, CHAIR, NW SUBSOMMITTEE	
Business/Organization: SIERRA CLU	B OUTINGS	
Street/Mailing Address: 2514 NW	13 DRIVE	
City, State, Zip Code: GRESHAW C	K 97030	
	Fax Number: <u>583-222-2758</u>	
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	sis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.	

WILLIAM GIFFORD PRINT NAME

Action Gifford SIGNATURE

8/16/2018 DATE

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applying for? Include any amendments.  A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.		
SUPPORT S (To be completed by the individual or business/organ	ization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	the transportation service that you need and that the	
of Lake Chelan would be	I caters to the upper end	
of Jake Chelan would be	a good trong	
Are your transportation needs being met now?	Yes No <u>X</u> If not, explain problems you	
have experienced.  The host only comes ho	ont isen't to easy	
one Tembaday 30 gilleng	out then I so early	
If the request is denied, would it have any affect on you or your business/organization:		
Yes X No If yes, please explain.  Will continue to make a  the lake hard ord it only ru  making it harder to appose	deporting the hope and of my three days a week come.	
VEDIC	CATION	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
Name and Title: Jim Courtney		
Business/Organization: Alpine Sev	vices	
Street/Mailing Address: P.O. Box 296		
City State Zin Code: Stehakin, W.	A 98852	
Telephone Number: <u>509-470-1799</u>	Fax Number: <i>N</i> / <del>\</del>	
I understand that this information is being given as the ba		
Jin Courtney () PRINT NAME	SIGNATURE B/17/2018	

	idual requesting operating authority)
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you app A daily, year round commercial ferry service on La will be used is a quiet, comfortable and efficient thi Stehekin at 10:40am daily and return at 1pm, arrivi	ke Chelan based out of Stehekin WA. The vessel that it was passenger catamaran. The vessel would leave
SUPPOR	T STATEMENT
(To be completed by the individual or business/ord	ganization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly descri	ibe the transportation service that you need and that the
granted	organization if this request for operating authority is
Transportation down and up the lake more cor	nsistent with our upper end of Lake Chelan life.
Are your transportation needs being met now?	? Yes NoX_ If not, explain problems you
have experienced.	down or up the lake. With no flight service it is hard
to make appointment, etc. unless you arrange	to go a day or more earlier. So higher expenses as
well.	
If the request is denied, would it have any affer Yes_X No If yes, please explain.  Harder getting out or in a timely fashion	ect on you or your business/organization:
VER	RIFICATION
(To be completed by the individual or business/or	ganization supporting the request for operating authority)
Name and Title:	
Irene Courtney	
Business/Organization:	
Street/Mailing Address:	
Mill Hill Road	
City, State, Zip Code:	
Stehekin, WA, 98852	
Telephone Number:No phone	
Utilities and Transportation Commission, an agency of perjury under the laws of the state of Washington that	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
Trong Courtney . O.	rone Crutuy 8-17-2018 SIGNATURE DATE
DDINT NAME	SIGNATURE DATE

APPLICANT STATEMENT

APPLICANT : (To be completed by the individu	STATEMENT ual requesting operating authority)
Applicant Name:	Application Docket No.
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake	ing for? Include any amendments. Chalan based out of Stablakis MA. The unesel that
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	
-/ SUPPORT	STATIEMENT
(To be completed by the individual or business/organ	sization supporting the request for operating authority)
THE TRANSPORTATION NEED. Briefly describe application could provide to you or your business/org granted.	the transportation service that you need and that the anization if this request for operating authority is
Transportation to Stebekin, WA	
Are your transportation needs being met now?	Yes NoXif not explain problems you
have experienced.  I work full time and need a way to get to Stehekii	n sooner and back on a timely schedule
TWO IN CONTROL OF THE STATE OF	g source and book on a princip serious.
If the request is denied, would it have any affect Yes, X No. If yes, please explain. I won't visit very often because I can't get there	
VERIFIC	CATION
(To be completed by the individual or business/organ	sization supporting the request for operating authority)
Name and Title: Dixie Strunk	•
Business/Organization	
Street/Mailing Address: 5826 200" St SW, Apt	С
City: State: Zip Code:	/A 98036
Telephone Number <u>425-775-6318</u> Fa	x Number
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the I	state of Washington. I certify or declare under penalty of
Dixie Strunk PRINT NAME	O.Z. SCr. & 8.17.18 SIGNATURE DATE
FRIN! NAME	SIGNATURE DATE

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
•		
THE APPLICATION What authority are you applyi	ng for? Include any amendments.	
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that	
will be used is a quiet, comfortable and efficient thirty		
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	
SUPPORT S	TATEMENT	
	ization supporting the request for operating authority)	
	the transportation service that you need and that the	
application could provide to you or your business/org	anization if this request for operating authority is	
granted. Another method of		
cholan to Stehelich is no	eded. Since there is no	
Lorger Seaplane sonvice,	the current ferry	
ashedule and Availability	is not Adoquate-	
	5 10 10 10 10 10 10 10 10 10 10 10 10 10	
, J	Yes No <u></u> If not, explain problems you	
have experienced. There are times when the	existing boat service	
	o quedels nest the	
heeds of geople 20511ing	to travel to Stehellin.	
If the request is denied, would it have any affect	on you or your business/organization:	
Yes No If yes, please explain		
	envice unli pagatinely.	
impact those of us u	no desire to travel to	
SteRelin from cholon.		
VEDIEL	CATION	
	nization supporting the request for operating authority)	
(10 be completed by the management		
Name and Title: Act Paulsen		
Business/Organization:		
201110	1000	
	hadeng weny	
City, State, Zip Code: Surphse A 2 8	5314	
Telephone Number: 206 736 1255	Fax Number:	
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of		
perjury under the laws of the state of Washington that the	information contained in this statement is true and correct.	
HRT PAULSEN Ch	8.18.20.18	
PRINT NAME	SIGNATURE DATE	
1		

	De la Company
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ing for? Include any amendments.
A deily year round commercial ferry service on lake	Chelan based out of Stenekin WA. The vesser that
will be used is a quiet comfortable and efficient thirty	two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	j back in Stenekin at 2.45pm.
SUPPORT S	STATEMENT
(To be completed by the individual or business/organ	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly described by the street by	e the transportation service that you need and that the
application could provide to you or your business/org granted.	provide a much more convenient
schedule for traveling in and	out of the valley.
3	
Are your transportation needs being met now? have experienced. I have a very nacrow	Yes No / If not, explain problems you
have experienced. I have a very narrow	window for being able to leave
the valley and the current boat	schedule requies me to stay over
night and pay for a hotel room	, Would be rice to have more
extions	
If the request is denied would it have any affect	on you or your business/organization:
15	1 - 1d P - + trans hall had to 51 KM d
I also be an a la manager to the	CHECOUNT SCHOOLING ASO IN THE WINTER
The current boat comeany only fund	5 THILE GAWS IN WELL WITH TEACHER
the valley residents to spend two to	o three nights in a visiter become
able to return home.	
VERIF	ICATION
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
Name and Title: Samantha Court	V) J4 A
	Massago
Business/Organization: Glacer Water	i lasselle
Street/Mailing Address: P.O. Box 296	00000
City, State, Zip Code: Stenekin, WA	98862
Telephone Number: <u>(509)423-3297</u>	Fax Number:
I understand that this information is being given as the ba	ne state of washington. I certify of declare under periods of
perjury under the laws of the state of Washington that the	e information contained in this statement is true and correct.
P	to C2-1
Samantha Courtney 1 Min	well (awhs) 8-18-18
PRINT NAME	SIGNATURE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you a	annlying for 2. Include
A daily, year fourid confinercial terry service on	lake Cholon boood and of Otal Line and The
	IDITIVIWO Dassandor octomoron. The
Stehekin at 10:40am daily and return at 1pm, ar	riving back in Stehekin at 2:45pm.
SUPPO	RT STATEMENT
(To be completed by the individual or business/	Organization supporting the request for operating authority
TITE INANSPORTATION NEED Briefly dee	cribo the transportation and the
granted. The Dewice we much is a	sorbe the transportation service that you need and that the sorganization if this request for operating authority is that further comportable, and
	races to Stipphin and Can be
counted on estar round.	The way was the second
Are your transportation needs being met now	v? Yes No Y If not and it
nave experienced. With Suntain we have	v? Yes No_X_ If not, explain problems you have reached moly is blow unclean
and wrillable, in the wint	ter months there are many
day it doesn't aporate up	rich is very inconviount
If the request is denied, would it have any aff	ect on you or your business/organization:
in yes, please explain. $\mathcal{M}$	t leaver up at the Dale
mercie as one unitable	company that could decide
to swand player in to	he vally at any time.
•	
/To be completed by the initial to	RIFICATION
(10 be completed by the individual or business/or	rganization supporting the request for operating authority)
Name and Title: Mr Gorden F. Cou	istney.
Business/Organization:	S. Till S.
Street/Mailing Address: P.O. 130x 296	Stehekin
City, State, Zip Code: Stenekin WA	
Telephone Number: 509,846,6632	
	Fax Number:
	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of
perjury under the laws of the state of Washington that t	the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
Gorden F. Couriney Son	Mr. F. Caurtons 8-18-2018
PRINT NAME	SIGNATURE DATE

APPLICANT STATEMENT  (To be completed by the individual requesting operating authority)		
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677	
THE APPLICATION  A daily, year round commercial ferry service on will be used is a quiet, comfortable and efficient Stehekin at 10:40am daily and return at 1pm, a	t thirty two passenger catamaran. The vessel would leave	<u>.</u>
(To be completed by the individual or business	ORT STATEMENT s/organization supporting the request for operating authority) escribe the transportation service that you need and that the sess/organization if this request for operating authority is	the
granted. Our guests desire transportation so Chelan/Field's Point in the afternoon. We al to be able to travel on the days they are boo	ervice that leaves Stellekil ill the morning and leaves stellekil ill the morning and leaves stellekil ill the morning and less that we don't end up with empty cabi	
Are your transportation needs being met not have experienced. The 2 biggest problems of demand. We have had MULTIPLE guests shoat tickets for the dates they wanted. (ie. In that was the only day they could get boat titus because the current boat schedule requisions a night in Chelan to ensure they can the morning and Chelan/Field's Point in	ow? Yes No _X_ If not, explain problems you of MANY: Current service is not sufficient to meet horten their stay with us because they could not get They left us a day earlier than they wanted to because ickets for.) Our guests also often shorten their stay waires them to spend extra days travelling and/or can catch the boat on time. A schedule leaving Stehe the afternoon would work much better for our overnights.	e rith kin
Yes_X_ No If yes, please explain.	affect on you or your business/organization:  We would continue to lose revenue due to guests the lack of transportation service to our establishmer by renting cabins, so every time someone cancels a it is a huge impact on our livelihood.	nt.
(To be completed by the individual or busines	VERIFICATION ss/organization supporting the request for operating authority)	
Name and Title: Bethany Gerhard, Gener	ral Manager	
Business/Organization: Stehekin Valley F		
Street/Mailing Address: PO Box 36		
City, State, Zip Code: Stehekin, WA 9885		
	Fax Number: N/A	
I understand that this information is being given as Utilities and Transportation Commission, an agent perjury under the laws of the state of Washington	s the basis for a grant of operating authority by the Washington of the state of Washington. I certify or declare under penalty that the information contained in this statement is true and con	y of rect.
Bethany Gerhard PRINT NAME	SIGNATURE B/17/18 DATE	-

APPLICANT STATEMENT (To be completed by the individual requesting operating authority)		
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677	
THE APPLICATION What authority are you applying for? Include any amendments.  A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.		
SUPPORT	STATEMENT nization supporting the request for operating authority)	
THE TRANSPORTATION NEED  application could provide to you or your business/org granted. I need better service at times that allow a spend multiple nights at hotels. This is especially only runs 3 days a week, but also in the busy surin the morning would be a huge help to local reserrands/doctor's appointments the same day, an an extra day to reasonably do the same thing, duday and leaving to come back first thing in the maximal of the experienced. I basically cannot leve Stehekin schedule requires too much time to leave, accommuch work. A morning departure from Stehekin thus making it possible. Winter travel is also exprunning 3 days a week, requiring Stehekin residently wait for the next opportunity to return home. If the request is denied, would it have any affect Yes_X_ No If yes, please explain. The current my needs. Without an additional service sure.	e the transportation service that you need and that the ganization if this request for operating authority is me to do errands downlake without having to y needed in the winter when current boat service mmer months as well. A boat that leaves Stheekin idents, as we could then travel downlake, do our d return the next day. The current service requires to their schedule arriving downlake late in the next day. If not, explain problems you at all in the summer because the current boat in at all in the summer because the current boat would allow me to do what I need in one less day, bensive due the the current boat service only tents to pay for lodging for multiple nights while at on you or your business/organization: trent transportation service is not sufficient to uch as the one proposed by Backcountry Travels, a lodging fees as well as losing time/income in	
order to take care of basic needs such as doctor		
(To be completed by the individual or business/orga	ICATION Inization supporting the request for operating authority)	
Name and Title: Bethany Gerhard, Stehekin Re	esident	
Business/Organization:		
Street/Mailing Address: PO Box 303		
City, State, Zip Code: Stehekin, WA 98852		
Telephone Number: N/A	Fax Number: N/A	
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.		
Bethany Gerhard PRINT NAME	SIGNATURE DATE	

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

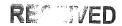
Sharon Bilbro Sharon Bilbro 19 Aug 18
PRINT NAME SIGNATURE DATE

Application Docket No.:  TS-180677  THE APPLICATION What authority are you applying for? Include any amendments.  A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel the will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would least the stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.  SUPPORT STATEMENT  (To be completed by the individual or business/organization supporting the request for operating authority)  THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation service that you need and that application could provide to you or your back in Stehekin at 2:45pm.  Stehekin, When living in Stehekin and earlier hoad to Fields Paint would and the provide and the	
THE APPLICATION What authority are you applying for? Include any amendments.  A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel the will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would lead Stehekin at 10:40 am daily and return at 1pm, arriving back in Stehekin at 2:45 pm.  SUPPORT STATEMENT  (To be completed by the individual or business/organization supporting the request for operating authority)  THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transport to pread the fields Paint would the passed of leaving the fields Pringles Transport to the fields Paint would be formed and the fields Pringles transportation needs being met now? Yes Nox If not, explain problems you have experienced. Not entirely more optims would be first would be field the cappage of leaving at 8:00 from Stehetin would the counts. The possed days of leaving at 8:00 from Stehetin would the counts of the first would be formed by the counts. The possed days of leaving at 8:00 from Stehetin would be first would be formed by the counts of the first would be formed by the counts of the first would be formed by the first would be formed by the counts. The possed days of leaving at 8:00 from Stehetin would be formed by the first would be first would be first would be formed by the first would be first would be formed by the first would be first	Į.
A daily, year round commercial ferry service on Lake Chelan based out of Sterlekin WA. The Vessel will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would lead Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.  SUPPORT STATEMENT  (To be completed by the individual or business/organization supporting the request for operating authority)  THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convoluent optims for transportation for population to a transportation to the fields Paint would be have it passible to accommodate more scheduled events. From the Westing a later oleparture from fields Pr makes travelin one day much have experienced by an interpretation needs being met now? Yes Nox If not, explain problems you have experienced days of leaving at 8:00 from Stehekin would reduce the expense of leaving at 8:00 from Stehekin would when Staying in Stehekin.  If the request is denied would it have any affect on you or your business/organization:	
THE TRANSPORTATION NEED  Briefly describe the transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation for the Fields Paint would Stehekin. When living in Stehekin an earlier boat to Fields Paint would make it passible to accomedate more scheduled events. From the westing a later oleparture from Fields Pr makes travel in one day much have experienced. Not entirely hope optims would be marked and service the expense of leaving at 8:00 from Stehetin would reduce the expense of the required for making events in chilan Walled Went Staying in Stehetin.	at ve
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation to transportation. Stehekin, when living in Stehekin an earlier boat to Fields Point would make it possible to accompadate more scheduled events. From the west side a later olepature from Fields Pt makes travel in one day much have experienced. Not entirely More optims would be lift not, explain problems you have experienced. Not entirely More optims would be much be terr. The proposed days of leaving at 8:00 from Stehekin would reduce the expense of time required for making events in Chilan We when Staying in Stehekin.	
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that application could provide to you or your business/organization if this request for operating authority is granted. More Convenient optims for transportation to transportation to transportation. Stehekin an earlier boat to Fields Point would make it possible to accompadate more scheduled events. From the Wester of a later olepathine from Fields Pt makes travel in one day much have experienced. Not entirely More optims would be lift not, explain problems you have experienced. Not entirely More optims would be much be terr. The proposed days of leaving at 8:00 from Stehekin would reduce the expense of leaving at 8:00 from Stehekin would when Staying in Stehekin.	4 41
Stehekin. When living in Stehekin an earlier boat to Fields Point would make it possible to accompadate more scheduled events. From the west side a later aleparture from Fields PT makes travel in one day much have experienced. Not entirely. More options would be much be there. The proposed days of leaving at 8:00 from Stehekin would reduce the expense of time required for making events in chilan Waller when Staying in Stehekin.	tne
Make it possible to accompadate more scheduled events. From the west side a later aleparture from Felds PT makes travel in one day much have experienced. Not entirely. More options would be much be there. The proposed days of leaving at 8:00 from Stehekin would reduce the expense of time required for making events in chilan Wallen Staying in Stehekin.	d
Are your transportation needs being met now? Yes Nox If not, explain problems you have experienced. Not entirely More optims would be much be fler. The proposed days of leaving at 8:00 from Stehetin would reduce the expense of time required for making events in Chilan Wallam Staying in Stehetin.	7
Are your transportation needs being met now? Yes Nox If not, explain problems you have experienced. Not entirely More options would be much be Her. The proposed days of leaving at 8:00 from Stehelin would reduce the expense of time required for making events in chilan Wa When Staying in Stehelin.  If the request is denied would it have any affect on you or your business/organization:	4 095
reduce the exposes of leaving at 8:00 from Stehetin would reduce the exposes of time required for making events in chilan Wa when Staying in Stehetin.  If the request is denied would it have any affect on you or your business/organization:	
reduce the exposse of time required for making events in chilan We when Staying in Stellekin.  If the request is depied would it have any affect on you or your business/organization:	
When Staying in Stelle kin.  If the request is denied would it have any affect on you or your business/organization:	natch
If the request is denied would it have any affect on you or your business/organization:	
Yes \ No If yes, please explain. It would reduce flexibility. If ye	
our system is based on the proven principle that competition be useful that competition	
benefits the customer. More competition would be a good outcome of granting this request.	
<u>sarcone</u> or grandy	
VERIFICATION	
(To be completed by the individual or business/organization supporting the request for operating authority)	)
Name and Title: Thomas Bilbo	
Business/Organization:	
Street/Mailing Address: 35 831 SE 2 PPL Fall City, WA	
City, State, Zip Code: 98024	
Telephone Number: 425 270 19 8 / Fax Number:	
I understand that this information is being given as the basis for a grant of operating authority by the Washingto Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penal perjury under the laws of the state of Washington that the information contained in this statement is true and co	ity Or
PRINT NAME  SIGNATURE  8/20/18 DATE	i i

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applyi	ng for? Include any amendments.	
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave	
will be used is a quiet, comfortable and efficient thirty  Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	
Stellerill at 10.40am daily and retain at 15m, among		
(To be completed by the individual or business/organ	STATEMENT iization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	the transportation service that you need and that the	
granted	1	
	velfrom Stehekin to Chelan and	
arive in Chelan with stime	to conduct bussiness or	
schedule appointments for the	e same day	
Are your transportation needs being met now? have experienced. As Stated above	Yes No X If not, explain problems you there have been many times	
	fuct bussiness without scheduling	
	home because of the current	
Ferry schedule		
If the request is denied, would it have any affect	on you or your business/organization:	
Yes No If yes, please explain. The	current ferry Schedule	
makes conducting any bussiness a		
a two night trip. The ferry		
	Il the expense that involves	
hours away from home, plus a	Il the expense that involves	
VERIF	ICATION	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
Name and Title: Take Courteray		
Business/Organization:		
Street/Mailing Address: 53 Company	Creek Rd.	
11 000 10		
City, State, Zip Code: Stelle Kin, WA, 98937  Telephone Number: 500 931-1601 Fax Number:		
Telephone Number: 501 431-1601		
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of th perjury under the laws of the state of Washington that the	e state of Washington. I certify or declare under penalty of a information contained in this statement is true and correct.	
Jake Courtney Ja	SIGNATURE B-18-2018 DATE	

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applyi	<del>-</del>	
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty		
Stehekin at 10:40am daily and return at 1pm, arriving		
George and the second		
# 이용 이 회원을 하는 것이 모든 이용을 하는 것이 없었다면서 하는 것이 하는 것이 없는 것이 없는 것이 없는 것이 없다면 하는 것이다면 없다.	TATEMENT ization supporting the request for operating authority)	
	the transportation service that you need and that the	
application could provide to you or your business/org	anization if this request for operating authority is	
ments and conduct other business	on the same day of travel,	
allowing me to be away from	home just one night, rather	
than I two.		
Are your transportation needs being met now? `have experienced.————————————————————————————————————	Yes No 🔀 If not, explain problems you	
With the existing Ferry System it i	s virtually impossible to make appl.	
etc. The same day of travel. It	takes 2 nights away from home	
in order to do something as sir		
If the request is denied, would it have any affect		
Yes No If yes, please explain. There		
<u>because of the time it takes, suc</u> Family authorings etc. I have be	in as Noctors appointments, events,	
being grant for most of three or	in order to attend an	
appointment or other bisiness.	is really not an option. We need	
a better, more efficient option in	and out of Stehekin.	
[[마마하다] 그 사람이 그는 사람이 되었다면 하다 하다 하다 하는 사람들이 되었다면 하다 하는 사람들이 되었다. 그리고 하는 사람들이 바다 하는 그렇게 되었다면 하다 하는 그렇게 되었다.	CATION ization supporting the request for operating authority)	
Name of The Day of Agriculture		
Name and Title: <u>Jawn</u> Courthey		
Business/Organization:	A : 0 :	
Street/Mailing Address: 53 Company Creek Rd-		
City, State, Zip Code: ()+Chekin, WA 98852		
Telephone Number: 507 - 931-1601 Fax Number:		
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.		
Dawn Onthey 4	Daun Movaney 8-19-208 SIGNATURE DATE	

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE ADDITION What suthanity are you seek	The first of the last of the l
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake	ng for? Include any amendments.  Chelan based out of Stebekin WA. The vessel that
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.
SUPPORT S	TATEMENT
(To be completed by the individual or business/organi	
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the
application could provide to you or your business/orga granted. Since the 1025 of a float plane service	anization if this request for operating authority is
granted. Since the 1033 OF a Float plane Service	e to the velley, and with the current formy
ferry services limited opporations in the winter w	norths, my obility to travel toffrom the
town of Stehekin has been severely restric	led. This new option would appear to
directly address my corrent problems by a	poerating daily / year round.
Are your transportation needs being met now? \ have experienced. The correct transportation avail	Yes No <u></u> If not, explain problems you
have experienced. I've correct transportation avail	able opporates as little as 3 days week
in the winter months. This limits my ability	to frevel and also probabilis friends and
Camily from visiting in the winter.	
If the request is denied, would it have any affect of	on you or your business/organization:
Yes V No If yes, please explain. If [hin]	application is devied then my ability
able to travel any day of the year, will a	well, or simply the convenience of being
whe to were any may or the year, will c	ontine to be an 1550e ter me.
VERIFIC	
(To be completed by the individual or business/organiz	zation supporting the request for operating authority)
Name and Title: See Starcher	
Business/Organization:	
Street/Mailing Address: PO Box 283	
City, State, Zip Code: Stehetin UA 9885	<u> </u>
Telephone Number: (509) 931 1602	Fax Number:
I understand that this information is being given as the basis	
Utilities and Transportation Commission, an agency of the s	state of Washington. I certify or declare under penalty of
perjury under the laws of the state of Washington that the in	formation contained in this statement is true and correct.
0 0.	
Bren Storcher K	8/20/18
PRINT NAME S	GIGNATURE DATE



AUG 28 2018

Application Docket No.:

Applicant Name:

TS-180677 Backcountry Travels LLC WASA, UT. & TP. COMM THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm. SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and the application could provide to you or your business/organization if this request for operating authority is granted. No \_\_\_ If not, explain problems you Are your transportation needs being met now? Yes have experienced. If the request is denied, would it have any affect on you or your business/organization: Yes V No If yes, please explain. mot rome overy year. VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Business/Organization: Hobrailers Street/Mailing Address: City, State, Zip Code:\_\_\_\_ Telephone Number: 509, 279, 4000 Fax Number: I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

## RECEIVED

Applicant Name:		4.4.4
Backcountry Travels LLC	Application Docket No.:	AUG 28 2018
	TS-180677	SH. UT. & TP. COMM
THE APPLICATION What authority are you applying A daily year round commercial form		
Tradity, year tourid commercial terry service on Lake	Cholon hassalari (O)	
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm	ne vessei would leave
SUPPORT S	TATEMENT	
(10 be completed by the individual or business/organi	ization supporting the request to	ur opovotine a suth suit )
TILE INCINCION ALION NEED Briefly describe	the transportation comits u	
application could provide to you or your business/orga	anization if this request for on	orating outhority is
application could provide to you or your business/orga granted. As a townist I would	tike the option	
leaving Field's Point later in	the day when	going to Stehekin
and being able to leave Steh		(A)
	1 1 1	Her leaving
	<b>U</b>	m Seattle.
Are your transportation needs being met now? Y have experienced.	es No <u>/</u> If not, exp	plain problems you
The transportation that	is currently	quartable
limits my travel option	- T	
	ns I waste to	of much
in the second second	options ie hote	Is car rentalied
in the request is defiled, would it have any affect of	n you or your business/org	anization:
Yes_ V No If yes, please explain		op st
It makes + 1 1 c		N TE
I "waste" daysting as	or me to visit	because
		of visiting
	se vacation day	s in Stehekin
not in travel to & from		)
(To be completed by the individual or business/organiz	<b>ATION</b> ation supporting the request for	Operating outbority)
$\sim$ 1 1		operating authority)
Name and Title: Melodie Bogan		
Business/Organization: none		
Street/Mailing Address: 4709 Sportsma	in Club Rd	P.O. Box 504
City, State, Zip Code: Johnstown, OH	43031	10 001
Telephone Number: 614, 209, 5391	Fax Number:_η/α	
	rax number. ()/ -c	
I understand that this information is being given as the basis the Utilities and Transportation Commission, an agency of the state of Washington that the info		
perjury under the laws of the state of Washington that the info	ormation contained in this states	eclare under penalty of
5	sion contained in this staten	rent is true and correct.
- MA A		
Malalia o da Allill (4		
I KUCKE DOGANTZ // WOX	W bogany)	8/22/18
PRINT NAME) SIG	GNATURE X	DATE

Applicant Name:	Application Docket No.:			
Backcountry Travels LLC	TS-180677			
THE APPLICATION What authority are you applying Addition to a second appropriate forms are visited and lake			ooool ti	hat
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		<u> </u>	outu to	4.0
The state of the s			NATIONAL PROPERTY AND A	
SUPPORT S				
(To be completed by the individual or business/organ  THE TRANSPORTATION NEED Briefly describe				
application could provide to you or your business/org	anization if this request for operat	ing auth	oritv is	at tile
granted. The worest service is geoved	towards tourism and it	takes	alla	kay
to go up and down the lake. The new would be more conducive to business o	service would take less	time	50	
would be more conducive to business o	rnon-tourism activity			
Are your transportation needs being met now?	Yes No ➢ If not, explain	n proble	ms you	l
have experienced.				
The time to go from deck to d	ock takes too long. 10	JCan	not	
drive to stehetin and right now t	here is no commercia	lair	plane	0
Are your transportation needs being met now? have experienced.  The time to go from dock to do drive to stehetin and right now to flying into the area.				
If the request is denied, would it have any affect	on you or your business/organi	zation:		
Yes X No If yes, please explain				
Yes X No If yes, please explain.  We would have to suffer through	with what is avail	able.		
			2	J. Co
·		waster to the state of		
VERIFIC	CATION	- 70	5	
(To be completed by the individual or business/organ		erating a	utherity)	700 C
11. 4 6			II	
Name and Title: Margot Sanches		l Gare die <del>Garteliere</del>		- 60 C
Business/Organization:			ేర	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Street/Mailing Address: 108 Bottle Rd; Po	Box 1715		gertitus.	4. *, °
City, State, Zip Code: Chelan, WA 98811	6			
Telephone Number: -509 682 -2038				
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.				
	0 1			
Margot Sanchaz Margo PRINT NAME	. \ /	~	7010	?
	ot Soucher	8-22-	2015	

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply		
A daily, year round commercial ferry service on Lake		
will be used is a quiet, comfortable and efficient thirty		
Stehekin at 10:40am daily and return at 1pm, arriving	j back in Stenekin at 2:45pm.	
SUPPORT	STATEMENT	
	nization supporting the request for operating authority)	
The state of the s	e the transportation service that you need and that the	
application could provide to you or your business/org		
granted.		
- More flyibility in strike	Mm Holdy Village / Welan	
Are your transportation needs being met now?	Yes No If not, explain problems you	
have experienced.	100 110O II 110t, Oxplain problems you	
The boat company up a monopoly a	at takes advantage of commuters.	
Hober takes almost a last of	in I true to get to Holder or	
San I		
- ouregy	,	
If the request is denied, would it have any affect		
Yes No If yes, please explain. The		
with the limitation of The	Curred Wangotation artifable.	
why don't we have a State for	al run ferry Service?	
Of the second se	The state of the s	
	CATION	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
Name and Title: Tamele Marede		
Business/Organization:		
Street/Mailing Address: Po Box 1372		
City, State, Zip Code: Chela WA 988/6		
Telephone Number: 717 - 376 - 4583 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	e state of Washington. I certify or declare under penalty of	
perjury under the laws of the state of Washington that the	information contained in this statement is true and correct.	
	_	
	1 1 20/1	
Vaniele Maeder 1	MIN/1/68 8/02/18	
PRINT NAME	SIGNATURE DATE	

Applicant Name:	Application Docket No.:		
Backcountry Travels LLC	TS-180677		
THE APPLICATION What authority are you apply	ing for? Include any amendments.		
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that		
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	t back in Stehekin at 2:45nm		
eteriorin de 19. rodin dany and return at 1pm, arriving	g back in Stellekill at 2.45pm.		
HE TO SECURE HER SECU	STATEMENT  iization supporting the request for operating authority)		
	the transportation service that you need and that the		
application could provide to you or your business/org	anization if this request for operating authority is		
arantad			
My guests and visitors must up early to travel from Se	· stay in a hotel or get		
up early to travel from Se	attle		
<u> </u>			
Are your transportation needs being met now? have experienced.			
Boat is full and I can't	act on Schedula is limited		
	The second secon		
If the request is depied would it have seen effect.			
If the request is denied, would it have any affect Yes X No If yes, please explain.	on you or your business/organization:		
ii yes, piease explain.			
May Many people choose	not to travel up lake		
due to limited schedule an	nd full boats. Other methods		
are cost prohibitive.			
VERIFIC (To be completed by the individual or business/organ	ization supporting the request for operating authority)		
Name and Title: Kim Martin	Human Kesources Manager		
Business/Organization: North Cascade	s Bank		
Street/Mailing Address: 220 Johnson Ave			
City, State, Zip Code: Chelan, WA 98816			
Telephone Number: 509-387-3112 Fax Number: 509-682-7333			
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.			
Kim Martin Ke	signature B-22-18 DATE		

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply		
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty		
Stehekin at 10:40am daily and return at 1pm, arriving		
[HOLD NOT	STATEMENT  nization supporting the request for operating authority)	
	the transportation service that you need and that the	
application could provide to you or your business/org		
	t a more reasonable time	
Than what is currently be	ing offered. I could also go	
to Chilan & back in I day		
Are your transportation needs being met now?	Yes No 🔀 If not, explain problems you	
Schedule is limited, need to	tak a full day off work.	
With this ferry I could wor	k half a day & Hen head	
uplake.	0	
If the request is denied, would it have any affect		
Yes No If yes, please explain travel	Many times to Stehekin W/	
Lamily living there I wan		
was like this.		
·		
	CATION	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
Name and Title: Kristin M. Shive	ely Loan Servicing	
Business/Organization:	1	
Street/Mailing Address: 117 Fairway		
City, State, Zip Code: Chilan WA 98816		
Telephone Number: 509 / 682 - 4502 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.		
Kristin M. Shively Kust PRINT NAME	SIGNATURE 8/22/18 DATE	

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

SUPPORT STATEMENT		
(To be completed by the individual or business/organization supporting the request for operating authority)		
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.		
My husband and I visit Stehekin at least twice every year. Discontinuance of air service 2 years ago has limited our travel options. With more people using the only ferry service, in the summer it is difficult to find space if you make a last minute decision to get away for a few days. A daily ferry service year round would also increase our options to recreate in the Stehekin valley year round. An increase in options to travel to this spectacular remote area will benefit everyone and supplement rather than detract from the ferry service currently offered. In addition, we often travel with friends from out of the area. The current ferry schedule has caused them to spend one or two extra nights in the area.		
Are your transportation needs being met now? Yes No _x If not, explain problems you have experienced.————————————————————————————————————		
If the request is denied, would it have any affect on you or your business/organization:  Yes_x No If yes, please explain Continue to restrict my travel options to the Stehekin Valley that affects how often and when my husband and I and friends can go there.		

2018 AUG 24 AM 8: 24

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

### **IMPORTANT!!!**

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

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

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

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

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

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

(To be completed by the individu	al requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Chelan based out of Stehekin WA. The vessel that two passenger catamaran. The vessel would leave
(To be completed by the individual or business/organ THE TRANSPORTATION NEED Briefly describe	STATEMENT  nization supporting the request for operating authority)  e the transportation service that you need and that the
application could provide to you or your business/org	anization if this request for operating authority is
We visit Stehekin during the summer to hike in the Chelan later in the day and leaves Stekekin earl	ier would be of benefit to us.
Are your transportation needs being met now? have experienced.  The times for the Lady of the Lake do not always	
If the request is denied, would it have any affect Yes_X No If yes, please explain We would probably access the North Cascades instead	
motodu_	2 2
<b>VERIF</b> I (To be completed by the individual or business/orga	CATION nization supporting the request for operating authority)
Name and Title:W. Daniel Jamieson	
Business/Organization:	<b></b>
Street/Mailing Address:5285 NE Elam Young	5 % S
City, State, Zip Code:Hillsboro, OR 97124_	
Telephone Number:(503) 648-4460	
I understand that this information is being given as the ba	
W. Daniel Jamieson W. Daniel Jamieson SIGNAT	20 Aug. 2018 URE DATE

APPLICANT STATEMENT

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677	
THE APPLICATION What authority are you applyi	ing for? Include any amendments.	
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty	Chelan based out of Stehekin WA. The vessel that	
Stehekin at 10:40am daily and return at 1pm, arriving		
<del> </del>	STATEMENT  nization supporting the request for operating authority)	
	e the transportation service that you need and that the	
granted		
Stehekin and earlier of	an Steinellin	
SHENEL (UT OF CAN TOT )		
Are your transportation needs being met now? have experienced.	Yes No If not, explain problems you	
But very inconvenient W	aving to leave so early from	
But very inconvenient having to leave so early from west side of cascades later ferm would be better. Return late back to Chelan -so earner boot from Steheum and later form		
If the request is denied, would it have any affect Yes No If yes, please explain	on you or your business/organization.	
	,	
	CATION  nization supporting the request for operating authority)	
Name and Title: Deidre Wo	od 23 2	
Business/Organization:		
Street/Mailing Address: 309 154 ave		
City, State, Zip Code: Gold Bor, wo	The state of the s	
Telephone Number: 206 306 4106	Fax Number:	
I understand that this information is being given as the bas	sis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of	
perjury under the laws of the state of Washington that the	information contained in this statement is true and correct.	

PRINT NAME

SIGNATURE

9/21/2018 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 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	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/organgranted. More choices in house potential was potential and the choices in house potential and t	the transportation service that you need and that the anization if this request for operating authority is	
any required trips to town for	a home to our business large	
Are your transportation needs being met now? Yhave experienced. We he not been a seat on the Expressions in the know we can get to them.  If the request is denied, would it have any affect of Yes No If yes, please explain. Our to have some lag to a seat of the place of the have some lag to have the have any affect of have some lag to have the have some lag to have the have any affect of have some lag to have the have some lag to have the have some lag to have the have any affect of have some lag to have the have some lag to have the have some lag to have the have any affect of have some lag to have the have any affect of have some lag to have the have any affect of have any affect of have some lag to have the have any affect of have any affect of have some lag to have a some lag to have any affect of have some lag to have some lag to have any affect of have some lag to have some lag	es No If not, explain problems you allow the count on getting when Bout Co at time in the town, we need to be able in a timely furnion.  In a timely furnion.  In you or your business/organization:  Surveys up all continue to be able to be abl	
VERIFIC (To be completed by the individual or business/organize)	되게 했다면 내가 있는데 그가 하는데 있다. 이번 없는데 가는데까지 하는데 하는데 하는데 하는데 얼마가 되었다. 그는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	
Name and Title: Nancy Barnhaft  Business/Organization: Barnhaft Pho  Street/Mailing Address: P.O. Box 25  City, State, Zip Code: Stehekin W  Telephone Number: 509-670-0915	A 98852 Fax Number:	
I understand that this information is being given as the basis Utilities and Transportation Commission, an agency of the s perjury under the laws of the state of Washington that the in	s for a grant of operating authority by the Washington state of Washington. I certify or declare under penalty of	
NAWCY BARNHART PRINT NAME	SIGNATURE 8-20-18 DATE	

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Scholin,
+ ==
reverse.

	PLICANT STATEMENT  y the individual requesting operating a	authorit <b>h</b> Communication
Applicant Name: Backcountry Travels LLC	Application Docket TS-180677	No.: AUG 2 3 2018
THE APPLICATION What authority are A daily, year round commercial ferry serviwill be used is a quiet, comfortable and ef Stehekin at 10:40am daily and return at 1	<u>ice on Lake Chelan based out of S fficient thirty two passenger catam</u>	Stehekin WA. The vessel that aran. The vessel would leave
(To be completed by the individual or bu	UPPORT STATEMENT	quest for operating authority)
THE TRANSPORTATION NEED Brief application could provide to you or your b granted.  Access to Stehekin for vecy	efly describe the transportation serousiness/organization if this reques	vice that you need and that the st for operating authority is
not require additional are the late night early morni	ernight in Chelan o	
Are your transportation needs being n	net now? Yes No 🗶 li	
The current service schedule from Chelan that is income The proposed departure sched	renjent for anyone livin	a elsewhere in the sta
If the request is denied, would it have Yes X No If yes, please explanation With the current be able to Visit Steheling.		
(To be completed by the individual or bu	VERIFICATION	equest for operating authority)
_		2
Name and Title: <u>Jennifer</u>	Lubeck	Application of the control of the co
Business/Organization:	with a cul	
Street/Mailing Address: 16832	es Park. WA 98166	
City, State, Zip Code: <u>Normanda</u> Telephone Number: (206) 399-57	y Park, WH 98100	
Telephone Number: <u> </u>	<u>99</u> Fax Numbe	T- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
I understand that this information is being giv Utilities and Transportation Commission, and perjury under the laws of the state of Washin	ren as the basis for a grant of operatir agency of the state of Washington. I	certify or declare under penalty of
Jennifer Zubeck		

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travel to
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conduct
business.

RECEIVED

Applicant Name:	Application Docket No.:	AUG 2 3 2018
Backcountry Travels LLC	TS-180677 	IA OLL
THE APPLICATION  A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Chelan based out of Steheki two passenger catamaran. T	n WA. The vessel that The vessel would leave
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org granted.  This Service would benefit visitors to Steheling later from Chelom AND would be amazing business, etc. downlake. They could spen Are your transportation needs being met now? have experienced.  Not always conveniently, but they are we requires a very early and defaultive from planted amount the 3 day week scheduling the request is denied, would it have any affect yes X No If yes, please explain.  We would loose out on all the proposed benefits.	the transportation service the anization if this request for or who would have an a conversion schedules in schedules time downlake express No If not, expected at a minimum. A. Fall City, and winter whe.	at you need and that the perating authority is  phim of leaving  Ling appointments,  your Mire time on their  explain problems you  frip to Stehekin  risats have to be  reganization:
(To be completed by the individual or business/organ	1	1
Name and Title: Julie Bilbro (Past 8	Stehekin resident, ex	Mployee)
Business/Organization:		
Street/Mailing Address: 3583 SE 27th P		
City, State, Zip Code: Fall City, WA 9802		
Telephone Number: 425.463.5312	Fax Number:	
I understand that this information is being given as the bar Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	estate of Washington. I certify o	r declare under penalty of
Julie Bilbro PRINT NAME  Julie Bilbro	ie Bulby SIGNATURE	<u>8.20.18</u> DATE

Applicant Name: ABSEIVEO Backcountry Travels LLC BACKGROS MANAGEMEN	Application Docket No.: AUG 2 3 2018
** • X 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mg for? Include any amendments.
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
- COMMITTEE -	
SUPPORT S (To be completed by the individual or business/organ	STATEMENT ization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/organted.	the transportation service that you need and that the
Are your transportation needs being met now?	Yes No X If not, explain problems you
have experienced. REDUCED SERVICE IN LATE	BUSINESS WITH Short LAYOVER IN
THE MAY IIV	
If the request is denied, would it have any affect Yes No If yes, please explain my	YEAR ROUND DASIS HIMITED SORVICE
	CATION
(To be completed by the individual or business/organ	ization supporting the request for operating authority)
Name and Title: Tim Phoop, ma	MAGING BROKER
Business/Organization: WINDERMERE RE	EAL ESTATE - LAKE CHELAN
Street/Mailing Address: Po Box 2372	
City, State, Zip Code: ( ) Code:	98816
Telephone Number: 509 - 610 - 155	6 Fax Number: 509-601-7/34
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	state of Washington. I certify or declare under penalty of
TIM FLOOD PRINT NAME	SIGNATURE DATE

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	two passenger catamaran. The vessel would leave	
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stenekin at 2:45pm.	
(To be completed by the individual or business/organ  THE TRANSPORTATION NEED Briefly describe	ization supporting the request for operating authority)	
application could provide to you or your business/orga		
granted.	unity and I escape to the	
Ranch, usually for 4 days	· Ineed options when	
Acheduling the trip.	Commission resources,	
Are your transportation needs being met now? \have experienced.	Yes No If not, explain problems you	
I am 85 years old and ha	te the slow boat and	
Sad that the seaplane left	service. With another	
agition am more likely to ge	twhat I want when i want'el,	
If the request is denied, would it have any affect of	on you or your business/organization:	
Yes No If yes, please explain.	Themsortation commission	
The Court of the C	1 1 1	
and provely have trouble	sakedinking my mot,	
VERIFIC (To be completed by the individual or business/organ)		
Name and Title: Ralph Wood		
Business/Organization: me and my	daughters and their guys,	
Street/Mailing Address: 309 1 # Ave	West	
City, State, Zip Code: Gold Bar WA	98251	
Telephone Number: 360 - 799 - 2425	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.		
Ralph Wood Kas	8/19/3018 SIGNATURE DATE	

# RECEIVED AUG 2 2 2018

Applicant Name: Backcountry Travels LLC	Application Docket No.: WASH. UT. & TP. COMM TS-180677
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty	Chelan based out of Stehekin WA. The vessel that two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	Dack III Steriekiri at 2.45pm.
(To be completed by the individual or business/orgar	STATEMENT  nization supporting the request for operating authority)  e the transportation service that you need and that the
application could provide to you or your business/org	anization if this request for operating authority is
ferry Aurice is aniented and	thing for everyone the current
adeled service would improve	Carvice for Stihekin Orienten businesses
Are your transportation needs being met now?	Yes No X_ If not, explain problems you
have experienced. They have limited	schoolale + high costs
ESAME ANNE	Property and the second
If the request is denied, would it have any affect Yes No If yes, please explain. Not Improves Service I lowers of the request of the	really but as I say competition
	CATION nization supporting the request for operating authority)
Name and Title: John - Francora F	arrel
Business/Organization:	(F)
Street/Mailing Address: POB 13.8.3	
City, State, Zip Code: Chelan Loa 98	8/6
Telephone Number: Sog USD - 1311	Fax Number:
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	sis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.
PRINT NAME	Jahron 5/30/18 SIGNATURE DATE

### **APPLICANT STATEMENT** (To be completed by the individual requesting operating authority) RECEIVED Application Docket No.: **Applicant Name:** TS-180677 Backcountry Travels LLC AUG 2 4 2018 THE APPLICATION What authority are you applying for? Include any amendment ASH, UT, & TP COMM A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm. SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Are your transportation needs being met now? If not, explain problems you have experienced. If the reguest is denied, would it have any affect on you or your business/organization: If yes, please explain. **VERIFICATION** (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title:

**Business/Organization:** Street/Mailing Address: City, State, Zip Code: Fax Number: Telephone Number: 721 I understand that this information is being given as the basis for a grant of operating authority by the Washington

Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

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APPLICANT	PTATEMENT	
APPLICANT S  (To be completed by the individual)	SIAIEMENI al requesting operating authority)	
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	WASH, UT, & TP, COMM
THE APPLICATION What authority are you apply	 ing for? Include any amendme	ents. 8107 t 7 90V
A daily year round commercial ferry service on Lake	Chelan based out of Stehekin	WA. The vesser that
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. H	ne vesse/ would teave
Stehekin at 10:40am daily and return at 1pm, arriving	pack in Stellekin at 2.43pm.	
(To be completed by the individual or business/organ	STATEMENT  bization supporting the request for	r operating authority)
THE TRANSPORTATION NEED Briefly describe	the transportation service that	it you need and that the
application could provide to you or your business/org	anization if this request for op-	erating authority is
granted. As recreational travelers t	o Stehekin we	would benefit
from increased flexibility	in our travel	plans, Shorter
faster trips would increa	re convenience	,
Are your transportation needs being met now?	Yes No x If not, ex	plain problems you
Air service has ceased. We	are limited to	one defailul
have experienced.  Air service has ceased. We are limited to one defactore time and/or one arrival time. We must get up early and arrive home late when using existing service.		
early and arrive home	late when using	existing service
If the request is denied, would it have any affect	on you or your business/org	ganization.
Yes_X No If yes, please explain		0 0
Out travel plans would con	itinue to be li	wited for
no good reason.	and the state of t	
V		
	CATION	
(To be completed by the individual or business/orga		
Name and Title: Steven C. Lachon	ricz/Christine	D. Lachowicz
Business/Organization:		
Street/Mailing Address: 1520 Foor th	Ct.	
City, State, Zip Code: Wenatchee	WA GRADI	
City, State, 2ip Code. Wena / Che E	Fox Number:	
Telephone Number: <u>509</u> <u>663-4062</u>	rax Number.	rity by the Mechineten
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	e state of Washington. I certify or information contained in this stat	declare under penalty of tement is true and correct.
STEVEN C. LACHOWICZ Ster	en C. Jachowis	Aug. 20, 2018

CHRISTINE D. LACHOWICZ Christine D. Lachowicz Avg. 20, 2018

PRINT NAME

SIGNATURE

DATE

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applying for? Include any amendments.  A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.		
(To be completed by the individual or business/organ	appointments and shopping and red	
in Summer and only runs 3 dus		
	current service limits my ability	
	CATION  nization supporting the request for operating authority)	
Name and Title: Kerry Courtney Business/Organization:	courtney.kerry24@gmail.com	
Street/Mailing Address: PoBox 34		
City, State, Zip Code: Stehekin W-	A 98852	
Telephone Number: 509 - 410 - 5964	Fax Number: Nove	
I understand that this information is being given as the ba- Utilities and Transportation Commission, an agency of the	sis for a grant of operating authority by the Washington state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.	
Kerry Courtney Her PRINT NAME	SIGNATURE DATE	

### APPLICANT STATEMENT

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

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

As an individual I need the ability to travel to and from Stehekin even in the winter. When I travel I need to be out in time to conduct business or to make appointments during business hours. If I can accomplish these tasks without spending the night out that is ideal. If not then the least amount of time out the better. If I am planning to travel after arriving in Chelan then the earlier I am on the road the better. Traveling during daylight hours is important to me and, especially in the winter, improves the safety of my travels. If I am returning from out of town the pm departure from Fields Point is very advantageous. The time spent on a vessel as well as the temperature and noise level of the vessel are also considerations that affect my schedule and my comfort.

As a business my customers need to be able to travel to and from Stehekin on a schedule and at a quality that makes Stehekin desirable and convenient. Most of my guests are traveling from flights or from areas such as the Seattle, Spokane, Portland or from flights in to these areas. The ability to travel these routes on a schedule which allows for the enjoyment of their vacation while driving at reasonable hours and in the daytime to enjoy the areas they are passing through is imperative. If I am to operate for a longer season, better service, better schedules and even in some cases, a vessel running at all is essential.

Are your transportation needs being met now?	Yes	No _X	If not, explain problems
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10+3 CGC T5-1806>> you have experienced.

My individual travel needs are not currently being met. The Lady Express is a workboat quality vessel that is certainly something I can endure, but it is not desirable. The noise level is high, the smell from the unvented restrooms is often staggering and the temperature control for heat and cooling is marginal and often insufficient. The Express schedule allows me little time in the afternoon to conduct business and no time in the morning. This often necessitates another day away from home at great expense.

The Lady II is slow and noisy but does provide a valuable service as the freight hauling slow boat that is capable of shore landings. This vessel truly provides the needed service as was originally intended when the service became regulated. It does not however run all year and since it is a Chelan based vessel the schedule is backwards for what a Stehekin resident desires. The scheduled days of operation are perhaps the biggest reason my transportation needs are not being met. In the prime season I have the choice of both boats but the Express is now often full. In May I only have the choice of the Lady II and that necessitates more time spent on a vessel and usually adds a day or more to my time out. Much of the year there are days no boat runs at all and that is the biggest deficiency.

My customers transportation needs are not currently being met.

The Lady II simply does not work for most of my customers. If customers chose this vessel they miss lunch and have little time for recreation in the afternoon. Because of the schedule and duration most of my customers chose not to ride this vessel unless they have a dog. Dogs are not allowed on the Lady Express. Many are repeat and their goal is to get to Stehekin, not spend hours or even days getting here. Most of my customers live hours away or are arriving on flights where the airport is hours away. Unless they are willing to get up very early they are forced to try and find a motel that is close in and spend a night enroute. It is hard to find a room for one night in the summer and it greatly adds to the expense. They may also need to stay an additional night traveling on their departure if they do not wish to arrive home late or if their flight does not work until the next day.

The current trend is for folks to take more shorter vacations. Stehekin is often ruled out because of the amount of time and expense that it takes to get here. Those facts coupled with the fact that the schedule and quality of the current vessels make it something to endure rather than something they enjoy. This often causes them to either not return or to return less often. Because the schedule is backwards and it is not convenient for them, they often spend less time in Stehekin than they want to because so much time is needed for coming and going. Others have had to not come or stay less time with us because the boat they wished to travel on was full or unavailable.

If the	reques	st is denied,	would it have any affect on you or your business/organization:
Yes_	_X	No	If yes, please explain.

7 of 3 CGC TS-180677 Especially since the demise of the float plane service I am unable to come and go on a schedule that I need. Much more of my time needs to be spent on a vessel or away from home because of the backwards schedule, only the slow boat running, or no boat at all on the day I need it. This costs me time and money.

Keeping a satisfied customer will be much easier if they have the choice of riding this vessel as the soul provider of their needs or as a supplement. Retaining a customer is far cheaper than acquiring a new one. The duration and frequency of return customers will increase with the convenience and quality this proposal will provide. To deny it will have the opposite effect. To deny this proposal will also severely limit any chance I have of expanding my season. It is hard to quantify the value of this proposal to my business but it is vast.

#### **VERIFICATION**

Name and Title:	Cliff Courtney_	Managing		
Member				
Business/Organization:	Steh	ekin Valley		
Ranch,LLC				
Street/Mailing Address:	PO Box			
36				
City, Stehekin State WA	, Zip			
Code:98852				
Telephone Number:	509.470.59	64	Fax	
Number:				
I understand that this in	formation is bein	g given as the basis for	a grant of ope	erating authority by
the Washington Utilities				
I certify or declare unde	r penalty of perju	iry the laws of the state	of Washingtor	n that the
information contained ir	this statement i	s true and correct.		
2/14ford G. Co.	urtner	Office C. Can	uf	3/16/18
PRINT NAME		// SIGNATURE	1	/ DATE

3 of 3 TS-180677 CGC

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Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ing for? Include any amendments.
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stenekin at 2:45pm.
(To be completed by the individual or business/orga	STATEMENT  nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	e the transportation service that you need and that the
application could provide to you or your business/org	E THAT SIEHELIN AND I BOTH
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DOESN'T TAKE POUR HOU	RS FROM ONE END OF THE
LAKE TO THE OTHER	
Are your transportation needs being met now?	Yes No If not, explain problems you  THE FERRY SERVICE
have experienced. The PROBLEM NOW	HE CHELAN BOAT COMPANIES
	N EVERY DAY AND TAKES A
	•
I HERDT DEAL AR TIME WHILE	25 EXTREMELT INCONVENTARINT
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PRINT NAME SIGNATURE DATE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
	( O lands de management
THE APPLICATION What authority are you applying the state of the state	ng for? Include any amendments.  Cholor based out of Stabekin WA. The vessel that
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.
(To be completed by the individual or business/organ	STATEMENT ization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the
application could provide to you or your business/org	anization if this request for operating authority is
9	
Tholan to Ste held in is not honore sea plane senvice,	the current ferry
schedule and Availability	is not Alequate.
Are your transportation needs being met now? have experienced.	
There are times when the	existing boat service
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heads of reads Desiring	to travel to Sterokin.
If the request is denied, would it have any affect	
Yes No If yes, please explain	on you or your business, enganization.
Failure to ARD This so	envice unl nogatively
	ho desire to travet to
SteRokin from cholon.	
VEDIC	CATION
(To be completed by the individual or business/organ	nization supporting the request for operating authority)
Name and Title: Betty Yould	eV.
Business/Organization:	
Street/Mailing Address: 20448 N. S	madena Way
City, State, Zip Code: Sugnish, A2	85374
Telephone Number: 206 730 1255 Fax Number:	
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.	
Both Pulls	250 2 8/12/18
DDINT NAME	SIGNATURE DATE
PRIINT INCIVIL	

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Application Docket No.:  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 unough provide me the ability to go downlake for doctor apple, granter, errands, etc. and not made work that I usually would without this transportation needs being met now? Yes No × If not, explain problems you have experienced.  Are your transportation needs being met now? Yes No × If not, explain problems you have experienced.  Are your difficult to travel up and downlake with the lady of the lake ferry. The times are not acceptable, for a full time worker. The winter worker because you have to spend at least two nights downlake.  If the request is denied, would it have any affect on you or your business/organization:  Yes × No If yes, please explain. The your worker have already had a huge hit when the Scaplage had to Stop running. Since them, because to bringing more business/organization supporting the request for operating authority)  Name and Title: Krissa Jester - Cunformer Service and Reservations!  StreetMailing Address: P.O. Box 23	(To be completed by the individual	
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 quilet, 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 would provide me the ability to go downlake for dictor apple, grocents, errends, etc. and not may work that I usually would without this transportation needs being met now? Yes No × If not, explain problems you have experienced.  It is reasy difficult to travel up and disunlake with the lady of the lake ferry. The times are not acceptable for a full time worker. The winter is worker the winter works because you have to spend at least two nights downlake.  If the request is denied, would it have any affect on you or your business/organization:  Yes X No If yes, please explain. The You're business force already had a huge int when the Scaplant had to Stop running. Since them, business have been struggling to figure out a more effectively went to bring locals and tourists up the lake again. This ferry is bring locals and tourists up the lake again. This ferry is bring locals and tourists up the lake again. This ferry is bring locals and tourists up the lake again. This ferry is	Applicant Name:	, ,
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Business/Organization: Stenekin Pastry Company / Stenekin Reservations		la contraction de la
Business/Organization: Stenekin Pastry Company / Stenekin Reservations	Name and Title Vision 1001 and Continue	Sandice and Pessentes and
	name and Title: M1550 Ocstor Conformed	Scivice win reservationist
Street/Mailing Address: P.O. Box 23		npany / Stenekin Keservations
	Street/Mailing Address: P.O. Box 23	
City, State, Zip Code: Stehekin, WA 98852		
Telephone Number: N/A email: Krissa. Shively@gmail.com 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.	I understand that this information is being given as the basis Utilities and Transportation Commission, an agency of the s	s for a grant of operating authority by the Washington state of Washington. I certify or declare under penalty of
Krissa Jester Milde SIGNATURE 08/18/2018  DATE		16h 08/18/2018 IGNATURE DATE

APPLICANT STATEMENT

APPLICANT S  (To be completed by the individu	STATEMENT  al requesting operating authority)
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
Backoountry Havoio LEG	
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	g back in Stenekin at 2.45pm.
SUPPORT S	STATEMENT
(To be completed by the individual or business/organ	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	e the transportation service that you need and that the
application could provide to you or your business/org	panization if this request for operating authority is
granted.	word as a daily year Drive
The second that my rawity	The same of the sa
out that offers + by stops	at private docks year logica.
I believe this proposed new se	will would milt thisse helds.
Are your transportation needs being met now?	Yes No X If not, explain problems you
have experienced.	wan Boat Co ) down t Fun
THE CONSTRUCTION SECOND STATES	La Ta chas consolly at
daily year found only	
our private dock. Their servill	is marginal at best.
If the request is denied, would it have any affect	on you or your business/organization:
Yes X No If wes, please explain	this application is devila
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to use of mountain out two pr	THE PARTY OF THE P
end of the lake. The properties a	are jointha at 1134 cited t
Kly Colly.	
VERIF	ICATION
(To be completed by the individual or business/orga	nization supporting the request for operating authority)
Clark Lawrence	•
Name and Title: Works T Jewa M	Alla laucey
Business/Organization:	V 771
Street/Mailing Address: \$3 \oug Dr/PC	Box 356
City State, Zip Code, wells	×46
Telephone Number (509 1677-71164	Fax Number:
Lundaratand that this information is being given as the ha	asis for a grant of operating authority by the Washington
Utilities and Transportation Commission, an agency of the	e state of Washington. I certify or declare under penalty of a information contained in this statement is true and correct.
perjury under the laws of the state of washington that the	, morrison designation of the second
(a) \a \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TN.())) alm/18
Clarles F. Miller Q	NULL 8/11/10
PRINT NAME	SIGNATURE DATE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
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(To be completed by the individual or business/organ	ization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the
application could provide to you or your business/org	anization if this request for operating authority is
granted.	justalls + provides maintenle
Our company that constructs,	nD, systems, leas a year round
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DANCH LANGES LAN	whitain potable water to customers.
, ac year dansportation needs as my	Yes No X If not, explain problems you
have experienced.  The lack of a daily transportat	ion survives doestically reduces
our ability to service out cus	
a timely mailies throughout the	year.
If the request is denied, would it have any affect	on you or your business/organization:
Yes_X No If yes, please explain	
	tougget maintaining out
sustance is potable water systems	one a daily basis turque hold
the year. Ultimately our chestomes	s pay the price too not
having a daily year sound tran	sportation service on the lake.
J II	CATION
VERIFI  /To be completed by the individual or business/orgal	CATION ization supporting the request for operating authority)
(10 be completed by the individual of business-right	
Name and Title: Charles & Millet	owner + manager
Business/Organization: MVM Quality	Otilling LLCO
Street/Mailing Address: 404 S. Cliffor	d 5t
City, State, Zip Code: Chlan, WH 98	8lle
Telephone Number (509) 682-1122	Fax Number:
I understand that this information is being given as the ba	sis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of
perjury under the laws of the state of Washington that the	information contained in this statement is true and correct.
	. , , , , ,
Clarkes willing	XII () )
Clarks R. Miller (	6/11/18
PRINT NAME	SIGNATURE DATE

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Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
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(To be completed by the individual or business/organ	ization 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/organted.	anization if this request for operating authority is 1
other end of the lake for	medical REASONS.
	7776567654 7767765776
Are your transportation needs being met now?	YesNo X_ If not, explain problems you
have experienced. THE FERRY LEA	Ving Stehekin Olkives
too late in the day in	RESpect to medical
appointments in Chekan or	e Wenatchee, FERRY
operates only 3 days per	welk in the Winter.
If the request is denied, would it have any affect of	on you, or your business/organization:
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Subtering Leave A 16000	hage impacts of
Sugrescing TROVII a CHROTTI	C 0 CO P/G 1770P/1
VERIFIC	
(To be completed by the individual or business/organi	Zation supporting the request for operating authority)
Name and Title: //ari//arin/	Macick
Business/Organization:	
Street/Mailing Address: P.O. BOX /2	
City, State, Zip Code: <u>Of Chekin</u> , M	A 98852
Telephone Number:	Fax Number:
I understand that this information is being given as the basic Utilities and Transportation Commission, an agency of the s perjury under the laws of the state of Washington that the in	state of Washington. I certify or declare under penalty of
Mary Martin Marick May PRINT NAME	Marty Mariel 8/17/18 MIGNATURE DATE
$\mathcal{U}$	

	ANT 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 of	n Lake Chelan based out of Stehekin WA. The vessel that
	nt thirty two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm,	arriving back in Stehekin at 2:45pm.
	ORT STATEMENT ss/organization supporting the request for operating authority)
application could provide to you or your busine granted. Our family owns property at the upper improvements to our dock on the representation. Lake Chelan that they would stop at our proper promise and we are therefore forced to incur a lf this organization was granted approval it wo	
Are your transportation needs being met n	now? Yes No X If not, explain problems you have rvice provider refuses to stop directly at our property despite
the investment of significant resources to impr	rove the dock to their exact specifications. Because there is
no other option for public transportation on the	Lake there is no incentive for them to provide something
that historically had been provided. We and o	our guests spend hundreds of dollars and significant time
extending our travel beyond what is necessary	y because of the failures by the current and only provider.
If the remont is denied would it have any	offoot on you or your husiness/organization:
Yes_X_ No If yes, please explain: What can be compared as the compact of the	affect on you or your business/organization:  Ve will continue to be unable to fully utilize our property on isal of the current provider to meet not only our needs but de and relied upon when investing in order to meet their

VERIFICATION		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title:_Jordan L. Miller		
Business/Organization:Sawtooth Recreation, LLC//MVM Quality Drilling//Private property		
owner		
Street/Mailing Address:_811 Autumn Crest Driuve		
City, State, Zip Code:Wenatchee, WA 98801		
Telephone Number:509-679-8199 Fax Number:509-662-2452		
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.		
PRINT NAME SIGNATURE DATE		

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

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

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

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

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION  A daily, year round commercial ferry service on Lak will be used is a quiet, comfortable and efficient third Stehekin at 10:40am daily and return at 1pm, arriving	e Chelan based out of Stehekin WA. The vessel that ty two passenger catamaran. The vessel would leave
(To be completed by the individual or business/orga	STATEMENT anization supporting the request for operating authority)
application could provide to you or your business/or	be the transportation service that you need and that the ganization if this request for operating authority is
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is build alle to opt I	pub ett si serve aske day
Are your transportation needs being met now?	Yes No√ If not, explain problems you
mw E Winter	akood.
If the request is denied, would it have any affect on you or your business/organization:  Yes ✓ No If yes, please explain.  What Doubles	
	FICATION anization supporting the request for operating authority)
Name and Title: Was Washell	
Business/Organization:	
Street/Mailing Address:	
City, State, Zip Code:	DIL WASS
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.	
PRINT NAME	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 by single-configuration supporting the request for operating authority)
(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 generally need an alternative to transportation between Chelan and Stehekin, and Chelan and Holden Village. This would allow for transportation in a much more efficient manner. This will also allow for redundant travel which is not available at this time.
Are your transportation needs being met now? Yes No _x If not, explain problems you have experienced. Time constraints with the current ferry service does not allow for an efficient travel to/from Stehekin. Therefore we usually have to rent a boat, or stay additional days, just to meet the
current travel schedules.
If the request is denied, would it have any affect on you or your business/organization:  Yesx_ No If yes, please explainWe will limit the amount of business that we do within the Stehekin valley

VERIFICATION		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title:Kris Erlandsen, President		
Business/Organization:Erlandsen & Associates, Inc		
Street/Mailing Address:P.O. Box 739		
City, State, Zip Code:Brewster, WA 98812		
Telephone Number:509-689-2529 Fax Number:509-689-2520		
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.		
PRINT NAME SIGNATURE DATE		

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

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ring for? Include any amandments
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	v two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stehekin at 2:45pm.
SIIDDODT	STATEMENT
	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the
application could provide to you or your business/org	panization if this request for operating authority is
granted.	
The read groups of 10-19	eople on niking, camping,
and lodge trips. Transpo	extation from Chelan
to Stehekin is part of &	he trip.
	Yes No <u></u> If not, explain problems you
have experienced.	
The to the times of current	Shuttle options, the group
MUST Stay overnight in M	relan adding extra day of
travel or leaving main trace	1 Cities (PUX,SEA) at inconview Air
If the request is denied, would it have any affect	on you or your business/organization:
Yes X No If yes, please explain. Som	e people who would like to
Platicipate in our trips migh	I not be able to add
The extra time needed for	rovernight Steer in Chelan
TO MARI CARY SNETTIR. INIS	linits those who would
OTHERWISE WOUSE TO VISIT S	HIRKIN.
VERIFIC	CATION
	ization supporting the request for operating authority)
Name and Title: Barbara Prosch	- loades
Business/Organization: Silver Club	National Outings
Street/Mailing Address: 28 Slumber V	Menday Tel
City, State, Zip Code: Palm ( bast )	Ci 211/1/
	7 -
Telephone Number: <u>407 - 497 - 489</u>	_/ Fax Number:
I understand that this information is being given as the basi	is for a grant of operating authority by the Washington
Utilities and Transportation Commission, an agency of the poerjury under the laws of the state of Washington that the in	STATE OF Washington. I certify or declare under penalty of
	/ statement is true and correct.
Backara Donach	8/11/10
PRINT NAME	PIGNATURE DATE
I IZHAT TAZIME	SIGNATURE DATE

APPLICANT STAT	EMENT the critical
(To be completed by the individu	al requesting operating authority) Application Docket No.: TS-180677
Backcountry Travels LLC  THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake A daily, year round into commercial and efficient thirty	ing for? Include any amendments. Chelan based out of Stehekin WA. The vessel that
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	y two passenger catamaran. The vesser treases to the page of the p

SUPPORT STATEMENT
(To be completed by the individual or business/organization supporting the request for operating authority)  [THE TRANSPORTATION NEED] Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is application could provide to you or your business/organization in the service and the
pranted
CONSISTERIT SELVICO di la digitali di consisterità di consisterità del vico di la digitali di consisterità di consisterita di consisterità di consisterità di consisterità di consisterità di
Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Yes and no. As a regular traveler to Stehekin since 2002, it would be very helpful to have more options than the current schedule particularly in winter and off-season months.
If the request is denied, would it have any affect on you or your business/organization:  YES_X_ No If yes, please explain I would be less likely to consider winter or off- season travel to Stehekin. As it stands now, I only plan my visits around summer schedules wher regular, timely, boat service is available. I believe there is room and demand for more ferry service that would better serve both residents of Stehekin and those of us who are regular
visitors.

2018 AUG 24 AM 8: 24

(To be completed by t	the individual or bu	VERIFICATION usiness/organization supporting the	request for operating address,
lame and Title:	Jonni Graybeal,		
Business/Organization:_ Street/Mailing Address:_	2373 Sand		
City, State, Zip Code:	_Chewelah, WA		Fox
Telephone Number:	_509-936-3064_		
I understand that this inform and Transportation Commis the laws of the state of Was	nation is being give ssion, an agency o shington that the in	formation contained in this statement	ing authority by the Washington Utilities or declare under penalty of perjury under ent is true and correct.  \( \text{\text{\$\sigma}} - \text{\$\frac{1}{2}} - \text{\$\frac{8}{2}} \)
	121 Q1	What I down to	—— DATE
JONNI GRAY PRINT NAME	BEAL	SIGNATURE	DATE
JONNI GRAY PRINT NAME		SIGNATURE	DATE
JONNI GRAY PRINT NAME		SIGNATURE	DATE

## IMPORTANT!!!

APPLICA	ANT STATEMENT
(To be completed by the i	ndividual requesting operating authority)  Application Docket No.:
	Application
Applicant Name:	TS-180677
Deaksountry Travels LLO	
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THE APPLICATION What authority are you	applying for? Include any amendments. In Lake Chelan based out of Stehekin WA. The vessel that on Lake Chelan based out of Stehekin WA the vessel would leave ont thirty two passenger catamaran. The vessel would leave on the stehekin at 2:45pm.
A daily, year round commended will be used is a quiet, comfortable and efficient Stehekin at 10:40am daily and return at 1pm,	arriving back in Stehekin at 2:45pm.
Stehekin at 10:40am daily and return at 1pm,	arriving is
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SUPF	PORT STATEMENT  Interpretation authority)
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(10 be completed 5)	describe the transportation solvies for operating authority is
THE TRANSPORTATION TO Your busin	describe the transportation service that you need and that the describe the transportation service that you need and that the ness/organization if this request for operating authority is AL GAPS IN SERVICE NOT PROVIDED OTHERWISE.
application could provide to your CRITICA	AL GAPS IN SERVICE NOT THE MEDICAL OR OTHER
granted. APPLICANT WILL TILL STATE OF THE GRALLY FOR	ness/organization if this request for operating authory oness/organization if this request for operating authory oness/organization if this request for operating authory of the session o
OUR CONCERN IS ESPECIALLY ON MOTE	SERVED BY THE LAKE UNELANDO, IT DO

WINTER WHEN DAILY SERVICE IS NOT PROVIDED BY LAKE CHELAN BOAT CO. Are your transportation needs being met now? Yes\_\_\_\_ No \_X\_ If not, explain problems you have experienced.

CRITICAL SERVICES THAT CANNOT BE SERVED BY THE LAKE CHELAN BOAT COMPANY

ESPECIALLY WITH AIR TAXI NO LONGER AVAILABLE (ESPECIALLY DURING FIRE SEASON WHEN AIRCRAFT CANNOT LAND OR TAKE OFF WITH SAFETY) AND DURING

AS A FORMER RESIDENT OF STEHEKIN I UNDERSTAND LOCAL CITIZEN CONCERNS OVER INADEQUATE FERRY SERVICE, WHICH HAS SERIOUS AND CRITICAL GAPS IN COVERAGE. AIR TRANSPORT IS IMPOSSIBLE UNDER MANY WEATHER AND FIRE-SEASON CONDITIONS AND A SERVICE ORIGINATING IN STEHEKIN IS MOST DESIRABLE FOR CRITICAL NEEDS. CURRENT FERRY SERVICE IS INFLEXIBLE AND STEHEKIN RESIDENCE MIGHT NOT BE ABLE TO SEEK MEDICAL ATTENTION DUE TO THE CURRENT INFLEXIBILITY. APPLICANT'S SERVICE WILL ALLOW CITIZENS FERRY SCHEDULE OPTIONS ENABLING THEM TO SEEK MEDICAL ATTENTION IN A TIMELY MANNER NOT OTHERWISE AVAILABLE.

If the request is denied, would it have any affect on you or your business/organization: If yes, please explain. MY PARENTS OPERATED MORSE'S RESORT IN THE EARLY 1960'S. AN ADDED PASSENGER FERRY WOULD HAVE BROUGHT MORE BUSINESS TO THE STEHEKIN COMMUNITY AND OF COURSE MORE CUSTOMERS. IT WOULD ALSO AFFORD GREATER FLEXIBILITY FOR DOWN LAKE TRAVEL OPTIONS BENEFICIAL TO THE RUNNING OF ANY BUSINESS. CURRENTLY SOME CUSTOMERS WILL FEEL AFRAID TO TRAVEL TO THIS REMOTE AREA DUE TO EITHER DISABILITY OR HEALTH ISSUES; JUST ONE MORE OPTION FOR TRANSPORTATION WILL GIVE THEM CONFIDENCE THAT THEY ARE NOT PUTTING THEMSELVES AT RISK. HAVING ANOTHER TRANSPORTATION (AS MODEST AS IT IS) WILL BRING YOUR DECISION INTO COMPLIANCE WITH THE AMERICAN DISABILITY ACT.

AUG 2 7 2018 WASH. UT. & TP. COMM (To be completed by the individual or business/organization supporting the request for operating authority)

Business/Organization: INFORMED CITIZEN NETWORK, FORMER RESIDENT OF STEHEKIN Name and Title: KEN MORSE

Street/Mailing Address: PO BOX 1771

City, State, Zip Code: OLYMPIA, WA 98507

Telephone Number: 360.923.1080 EMAIL: ICNCHAIRMAN@PROTONMAIL.COM

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

KEN MORSE PRINT NAME

23 AUG 2018 DATE

Applient Dockt Nb.

## IMPORTANT!!!

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

Application Docket No.: AUG 27 2018 Applicant Name: TS-180677 Backcountry Travels LLC THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm. SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is our current boat service is very spring, a competing If not, explain problems you Are your transportation needs being met now? Yes have experienced If the request is denied, would it have any affect on you or your business/organization If yes, please explain.\_ Sammer (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title:\_ Business/Organization: Street/Mailing Address: City, State, Zip Code: 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.

	-
Applicant Name: Backcountry Travels	LLC

Application Docket No.: TS-180677

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

Rackcountry Travels LLC	The vessel that
Jackes a thority are you apply	ving for? Include any amendments.  You have the control of Stehekin WA. The vessel that the control of Stehekin WA. The vessel that the control of Stehekin WA. The vessel would leave the control of the
What authority are yearlice on Lake	Chelan based out
THE AFT CIONAL COMMERCIAL TETRY SETVICE THE APPLICATION OF THE APPLICA	y two passenger our y two passenger our two pass
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THE APPLICATION  A daily, year round commercial ferry service on Law  A daily, year round commercial ferry service on Law  Buill be used is a quiet, comfortable and efficient thirt  Stehekin at 10:40am daily and return at 1pm, arriving	
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A DEA. I WOULD TELESONS WS	WED 1230 BUCK NONOPER Y TOM
TIC COMMUNITIES AT CAROL	A STATE SUPTERCE Problems you
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AND CHOICES, The mode being met not	V? YES ESPECIALITY
Are your transportation needs being met now have experienced. THERE ACTUALLY IS have experienced.	A FICE FOR I LANS PORCE !
have experienced.	ENT CHOICESTO ROAD CONDITIONS
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IN BELLINGER POUL SOLVEM AT	ENT CHOICES FOR THAN PORT.  RIP IS SUBJECT TO ROAD CONDITIONS.  RIP IS SUBJECT TO ROAD CONDITIONS.  1:30 AM TO MAKE THE SINGLE RUN TOSTETEN.  1:30 AM TO MAKE THE SINGLE RUN TOSTETEN.
1 NEED TO LEAVE DEMINE	RIP IS SUBJECT TO ROAD CONTINUED.  RIP IS SUBJECT TO ROAD CONTINUED.  1:30 AM TO MAKE THE SINGLE RUN TOSTETEUN.  1:30 AM TO MAKE THE SINGLE RUN TOSTETEUN.  1:30 AM TO MAKE THE SINGLE RUN TOSTETEUN.  1:30 AM TO MAKE THE SERVICES IS  1:1100 TO THE 'LADY OF THE LAKE' I WOULD.  1:1100 TO THE 'LADY OF THE LAKE' I WOULD.
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Yes No If yes, please explain Yes No Compet	COMPETITION CANY OF THE LAKE TWO THE LAND MONEY THROUGH THE TIME AND MONEY THROUGH THE EMONEY OVER
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AGAIN. FORUM	VEDICATION and a support for operating authority)
11WES	reverganization supporting the request to
replated by the individual or busing	VERIFICATION ess/organization supporting the request for operating authority)
(To be completed b)	BROWAER, JR
	NROW
Name and Title:	
Business/Organization: INDIAN CAN Street/Mailing Address: IL SAN CAN CAN CAN CAN CAN CAN CAN CAN CAN C	LAINT COURT
Business, o. a.	ICK FORE
Street/Mailing Address: 11 SAN W. City, State, Zip Code: BELLINGIA	MA 98CCT
21-to Zin Code: 1) 2 Co.	Fax Number
City, State, 219	s apprating authority by the Washington
City, State, Zip Code	Fax Number:
that this information is being give	gency of the state of washingstand in this statement is true under
I understand trial and Commission, and	ton that the information contract
Utilities and the state of Washing	

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 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.

	ANT STATEMENT AND STATEMENT authority)
APPLIC	ANT STATEMENT OPERAting authority)
(To be completed by the	ANT STATEMEN I individual requesting operating authority) Application Docket No.:
Applicant Name:	TS-180677
Backcountry Traver	u applying for? Include any amendments.  The vessel that
THE APPLICATION What authority are young commercial ferry service of the service	on Lake Chelan based out of Stenekiit vvv. The vessel would leave
1 deily year round commercial ferry service	u applying for? Include any amendments.  on Lake Chelan based out of Stehekin WA. The vessel that  ent thirty two passenger catamaran. The vessel would leave  arriving back in Stehekin at 2:45pm.
A daily, your sa quiet, comfortable and emon	arriving back in Stehekin at 2.43pm.
A daily, year round commercial ferry service will be used is a quiet, comfortable and efficience Stehekin at 10:40am daily and return at 1pm	
<u>Steriora</u>	
SUP	PPORT STATEMENT  Dess/organization supporting the request for operating authority)  Dess/organization supporting the request for operating authority is  Describe the transportation service that you need and that the describe the transportation if this request for operating authority is
the individual or busin	less/organization supporting the require that you need and that the
(To be completed by the individual Briefly	describe the transportation services for operating authority is
THE TRANSPORTATION NLLB	describe the transportation service that you need and that the describe the transportation service that you need and that the ness/organization if this request for operating authority is ness/organization. Chelan, and points between.
application could provide to you or your spenger serving	ice normalism
granted: I lieeu imap	lane voll have
	No X II I
Are your transportation needs being me	ne to spend a night in Chelan in order and become quite costly if
experienced. The current service requires	nt under the best circumstances, and the times of year when I am most
sailings, which is expensive and inconvenie	now? YesNO
the lodgings in Chelan are fully booked,	ne to spend a right.  Int under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances, and can become quite or any under the best circumstances.
the lodgings in Cheland interested in visiting Stehekin.	any affect on you or your gas
If the request is denied, woding its	any affect on you or your business/organization: ain. and to spend at least one night in Chelan every time I go to
Voc X NO 1 1 ith the	e need to spend on
Due the added expense associated with the Stehekin I will be going to Stehekin less f	any affect on you or year.  A pain.  The need to spend at least one night in Chelan every time I go to
Stehekin I will be going	
	VERIFICATION pusiness/organization supporting the request for operating authority)
	veriness/organization supporting the request for operating
(To be completed by the individual or b	usinesura.
(10000	
Name and Title: Charles W. West	
Name and retired	
Business/Organization: retired	osast Place
Street/Mailing Address: 13318 SW 2	(0) 1 lass
Silectification Code: Vashon, WA	98070
City, State, Zip Code: Vashon, WA	given as the basis for a grant of operating authority by the Washington an agency of the state of Washington. I certify or declare under penalty o bington that the information contained in this statement is true and correct
Telephone Number: (206) 383-2065	the basis for a grant of operating authority by the worder penalty of
that this information is being	given as the basis to be a given as the basis to be a goney of the state of Washington. I certify of doctors is true and correct and correct and correct as a goney of the state of washington.
understand that the state of Commission, a	given as the basis for a grant of operating authority by the Washington an agency of the state of Washington. I certify or declare under penalty o hington that the information contained in this statement is true and correc
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	81 1 A1 Wast 8/20/2018
1 11 1120	Charles W. West B/20/2018 DATE
charles W. West	- Charles W. West B/20/2018 SIGNATURE DATE
charles W. West PRINT NAME	Charles W. West 8/20/2018  SIGNATURE PATE

Inconvenience, mandatory appointments, cost of overnight or extra night lodging  VERIFICATION  (To be completed by the individual or business/organization supporting the request for operating authority)  Name and Title:Garfield R. Jeffers  Business/Organization:  Street/Mailing Address:610 Skiview Drive  City, State, Zip Code:East Wenatchee, WA 98802  Telephone Number:509-884-8163
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Applicant Name:	_
Backcountry Trave	ls 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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Name and Title: MKE By Business/Organization: Street/Mailing Address: # / M City, State, Zip Code: 51 66	RECEIVED  AUG 2.7 2018  AUG 2.7 2018  AUG 2.7 2018  WASH. UT. & TP. COM  TO 6915  Fax Number:  The graph of operating authority by the Washington  The graph of operating authority by the Washington
Name and Title: MKE By Business/Organization: Street/Mailing Address: # / M City, State, Zip Code: 51 AC Telephone Number: 509 6	RECEIVED  AUG 2.7 2018  AUG 2.7 2018  AUG 2.7 2018  WASH. UT. & TP. COM  TO 6915  Fax Number:  The graph of operating authority by the Washington  The graph of operating authority by the Washington
Name and Title: MIKE BY Business/Organization: Street/Mailing Address: # / MIKE BY City, State, Zip Code: 51 ACC Telephone Number: 509 6	RECEIVED  ALIA ST. P.O. POX 25  AUG 2.7 2018  TAIN WASH. UT. & TP. CON  TO 6915  Fax Number:  The graph of operating authority by the Washington  The graph of operating authority by the Washington
Name and Title: MIKE BY Business/Organization: Street/Mailing Address: # / MIKE BY City, State, Zip Code: 51 ACC Telephone Number: 509 6	RECEIVED  ALIA ST. P.O. POX 25  AUG 2.7 2018  Trin WASH. UT. & TP. CON
Name and Title: MKE By Business/Organization: Street/Mailing Address: # / M City, State, Zip Code: 51 66	RECEIVED  ALIA ST. P.O. POX 25  AUG 2.7 2018  TAIN WASH. UT. & TP. CON  TO 6915  Fax Number:  The graph of operating authority by the Washington  The graph of operating authority by the Washington
Name and Title: MKE By Business/Organization: Street/Mailing Address: # / M City, State, Zip Code: 51 AC Telephone Number: 509 6	RECEIVED  ALIA ST. P.O. POX 25  AUG 2.7 2018  TAIN WASH. UT. & TP. CON  TO 6915  Fax Number:  The graph of operating authority by the Washington  The graph of operating authority by the Washington

# RECEIVED

AUG 27 2018

Applicant Name:	Application Docket No.: WASH	I. UT. & TP. COMM
Backcountry Travels LLC  Backcountry Travels LLC  What authority are you apply a daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thir will be used is a quiet, and return at 1pm, arriving the service of the s		e vessel that I would leave
A daily, year round commercially year round commercially year round commercially and efficient thing will be used is a quiet, comfortable and efficient thing will be used is a quiet, comfortable and efficient thing will be used in a quiet will be	ng back in Stehekin at 2.45pm.	
		ag authority)
the individual or business/org	anization supporting the request.	ed and that the authority is
THE TRANSPORTATION NEED application could provide to you or your business/o	organization if this request for operating	
Backcountry Travels Cl	or ar hotel Gue	34 that
	? Yes No X If not, explain p	roblems you
Are your transportation needs being met now	? Yes No A	+ night
have experienced.	e to travel last of	she curre
or very early in the	morning to control	dangerous.
If the request is denied, would it have any af	ect on you or your business/organiza	ation:
If the request is denied, would it have any driver and the yes X No If yes, please explain to the	great could could could could could could be with a sure over	night
their plans of trace	Id neen they bypuss	Ministrate
and our hotel.		
(To be completed by the individual or business	ERIFICATION /organization supporting the request for ope	rating authority)
Title: Carea Liver	5 - Owner	Methow Hotel
Business/Organization: Mt. Gav	duer Inn LLC	
Street/Mailing Address: PO Box	1173 111A	
City, State, Zip Code: Windham	PRO Fax Number:	
Telephone Number: 509 996 - Constant that this information is being given as	the basis for a grant of operating authority b	y the Washington clare under penalty of
I understand that this information is being given as Utilities and Transportation Commission, an agenc perjury under the laws of the state of Washington	y of the state of Washington. I certify of dec that the information contained in this statement	∍nt is true and correct.
		8/22/18
PRINTINAME	SIGNATURE	, DAIE

Applicant Name:	Application Docket No.:		
Backcountry Travels LLC	TS-180677		
THE APPLICATION What authority are you applying for? Include any amendments.			
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave			
Stehekin at 10:40am daily and return at 1pm, arriving			
CUPPORT	TATEMENT		
SUPPORT S  (To be completed by the individual or business/organi			
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the		
application could provide to you or your business/organted. We would not have to	anization if this request for operating authority is		
donk - so pools - to not to	Chebra for the and documentage		
Dangerons Driving condition	The land is the early departure.		
Waltherson 2 Cherring Collection			
Are your transportation needs being met new?	/oc No Y If not evalor problems you		
Are your transportation needs being met now? \have experienced.	res No 🔨 if not, explain problems you		
Have to stay overnight in Chelan-	expensive — also Queing		
the " off " season - Faustrating	to not have service		
Available Daily.			
If the request is denied, would it have any affect of	on you or your business/organization:		
Yes X No If yes, please explain \( \text{Irm} \)			
	\		
VERIFICATION (To be completed by the individual or business/organ			
Name and Title: Bud & CAROL A.	AKER		
Business/Organization:	2 5 5 E		
Street/Mailing Address: Box 31058			
City, State, Zip Code: SOOKANE, WA	99223		
Telephone Number: 509-710-0779	and the second s		
I understand that this information is being given as the bas	is 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	тиотталон соптатеа in this statement is true and correct.		
Bud HAKER 13	0/10		
	CICNATURE 8/3//8		
FRINT NAIVIE	SIGNATURE / DÁTE		

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1	Applicant Name:		Application Do	cket No
1	Backcountry Travels LLC		TS-180677	

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

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

SUPPORT STATEMENT
(To be completed by the individual or business/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. I need transportation to a privately owned remote making
on upper Lake Chelan. The property is only accessible by boat
or plane. If a year round, flag stop service were provided
I could get to the property whenever I wanted to.
Are your transportation needs being met now? Yes No X If not, explain problems you have experienced. I am a 70 year old woman who has traveled take
Chelan all of those years. It is a part of our family tradition I do not
want to loose. It is more difficult to go in our own boat, especially
between October - March when we would use public transport but it is not
If the request is denied, would it have any affect on you or your business/organization:
Yes x No If yes, please explain. I would be unable to use our property
for there were Maintaince Concerns and as we choose to
use it with year-round access.
VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: Barbara A. Polley
Business/Organization:
Street/Mailing Address: 333 E. Allen Ave, P.O. Box 2058
City, State, Zip Code: Chelan, WA. 98816
Telephone Number: 509 - 888-2471 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.
PRINT NAME SIGNATURE DATE

Applicant Name:	I Amelian Company
Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you app	him 5 O h
THE APPLICATION What authority are you app	rying for? Include any amendments.  Re 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, arriving	ng back in Stehekin at 2:45pm
	eteriolari di 2.40pm.
(To be seemable to the	STATEMENT
(TO be completed by the individual or husinessions	# <u>수를 보면복 (1.1) 11 11 11 11 11 11 11 11 11 11 11 11 1</u>
application could provide to you arrive the	the transportation service that you need and that the
application could provide to you or your business/or granted.	ganization if this request for operating authority is
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ahlo t	Arc Invorrigateta
action and expectific	KE YEAR TOUTY, O, WE NEED
	LAPECT IT SOON!
Are your transportation needs being met now? have experienced.	Yes No 'X' If not explain problems you
	THE DOOD WATER LET
even part way difficult	4 loading - Unitodino
NO! Totaln in aveguate	The Alephania and
15 IN CIDEOBORD and ox	SE COMMUNICO
f the request is denied would it have any offer	- I DE MAINING
If the request is denied, would it have any affect Yes No If yes, please explain 1	on you or your business/organization:
Fall. No plane ser VIE	VISSIP WINTER SPYING
Not solve my problem	Fairlavie mould
I AM TO WIS GIR AND TW	aud New Trangue
MUCH IONOPY IT HAS	had me Hort Dad For
MARY YEARS HOW M.	ANCH IN ANT THE
VERIFI VERIFI	CATION
(10 be completed by the individual or business/organ	nization supporting the request for operating authority)
Name and Title: TEFF L. Poll	027
Business/Organization:	N <sup>2</sup>
Street/Mailing Address: 393 E. A)	en AVE / Po Box 2058
City, State, Zip Code: Chekm MA	98816
elephone Number: 569 888 교내	71 Fax Number:
understand that this information is being given as the bas Itilities and Transportation Commission, an agency of the erjury under the laws of the state of Washington that the	is for a grant of operating authority by the Washington state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.

JEFF L Kolley Sthrey PRINT NAME

SIGNATURE

APPLICANT S	ual requesting operating authority)
	Application Docket No
Applicant Name: Backcountry Travels LLC	TS-180677
	Lucate
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 prassenger catamaran. The vessel would leave
A daily, year round commercial ferry service on Lake be used is a quiet, comfortable and efficient thirty two Stehekin at 10:40am daily and return at 1pm, arriving	
Stehekin at 10:40am daily and return at 1pm, annung	Judok in Citiza
(To be completed by the individual	SUPPORT STATEMENT or business/organization supporting the request for operating auth e the transportation service that you need and that the application authority is granted.
you or your business/organization it this request to	operating distance of
I travel to Stehekin a few times a year and now only option is the current Lady of the Lake compared at their schedule from Seattle	that the Chelan Airways business has been closed, the bany. While they are ok, sometimes they are full, and isn't easy and Chelan is expensive to overnight.
It would be helpful to have additional trips up the	0
lake.	Yes NoX_ If not, explain problems you have express in Chelan, or drive late at night which is unsafe or
Are your transportation needs being met now?	rates in Chelan, or drive late at night which is unsafe or
Have had to stay overnight at expensive tourist	Tates in Oriolary or an
the roads getting to Chelan	
If the request is denied, would it have any affect	t on you or your business/organization.
YesX_ No If yes, please explain	
	ehekin or Holden as often as I would like
I wouldn't be able to travel to St	eriekiit di Tiolderi as olteri as
VERI	FICATION panization supporting the request for operating authority)
Name and Title:Marlo Jones	
Business/Organization:22616 102 <sup>nd</sup> PI	SE
City State Zin Code: Kent, WA 98	031
Talanhana Number: 206-612-9666	Fax Number:
Lunderstand that this information is being given as the	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
Marlo Jones	artoffma 19AV92018
PRINT NAME	AIANIDE UNIE

. A Namo:	Application Docket No.:	
Applicant Name: Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply	ing for? Include any amendments.  Obstance based out of Stehekin WA. The vessel that	
A daily, year round commercial lefty service on Early	this passenger catamaran. The vessel would leave	
will be used is a quiet, comfortable and efficient trifty Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	
Stehekin at 10:40am daily and return at 15:11, seem		
SUPPORT	STATEMENT  The request for operating authority)	
(To be completed by the individual or business/orga	nization supporting the request for operating authority) of the transportation service that you need and that the	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/or	e the transportation service that you need and that the ganization if this request for operating authority is	
application could provide to you or your business,	de la	
granted The land	o Stekekin and buck	
at times that would allow	us to travel from western W.H.	
4// - 1/5/7	h is come to a	
to arrive in Chelan in daylight	No. No. / If not explain problems you	
Are your transportation needs being met now?	Yes No Irriot, expand	
have experienced.	lor me is to leave ma	
Currently the only option	will in a motel to catch	
Nome I day before and spend the	e ni por va de ve	
Servy in the morning to Stehe	kuinoss/organization:	
If the request is denied, would it have any affectives please explain.	et on you or your business/organization	
If the request is denied, would it have any affect Yes No If yes, please explain.	an i gent expence of a motel	
Yes No If yes, please explain	I'me and office	
ic becoming a burden.		
I have been vacationing of the	te Stehrkin Valley Rough for the past	
00 + 120 45		
VER	IFICATION	
(To be completed by the individual or business/or	ganization supporting the request for operating authority)	
Name and Title: ERNST O. P.	OFGER LCDR/USNRET	
Name and Title:	/	
= - 0 (1 /	ct.	
Street/Mailing Address: 8813 Cedar City, State, Zip Code: Sedro Woold	les WA 98287	
City, State, Zip Code. Search Code.	Fax Number:	
Telephone Number: (360) 708-0433	functions authority by the Washington	
that this information is being given as the	basis for a grant of operating datasets, or declare under penalty of	
I understand that this information is being given as the basis for a grant of operating authority by the United States 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. perjury under the laws of the state of Washington that the information contained in this statement is true and correct.		
perjury under the laws of the data of the		
1 NICCO	19 HIG18 DATE	
ERNST (SKIP) PLUEGER	SIGNATURE DATE	
PRINT NAME	<del></del>	
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( Lo be completed by	y the individual requesting operating authority)
SOME STATE OF SO	Application Docket No.:
oplicant Name: ackcountry Travels LLC	TS-180677
HE APPLICATION What authority are	e you applying for? Include any amendments.  vice on Lake Chelan based out of Stehekin WA. The vessel that of the step of the
daily, year round commercial ferry serv	fficient thirty two passenger catamaran. The vessel would leave
ill be used is a quiet, comfortable and el tehekin at 10:40am daily and return at 1	1pm, arriving back in Stehekin at 2:45pm.
S	SUPPORT STATEMENT
THE TRANSPORTATION NEED  Implication could provide to you or your be	efly describe the transportation service that you need and that the business/organization if this request for operating authority is
ranted. ————————————————————————————————————	askeduled, economical ferry transport to and from Stehekin
need a flexible timing, conveniently or my family from time to time as we	scheduled, economical ferry transport to and from Stehekin enjoy vacationing and fishing in the area.
turner atation needs being	met now? Yes No X_ If not, explain problems you have
Are your transportation needs being	The the transport of th
experienced.  The current Lake Chelan ferry sched	dule is very limited and not very flexible in meeting my needs
for transportation to and from Stehek	kin. The timing is such that it often makes weekend vacation
trips to Stehekin impractical.	
V V No If yes please expl	re any affect on you or your business/organization:
frequently and often choose other va	lain. It will result in my shoots 5
frequently and often choose other va	acation locations.
(To be completed by the individual or	VERIFICATION business/organization supporting the request for operating authority)
(To be completed by the individual or	VERIFICATION business/organization supporting the request for operating authority) William R. Slater
(To be completed by the individual or  Name and Title:  Business/Organization:	VERIFICATION business/organization supporting the request for operating authority) William R. Slater  1429 Ave D 444
(To be completed by the individual or  Name and Title:  Business/Organization:  Street/Mailing Address:	VERIFICATION business/organization supporting the request for operating authority)
(To be completed by the individual or Name and Title:  Business/Organization:  Street/Mailing Address:  City, State, Zip Code:	VERIFICATION business/organization supporting the request for operating authority)
(To be completed by the individual or Name and Title:  Business/Organization:  Street/Mailing Address:  City, State, Zip Code:  Telephone Number: 425-922-2903	VERIFICATION business/organization supporting the request for operating authority)  William R. Slater
(To be completed by the individual or Name and Title:  Business/Organization:  Street/Mailing Address:  City, State, Zip Code:  Telephone Number: 425-922-2903	VERIFICATION business/organization supporting the request for operating authority)

APPLI (To be completed by th	ne individual requesting operating authority)
Applicant Name: Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are young daily, year round commercial ferry service will be used is a quiet, comfortable and efficient at 10:40am daily and return at 1pr	you applying for? Include any amendments. e on Lake Chelan based out of Stehekin WA. The vessel that cient thirty two passenger catamaran. The vessel would leave m, arriving back in Stehekin at 2:45pm.
SU	PPORT STATEMENT iness/organization supporting the request for operating authority) ly describe the transportation service that you need and that the usiness/organization if this request for operating authority is
Are your transportation needs being make experienced.  See Above falses a few false	net now? Yes No If not, explain problems you  whole day of any claimed hips
Stevetin Less fre  Less fr	dessiel april have a regative
Name and Title:	HOMPSON  Ath Ave NE  THE WA 98105

Nomo:	Application Docket No.:
oplicant Name: ackcountry Travels LLC	TS-180677
The state of the s	e you applying for? Include any amendments. ice on Lake Chelan based out of Stehekin WA. The vessel that
ill be used is a quiet, comfortable and ef	fficient thirty two passenger oddaments of the passenger oddaments of the pm, arriving back in Stehekin at 2:45pm.
tehekin at 10:40am daily and return at 1	<u> </u>
	OTATEMENT
S	support STATEMENT usiness/organization supporting the request for operating authority) efly describe the transportation service that you need and that the
(To be completed by the individual of bu	efly describe the transportation service that you need and that the business/organization if this request for operating authority is
THE TRANSPORTATION NEED	efly describe the transportation service that you need divisions the transportation service that you need divisions the business/organization if this request for operating authority is business/organization if this request for operating authority is business/organization.
granted. My family is iterested in	visiting stement to either get up extendly early
then 3 hours to Chelan so	as went in the Chelan area
and drive there in the morning (d	lifticult w/ small children, or start challenges, were not suce
10 11 helice (an expense wed	radice not with the synlain problems you
Are your transportation needs being	met now? Yes No I How explain plant leaves
have experienced.	I would allow my family to get the to Sten
for stehekin later in the day	) (A) CON
in one day instead at two.	
	effect on you or your business/organization:
If the request is denied, would it have	ve any affect on you or your business/organization:
Yes No II yes, picase s	shorter trip to the Pake to the party making it
this ferry especially to a	logistics will be resier and costs person
for us to visit	Stéhekin,
(4)31(:	
	VERIFICATION  very parting the request for operating authority)
(To be completed by the individual o	VERIFICATION or business/organization supporting the request for operating authority)
Name and Thio.	
Business/Organization:	bblestone Ct
Street viaming	4)A 99352  Fax Number:
City, State, Zip Godo. Tribe.	Fax Number: Fax Number:
Telephone Number: 301-31	aggiven as the basis for a grant of operating authority by the washington
I understand that this information is bell. Utilities and Transportation Commission Utilities and Transportation Commission	- 1908  ng given as the basis for a grant of operating authority by the Washington n, an agency of the state of Washington. I certify or declare under penalty on n, an agency of the state of washington in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is true and correctable that the information contained in this statement is the contained in th
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Applicant Name:	
Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you A daily, year round commercial ferry service on	opply 5 0
A daily, year round commercial ferry service on	applying for? Include any amendments.  Lake Chelan based out of Stehekin WA. The vessel that thirty two passenger catamaran. The
Will be used is a quiet, comfortable and efficient	Lake Chelan based out of Stehekin WA. The vessel that thirty two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, ar	rriving back in Stehekin at 2:45pm
	at 2. ropin.
(To be completed by the individual or husiness)	ORT STATEMENT  Organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly des	organization supporting the request for operating authority) scribe the transportation service that you need and that the
application could provide to you or your business	scribe the transportation service that you need and that the s/organization if this request for operating authority is
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TOURING NO NOO POHO	udus more some 10 and
- courtaine - The Willest a	apareta has man of the sound
Are your transportation needs being met now	Ves No. 1
have experienced.	/? Yes No If not, explain problems you
we have not requare toges	t DStelleky When I wo I m Hed to
MONAUL had to Shortell	De Strip dies to too fille is as
Memoral Day 2018 Man 4	en i ho Dur la De la UFALO CUPACI
If the request is denied, would it have any affe	of the star had to leave early
Yes No If yes, please explain.	ect on you or your business/organization:
Our abellet to lundy Step of o	brown of again be muted in
- dupacity) on the apprient i	math g opo atta
Bloggo and de como a como	
Pulled acco Full Till Service	. We NEED at
(To be completed by the individual or business/org	FICATION
James James Strong	FICATION ganization supporting the request for operating authority)
varine and Title: MONHOW	
Business/Organization:	
Street/Mailing Address: 12143 Sen 1084	teat
ity, State, Zip Code: Caleman Au	A 9806
elephone Number: 593	Fox Number of A
inderstand that this information is being given as the be	Fax Number:
illities and Transportation Commission, an agency of the right, under the laws of the state of Washington that the	asis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.
	and statement is true and correct.
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outhornon QU	
PRINT NAME	SIGNATURE DATE
	DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
Backgoding Year on Mhat authority are you apply	ng for? 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.

SUPPOR	T STATEMENT
(To be completed by the individual or business/or	ganization supporting the request for operating authority)
HE TRANSPORTATION NEED Briefly descri	ganization supporting the request that you need and that the organization if this request for operating authority is
polication could provide to you or your business,	Ol garries
ranted. ————————————————————————————————————	t timing requires an early morning departure from Chelan, which requires
the artists or drive in the	e dark to arrive on time. An alternate consum,
ther that I stay the night in Chelan prior to departure, or drive in the	rell as provide residents of Stehekin with a schedule to better meet their economic needs.
erry service would provide more options for safer travel during the year, as w	No. Y If not explain problems you
re your transportation needs being met now	/? Yes No X If not, explain problems you
ave experienced.————————————————————————————————————	e had to to spend a night in Chelan either before or after traveling on the extisting
s explained above, each time that I have traveled to Steriotici, Francis	g dark or late evening dark. An alternate schedule, running reverse of the current
erry service because the current service requires either early morning	g dark or rate evening and the recidents of Stehekin with a schedule to better meet their economic needs.
erry service would provide more options for safer travel during the year, as v	well as provide residents of Stehekin with a schedule to better meet their economic needs.
f the request is denied, would it have any af	fect on you or your business/organization.
Yes X No If yes, please explain	in would provide more ontions for safer
Yes_XNoIf yes, please explain An alternate schedule, running reverse of the current ferry ser	ith a capacitude to better meet their economic needs.
An alternate schedule, running reverse of the current terry ser travel during the year, as well as provide residents of Stehekir	1 Will a Schedule to botto
VE	ERIFICATION t for energting authority)
(Talks completed by the individual or business	ERIFICATION /organization supporting the request for operating authority)
(10 be completed by the many	
Name and Title: Matthew Brewer/Teacher	
Business/Organization:	
Street/Mailing Address: 2015 E Prospect St	
City, State, Zip Code: Seattle, WA 98112	
	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
I understand that this information is being grade in the state of the	the basis for a grant of operating authority by the Videringsalty y of the state of Washington. I certify or declare under penalty hat the information contained in this statement is true and corre
periury under the laws of the state of Washington the	y of the state of Washington. I certify of declare under persons hat the information contained in this statement is true and corre
F = 9	
	8/20/2018 DATE
Matthew Brewer	SIGNATURE DATE
PRINT NAME	1 francisco

APPLICANT S  (To be completed by the individu	al requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave

SUPPORT 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.  There is a huge need to have a transportation option starting out in Stehekin to accommodate people who want to leave Stehekin in the morning. There is also a huge need to have transportation options during the winter at least 5 days per week. These needs are currently not met with the current transportation company.  Are your transportation needs being met now? Yes No XX If not, explain problems you have
THE TRANSPORTATION NEED Briefly describe the transportation service that yellow application could provide to you or your business/organization if this request for operating authority is granted.  There is a huge need to have a transportation option starting out in Stehekin to accommodate people who want to leave Stehekin in the morning. There is also a huge need to have transportation options during the winter at least 5 days per week. These needs are currently not met with the current transportation company.  Are your transportation needs being met now? Yes No XX If not, explain problems you have
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people who want to leave Stenekin in the morning. There is also a region transportation options during the winter at least 5 days per week. These needs are currently not met with the current transportation company.  Are your transportation needs being met now? Yes No XX If not, explain problems you have
people who want to leave Stenekin in the morning. There is also a region options during the winter at least 5 days per week. These needs are currently not met with the current transportation company.  Are your transportation needs being met now? Yes No XX If not, explain problems you have
met with the current transportation company.  Are your transportation needs being met now? Yes No XX If not, explain problems you have
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Are your transportation needs being met now? Yes No XX If not, explain problems you have
Are your transportation needs being met now? Yes No XX If not, explain problems you have
Are your transportation needs being met now? Yes No XX If not, explain problems you have
Are your transportation needs being met new
experienced.  There is a need to have a transportation option during the winter months, at least 5 days per  There is a need to have a transportation option that starts in Stehekin to accommodate
There is a need to have a transportation option that starts in Stehekin to accommodate
There is a need to have a transportation option during the writer monate, at reason week. Also, there needs to be a transportation option that starts in Stehekin to accommodate
both tourists and local residents.
to the supplementation of the supplementation
If the request is denied, would it have any affect on you or your business/organization:
If the request is denied, would it have any affect off you of your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business request from the request is denied from the request is denied from the request from the reques
Yes_XX No If yes, please explain It will be all incomposition of the second when I visit Stehekin. It'll also provide me the opportunity to visit Stehekin for a long weekend
during the winter months.
during the writer months.

VERIFICATION  (To be completed by the individual or business/organization supporting the request for operating authority)
(To be completed by the individual or business/organization and the completed by the individual or business/organization
Name and Title: Jim Sloane
Name and Title: Jim Sloane  Business/Organization: Tourist to Stehekin Valley
Street/Mailing Address: 7320 127 <sup>th</sup> PL SE
City, State, Zip Code: Newcastle, WA 98056
Telephone Number: (425) 466-5222 Fax Number:
Telephone Number: (425) 400-3222 Tax tterms I understand that this information is being given as the basis for a grant of operating authority by the Washington I understand that this information is being given as the basis for a grant of operating authority by the Washington 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 that the information contained in this statement is true and correct.
Jim Sloane SIGNATURE B/19/2018  DATE

15-180677

### IMPORTANT!!!

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

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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

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 apply A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave	

SUPPORT 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. — My husband and I thoroughly enjoy traveling in the Lake Chelan area of Washington, especially
lyiciting Stehekin and the Courtney Ranch. It would be wonderful to have additional lefty service
to take the overflow rather than having to make costly adjustments to our vacations.
Are your transportation needs being met now? Yes Nox_ If not, explain problems you
I was also and
Summers are such busy times of the year for vacationers that either Lake Chelan residents or vacationers suffer overextended stays getting back and forth. An additional ferry definitely help alleviate a lot of the
<del>problem.</del>
If the request is denied, would it have any affect on you or your business/organization:
Yes_x_ No If yes, please explainWe wouldn't get to visit the areas as often as we like.

VERIFICATION  (To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title:Marie Tien		
Business/Organization:8116 Va		
City, State, Zip Code:Everson		
Telephone Number:360-815-59  I understand that this information is being Utilities and Transportation Commission, perjury under the laws of the state of Was	given as the basis for a grant of operating	ng authority by the wasnington Sertify or declare under penalty of
_Marie Tiemersma PRINT NAME	Marie Tiemerowa SIGNATURE	08/20/2018 DATE

TS-180677

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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 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 Are your transportation needs, being met now? If the request is denied, would it have any affect on you or your business/organization: If yes, please explain, VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Business/Organization: Street/Mailing Address: City, State, Zip Code Fax Number: Telephone Number: 42 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.

Application Docket No.: Applicant Name: TS-180677 **Backcountry Travels LLC** THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm. SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is Need: Sea vessel transportation from Lower Lake Chelan (Chelan, Fields Point) to granted. --upper lake Chalan (Stehekin) running during the time of day most compatible with our normal travel schedule. The proposed roste schedules would greatly need that need Are your transportation needs being met now? Yes\_\_\_\_ No  $\times$  If not, explain problems you Travel to points of arrival Ideparture on Lake Chelan of the corrent operations have experienced. Lady Express, Lody II) entail significant hardships on our travel to meet 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 services may require an overnight stay in Chelan to make the schedule to board the boats to go up Take. This overnight stay Shoold be unnessary and woold be alleviated with the proposed Shedule now being considered in this application VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Keven J Murphy Business/Organization: Individual

# Street/Mailing Address: 2922 170 the SE WA 98008 City, State, Zip Code: Bellevie Telephone Number: 425-324-8859 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.

		<del></del> 1
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you	ou applying for? Include any amendments.	
A daily year round commercial ferry service of	on Lake Chelan based out of Stenekin VVA. The Vessei that	<u>t</u>
will be used is a quiet, comfortable and efficie	ent thirty two passenger catamaran. The vesser would leave	<u>e</u>
Stehekin at 10:40am daily and return at 1pm,	, arriving back in Stenekin at 2:45pm.	
SUPF	PORT STATEMENT	
THE THE PROPERTY OF THE PROPER	ess/organization supporting the request for operating authority) describe the transportation service that you need and that t	the
application could provide to you or your busin	ness/organization if this request for operating authority is	
granted. The proposed ferry service	won id allow my tamily to travel to	_
and from Steheken in a timely	manner at nones of the early that we kill	<u> </u>
holes to the mind sales and	more deable The ability to travel at a	
beterhour and faster boat would	I make traveling with a plot much easier	<u>r.</u>
Are your transportation needs being met	now? Yes No x If not, explain problems you pertation regular me to Start my day a	4
have experienced Current tremy trans	portation regular the V Start may be	7
SHOW AND FORVER INVESTING INC	Willes I We could	
departure to Stehefun Lowing Stehefun We travel during the hottest hours of		
	make it over the gasses ahead of constructs	on closues
If the request is denied, would it have any affect on you or your business/organization:  Yes X No If yes, please explain. I would continue to use the outstry ferry  but it makes the trip much more difficult and trong. It also  provents friends from traveling to the community to visit because  of the hours of the day of the existing schedule.		
	VERIFICATION	
(To be completed by the individual or busine	ess/organization supporting the request for operating authority)	
Name and Title: Karen Freem		
- 1 10 11 20		
Otre of Mailing Address: 2922 170	HAre SE	
Street/Mailing Address: 2922 170 <sup>TH</sup> Are SE  City, State, Zip Code: Bellevue WA 98008  Telephone Number: 425-644-7703 Fax Number:		
City, State, Zip Code: Letter Control For Number:		
Telephone Number: 123 699 1703	rax Number	
Litilities and Transportation Commission, an ager	as the basis for a grant of operating authority by the Washington ncy of the state of Washington. I certify or declare under penalty n that the information contained in this statement is true and corr	7 01
	V. 1. Stalie	
Karen treeman	Laren neeman 0/11/18	-
PRINT NAME	SIGNATURE DATE	

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE ADDITION WILL BE TO THE STATE OF THE STA	ing for? Include any amendments	
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake	Obelan 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.	
<u></u>		
SUPPORT S	STATEMENT	
THE TRANSPORTATION NEED Driefly describe	e the transportation service that you need and that the	
THE TRANSPORTATION NEED Briefly describe	anization if this request for operating authority is	
application could provide to you or your business/org granted.	stay in Stehopin in the Fall but	
driving in the dark is not for time would give me that char	uble. The early departure	
time would give me that chan	rela	
The work of the		
Are your transportation needs being met now?	Ves Y & No × If not explain problems you	
have experienced		
Posit have the chance to	he shouter.	
when the dama	he shorter.	
- year when ever gays or	W Market	
	husings largenization:	
If the request is denied, would it have any affect	on you or your business/organization.	
Yes X a No X If yes, please explain. I mainly in the Fall.	Could have more open	
mainly on the rate.		
	ICATION  nization supporting the request for operating authority)	
(To be completed by the individual or business/orga	mization supporting the request to operating actions,	
Name and Title: Connie Bolling	1 lk	
Business/Organization: 722 / 2th St	015	
Street/Mailing Address: 722 13th 5t. /	000000	
City, State, Zip Code: <u>East Wenatchee</u> , WH 98802		
Telephone Number: <u>509-884-8605</u>		
I understand that this information is being given as the ba	asis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of	
periury under the laws of the state of Washington that the	e information contained in this statement is true and correct.	
polymy and a second of		
Course 1 Zolling ED	ma & Bother me 12-11-18	
CONNIE L. ZOLLINGER ON	SIGNATURE DATE	
PRINT NAME	SIGNATURÉ / DATE	

PRINT NAME

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply	ing for? Include any amendments.  Chalan based out of Stebekin WA. The vessel that	
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	g back in Stehekin at 2:45pm.	
Otoriolani de l'est l'es		
(To be completed by the individual or business/orgar	STATEMENT  nization supporting the request for operating authority)	
THE TOTAL PROPERTY OF A STATE OF THE STATE O	the transportation convice that you need and that the	
application could provide to you or your business/org	morning do errains and return the next day.	
In the winter to expand options	to depart Stehakin	
Expand uptions for family afre	and to visit and all on them	
time to get back home by	do porting Stehekin in the marning	
have experienced.	utine abborry went and	
attending special events.		
Femily a Friends visits sometimes durit work at because		
of the limited schedule.		
If the request is denied, would it have any affect	on you or your business/organization:	
Yes No If yes, please explain	t attices now more	
time is waster extra	money Spant con	
topa and logging ph was	10 319 5000	
I mite visits from Family	ann friends	
Proces (111) 1 + V		
VERIF	ICATION	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
Name and Title: Wendy Gard	- Crot	
Business/Organization:		
Street/Mailing Address: P.O. BOX 55		
City, State, Zip Code: Staheld	NA 98852	
Telephone Number: 509-670-0845	Fax Number:	
I understand that this information is being given as the bat Utilities and Transportation Commission, an agency of th perjury under the laws of the state of Washington that the	asis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of e information contained in this statement is true and correct.	
Wendy Gartoot 3	SIGNATURE DATE	

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
Dackooding Flavoio 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	back in Stehekin at 2:45pm.
Stellenill at 10.40am daily and lotam at 15m; among	
SUPPORT	STATEMENT
/To be completed by the individual or business/orgal	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	e the transportation service that you need and that the
" " "	vanization if this request for operating authority is
raveling to Stenekin to stay overlight of for a week and taking the sa	100,100,100
grafited. and others from our of the area. You have to be there a day before	to the cross and still have time to catch their transportation and get
to Stehekin on the same day. And instead of leaving late in the day. It within the state of Washington or Idaho. More time to enjoy Stehekin.	nce you can travel from out of the area and sufficient into coacing to their drive home that day.
Are your transportation needs being met now?	Yes No ✓ If not, explain problems you
have experienced.	YW
We like a later time up and an earlier time back down lake.	
yve like a rater time up and an earner time book down take.	
If the request is denied, would it have any affect	on you or your business/organization:
The same time and the set to Stobokin to enjoy that area if staying overnight	The other ferry is often overbooked on busy weeks and have to wait another day to get
Takes more time and money to get to Steriekin to enjoy that area it staying overnight.  to Steriekin. This would help get more visitors to and from the area which is a benefit	to both parties.
VEDIE	ICATION
(To be completed by the individual or business/orga	inization supporting the request for operating authority)
(10 be completed by the individual of business/orge	i i i i i i i i i i i i i i i i i i i
Name and Title: Mr. and Mrs. Albert Marcear	
Business/Organization:	
Street/Mailing Address: 102 Grouse Place	
City, State, Zip Code: Chelan, WA 98816	
	Fax Number:
Telephone Number: 509/679-4903	and the state of t
I understand that this information is being given as the ba	asis for a grant of operating authority by the Washington
Luilling and Transportation Commission an agency of the	e state of Washington. I Certify or declare under penalty of
perjury under the laws of the state of Washington that the	e information contained in this statement is true and correct.
/0/	1) 1/4040 C/21/10
(4) MARCEAR	- VI WHERE DI-118
	2/200
SUE MARGEAR 2	CICALTUDE DATE
PRINT NAME	SIGNATURE

APPLICANT STATEMENT  (To be completed by the individual requesting operating authority)		
	Application Docket No.:	
Applicant Name: Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you	u applying for? Include any amendments.	
A deily year round commercial ferry service of	on I ake Chelan based out of Steriekin vva. The vesser that	
will be used is a quiet comfortable and efficie	nt thirty two passenger catamaran. The vessel would leave	
Stehekin at 10:40am daily and return at 1pm,	arriving back in Stellekill at 2.45pm.	
SUPP	PORT STATEMENT ss/organization supporting the request for operating authority)	
THE PROPERTY OF MEETINGS OF THE PROPERTY OF TH	leasting the transportation service that VOLL need and Inal INE	
application could provide to you or your busin	describe the transportation service that you need and tenes per arrived and departure around would be helpful to plan	
to and from Stehekin year a	around would be helpful to plan	
varietions for tourists and he	iff residents flow errands and	
appointments out of the area.	now? Yos No V If not explain problems you	
Are your transportation needs being met in	eve had to make special arrangements	
to get to Stepenin because	now? Yes No X If not, explain problems you eve had to make special arrangements the current ferry severe was not available.	
	1 0	
If the request is denied, would it have any Yes No If yes, please explain  Current Sluy which is not	affect on you or your business/organization: I would have to rely on the daily in the fall and wenter.	
(To be completed by the individual or busine	VERIFICATION ess/organization supporting the request for operating authority)	
Ruciness/Organization		
Street/Mailing Address: Po Box 334		
City State Zin Code: Man som with	98831	
Telephone Number: 509-687-3664	Fax Number:	
I understand that this information is being given a	as the basis for a grant of operating authority by the Washington necy of the state of Washington. I certify or declare under penalty of a that the information contained in this statement is true and correct.	
Marie A. Palmer PRINT NAME	Marie a Palmer 8/20/18' SIGNATURE DATE	

APPLICANT S		
(To be completed by the individual requesting operating authority)		
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
Backcountry Travolo 220		
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	
A daily, year round commercial lerry service on Lake	two passenger catamaran. The vessel would leave	
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.		
Steriekin at 10.40am daily and return at 15m, arriving	y baok in Gioriokin at 27.15 p.m.	
CURRORT	STATEMENT	
(To be completed by the individual or business/organ	nization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the	
application could provide to you or your business/org	janization if this request for operating authority is	
granted	It I will be be a second from	
The opportunity for a more varied schedule wou	id be a big improvement in getting to and iron	
Stehekin in a more timely manner. The increase	d competition of service would also ultimately	
lead to better pricing for this travel. Ticket prices	have risen substantially in recent years due in	
most part to the lack of effective competition.		
'		
Are your transportation needs being met now?	Yes No x If not, explain problems you	
have experienced.		
As stated above, improved competition and a wi	der variety of scheduling options would be	
significant advantages over the current situation	Pricing would also be more favorable with	
competition.		
Competition.		
List the second of the second	on you or your husiness/organization:	
If the request is denied, would it have any affect		
Yes No If yes, please explain		

VERIFICATION		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title: Daniel McFeeler		
Business/Organization: Individual)		
Street/Mailing Address: 79 Old Calon Road		
City, State, Zip Code: Winthrop WA 98862-0404		
Telephone Number: (509) 996-3577 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 McFeeley Signature 8/20/18 SIGNATURE DATE		

TS-186677

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

APPLICANT (To be completed by the individual	
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
<b>THE APPLICATION</b> What authority are you apply A daily, year round commercial ferry service on Lake that will be used is a quiet, comfortable and efficient leave Stehekin at 10:40am daily and return at 1pm,	e Chelan based out of Stenekin VVA. The vessel thirty two passenger catamaran. The vessel would
SUPPORT S  (To be completed by the individual or business/organ	STATEMENT ization supporting the request for operating authority)
night. It's very inconvenient. This year we have disc expense. Having the option of taking a later ferry fro take off of work the day before and save us from ha to catch the ferry.	in every summer. We end up having to take an ay before and spend the night in Leavenworth, the Lake ferry in time to catch it at 8:30 a.m. It gets elan that will except only one nights stay so if we 2 nights, even though we are only going to use one cussed not going next year because of the extra om Fields Landing would save us from having to aving to spend extra money on a hotel room in order
Are your transportation needs being met now? have experienced. As above, we have to take off of work an extra not really want to stay in, in order to go to Stehe	day and pay for nights at a hotel/motel we do
If the request is denied, would it have any affect Yes_X_ No If yes, please explainWe likely will not return to the area for vacation there	

VERIFICATION

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

Name and Title: Melanie Bober AND Les Peterson (wife and husband)

Business/
Organization:

Street/Mailing Address:\_11411 42 St SE\_Snohomish, WA 98290

City, State, Zip

Code:

Telephone Number: 425-319-0112

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.

Melanie Bober

Melanie Bober

IMPORTANT!!!

Les Peterson
PRINT NAME

# 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.

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

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

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

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

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 A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave	

SUPPORT 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. Daily service year-round is needed. Without this, planning for visits is very difficult or impossible. Would also like the flexibility of earlier departure times from Stehekin and later departure times from Field's Point.
Are your transportation needs being met now? Yes Nox_ If not, explain problems you
Are your transportation needs being met now? Tes tox_ most an arrange of the service and the service and the service are serviced. Very limited service, except summer months. No early departure times from Stehekin which would complement/enhance commuting schedules
Willion Would complement of the state of the
If the request is denied, would it have any affect on you or your business/organization:  Yes_x_ No If yes, please explain Fewer visits to Stehekin, especially during late Fall, Winter, and early Spring monthsPotential adverse affects during seasonal hazards such as forest fires or stormy weather

James M. Britt	- (-) en D'-
8/19/2018	- Kins 17 Su
PRINT NAME	SIGNATURE

# IMPORTANT!!!

DATE

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# APPLICANT STATEMENT (To be completed by the individual requesting operating authority) Application Docket No.: Applicant Name: TS-180677 **Backcountry Travels LLC THE APPLICATION** What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm. SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. We would like to be able to travel to Stehekin at times other than what the Lady of the Lake provides. With the current schedule, we are restricted if we want to bring our dog, as only one of their boats accommodates pets. We would like to do more hiking in and boating out or vice versa but the current limited schedule has curtailed many of our plans. Are your transportation needs being met now? Yes\_\_\_\_ No XX If not, explain problems you have experienced. We are unable to make day trips with the dog. We are unable to make overnight visits during the winter to see friends as the current schedule is not daily. If the request is denied, would it have any affect on you or your business/organization: Yes\_XXX No \_\_\_\_ If yes, please explain. We would plan to take our hiking and touring vacations to areas with easier accessibility and transportation options. **VERIFICATION** (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Sandra and Gary Phenning Business/Organization: N/A\_ Street/Mailing Address: \_\_7828 E. Leavenworth Rd. City, State, Zip Code: Leavenworth, WA 98826\_ Telephone Number: 509-433-4348 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.

(To be completed by the individual		
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE ADDI ICATION What outbority are you applying	na for? Include any amandments	
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake		
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		
	·	
SUPPORT S  (To be completed by the individual or business/organ	50kg (B. ) - 10kg	
THE TRANSPORTATION NEED Briefly describe		
application could provide to you or your business/orga		
granted. The proposed ferry service would provide	de visitors and residents of Stehekin needed	
options to the current ferry schedules. It would of		
Thursdays in the winter and better accommodate		
arrive in the Lake Chelan area in the early afternous avoid making the long drive back to/from Seattle		
avoid making the long drive back tomoni Seattle	at ingrit.	
Are your transportation needs being met now?	Yes No x If not, explain problems you	
have experienced. Current ferry schedules require	an overnight near Chelan on both ends to avoid	
driving early very in the morning or late at night.		
If the request is denied, would it have any affect	on you or your business/organization:	
Yes_X No If yes, please explain.		
We would have to factor in the additional travel or over	ernight time in planning trips which may make Chelan	
County a less desirable alternative for vacation travel	• • • • • • • • • • • • • • • • • • • •	
<u> </u>		
VERIFIC	CATION ization supporting the request for operating authority)	
(10 be completed by the individual of business/organ	ization supporting the request for operating dathority)	
Name and Title:Clint Bennett		
Business/Organization:		
Street/Mailing Address:1521 2 <sup>nd</sup> Ave #1803		
City, State, Zip Code:Seattle, WA 98101		
Telephone Number:703-587-9922	Fax Number:	
-		
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the i	state of Washington. I certify or declare under penalty of	
/.//	3	
Clint Bennett	M2 semmed 8/19/2018	
PRINT NAME	SIGNATURE DATE	
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APPLICANT STATEMENT

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE ADDITION What outbority are you apply	ing for? Include any amendments
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake	Chelan based out of Stenekin WA. The Vessei that
will be used is a guiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stehekin at 2:45pm.
OUDDODT.	OTATIMENT
(To be completed by the individual or business/orgal	STATEMENT nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	e the transportation service that you need and that the
application could provide to you or your business/org	ganization if this request for operating authority is
granted.	II I a h will stalak:
The proposed time schedule wou	Id make my Travel to steherin
much more convenient. The pr	oposal would give me an earlier start
to drive home after my visits	Id make my travel to Stehekin uposal would give me an earlier start up lake.
Are your transportation needs being met now?	Yes No $\chi$ If not, explain problems you
have experienced.	11 1
Not having daily service d	uring the winter is a problem.
have experienced.  Not having daily service d  Arriving late in afternoon after visit	ting in Stehekin is not my
preforence.	
If the request is denied, would it have any affect	on you or your business/organization(
Voc V No If you place explain	
I will not be able to	ke to, if this request is
as often as I would live	ke to, if this request is
donied.	
VFRIE	ICATION
(To be completed by the individual or business/orga	nization supporting the request for operating authority)
	4
Name and Title: Linda M. Herri	ng Tom
Business/Organization:	
Street/Mailing Address: 704 Upper Da	iniels Dr. NE
City, State, Zip Code: East Wenatchee	, WA 98802
Telephone Number: 509 888 0250 Fax Number:	
I understand that this information is being given as the basis for a grant of operating authority by the Washington	
I Utilities and Transportation Commission, an agency of the	e state of Washington. I certify or declare under penalty of e information contained in this statement is true and correct.
Linda M. Herrington Line PRINT NAME	SIGNATURE S-18-18 DATE

(To be completed by the inc	dividual requesting operating authority)
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you and A daily, year round commercial ferry service on will be used is a quiet, comfortable and efficient Stehekin at 10:40am daily and return at 1pm, ar	Lake Chelan based out of Stenekin WA. The vessel that thirty two passenger catamaran. The vessel would leave
CURDO	ORT STATEMENT
(To be completed by the individual or business	/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly des	scribe the transportation service that you need and that the
application could provide to you or your busines	ss/organization if this request for operating authority is
granted(see attach	nment)
Are your transportation needs being met no	ow? Yes No <u>×</u> If not, explain problems you
have experienced. (see attachment)	
(occ attachment)	
If the request is denied, would it have any a Yes_X_ No If yes, please explain	affect on you or your business/organization:
	(see attachment)
$oldsymbol{V}$ (To be completed by the individual or busines	<b>ZERIFICATION</b> s/organization supporting the request for operating authority)
Name and Title:	
Michael Miles	
Business/Organization:	
Street/Mailing Address:	
•	
City, State, Zip Code:	
Talanhana Number: 360-908-5799	Fax Number:
	the basis for a grant of operating authority by the Washington
to the commission on according	by of the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct

**APPLICANT STATEMENT** 

## Docket No. TS-180677 SUPPORT STATEMENT

#### THE TRANSPORTATION NEED

I've lived in Stehekin for 45 years. I was recently diagnosed with a medical condition that requires monitoring and follow up by a cardiac team in Wenatchee WA. For each appointment, the current boat schedule requires me to pay for overnight accommodations for at least one night in the summer and two nights in the winter. Backcountry's proposed daily service would greatly reduce overnight expenses. It would also allow friends and family to travel from Sequim, WA and arrive in Stehekin the same day instead of having to stay overnight in Chelan because of the long drive and current boat schedule. The Thursday winter schedule Backcountry is proposing, might make it possible for me to schedule a doctor's appointment and return to Stehekin the same day.

# ARE YOUR TRANSPORTATION NEEDS BEING MET NOW? NO

The current transportation service does not allow me to schedule medical or other appointments in the winter without a minimum of a two night stay.

# If the request is denied, would it have any effect on you? YES

Denial would increase the health and safety risks to me and my family. I have a 92 year old mother living down lake from Stehekin. Without daily boat service, assisting her with emergencies would be much more difficult, as it is now.

I STRONGLY support Backcountry Travel's application for ferry service from Stehekin to Field's Point.

Michael Miles

PRINT NAME SIGNATURE DATE
Michael Miles Mulli-Mile 8/20/2018

Docket No TS-180677

#### IMPORTANT!!!

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Olympia, WA 98504-7250

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	APPLICANT STATEMENT
Applicant Name:	pleted by the individual requesting operating authority)
Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What auth	Ority on
A daily, year round commercial fer	ority are you applying for? Include any amendments.  ry service on Lake Chelan based out of Stehekin WA. The vessel that and efficient thirty two passenger catamaran. The
Will be used is a quiet comfortable	The veget the
Stehekin at 10:40am daily and retu	rn at 1pm, arriving back in Stehekin at 2:45pm.
	substitution of the state of th
(To be seemed to the	SUPPORT STATEMENT
THE TRANSPORTATION	
application could provide to	<ul> <li>Dusiness/organization supporting the request for operating authority)</li> <li>Briefly describe the transportation service that you need and that the support of the properties of the properties.</li> </ul>
granted	Briefly describe the transportation service that you need and that to your business/organization if this request for operating authority is
See attachme	ent A
- Jo attaonine	on A
Are your transmit (	
have experienced	ing met now? Yes NoX_ If not, explain problems you
Soo ottook	
See attachmer	nt A
See attachment	ave any affect on you or your business/organization:
(To be completed by the individual o	VERIFICATION
(To be completed by the individual o	VERIFICATION or business/organization supporting the request for operating authority)
(To be completed by the individual o	VERIFICATION or business/organization supporting the request for operating authority)
ame and Title: Teresa C. Kulik	VERIFICATION or business/organization supporting the request for operating authority)
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ame and Title: Teresa C. Kulik usiness/Organization: reet/Mailing Address: #10 River Resort, ty, State, Zip Code: General Delivery,	Stehekin, WA 98852
ame and Title: Teresa C. Kulik usiness/Organization: reet/Mailing Address: #10 River Resort, ty, State, Zip Code: General Delivery, lephone Number:_509-662-1312	Stehekin, WA 98852
ame and Title: Teresa C. Kulik usiness/Organization: reet/Mailing Address: #10 River Resort, ty, State, Zip Code: General Delivery, lephone Number:_509-662-1312_ derstand that this information is being gatities and Transportation 2	Stehekin, WA 98852  Fax Number:
ame and Title: Teresa C. Kulik usiness/Organization: reet/Mailing Address: #10 River Resort, ty, State, Zip Code: General Delivery, lephone Number:_509-662-1312_ derstand that this information is being gatities and Transportation 2	Stehekin, WA 98852  Fax Number:

Document No. TS-180677
Attachment A to Support Statement

## THE TRANSPORTATION NEED:

I have rented a cabin in Stehekin for 29 years. Reliable daily transportation to and from Stehekin would enable my family and me to access the North Cascades more frequently and without inconvenient and long travel.

ARE YOUR TRANPORTATION NEEDS BEING MET NOW? NO The current carrier does not provide daily service in the off season.

IF THE REQUEST IS DENIED, WOULD IT HAVE ANY EFFECT ON YOU? YES

My six siblings are now aging - we are all between 58 and 74. They live in Yakima, Seattle and Spangle. The proposed new ferry service, departing at 1pm from Fields Point, would enable same day travel both from eastern and western Washington to Stehekin. The access for persons with disabilities would be especially helpful.

I urge the Commission members to approve the application for compelling health, safety, economic and convenience reasons.

Thank you for your careful consideration of Backcountry Travels' application.

Teresa C. Kulik

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applying the state of the state		
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty		
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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[ - 18 2	STATEMENT ization supporting the request for operating authority)	
	the transportation service that you need and that the	
application could provide to you or your business/org.		
Transportation to And From S	telehin,	
•		
Are your transportation needs being met now?	Yes No 🔏 If not, explain problems you	
Fixed schedule, only departs	Chelan in the morning, Requires	
travel at night or An overnig	Chelan in the morning. Reprises 64 stas in Chlan Aven in order	
to Alize the Boat Company so	260,00.	
If the request is denied, would it have any affect on you or your business/organization:  Yes X No If yes, please explain. At present there is only the Bost  Company, No Alternatives, Needing to build All travel schedules  Around the Bost schedule is crazy. It is 2018, And we have  No choice for up land travel.!		
VERIFIC	CATION	
[사람들의 아닌 현대 회장이 가입니다. 이 트로워 하는 아이를 모임하는 것이다. 그리는 바람이 하는 [사라의 사람이다. 그리는 사람이 그리는 사람들이 그를 먹는다. 그를 모으면 그렇지 않는 사람들이 그렇게 되었다.	ization supporting the request for operating authority)	
Name and Title: Thomas Pitts		
Business/Organization:		
Street/Mailing Address: 38 Company Creek hond  City, State, Zip Code: Stehekin, WA 98852		
Telephone Number: 509- 293- 658 9 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.		
Thomas Pitts I	8-20-18	
PRINT NAME	SIGNATURE DATE	

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
•		
THE APPLICATION What authority are you apply	ing for? Include any amendments.	
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	STATEMENT	
	nization supporting the request for operating authority)	
application could provide to you or your business/org	e the transportation service that you need and that the	
granted.		
Daily Service is n	reeded for business	
and visitors coming	to Stehekin -	
Are years transportation people being met have?	Yes No X If not, explain problems you	
Are your transportation needs being met now? have experienced.	1 Hot, explain problems you	
Mid week training m.	eeting in Chelan -	
	in winter shedule I have	
If the request is denied, would it have any affect Yes X No If yes, please explain G-ve	on you or your business/organization.	
T the same and the	sesmaly goods especially	
during months when	boat is on its winter	
shediule -		
	CATION  nization supporting the request for operating authority)	
(10 be completed by the individual of business/organ	ilization supporting the request for operating dutiloney)	
Name and Title: Mark Courtne	4	
	traction-Valenteer EMS Provider -	
	1	
Street/Mailing Address: Po Box 5 4		
City, State, Zip Code: 5 tehe Kin, WA. 98852		
Telephone Number: no phone —	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.		
1		
Mark L. Courtney Mar	rk & Courtry 8-21-2018	
PRINT NAME	SIGNATURE DATE	

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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SUPPORT STATEMENT		
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granted		
POINT LANDING) AND EARLIER BOAT TIMES OUT		
Are your transportation needs being met now? Yes No _X If not, explain problems you		
have experienced.  LEAVING DUR HOUSE IN OREGON REQUIRES ALL-NIGHT		
DRIVING TO AVOID EXPENSITUE OR UNAVAILABLE		
CHELAN ACCOMODATION, TO MAKE CURRENT BOAT.		
If the request is denied, would it have any affect on you or your business/organization:  Yes No If yes, please explain		
$\mathbf{r}$		
VERIFICATION  (To be completed by the individual or business/organization supporting the request for operating authority)		
(To be completed by the individual or business/organization supporting the request for operating authority)		
(To be completed by the individual or business/organization supporting the request for operating authority)  Name and Title:   ROBINSON		
(To be completed by the individual or business/organization supporting the request for operating authority)  Name and Title: ROBINSON  Business/Organization:		
Name and Title:		
Name and Title: KRIS ROBINSON  Business/Organization:  Street/Mailing Address: 955 STEHEKIN VALLEY RD  City, State, Zip Code: STEHEKIN, WA, 98852		
Name and Title: ROBINSON  Business/Organization:  Street/Mailing Address: 955 STEHEKIN VALLEY RD		
Name and Title: KRIS ROBINSON  Business/Organization:  Street/Mailing Address: 955 STEHEKIN VALLEY RD  City, State, Zip Code: STEHEKIN, WA, 98852  Telephone Number: 509931199\$  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		
Name and Title: KRIS ROBINSON  Business/Organization:  Street/Mailing Address: 955 STEHEKIN VALLEY RD  City, State, Zip Code: STEHEKIN, WA, 98852  Telephone Number: 509931199\$  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		

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
Backcountry Travels LLO	10-100077
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granted. ————————————————————————————————————	PS OUT OF STEHEKIN
TO MEET APPOINTM	
age to the complete source of the complete of	
have experienced	Yes No <u>X</u> If not, explain problems you
CHEREMAY, A TRIP TO A DOCTOR OR SHOPPING	
REQUIRES 1-2 NIGHTS STAY IN CHECAN OR	
WENATCHEE.	
If the request is denied, would it have any affect on you or your business/organization:  Yes No If yes, please explain	
VER	IFICATION
	ganization supporting the request for operating authority)
Name and Title: YAMUNA ROBINSON	
Business/Organization:	
Street/Mailing Address: 955 STEHEKIN VALLEY RD	
City, State, Zip Code: STEHEKIN,	WA, 98852
Telephone Number: (SDS) 3978878 Fax Number:	
Utilities and Transportation Commission, an agency of t	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of he information contained in this statement is true and correct

YAMUWA ROBINSON Yamura Robinson
PRINT NAME SIGNATURE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677	
Backcountry Travels LLC	13-160677	
THE APPLICATION What authority are you applyi		
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SUPPORT S (To be completed by the individual or business/organ		
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application could provide to you or your business/organted. WE Travel to Stehekin Treques	anization if this request for operating authority is	
service would be wonderful as it would a	create significantly more convenient	
travel times allowing for I day of trave		
It takes us now, The femy currenty only	uns 3 days in the winter which does Not meet als.	
Are your transportation needs being met now? have experienced. TIMING OF THE FEMY CURRENT	Yes No X If not, explain problems you does not allow by travel to stevelin in	
	of provide a changing table for young	
ehildren intact there is NO sate place to c	hange a diaper on a 4 hride this is	
a major issue forcing me to change my babi		
If the request is denied, would it have any affect of		
	The area regularly with my femily hower vernight accomodations due to the	
timing of the ferry leaving Chelon, A more	convenient option materlass provides	
Safe accompositions Be children would a	llow is to travel even more	
tregumy to a place we lar. Stehelin		
VERIFIC  (To be completed by the individual or business/organ		
Name and Title: Autumn Lem leg 1	D.O.	
Business/Organization:	,	
Street/Mailing Address: <u>137 Shiloh Farr</u>	ys Rd	
City, State, Zip Code: Clarksburg WV 26301		
Telephone Number: WYLANDBLANDON 724-0	198471 Fax Number: 724-627-5772	
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the j	state of Washington. I certify or declare under penalty of	
Autumnlemley C	SIGNATURE S-16-18 DATE	

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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 am opening new all-season rental cabins in Stehekin in spring 2019 and need transportation options for guests and staff that provide as many schedule choices as possible during the summer season and consistent access during the winter.	
Are your transportation needs being met now? Yes No _X If not, explain problems you have experienced: I regularly travel to Seattle and the existing ferry schedule makes the trip very challenging both coming and going. Having an earlier departure from Stehekin and a later departure from Fields Point will be very helpful. In the winter the limited ferry days is a major hinderance to my personal and business travel needs.	
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 need to restrict our booking options for winter to only allow stays that start and end on the days when the existing ferry is operating, significantly limiting the number of guests we are likely to attract in those months. During the summer months we won't always have time to clean and reset the cabins for guests, as guest largely arrive and depart on the same ferry, Having more arrival and departure options will allow us to define later arrival times and allow us to more frequently book departures and arrivals to cabins on the same day.	

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
I am opening new all-season rental cabins in Stehekin in spring 2019 and need transportation options for guests and staff that provide as many schedule choices as possible during the summer season and consistent access during the winter.
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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 need to restrict our booking options for winter to only allow stays that start and end on the days when the existing ferry is operating, significantly limiting the number of guests we are likely to attract in those months. During the summer months we won't always have time to clean and reset the cabins for guests, as guest largely arrive and depart on the same ferry, Having more arrival and departure options will allow us to define later arrival times and allow us to more frequently book departures and arrivals to cabins on the same day.

(To be completed by the individual or busines:	<b>ERIFICATION</b> s/organization supporting the request for o	operating authority)
Name and Title:_Nathan Thomas  Business/Organization: Rainbow Falls Lod Street/Mailing Address: 66 Rainbow Lane		
City, State, Zip Code: Stehekin, WA, 98006 Telephone Number:_919-949-3882 I understand that this information is being given as Utilities and Transportation Commission, an agenc perjury under the laws of the state of Washington to	the basis for a grant of operating authority	y by the Washington leclare under penalty of ment is true and correct.
Nathan B. Thomas PRINT NAME	SIGNATURE	8/16/2018 DATE

15-180W1

### IMPORTANT!!!

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

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

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

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

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

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

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
•	l

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 application could provide to you or your business/organization if this request for operating authority is application, could provide to you or your business/organization if this request for operating authority is granted. As A PRODUCTION VISITED STANDARD TO LONG FOR STANDARD STA
granted 45 A PECQUINIT VISITE TO STEVENIN / RETY ON TRANSPORTATION OF CHECKING
AND DOWN. AS IT IS NOW, THE CATEST BORN TO CETTE TREES OF ALL STORTEN
THIS IS IMPOSSIBLE FOR ME TO CATCH IF I'M FLYING INTO SPATTLE AND WIGH TO BE IN STRATOLING THE SAME NIGHT. THIS WAND BOAT LOAVING OF IPM WOULD ALLOW ME TO GET TO MY DESTRUCTION THE AND THE SAME NIGHT. THIS WAND BOAT LOAVING OF IPM WOULD ALLOW ME TO GET TO MY SAVING TIME AND THE SAME NIGHT. THIS WAND BOAT LOAVING OF IPM WOULD ALLOW ME TO GET TO MY SAVING TIME AND THE SAME NIGHT.
THE SAME NIGHT. THIS WAND DOAT LOWN DOWN WOODS THE THIS WAND DOAT LOWN DOWN WOODS THE PROPERTY OF THE PROPERTY
Are your transportation needs being met now!
A SO COUNTILL LANDOS ISLE TO MAKE THE SICIETY ONE VING TOPPING
MIGHT IN CHOLAN OR SOMETIES WHEN I WANT TO BE IN STETESKIN. A LATER BONT, LIKE THE PEOPLE'D
1PM BOAT, WOULD ALOW ME TO PLY IN FROM OUT OF STATE AND SALL MAKE IT TO STEPENING TO
If the request is denied, would it have any affect on your business as SACR IFICE TIME
A MARCH & CONTRACTOR OF AFFINE
WHEN THE TICIP COULD BE MADE IN CHE MY. I MOULD BE ABLE TO
VERIFICATION  (To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: Kamelon Schapel
Business/Organization:
Street/Mailing Address: 7520 TEAUBHT WAY
City, State, Zip Code: WILLAMSBULO, VA 73188
Telephone Number: 724-984-1876 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.
RAMORON SHARES SIGNATURE DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	v two passenger catamaran. The vessel would leave
SUPPORT	STATEMENT
THE TRANSPORTATION NEED  application could provide to you or your business/or granted.  The Schelle for this boot se for travelers that are trying Schedul, partially avoiding.  Are your transportation needs being met now? have experienced. Legally, I see is company in regards to serving granted.  Company in regards to serving granted.  Wheel dan't alusible restrain. I habies a how include for	to operate on a more frexible  y spending unwanted time in Chela  Yes No X If not, explain problems you  sives with the Lake Chelan Buat  ests with disabilities. There is no  rea is also no changing table for  ywng families.
hinders my ability to travel to that fits my schedule. Local beek't from this more diverse Community Balkwatry Travels LL Wintry non-lexistant, filling in VERII (To be completed by the individual or business/org	e Chelan Boat company. This and tran Stehelin and the day) sesides to and Torrists will both service, bousting conormy for this c service, bousting a service trust C is simply providing a service trust FICATION the gaps of the Boat company anization supporting the request for operating authority)
Name and Title: Lauren Schae	efer
Business/Organization:	
Street/Mailing Address: 7524 Teal	ght way
City, State, Zip Code: Williams burg	VA 23188
Telephone Number: 724-984 - 1977	Fax Number:
I understand that this information is being given as the l	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.

Lavren Schalfer PRINT NAME Lauren Schafn SIGNATURE

08/16/18 DATE

Applicant Namo:	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ing for? Include any amendments.
a Lill and a second project form, convice on Lake	Chelan based out of Stellekin WA. The Vesser that
will be used is a quiet, comfortable and efficient thirty	hack in Stehekin at 2:45pm.
Stehekin at 10:40am daily and return at 1pm, arriving	Dack III Otomokiii at 2110p
SUPPORT	STATEMENT (
(To be completed by the individual or business/orga	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	e the transportation service that you need and that the
application could provide to you or your business/org	janization if this request for operating dath of the
granted.	in on late chelan. More
parcets of private proper	and Come Stell Find
regular transportation in	CONTINUE SIGNATURE
	Yes No If not, explain problems you
Are your transportation needs being met now?	Yes No If not, explain problems you
have experienced.	Existing senlice does
a daily DOSIS FLET TORCE	waissited of the usar.
not wall than STOPS to	MACO DE STATE OF COLOR
No air service on lake	
If the request is denied, would it have any affect on you or your business/organization:	
Yes No If yes, please explain.	IT OCCESS TO BUILDING
and to Stelle Kin for Dus	Mess and Dressing Decis
delivery of parts and supplies to customers in	
Stoke Kin	
4	
VERIF	FICATION
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
1 A 10:11am	
Name and Title: Of The Miller	Drilling L.C.
Business/Organization: MVM Color Col	
Street/Mailing Address: 40 4 5, 411	98814
City, State, Zip Code: Code: Code	- Number (60 LS) - ()00
Telephone Number: 559 679 19	Fax Number: 454 652 250
	pasis for a grant of operating authority by the Washington he state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.

PRINT NAME

(SIGNATURE

DATE

Applicant Name:	Application Docket No.:
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
Stellerill at 10.40am daily and	
/Ta he completed by the individual or business/orgal	STATEMENT  nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly described application could provide to you or your business/org	e the transportation service that you need and that the ganization if this request for operating authority is
granted.  Transportation to a private recinerce	for mainterance and logarha
Are your transportation needs being met now?	Yes No _ If not, explain problems you
have experienced.	I and have plantly issues
If the request is denied, would it have any affect Yes No If yes, please explain.	t on you or your business/organization:
(To be completed by the individual or business/orga	FICATION anization supporting the request for operating authority)
Name and Title: Colbs Flick	
Business/Organization:	
Street/Mailing Address:	
City, State, Zip Code: <u>Prewster WI</u>	98812
Telephone Number: Som - Colem - 4724	Fax Number:
I understand that this information is being given as the b	asis for a grant of operating authority by the Washington he state of Washington. I certify or declare under penalty of he information contained in this statement is true and correct.
	N 160 9/00/194
PRINT NAME	SIGNATURE 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 yessel that will be used is a quiet, communable and emicient unity two passenger catalinarian. The vessel would leave	
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stenekin at 2.43pm.
(To be associated by the individual or hysinesslow)	STATEMENT request for operating authority)
application could provide to you or your business/org granted.	the transportation service that you need and that the
Stehelie on a glar-golins tweek off-season schedul	e in service now is not
Are your transportation needs being met now? Yes No & If not, explain problems you have experienced. We need service to the service of the visits when the boat only news 3 days per weeks.	
If the request is denied, would it have any affect on you or your business/organization:  Yes No If yes, please explain	
VERIF  (To be completed by the individual or business/orga	CICATION Anization supporting the request for operating authority)
Name and Title: MARCOLM KEITE	ILEY, PUBLISHER
Business/Organization: LAKE CHELAN MAGAZINE  Street/Mailing Address: 611 North MINOR AVE.	
TEAST WELL	ATCHEE, WA 98802
Telephone Number: 509-679-8756	Fax Number:
I understand that this information is being given as the but Utilities and Transportation Commission, an agency of the	asis for a grant of operating authority by the wasnington ne 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 a

MALCOLM LEITHLEY
PRINT NAME

Applicant Namo:	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
Backcountry Travers LLO	
THE APPLICATION What authority are you apply	ing for? Include any amendments.
i i i i i i i i i i i i i i i i i i i	Chejan nased out of Stellekin VV ( 1116 Voods
with a sead in a guiet comfortable and efficient follow	(WO Dassenger Catamaran: 1110 1000)
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stehekin at 2:45pm.
	STATEMENT nization supporting the request for operating authority)
THE TO A MODORTATION NEED Printly docoribe	a the transportation service that you need and that the
application could provide to you or your business/org	ganization if this request for operating authority is
granted.	1 //
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that love drive to	Scattle
- Ina corig and e	
l	No at explain problems you
Are your transportation needs being met now?	Yes No / If not, explain problems you
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Late Arrival in	v Chelan from Sochetein
matting us forcin	g us to spend another
nitelat in Chela	
	t on your or your business/organization:
If the request is denied, would it have any affect	El Oll you or your business, organization
Yes No If yes, please explain	
It would roude us less oftens to	
- H would a ova	1
Class of Stability Con. K	It would lose another work
Stay in societies as	day
VERI	FICATION
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
Name and Title: Linea Turne	20
Business/Organization:	
Street/Mailing Address: 1718 163rd St	
City, State, Zip Code: 11/1/ Creek, WA 98012	
Telephone Number: _ 360 631 2755 Fax Number:	
the book for a grant of operating authority by the Washington	
I understand that this information is being given as trie basis for a grant of operating distance.  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.	
perjury under the laws of the state of washington that the	JO HINSTINGATOR CONTRACTOR OF THE PROPERTY OF
	~/ / ~
Donnaluine	Mariu 8/19/18
DDINT NAME	SIGNATURE / DATE
TOTAL MANIE	

	Application Docket No.:
Applicant Name:	TS-180677
Backcountry Travels LLC	10 100077
THE APPLICATION What authority are you apply	ying for? Include any amendments.
I form ( contico on 1 ake	I helan hasen out of Stellekin vvv. The vector
with the sound and efficient third	V IWO Dassenger Catamaran. The veces means
Stehekin at 10:40am daily and return at 1pm, arrivin	g back in Steffekin at 2.43pm.
(T )lated by the individual or hysiness/orga	STATEMENT  Initiation supporting the request for operating authority)
application could provide to you or your business/or	ganization if this request for operating authority is
granted. Need to leave stevenin in the	the next day This would save # ##
same day and return to Stehekin	TWE NEXT GROWN
by only requiring ONE overnight	
conditions. Also, one could have Stell	rekin indaylight and arrive in Spattle indayligh
Are your transportation needs being met now?	Yes No X If not, explain problems you to teak Steheking It is 6 PM or
liave experienced.	
later by the time I get to We	The state of the s
Then 5 spend the night, The new	t day I keep my business appointment
and, spend a second night at	
If the request is denied, would it have any affect	et on you or your business/organization:
Yes No If yes, please explain V	tape to ansie of second
Another case is FAMILIES wh	The state of the s
have to waste an entire day	LI LIVITAGE TO SOURCE THE
I suspect many visit potenti	La time lacces usues
visit some other location due	eo (me/acco)
VERI	FICATION (Separating outbority)
(To be completed by the individual or business/org	panization supporting the request for operating authority)
Lalen R Rings	2/2011/20
Name and Title: John R Bridge	jvictry
Dusiness, organization	sme owner
Street/Mailing Address: P.O. Box 24	Τ
	uA 98852
	Fax Number:
Telephone Number 25 75 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
I understand that this information is being given as the Utilities and Transportation Commission, an agency of perjury under the laws of the state of Washington that t	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
	· · · · · · · · · · · · · · · · · · ·
John R Bingham Dol	mi Dingborn 21 August 201
PRINT NAME	SIGNATURE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ring for? Include any amendments.
A daily, year round commercial ferry service on Lake	y two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stehekin at 2:45pm.
SUPPORT	STATEMENT
(To be completed by the individual or business/orga	inization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describ	e the transportation service that you need and that the
application could provide to you or your business/orgranted. We need a true that leaves stehe	
granted. We need a trip that leaves stene	ernoon obligations and appointments
Spready Dr Man story	service; naunot available to and from
The state of the s	valuable addition to present service
DIENTERINE, WE JEET INTO PROPERTY	VICEDOCADIE NO TO
Are your transportation needs being met now?	Yes 1 No If not, explain problems your
have experienced. I teel this would	the present limitations of:
CONTROL TO VIEW	the morning + returning latelone
THE STREET	in of much need had itional trippossible.
If the request is denied, would it have any affect	et on you or your business/organization:
Yes $\times$ No If yes, please explain. $\omega_{\mathcal{E}}$	are hopeful that this request will
be aftirmed awing us an opti-	on of travel we had missed
now that the "bady Cat" and the	e Air Service are not available.
There is a hearth and safety for	ctor involved in adding service,
both for tourists and talks who li	ive and work here.
VERII	FICATION
(To be completed by the individual or business/org	anization supporting the request for operating authority)
Name and Title: Adele Bingham	
Business/Organization:	
Street/Mailing Address: P. 6 Box 24	& H22 Copper Loop
City, State, Zip Code: Stehekin WA 988	52 + E. Wenatchee, WA 98802
Telephone Number: 509 - 470 - 6440	Fax Number:
I understand that this information is being given as the b	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.

Adele Bingham PRINT NAME

	Application Docket No.:	
Applicant Name:	TS-180677	
Backcountry Travels LLC	10 100077	
THE APPLICATION What authority are you applying	ng for? Include any amendments.	
I somfortable and Afficient Initiv	IWO Dassellyer catamaram the terminate	
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	
Stellerill at 10. Todin daily and		
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		
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the	
THE TRANSPORTATION NEED Briefly describe the transportation service that years application could provide to you or your business/organization if this request for operating authority is		
granted.	here travel to Stehekin	
Myself and tamily men	Out of the second	
almost every year and it would be great to have a boat		
available with other or	otions for Scheduling	
Are your transportation needs being met now?	Yes No X If not, explain problems you	
have experienced.		
It has been difficult to work within the		
the contract of the law hot dates		
Schedule of 194 of the	an have traveling from Oregon have to	
or times requested. tamily in	embers traveling from Oregon have to	
If the request is denied, would it have any affect	t on you or your business/organization.	
Yes X No If yes, please explain.	550 1.00	
As stated above will need	70 WUIK 100 LO	
within limited parameter		
of available transportation	hoat is scheduled.	
,	000)	
VERIF	FICATION	
(To be completed by the individual or business/orga	anization supporting the request for operating authority)	
Name and Title: <u>Jeanette</u> O Keefe (individual)		
Business/Organization:		
Street/Mailing Address: PO BOX 1185	/ 225 East Chewoch Rd.	
City, State, Zip Code: Winthrop, L	NA 98862	
Telephone Number: (509)996-4133 Fax Number:		
- 1/- a h	pasis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of	
I understand that this information is being given as the b	he state of Washington. I certify or declare under penalty of	
I understand that this information is being given as the basis for a grant of operating database.  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.		
p. 5,5		
I T II MILLE TO	anotto 0 /11/20/18	
Jeanette Okeete le	SIGNATURE DATE	
PRINT NAME		
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	individual requesting operating authority)
	individual requesting operating authority) Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you	u applying for? Include any amendments.  on Lake Chelan based out of Stehekin WA. The vessel that not thirty two passenger catamaran. The vessel would leave
daily, year round commercial ferry service of	nt thirty two passenger catamaran. The vessel would leave
<u>vill be used is a quiet, comfortable and efficie</u> Stehekin at 10:40am daily and return at 1pm,	
Stehekin at 10:40am daily and return at 1pm,	arriving back in elements.
	PORT STATEMENT ss/organization supporting the request for operating authority)
(To be completed by the individual or busines	ss/organization supporting the require that you need and that the
application could provide to you or your busing granted.D <del>uring all 12 months, we need transp</del>	describe the transportation service that you need and that the ness/organization if this request for operating authority is portation to and from our Cabin that is located 3 miles down
ake from Stehekin.	
Are your transportation needs being met	now? Yes No _x If not, explain problems you
Are your transportation needs being met have experienced. <del>The current service will no</del>	t stop at our cabin.
If the request is denied, would it have any Yes_x_ No If yes, please explain the cabin.	y affect on you or your business/organization:  nNot having this service would prohibit our use of
	VERIFICATION ness/organization supporting the request for operating authority)
(To be completed by the individual or busin	ness/organization supporting the request for operating authority)
(To be completed by the individual or busing Name and Title:_Karen McKellar	ness/organization supporting the request for operating authority)  th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellarIndividual with Ctract/Mailing Address: PO Box 1393	ness/organization supporting the request for operating authority) th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellar	th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellar	th private ownership of property on Lake Chelan  8816 Fax Number:
(To be completed by the individual or busing Name and Title:_Karen McKellar	ness/organization supporting the request for operating authority) th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellar Individual with Street/Mailing Address:_PO Box 1393 City, State, Zip Code: Chelan, WA 98 Telephone Number: 509-470-4002 I understand that this information is being given Utilities and Transportation Commission, an age perjury under the laws of the state of Washington	th private ownership of property on Lake Chelan  8816 Fax Number:  as the basis for a grant of operating authority by the Washington ency of the state of Washington. I certify or declare under penalty on that the information contained in this statement is true and correction.
(To be completed by the individual or busing Name and Title:_Karen McKellar Individual with Street/Mailing Address:_PO Box 1393 City, State, Zip Code: Chelan, WA 98 Telephone Number: 509-470-4002 I understand that this information is being given Utilities and Transportation Commission, an age perjury under the laws of the state of Washington	th private ownership of property on Lake Chelan  8816 Fax Number:  as the basis for a grant of operating authority by the Washington ency of the state of Washington. I certify or declare under penalty on that the information contained in this statement is true and correction.
(To be completed by the individual or busing Name and Title:_Karen McKellar Individual with Street/Mailing Address:_PO Box 1393 City, State, Zip Code: Chelan, WA 98 Telephone Number: 509-470-4002 I understand that this information is being given Utilities and Transportation Commission, an age perjury under the laws of the state of Washington	th private ownership of property on Lake Chelan  8816 Fax Number:  as the basis for a grant of operating authority by the Washington ency of the state of Washington. I certify or declare under penalty on that the information contained in this statement is true and correction.
(To be completed by the individual or busing Name and Title:_Karen McKellar	th private ownership of property on Lake Chelan  8816 Fax Number:  as the basis for a grant of operating authority by the Washington ency of the state of Washington. I certify or declare under penalty on that the information contained in this statement is true and correction.

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you applying	ing for? Include any amendments.
I'm a mint comfortable and efficient initiv	(W) Dassenger Catamaram The
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stenekin at 2:45pm.
	~-^-V-NT
SUPPORT	STATEMENT
	nization supporting the request for operating authority)  e the transportation service that you need and that the
THE TRANSPORTATION NEED Briefly described to your business/orc	ranization if this request for operating authority is
application could provide to you or your business/orgranted.	ale boat Service, to include
pet transportation, on an effici	ent schedule that would better
	agranuater
Serve the needs if our Steheken	Wirei Rusiness
	Li Hamayay
Are your transportation needs being met now?	Yes No X If not, explain problems you
Are your transportation needs being met now? have experienced. Resident going drund	(acc) for (ac) approximation (he wasted) Mouther
I have the Condition to be a full with the	11 TOPO SOLVENIE TO TOPO TOPO TOPO TOPO TOPO TOPO TOPO
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months and do not have the sch	eduled reeds of water residences.
at the second it have any affect	t on voluer vour business/organization.
If the request is defiled, would it have any and	eken residents would be compromised
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Thavel on a daily basic to beceive i	their neurrary services,
•	
VERIF	FICATION  The request for operating authority)
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
Jan. (a)	Leni Ralus
Name and Title: Junda and	)
Business/Organization:	
Street/Mailing Address: PO Box 309 (13	15 Steherun Valley Road)
Office triaining / talair see	<b>O</b>
City, State, Zip Code: Stehelun WA	98852
Telephone Number: (509) 768-0494	Fax Number:
and the second s	pasis for a grant of operating authority by the Washington
I understand that this information is being given do and Litilities and Transportation Commission, an agency of the	he state of Washington. I certify or declare under penalty of the state of washington. I certify or declare under penalty of the statement is true and correct.
perjury under the laws of the state of Washington that the	ne information contained in this statement is true and correct.
Loss of Boul	(b) (nda) Bulu 8-20-2018
LOPINDA BOTH	SIGNATURE DATE
PRINT NAME	0,0,0,0,0

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
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THE APPLICATION What authority are you apply	ring for? Include any amendments.
	Thaish hasen our of otericing vive the recent
The second of th	V IWO Dasseliger catalitation from
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Steriekin dt 2. ropim
SUPPORT	STATEMENT
(T. Lleted by the individual or business/orga	inization supporting the request for operating authority)
application could provide to you or your business/or	ganization if this request for operating authority is
granted. Ne need an option to	14 (445000 4)
THE TRANSPORTATION NEED Briefly describ application could provide to you or your business/orgranted. We receive to the summer time is also find and out.	e the one option (miven)
is often sold out.	
	<u> </u>
Are your transportation needs being met now?, have experienced.	Yes No X If not, explain problems you
have experienced Sales out + Can	t return the same day.
We've govered to stay overnia	jut in a hotel because there's
The continues on tinue	8
no vertire operation	
	turner very business/organization:
If the request is denied, would it have any affect	t on you or your business/organization.
Yes X No If yes, please explain    worm or over night starts	World available to the second of the second
money on overnique ofarge	- downcock.
VERI	FICATION (Section authority)
(To be completed by the individual or business/org	panization supporting the request for operating authority)
Name and Title: GINA LEVANTINI	
Business/Organization:	
Street/Mailing Address: PO BOx 301	
City, State, Zip Code: STEHEKIN, WA	18852
Telephone Number: 561 926 2096	Fax Number: —
the first street on an the l	basis for a grant of operating authority by the Washington
	the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9
GINA LEVANTINI	8/19/18
PRINT NAME	SIGNATURE DATE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
TO A TION AND A TION OF THE PROPERTY OF THE PR	Sking for? Include any amendments
THE APPLICATION What authority are you app	ke Chelan based out of Stenekin WA. The Vesserthat
be used is a quiet comfortable and efficient this	rty two passenger catamaran. The vesser would leave
Stehekin at 10:40am daily and return at 1pm, arriv	<u>ing back in Stehekin at 2:45pm.</u>
SUPPOR	T STATEMENT
(To be completed by the individual or husiness/or	panization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly descr	ibe the transportation service that you need and that th
application could provide to you or your business/o	organization if this request for operating authority is
granted. ————————————————————————————————————	but work in chelan during the
week and a daily boat s	shedule would make it easier
for me to commute without	ut missing any work.
Are your transportation needs being met now	? Yes No / If not, explain problems you
· · · · · · · · · · · · · · · · · · ·	
During the winter months	the current boat shedule toes
not run on the weekends	which makes it hard to
come to stehekin on the	weekends without missing work
If the request is denied, would it have any affective	ect on you or your business/organization:
Yes No If yes, please explain	
T Il la I. Ch. la l	ternate means of transportation
I would have to find al	rvice that would fit my shedule
Officer fried Christin	)
VER	RIFICATION rganization supporting the request for operating authority)
Name and Title: Sivnon Cou	rtney
Business/Organization:	
Street/Mailing Address: 1 valley 5+	
City. State, Zip Code: Stenetin V	VA, 98852
Telephone Number: (509)-449-3369	Fax Number:
the state of the information is boing given as the	hasis for a grant of operating authority by the Washington
titude to the state of the control o	f the state of Washington. I certify or declare under penalty the information contained in this statement is true and corre

Simon Courtney
PRINT NAME

SIGNATURE 8/16/18
DATE

### APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

**Applicant Name:** 

Application Docket No.:

**Backcountry Travels LLC** 

TS-180677

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

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

#### SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if This SERVICE WOULD PROVIDE EXCELENT SAME DAY TRANSPORTATION NEEDS TO AND FROM MOST AREAS OF WA. STATE. FROM STEHEKIN THIS HAS NEVER BEEN PROVIDED BEFORE.

Are your transportation needs being met now? Yes\_\_\_\_ No 💢 If not, TURNED AWAY IN CHEIAN FOR LACK OF ROOM ON GOAT.

REQUIRED TO STAY EXTRA DAYS IN CHELANON NON BOAT DAYS REQUIRED TO PLAN EXTRA DAYS ON TRIPS BECAUSE NO BOATSCHEDE

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

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

EMPLOYEES ARE NOT Able TO TRAVEL MANY DAYS IN THE WINTER MONTHS. WE NO LONGER HAVE AIR SERVICE TO STEHEKIN MAKING THIS AN EVEN MORE VITAL SERVICE.

DENIAL MEANS that I MUST MAINTAIN AND OPERATEMY OWN BOAT

#### VERIFICATION

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