

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. THIS PROPOSAL WOULD BE A DEFINITE IMPROVEMENT FOR US AND WOULD PROVIDE AN OPTION NOT CURRENTLY AVAILABLE. WE COULD DRIVE TO CHELAN, ARRIVE BY 1 PM, 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 CHELAN THE PREVIOUS DAY AND STAY OVERNIGHT IN ORDER TO GET TO STEHEKIN THE FOLLOWING DAY. THIS WOULD BE A BIG IMPROVEMENT.

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 TO HAVE THE SAME PROBLEMS IN GETTING TO STEHEKIN WITH THE GROUPS OF USUALLY A DOZEN PEOPLE THAT WE BRING HERE 5 OR 6 TIMES A YEAR.

VERIFICATION

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

Name and Title: WILLIAM GIFFORD, CHAIR NW SUBCOMMITTEE

Business/Organization: SIERRA CLUB OUTINGS

Street/Mailing Address: 2514 NW 1ST DRIVE

City, State, Zip Code: GRESHAM, OR 97030

Telephone Number: 503-491-1128 Fax Number: 503-222-2758

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

WILLIAM GIFFORD
PRINT NAME

William Gifford
SIGNATURE

8/16/2018
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

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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.

Having a service that caters to the upper end of Lake Chelan would be a good thing

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

The boat only comes from the lower end of the lake one time a day so getting out isn't too easy

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

Will continue to make departing the upper end of the lake hard and it only runs three days a week making it harder to go and come.

VERIFICATION

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

Name and Title: Jim Courtney

Business/Organization: Alpine Services

Street/Mailing Address: P.O. Box 296

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 509-470-1799 Fax Number: NA

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

Jim Courtney
PRINT NAME

Jim Court
SIGNATURE

8/17/2018
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

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

Transportation down and up the lake more consistent with our upper end of Lake Chelan life.

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

There is only one boat and one time to travel 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 affect on you or your business/organization:
Yes X No ___ If yes, please explain.

Harder getting out or in a timely fashion

VERIFICATION

(To be completed by the individual or business/organization 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 _____

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.

Irene Courtney

PRINT NAME

Irene Courtney

SIGNATURE

8-17-2018

DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
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SUPPORT STATEMENT

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

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

Transportation to Stehekin, WA

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

I work full time and need a way to get to Stehekin sooner and back on a timely schedule

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

Yes X No ___ If yes, please explain.

I won't visit very often because I can't get there and back on a timely schedule.

VERIFICATION

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

Name and Title: Dixie Strunk

Business/Organization: _____

Street/Mailing Address: 5826 200th St SW Apt C

City, State, Zip Code: Lynnwood, WA 98038

Telephone Number: 425-775-6318 Fax Number: _____

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

Dixie Strunk
PRINT NAME

Dixie Strunk
SIGNATURE

8.17.18
DATE

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
 Another method of transportation from Chelan to Stehekin is needed. Since there is no longer seaplane service, the current ferry schedule and availability is not adequate.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.
 There are times when the existing boat service is full or does not adequately meet the needs of people desiring to travel to Stehekin.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No ___ If yes, please explain.
 Failure to add this service will negatively impact those of us who desire to travel to Stehekin from Chelan.

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

Name and Title: Art Paulsen
 Business/Organization: _____
 Street/Mailing Address: 20448 N. Shadenway
 City, State, Zip Code: surprise AZ 85374
 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.

ART PAULSEN PRINT NAME Art Paulsen SIGNATURE 8-18-2018 DATE

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. If granted, this service could provide a much more convenient schedule for traveling in and out of the valley.

Are your transportation needs being met now? 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 requires me to stay over-night and pay for a hotel room. Would be nice to have more options

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I would continue having to spend extra time and money with the current schedule. Also in the winter the current boat company only runs three days a week which requires the valley residents to spend two to three nights in a hotel before able to return home.

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

Name and Title: Samantha Courtney


Business/Organization: Glacier Water Massage

Street/Mailing Address: P.O. Box 296

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: (509)423-3297 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.

Samantha Courtney PRINT NAME  SIGNATURE 8-18-18 DATE

Applicant Name:
Backcountry Travels LLC

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THE APPLICATION

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SUPPORT STATEMENT

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

THE TRANSPORTATION NEED

Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. *The service we need is one that quietly, comfortably, and efficiently bring happy passengers to Stehekin, and can be counted on year round.*

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. *The service we have right now is slow, unclear and unreliable, in the winter months there are many days it doesn't operate which is very inconvenient.*

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. *It leaves us at the sole mercie of one unstable company that could decide to strand people in the valley at any time.*

VERIFICATION

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

Name and Title: *Mr Gorden F. Courtney*

Business/Organization: _____

Street/Mailing Address: *P.O. Box 296 Stehekin*

City, State, Zip Code: *Stehekin WA 98852*

Telephone Number: *509,846,6632* 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.

Gorden F. Courtney
PRINT NAME

Gorden F. Courtney
SIGNATURE

8-18-2018
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. **Our guests desire transportation service that leaves Stehekin in the morning and Chelan/Field's Point in the afternoon. We also need enough transportation options for our guests to be able to travel on the days they are booked with us so that we don't end up with empty cabins due to lack of transportation options to Stehekin.**

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced. **The 2 biggest problems of MANY: Current service is not sufficient to meet demand. We have had MULTIPLE guests shorten their stay with us because they could not get boat tickets for the dates they wanted. (ie. They left us a day earlier than they wanted to because that was the only day they could get boat tickets for.) Our guests also often shorten their stay with us because the current boat schedule requires them to spend extra days travelling and/or spending a night in Chelan to ensure they can catch the boat on time. A schedule leaving Stehekin in the morning and Chelan/Field's Point in the afternoon would work much better for our overnight guests travelling long distances.**

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 continue to lose revenue due to guests adjusting their bookings to accommodate the lack of transportation service to our establishment. We have 4 short months to make a living by renting cabins, so every time someone cancels a night's stay due to an inability to get here, it is a huge impact on our livelihood.**

VERIFICATION

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

Name and Title: Bethany Gerhard, General Manager

Business/Organization: Stehekin Valley Ranch

Street/Mailing Address: PO Box 36

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 509-682-4677

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

8/17/18
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

(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 better service at times that allow me to do errands downlake without having to spend multiple nights at hotels. This is especially needed in the winter when current boat service only runs 3 days a week, but also in the busy summer months as well. A boat that leaves Stehekin in the morning would be a huge help to local residents, as we could then travel downlake, do our errands/doctor's appointments the same day, and return the next day. The current service requires an extra day to reasonably do the same thing, due to their schedule arriving downlake late in the day and leaving to come back first thing in the morning.**

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced. **I basically cannot leave Stehekin at all in the summer because the current boat schedule requires too much time to leave, accomplish my errands, and return. I can't miss that much work. A morning departure from Stehekin would allow me to do what I need in one less day, thus making it possible. Winter travel is also expensive due to the current boat service only running 3 days a week, requiring Stehekin residents to pay for lodging for multiple nights while they wait for the next opportunity to return home.**

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 transportation service is not sufficient to meet my needs. Without an additional service such as the one proposed by Backcountry Travels, LLC, valley residents must suffer by paying extra lodging fees as well as losing time/income in order to take care of basic needs such as doctor's appointments, etc.**

VERIFICATION

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

Name and Title: Bethany Gerhard, Stehekin Resident

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

8/17/18
DATE

| | |
|--|--------------------------------------|
| Applicant Name: Backcountry Travels LLC | Application Docket No.: TS-180677 |
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SUPPORT STATEMENT
 (To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. I would appreciate a boat leaving Fields Point later in the day. I live on the west side of the mountains & have to leave home quite early to make the current boat uplake.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Yes, I can get up & down the lake, however, the current boat is worn & unkept, making it less comfortable than it could be. The schedule is unfriendly for my needs as well. Ticketing could be more friendly with removal of expiration dates & reduced rates for family tickets.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. If competition is allowed, it seems that the end result for the consumer will be a better service. If service is limited to one boat, it is likely that the interests of those who own & run that boat ^{company} will be served & the consumer is without a voice.

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

Name and Title: Sharon Bilbro
 Business/Organization: _____
 Street/Mailing Address: 35831 SE 27th Pl.
 City, State, Zip Code: Fall City, WA 98024
 Telephone Number: 425.698.5222 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.

Sharon Bilbro PRINT NAME Sharon Bilbro SIGNATURE 19 Aug 18 DATE

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

| SUPPORT STATEMENT | |
|--|--|
| (To be completed by the individual or business/organization supporting the request for operating authority) | |
| THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. <u>More convenient options for transportation to & from Stehekin. When living in Stehekin an earlier boat to Fields Point would make it possible to accomodate more scheduled events. From the west side, a later departure from Fields Pt makes travel in one day much easier.</u> | |
| Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced. <u>Not entirely. More options would be much better. The proposed days of leaving at 8:00 from Stehekin would reduce the expense & time required for making events in Chelan/Wanatchee when staying in Stehekin.</u> | |
| If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain. <u>It would reduce flexibility. Also our system is based on the proven principle that competition benefits the customer. More competition would be a good outcome of granting this request.</u> | |

| VERIFICATION | | |
|--|-----------------------------------|------------------------|
| (To be completed by the individual or business/organization supporting the request for operating authority) | | |
| Name and Title: <u>Thomas Bilbro</u> | | |
| Business/Organization: _____ | | |
| Street/Mailing Address: <u>35831 SE 27th PL Fall City, WA</u> | | |
| City, State, Zip Code: <u>98024</u> | | |
| Telephone Number: <u>425 270 1981</u> 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. | | |
| <u>Thomas Bilbro</u> PRINT NAME | <u>Thomas Bilbro</u> SIGNATURE | <u>8/20/18</u> DATE |

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
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SUPPORT STATEMENT

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

I need to be able to travel from Stehekin to Chelan and arrive in Chelan with time to conduct business or schedule appointments for the same day.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. As stated above, there have been many times when I was unable to conduct business without scheduling an additional night away from 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 business away from Stehekin at least a two night trip. The ferry and schedule proposed by Back Country Travels LLC would save me a minimum of 24 hours away from home, plus all the expense that involves.

VERIFICATION

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

Name and Title: Jake Courtney

Business/Organization:

Street/Mailing Address: 53 Company Creek Rd.

City, State, Zip Code: Stehekin, WA, 98852

Telephone Number: (509) 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.

Jake Courtney
PRINT NAME


SIGNATURE

8-18-2018
DATE

| | |
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SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. I need a way to get downlake in order to make Dr. appointments and conduct other business on the same day of travel, allowing me to be away from home just one night, rather than two.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.
With the existing Ferry System it is virtually impossible to make appt. etc. the same day of travel. It takes 2 nights away from home in order to do something as simple as having a check-up with a Dr.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No ___ If yes, please explain. There are things I do not do downlake because of the time it takes, such as doctors appointments, events, family gatherings, etc. I have 6 young children at home, and being away for most of three days in order to attend an appointment or other business, is really not an option. We need a better, more efficient option in and out of Stehekin.

VERIFICATION

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

Name and Title: Dawn Courtney
 Business/Organization: _____
 Street/Mailing Address: 53 Company Creek Rd.
 City, State, Zip Code: Stehekin, WA 98852
 Telephone Number: 509-931-1601 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 Courtney PRINT NAME Dawn Courtney SIGNATURE 8-19-2008 DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Since the loss of a float plane service to the valley, and with the current ferry ferry services limited operations in the winter months, my ability to travel to/from the town of Stehekin has been severely restricted. This new option would appear to directly address my current problems by operating daily/year round.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. The current transportation available operates as little as 3 days/week in the winter months. This limits my ability to travel and also prohibits friends and family from visiting in the winter.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. If this application is denied then my ability to make timely doctor visits, emergency travel, or simply the convenience of being able to travel any day of the year, will continue to be an issue for me.

VERIFICATION

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

Name and Title: Bren Starcher

Business/Organization: _____

Street/Mailing Address: PO Box 283

City, State, Zip Code: Stehekin WA 98852

Telephone Number: (509) 931 1602 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.

Bren Starcher
PRINT NAME


SIGNATURE

8/20/18
DATE

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.: **AUG 28 2018**
TS-180677

WASH. 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 that the application could provide to you or your business/organization if this request for operating authority is granted.

for annual Retreat @ Stehekin Ranch -
additional ferry service would greatly help
need for early departure + afternoon return.

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

We have to drive a day ahead + spend the night
in Chelan; some on way out of Stehekin. 2 years
ago, air service was available + filled our needs.

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

not same every year.

VERIFICATION

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

Name and Title: Jutta Keruke

Business/Organization: Hobbitlers Hiking Club

Street/Mailing Address: 8929 E. Jason Hill Lane

City, State, Zip Code: Spokane, WA 99223

Telephone Number: 509.279.4000 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.

Keruke
PRINT NAME

Keruke
SIGNATURE

8/24/18
DATE

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.: AUG 28 2018
TS-180677

WASH. 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 that the application could provide to you or your business/organization if this request for operating authority is granted.

As a tourist I would like the option of leaving Field's Point later in the day when going to Stehekin, and being able to leave Stehekin sooner after leaving the Rancho. It makes more flights possible from Seattle.

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

The transportation that is currently available limits my travel options, I waste too much time between travel options, ie hotels, car rental, etc

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

It makes it harder for me to visit because I "waste" days/time on travel instead of visiting Stehekin. I want to use vacation days in Stehekin not in travel to & from.

VERIFICATION

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

Name and Title: Melodie Bogantz

Business/Organization: none

Street/Mailing Address: 4709 Sportsman Club Rd P.O. Box 504

City, State, Zip Code: Johnstown, OH 43031

Telephone Number: 614.209.5391 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.

Melodie Bogantz
PRINT NAME

Melodie Bogantz
SIGNATURE

8/22/18
DATE

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
The current service is geared towards tourism and it takes all day to go up and down the lake. The new service would take less time so would be more conducive to business or non-tourism activity

Are your transportation needs being met now? Yes No If not, explain problems you have experienced.
The time to go from dock to dock takes too long. You can not drive to Stehekin and right now there is no commercial airplane flying into the area.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain.
We would have to suffer through with what is available.

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

Name and Title: Margot Sanchez

Business/Organization: _____

Street/Mailing Address: 108 BUTTE RD; PO BOX 1715

City, State, Zip Code: Chelan, WA 98816

Telephone Number: 509 682-2038 Fax Number: NA

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

Margot Sanchez PRINT NAME Margot Sanchez SIGNATURE 8-22-2018 DATE

2018 AUG 24 AM 8:24
 STATE OF WASHINGTON
 UTILITIES AND TRANSPORTATION COMMISSION

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
More flexibility in travel from Holden Village / Chelan

Are your transportation needs being met now? Yes No If not, explain problems you have experienced.
The boat company has a monopoly and takes advantage of commuters. It also takes almost a full day of travel to get to Holden or Stehekin.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain. The same as above. Deal with the limitations of the current transportation available. Why don't we have a state/local run ferry service??

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

Name and Title: Danielle Maeder
 Business/Organization: _____
 Street/Mailing Address: PO Box 1372
 City, State, Zip Code: Chelan WA 98816
 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 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.

Danielle Maeder PRINT NAME Danielle Maeder SIGNATURE 8/22/18 DATE

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
Flexibility of a ferry service that will get me up to Stehekin and back at a more reasonable time than what is currently being offered. I could also go to Chelan & back in 1 day.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.
Schedule is limited, need to take a full day off work. With this ferry I could work half a day & then head uplake.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No ___ If yes, please explain. I specifically plan my vacation around this. I travel many times to Stehekin w/ family living there. I would go more if the schedule was like this.

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

Name and Title: Kristin M. Shively Loan Servicing
 Business/Organization: _____
 Street/Mailing Address: 117 Fairway
 City, State, Zip Code: Chelan 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 PRINT NAME Kristin M. Shively SIGNATURE 8/22/18 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

(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.
Difficulty in getting a last minute seat on the current ferry and oft times inconvenient travel times.

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.

RECEIVED
RECORDS MANAGEMENT
2018 AUG 24 AM 8:24
STATE OF WASHINGTON
LITHIUM ION BATTERY
FORWARD

VERIFICATION

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

Name and Title: Casey Leigh

Business/Organization: _____

Street/Mailing Address: P.O. Box 301,

City, State, Zip Code: Entiat, Washington

98822 _____

Telephone Number: 509-784-9040 _____ 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

IMPORTANT!!!

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

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

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

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

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

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

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

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

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

We visit Stehekin during the summer to hike in the North Cascades. Having a ferry that leaves Chelan later in the day and leaves Stehekin earlier would be of benefit to us.

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

The times for the Lady of the Lake do not always match our schedule.

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 probably access the North Cascades from Hwy 20 instead

VERIFICATION

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

Name and Title: W. Daniel Jamieson

Business/Organization: _____

Street/Mailing Address: 5285 NE Elam Young Parkway, Suite B-300

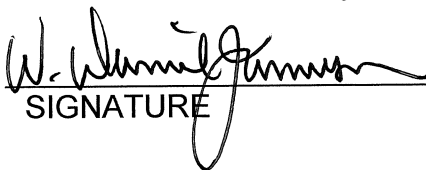
City, State, Zip Code: Hillsboro, OR 97124

Telephone Number: (503) 648-4460

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.

W. Daniel Jamieson
PRINT NAME


SIGNATURE

20 Aug. 2018
DATE

2018 AUG 18 AM 8:20
RECEIVED
WUTC
CHelan

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

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

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

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

Ferry leaving later in day, ~~from~~ to ~~arrive~~ Stehekin and earlier from Stehekin

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

But very inconvenient having to leave so early from west side of cascades, later ferry would be better. Returns late back to Chelan - so earlier boat from Stehekin and later from Chelan.

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

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

Name and Title: Deidre Wood

Business/Organization: _____

Street/Mailing Address: 309 1st ave W

City, State, Zip Code: Gold Bar, wa 98251

Telephone Number: 206 306 4106 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.

Deidre Wood PRINT NAME Deidre Wood SIGNATURE 9/21/2018 DATE

2018 SEP 23 AM 8:20
 RECEIVED
 WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

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

SUPPORT STATEMENT

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

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

More choices in transportation on this lake will provide our business with more efficiency and increased clientele. In addition any required trips to town for business with this proposed schedule will allow a quicker return home to our business base.

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

We've not been able to count on getting a seat on the Exprex (Lake Chelan Boat Co) at times in the summer. To meet obligations in "town", we need to be able to know we can get to them in a timely fashion.

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

Yes No If yes, please explain.

Our business would continue to have some lag time between appointments meeting with clients and satisfying our customers in a timely fashion.

VERIFICATION

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

Name and Title: Nancy Barnhart, owner

Business/Organization: Barnhart Photography

Street/Mailing Address: P.O. Box 25

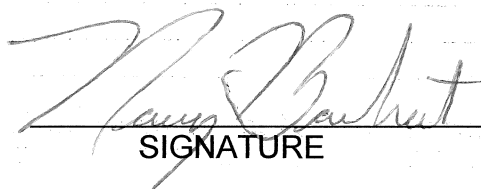
City, State, Zip Code: Stehekin WA 98852

Telephone Number: 509-670-0915 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.

NANCY BARNHART

PRINT NAME



SIGNATURE

8-20-18

DATE

RECEIVED
2018 AUG 23
STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION COMMISSION

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

AUG 23 2018

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

Access to Stehekin for recreation from Seattle area that does not require additional overnight in Chelan or long drives in the late night/early morning hours.

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

The current service schedule requires an early morning departure from Chelan that is inconvenient for anyone living elsewhere in the state. The proposed departure schedule would allow reasonable, same day travel

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

Yes X No ___ If yes, please explain.

~~Impoverished~~ With the current service availability, I will not likely be able to visit Stehekin for vacation.

from Seattle to Stehekin, + the reverse.

VERIFICATION

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

Name and Title: Jennifer Zubeck

Business/Organization:

Street/Mailing Address: 16832 12th Ave SW

City, State, Zip Code: Normandy Park, WA 98166

Telephone Number: (206) 399-5799

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.

Jennifer Zubeck
PRINT NAME

Jennifer Zubeck
SIGNATURE

8/21/2018
DATE

RECEIVED
2018 AUG 23 AM 8:21
REGISTRATION
UTILITY AND TRANSPORTATION
COMMISSION
COMMUNICATIONS
MANAGER

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

AUG 23 2018

WASH. 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 that the application could provide to you or your business/organization if this request for operating authority is granted.

This service would benefit visitors to Stehekin who would have an option of leaving later from Chelom AND would be amazing for residents in scheduling appointments, business, etc. downlake. They could spend less time downlake, & have more time on their

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

Not always conveniently, but they are met at a minimum. A trip to Stehekin requires a very early AM departure from Fall City, and winter visits have to be planned around the 3 day/week schedule.

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

Yes No If yes, please explain.

We would loose out on all the proposed benefits this service would provide!

days of travel to conduct business.

VERIFICATION

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

Name and Title: Julie Bilbro (Past Stehekin resident, employee)

Business/Organization:

Street/Mailing Address: 35831 SE 27th Pl

City, State, Zip Code: Fall City, WA 98024

Telephone Number: 425-463-5312

Fax Number:

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

Julie Bilbro
PRINT NAME

Julie Bilbro
SIGNATURE

8-20-18
DATE

2018 AUG 23 PM 8:20
RECEIVED
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

Applicant Name:
Backcountry Travels LLC

RECEIVED
SECONDARY MANAGEMENT

Application Docket No.:
TS-180677

AUG 23 2018

WASH. 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 that the application could provide to you or your business/organization if this request for operating authority is granted. YEAR-ROUND SERVICE

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. REDUCED SERVICE IN LATE FALL, WINTER & EARLY SPRING. VERY LITTLE TIME TO CONDUCT OUR BUSINESS WITH SHORT LAYOVER IN STEHEKIN

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. my business is Real Estate Sales AND PROPERTY EVALUATIONS ON A YEAR ROUND basis. Limited SERVICE IN FALL, WINTER & SPRING makes it PROHIBITIVE TO SEND CUSTOMERS TO STEHEKIN TO VIEW PROPERTY. WITH NO AIR SERVICE, WE ARE TIED TO A SINGLE PROVIDER AND AT THE MERCY OF THEIR SCHEDULING.

VERIFICATION

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

Name and Title: Tim Flood, Managing Broker
Business/Organization: WINDERMERE REAL ESTATE - LAKE CHELAN
Street/Mailing Address: PO Box 2382
City, State, Zip Code: CHELAN, WA 98816
Telephone Number: 509-670-1556 Fax Number: 509-667-7124

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.

Tim Flood
PRINT NAME

Tim Flood
SIGNATURE

8-21-18
DATE

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
 Every year (almost) my family and I escape to the Ranch, usually for 4 days. I need options when scheduling the trip.

Are your transportation needs being met now? Yes ___ No ___ If not, explain problems you have experienced.
 I am 85 years old and hate the slow boat and sad that the seaplane left service. With another option am more likely to get what I want when I want it.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No ___ If yes, please explain.
 We would be SEVERELY DISAPPOINTED with the Washington Utilities and Transportation Commission and probably have trouble scheduling my mob.

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

Name and Title: Ralph Wood
 Business/Organization: me and my daughters and their guys.
 Street/Mailing Address: 309 1st 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 PRINT NAME Ralph Wood SIGNATURE 8/19/2018 DATE

RECEIVED

AUG 22 2018

| | |
|--|--|
| Applicant Name: Backcountry Travels LLC | Application Docket No.: WASH. UT. & TP. COMM 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.

Competition is a good thing for everyone. The current ferry service is oriented around Chelan, not Stehekin. A new added service would improve service for Stehekin oriented businesses.

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

They have limited schedule & high costs

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

Yes ___ No ___ If yes, please explain. Not really, but as I say competition improves service & lowers costs, so our guests would have a better range of choices from which to choose.

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

Name and Title: John + Francora Farrell

Business/Organization: _____

Street/Mailing Address: POB 1383

City, State, Zip Code: Chelan WA 98816

Telephone Number: 509 682-1311 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.

Francora Farrell PRINT NAME J Farrell SIGNATURE 8/20/18 DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

RECEIVED

AUG 24 2018

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

I need ferry service to and from Chelan and Stehekin to visit my sister and brother-in-law Nancy and Mike Barnhart in Stehekin. I visit them annually and would like to

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. I'd like to economize and not have to use expensive air service to and from Stehekin. *avoid spending a night in Chelan.*

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. If the request is denied I would have extraordinary expenses when visiting family in Stehekin.

VERIFICATION

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

Name and Title: Helen Apthorp (sister of Nancy Apthorp Barnhart)
Business/Organization: retired educational researcher
Street/Mailing Address: 9424 S. Erin Lane
City, State, Zip Code: Littleton, CO 80127
Telephone Number: 720-341-5406 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.

Helen Apthorp
PRINT NAME

Helen Apthorp
SIGNATURE

Aug 18, 2018
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

WASH. UT. & TR. COMM

THE APPLICATION What authority are you applying for? Include any amendments. **AUG 24 2018**
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.

As recreational travelers to Stehekin, we would benefit from increased flexibility in our travel plans. Shorter, faster trips would increase convenience.

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

Air service has ceased. We are limited to one departure time and/or one arrival time. We must get up early and arrive home late when using existing service.

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

Yes X No ___ If yes, please explain.

Our travel plans would continue to be limited for no good reason.

VERIFICATION

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

Name and Title: Steven C. Lachowicz / Christine D. Lachowicz

Business/Organization: _____

Street/Mailing Address: 1520 Fourth St.

City, State, Zip Code: Wenatchee, WA 98801

Telephone Number: 509 663-4062

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.

STEVEN C. LACHOWICZ Steven C. Lachowicz Aug. 20, 2018

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

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 vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. This service will give me the ability to go down lake from Stehekin and conduct business, appointments and shopping and return home to Stehekin in the shortest amount of time

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. The current schedule leaves too early in the AM in summer and only runs 3 days a week in winter. The boat has no climate control, winter and summer.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. The current service limits my ability to travel in the safer daylight hours during winter once reaching Chelan. It causes me to spend more time away from home which costs me more money

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

Name and Title: Kerry Courtney courtney.kerry24@gmail.com
 Business/Organization: _____
 Street/Mailing Address: PO Box 34
 City, State, Zip Code: Stehekin WA 98852
 Telephone Number: 509-470-5964 Fax Number: none

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.

Kerry Courtney PRINT NAME Kerry Courtney SIGNATURE 8-20-18 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

1 of 3 CGC

TS-180677

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

Yes No If yes, please explain.

2 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: _____Stehekin Valley
Ranch,LLC _____
Street/Mailing Address: _____PO Box
36 _____
City, Stehekin State WA, Zip
Code: _____98852 _____
Telephone Number: _____509.470.5964 _____ 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 the laws of the state of Washington that the information contained in this statement is true and correct.

Clifford G. Courtney Clifford G. Courtney 8/16/18
PRINT NAME SIGNATURE DATE

3 of 3
TS - 180677
CGC

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. THE TRANSPORTATION SERVICE THAT STEHEKIN AND I BOTH NEED IS ONE THAT RUNS EVERYDAY ALL YEAR AND DOESN'T TAKE FOUR HOURS FROM ONE END OF THE LAKE TO THE OTHER

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. THE PROBLEM NOW IS THAT THE FERRY SERVICE IN PLACE IS RUN AT THE CHELAN BOAT COMPANIES DISCRETION AND DOESN'T RUN EVERYDAY AND TAKES A GREAT DEAL OF TIME WHICH IS EXTREMELY INCONVENIENT

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. IT WOULD NOT ALLOW THE RESIDENTS OF STEHEKIN THE FREEDOM TO LEAVE AND COME BACK TO THE VALLEY EVERY DAY EFFICIENTLY. THIS IS VITAL FOR BOTH MEDICAL AND FAMILY EMERGENCES AS WELL AS CONVENIENCE.

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

Name and Title: QUINLAN COURTNEY
 Business/Organization: N/A
 Street/Mailing Address: 417 S. 2ND ST.
 City, State, Zip Code: CHELAN, WA, 98816
 Telephone Number: 509-670-2370 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.

QUINLAN COURTNEY PRINT NAME [Signature] SIGNATURE 8/17/18 DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Another method of transportation from Chelan to Stehekin is needed. Since there is no longer seaplane service, the current ferry schedule and availability is not adequate.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. There are times when the existing boat service is full or does not adequately meet the needs of people desiring to travel to Stehekin.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. Failure to add this service will negatively impact those of us who desire to travel to Stehekin from Chelan.

VERIFICATION

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

Name and Title: Betty Paulsen
Business/Organization: _____
Street/Mailing Address: 20448 N. Madona Way
City, State, Zip Code: Sunrise, AZ 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.

Betty Paulsen
PRINT NAME

[Signature]
SIGNATURE

8/18/18
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

(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 doctor appts, groceries, errands, etc. and not miss work that I usually would without this transportation service.

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

It is really 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 is worse 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 valley businesses have already had a huge hit when the Seaplane had to stop running. Since then, businesses have been struggling to figure out a more efficient way to bring locals and tourists up the lake again. This ferry is key to bringing more business in the valley again.

VERIFICATION

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

Name and Title: Krissa Jester - Customer Service and Reservationist

Business/Organization: Stehekin Pastry Company / Stehekin Reservations

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.

Krissa Jester
PRINT NAME

Krissa Jester
SIGNATURE

08/18/2018
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

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

SUPPORT STATEMENT

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

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

The service that my family needs is a daily, year round, ~~one~~ that offers flag stops at private docks, year round. I believe this proposed new service would meet those needs.

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

The existing service (Lake Chelan Boat Co.) doesn't run daily year round & will only make flag stops seasonally at our private dock. Their service is marginal at best.

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

Yes No If yes, please explain. If this application is denied it will result in continued difficulty for my family & I to use & maintain our two private properties on the upper end of the lake. The properties are located at Fish Creek & Rex Creek.

VERIFICATION

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

Name and Title: Charles & Jenna Miller Family

Business/Organization:

Street/Mailing Address: 53 Long Dr / PO Box 356

City, State, Zip Code: Pateros, WA 98846

Telephone Number: (509) 679-7164

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.

Charles F. Miller

PRINT NAME

[Signature]

SIGNATURE

8/17/18

DATE

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

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

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

Our company that constructs, installs, & provides maintenance to water wells, & domestic pump systems needs a year round daily transportation option to maintain potable water to customers.

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

The lack of a daily transportation services drastically reduces our ability to service our customers potable water systems in a timely manner throughout the year.

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

Our business will continue to struggle maintaining our customer's potable water systems on a daily basis throughout the year. Ultimately our customers pay the price for water having a daily year round transportation service on the lake.

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

Name and Title: Charles R. Miller owner & manager


Business/Organization: MVM Quality Drilling LLC

Street/Mailing Address: 404 S. Clifford St

City, State, Zip Code: Chelan, WA 98816

Telephone Number: (509) 682-1122 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.

Charles R. Miller  8/17/18

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 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 need a way to get ~~out~~ from Stehekin to the other end of the lake for medical REASONS.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. THE FERRY LEAVING Stehekin arrives too late in the day in respect to medical appointments in Chelan or Wenatchee. Ferry operates only 3 days per week in the winter.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. A medical appointment can only be scheduled sporadically during the year. This has a huge impact if suffering from a chronic condition.

VERIFICATION

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

Name and Title: Mary Martin Maeick

Business/Organization:

Street/Mailing Address: P.O. Box 12

City, State, Zip Code: Stehekin, WA 98852

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.

Mary Martin Maeick Mary Martin Maeick 8/17/18
PRINT NAME SIGNATURE DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Our family owns property at the upper end of Lake Chelan. We invested thousands of dollars in improvements to our dock on the representation from the only current provider of public transportation on Lake Chelan that they would stop at our property if the work was performed. They have reneged on that promise and we are therefore forced to incur additional time and expense in order to get to our residence. If this organization was granted approval it would greatly enhance our ability to have free use and enjoyment of our cherished family gathering place. That is something that the current provider not only fails to provide but has done so at significant expense to our family.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. As stated above, the current service provider refuses to stop directly at our property despite the investment of significant resources to improve 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 our guests spend hundreds of dollars and significant time extending our travel beyond what is necessary because of the failures by the current and only provider.

If the request is denied, would it have any affect on you or your business/organization:
Yes No ___ If yes, please explain: We will continue to be unable to fully utilize our property on Lake Chelan to its full capacity due to the refusal of the current provider to meet not only our needs but also live up to the commitments that were made and relied upon when investing in order to meet their requirements.

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 Drive

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.

JORDAN L MILLER

PRINT NAME

[Signature]

SIGNATURE

8/17/18

DATE

IMPORTANT!!!

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

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

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

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

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

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

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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.

Every day winter service
would like to get down lake sooner in the day

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

M, W, F Winter boats

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

Yes No ___ If yes, please explain.

M, W, F Winter Boats

VERIFICATION

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

Name and Title: Paul Daskale

Business/Organization: The Dander

Street/Mailing Address: Box 101

City, State, Zip Code: Stehekin, WA 98859

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.

Paul Gaskill
PRINT NAME

Paul Daskale
SIGNATURE

8-11-18
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

(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: Yes x No _____ If yes, please explain. _____ We 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.

KRIS ERLANDSEN

PRINT NAME

Kris Erlandsen

SIGNATURE

8/17/2013

DATE

IMPORTANT!!!

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

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

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

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

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

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

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

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
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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.
We lead groups of 10-14 people on hiking, camping, and lodge trips. Transportation from Chelan to Stehekin is part of the trip.

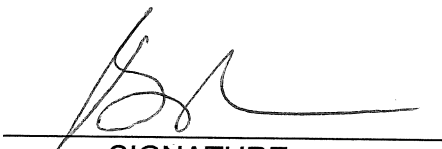
Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.
Due to the times of current shuttle options, the group must stay overnight in Chelan adding extra day of travel or leaving main travel cities (PNV, SEA) at inconvenient times.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No ___ If yes, please explain. Some people who would like to participate in our trips might not be able to add the extra time needed for overnight stay in Chelan to make early shuttle. This limits those who would otherwise want to visit Stehekin.

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

Name and Title: Barbara Prosch - leader
 Business/Organization: Sierra Club National Outings
 Street/Mailing Address: 28 Slumber Meadow Trl
 City, State, Zip Code: Palm Coast, FL 32164
 Telephone Number: 407-497-4897 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.

Barbara Prosch  8/16/18
 PRINT NAME SIGNATURE DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

I am an annual traveler to Stehekin. It would be very helpful for scheduling my trips if there were more options than the current ferry schedule. In fact, if there were more options and more regular consistent service throughout the year, I would most likely include winter months in my visits.

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 when 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.

STATE OF WASHINGTON
UTEL AND TRAVEL
COMMUNITY
2018 AUG 24 AM 8:24
RECEIVED
OPERATIONS MANAGEMENT

VERIFICATION

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

Name and Title: _____ Jonni Graybeal,

Individual _____

Business/Organization: _____ N/A _____

Street/Mailing Address: _____ 2373 Sand Canyon
Road _____

City, State, Zip Code: _____ Chewelah, WA

99109 _____

Telephone Number: _____ 509-936-3064 _____ 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.

JONNI GRAYBEAL
PRINT NAME

Jonni Graybeal
SIGNATURE

8-19-18
DATE

IMPORTANT!!!

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

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

(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. **APPLICANT WILL FILL CRITICAL GAPS IN SERVICE NOT PROVIDED OTHERWISE. OUR CONCERN IS ESPECIALLY FOR THOSE NEEDING DOWN LAKE MEDICAL OR OTHER 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 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.

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: Yes X No ___ 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.

RECEIVED
AUG 27 2018
WASH. UT. & TP. COMM

VERIFICATION

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

Name and Title: KEN MORSE

Business/Organization: INFORMED CITIZEN NETWORK, FORMER RESIDENT OF STEHEKIN

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


SIGNATURE

23 AUG 2018
DATE

*Applicant Docket No.
95-180677*

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

RECEIVED

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

AUG 27 2018

WASH. UT. & TP. COMM

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. *Since our current boat service is very limiting especially in the fall/winter/spring, a competing service like mentioned above, would allow more use of the resources in Stehekin. As a tourist and boat user the flexibility is need so as not to*

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

When I visit Stehekin the current boat times get back too late (dark) to drive home. Boat Co. has had a monopoly on the boat schedule + price too long.

If the request is denied, would it have any affect on you or your business/organization:
Yes No ___ If yes, please explain. *I would limit my Stehekin visits to only summer with more day light hours available to travel.*

Travel at night

VERIFICATION

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

Name and Title: Kathleen Lee
Business/Organization: Retired
Street/Mailing Address: 24801 E Reston
City, State, Zip Code: Liberty Lake WA 99019
Telephone Number: 509-808-2925 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.

Kathleen Lee
PRINT NAME

Kathleen D Lee
SIGNATURE

8/22/18
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED

Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. I HAVE MANY FAMILY MEMBERS LIVING IN STEHEKIN AND CHELAN AREA. I WOULD PERSONALLY BENEFIT FROM MORE OPTIONS FOR TRANSPORT. THE COMMUNITIES AT LARGE WOULD ALSO BENEFIT HAVING COMPETITION AND CHOICES. THERE IS CURRENTLY A STATE SUPPORTED MONOPOLY TRANSPORT.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. THERE ACTUALLY IS A PROBLEM ESPECIALLY IN WINTER, IN HAVING CONVENIENT CHOICES FOR TRANSPORT. I LIVE IN BELLINGHAM, SO TIMING A TRIP IS SUBJECT TO ROAD CONDITIONS.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. COMPETITION IN THE SERVICES IS REACTAY! THERE IS NO COMPETITION TO THE 'LADY OF THE LAKE'. I WOULD LIKE TO BE ABLE TO SAVE TIME AND MONEY THROUGH THE COMPETITION THIS OPTION WILL BRING.

AGAIN! HAVING COMPETITION WILL SAVE USERS TIME & MONEY OVER TIME.

VERIFICATION

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

Name and Title: JAMES N. BROWDER, JR

Business/Organization: INDIVIDUAL

Street/Mailing Address: 11 SANDWICK POINT COURT

City, State, Zip Code: BELLINGHAM, WA 98229

Telephone Number: 360 319 9168 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.

JAMES N. BROWDER, JR
PRINT NAME

[Signature]
SIGNATURE

8/20/2018
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

(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 frequent, timely passenger service between Stehekin, Chelan, and points between

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced. The current service requires me to spend a night in Chelan in order to catch the morning sailings, which is expensive and inconvenient under the best circumstances, and can become quite costly if the lodgings in Chelan are fully booked, which they often are during the times of year when I am most interested in visiting Stehekin.

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

Yes X No ___ If yes, please explain.

Due the added expense associated with the need to spend at least one night in Chelan every time I go to Stehekin I will be going to Stehekin less frequently.

VERIFICATION

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

Name and Title: Charles W. West
Business/Organization: retired
Street/Mailing Address: 13318 SW 261st Place
City, State, Zip Code: Vashon, WA 98070
Telephone Number:(206) 383-2065

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.

Charles W. West
PRINT NAME

Charles W. West
SIGNATURE

8/20/2018
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

Daily, dependable, fast transportation between Stehekin and Chelan

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

No daily transportation except in summer months

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

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

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.

Garfield R. Jeffers
PRINT NAME


SIGNATURE

8/22/18
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. *One of our favorite vacation places to go is Stehekin which can only be accessed by boat. However the schedule of the current ferry schedule makes it nearly impossible to reach Stehekin without*

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. *We are retired and to take the current ferry we must get up at 3:00 AM and leave by 4:00 AM to reach Chelan to catch the ferry or stay in a motel but they have a minimum of booking for 2 nights.*

If the request is denied, would it have any affect on you or your business/organization? Yes No If yes, please explain. *We cannot afford the extra expenses of staying two nights in Chelan and eating out. If we drive to catch the ferry we are so tired that we miss a day once we reach Stehekin because we are napping. Please approve this application so we can enjoy beautiful Stehekin.*

VERIFICATION

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

Name and Title: LINDA SAWICKI
Business/Organization: _____
Street/Mailing Address: 19289 S. Sonoita Hwy
City, State, Zip Code: Vail, AZ 85641
Telephone Number: 520-548-5519 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.

LINDA SAWICKI PRINT NAME
Linda Sawicki SIGNATURE
8/20/18 DATE

serenity of Stehekin. We are flying up from Arizona so we can't afford the unnecessary expenses to reach Stehekin!

What expenses? The price on the shore is more than the mountain, lake, streams of

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

(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.

A ferry service from Chelan to Stehekin that runs at a more convenient time Year Round.

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

We live in Spokane and spend a week hiking in Stehekin every September. We have to stay in Chelan the night before because the current ferry leaves too early in the morning.

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

Yes No ___ If yes, please explain. Yes, we would prefer to drive over the morning that we want to leave Spokane to Chelan so that we don't have to stay overnight in Chelan. We'd also prefer to get back to Chelan on the return trip at an earlier hour to drive back to Spokane.

VERIFICATION

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

Name and Title: CAROL McKenny
Business/Organization: _____
Street/Mailing Address: 5903 S. Lochsa Ln.
City, State, Zip Code: Spokane, WA 99206
Telephone Number: 504-990-1648 Fax Number: _____

RECEIVED

AUG 27 2018

WASH. UT. & TP. COMM

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

CAROL McKenny
PRINT NAME

Carol McKenny
SIGNATURE

8/24/18
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

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

Having lived in Stehekin most of my 74 yrs I had that going to DR. off in town has been difficult in the winter because of the limited boat svc in place. Stehekin needs daily svc. Taking care of ppl in 1 day would greatly improve our lives.

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

It is so expensive to stay in town 3 days for 1 single DR. visit! If you have to go frequently, you end up staying in town more than at home. When your whole life is centered on your home & family, that much time is

If the request is denied, would it have any affect on you or your business/organization: Town destruc that!
Yes No _____ If yes, please explain. money! And disruption of family and home responsibilities - with animals & the need to be home during severe weather events. Having to be in town 3 days at a time when it could be 1 day causes undue stress in our lives!

VERIFICATION

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

Name and Title: MIKE BARNHART Private citizen

Business/Organization: _____

Street/Mailing Address: #1 MAIN ST. P.O. Box 25

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 509 670 0915 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.

MIKE BARNHART
PRINT NAME

MIKE BARNHART
SIGNATURE

8/22/2018
DATE

RECEIVED

AUG 27 2018

WASH. UT. & TP. COMM

RECEIVED

AUG 27 2018

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
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WASH. UT. & TP. COMM

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(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.

Backcountry Travels LLC would provide a year round, timely transportation for our hotel guests that travel from Winthrop, WA to Chelan + Stehekin.

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

Our hotel guests have to travel late at night or very early in the morning to catch the current seasonal boat. It is inconvenient + can be dangerous.

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

Our guests could chose to not come if the scheduling does not fit their plans of travel. And extra over night stays in Chelan could mean they bypass Winthrop and our hotel.

VERIFICATION

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

Name and Title: Greg Knab - Owner

Business/Organization: Mt. Gardner Inn LLC - Methaw Hotel Corp


Street/Mailing Address: PO Box 1173

City, State, Zip Code: Winthrop, WA

Telephone Number: 509 996-2000 Fax Number:

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

Greg Knab
PRINT NAME


SIGNATURE

8/22/18
DATE

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. We would not have to leave Spokane in the dark - so early - to get to Chelan for the early departure. Dangerous driving conditions! -

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Have to stay overnight in Chelan - expensive - Also during the "off" season - frustrating to not have service available daily.

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

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

Name and Title: Bud & CAROL AAKER

Business/Organization: N/A

Street/Mailing Address: Box 31058

City, State, Zip Code: SPOKANE, WA. 99223

Telephone Number: 509-710-0779 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.

Bud AAKER PRINT NAME Bud Aaker SIGNATURE 8/23/18 DATE

RECEIVED
 PORTS MANAGER
 2018 AUG 28 AM 8:28
 STATE OF WA
 UTIL. AND TRAN.
 COMMISSION

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. I need transportation to a privately owned remote cabin 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 If not, explain problems you have experienced. I am a 70 year old woman who has traveled Lake Chelan all of these 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 available

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I would be unable to use our property ~~for~~ with transportation available. We would be able to go if there were maintenance 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.

Barbara A. Polley PRINT NAME Barbara A. Polley SIGNATURE 8-23-18 DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED

Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. year round service to my and relatives cabin, for disabled. I have fibromyalgia etc. able to use overnight lake year round. WE NEED action and expect it soon!

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Every day service does not exist even part way. difficulty loading-unloading. NO! It is inadequate. The present service is inadequate and self serving.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. Unusable winter spring fall. No plane service but plane would not solve my problem for Lake Chelan travel. I AM 70 yrs old and I would need to use properly MUCH LONGER. It has had an effect Bad for MANY YEARS! How MANY more will you allow

VERIFICATION

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

Name and Title: JEFF L. 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.

JEFF L Polley - Jeffrey L. Polley 8/23/18
PRINT NAME SIGNATURE DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

I travel to Stehekin a few times a year and now that the Chelan Airways business has been closed, the only option is the current Lady of the Lake company. While they are ok, sometimes they are full, and also getting there at their schedule from Seattle isn't easy and Chelan is expensive to overnight. It would be helpful to have additional trips up the

lake.

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced. Have had to stay overnight at expensive tourist rates in Chelan, or drive late at night which is unsafe on the roads getting to Chelan

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

I wouldn't be able to travel to Stehekin or Holden as often as I would like. ___

VERIFICATION

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

Name and Title: _____ Marlo Jones _____

Business/Organization: _____

Street/Mailing Address: _____ 22616 102nd PL SE _____

City, State, Zip Code: _____ Kent, WA 98031 _____

Telephone Number: _____ 206-612-9666 _____ 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.

Marlo Jones
PRINT NAME


SIGNATURE

19 AUG 2018
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

Transport from Chelan to Stehekin and back at times that would allow us to travel from western WA to arrive in Chelan in daylight hours.

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

Currently the only option for me is to leave my home 1 day before and spend the night in a motel to catch ferry in the morning to Stehekin.

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

Yes No ___ If yes, please explain. I am 74 years old, driving at night is getting more difficult, time and expense of a motel is becoming a burden.

I have been vacationing @ the Stehekin Valley Ranch for the past 20+ years.

VERIFICATION

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

Name and Title: ERNST O. PLOEGER LCDR/USNRET

Business/Organization:

Street/Mailing Address: 8813 Cedar Ct.

City, State, Zip Code: Sedro-woolley, WA 98284

Telephone Number: (360) 708-0435 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.

ERNST (SKIP) PLOEGER
PRINT NAME


SIGNATURE

19 AUG 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

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

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

I need a flexible timing, conveniently scheduled, economical ferry transport to and from Stehekin for my family from time to time as we enjoy vacationing and fishing in the area.

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

The current Lake Chelan ferry schedule is very limited and not very flexible in meeting my needs for transportation to and from Stehekin. The timing is such that it often makes weekend vacation trips to Stehekin impractical.

If the request is denied, would it have any affect on you or your business/organization:
Yes No ___ If yes, please explain. It will result in my choosing to visit Stehekin less frequently and often choose other vacation locations.

VERIFICATION

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

Name and Title: _____ William R. Slater _____

Business/Organization: _____

Street/Mailing Address: _____ 1429 Ave D 444 _____

City, State, Zip Code: _____ Snohomish, WA 98290 _____

Telephone Number: _____ 425-922-2903 _____ 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.

William R Slater

PRINT NAME



SIGNATURE

8/20/18

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

(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 enjoy visiting Stehekin, but from Seattle it is difficult to reach the early morning sailing - we would come more often if ferry offered a later departure*

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

See above - takes a whole day off any planned trip to Stehekin.

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

We would visit Chelan and Stehekin less frequently. I expect that a denial would have a negative effect on tourism in the area.

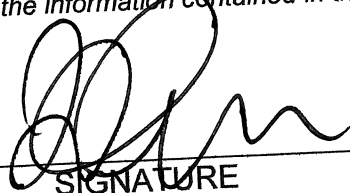
VERIFICATION

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

Name and Title: TOBIN THOMPSON
Business/Organization: _____
Street/Mailing Address: 4059 4th AVE NE
City, State, Zip Code: SEATTLE WA 98105
Telephone Number: 206-660-6684 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.

TOBIN THOMPSON
PRINT NAME


SIGNATURE

Aug 19 2018
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. My family is interested in visiting Stehekin again. None of us are ~~to~~ closer than 3 hours to Chelan, so we would need to either get up extremely early and drive there in the morning (difficult w/ small children), or stay in the Chelan area the night before (an expense we'd rather not incur). Because of these challenges, we're not sure

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. ~~It would be~~ I would prefer to have a ferry that leaves for Stehekin later in the day; this would allow my family to get ~~to~~ Stehekin in one day instead of two.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I am less likely to visit Stehekin without this ferry especially for a shorter trip to the lake. ~~It is~~ Compared to using ~~the~~ The Lady of the Lake, logistics will be easier and costs lower, making it easier for us to visit Stehekin.

VERIFICATION

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

Name and Title: Jay Peters
Business/Organization: individual
Street/Mailing Address: 4143 Cobblestone Ct
City, State, Zip Code: Richland, WA 99352
Telephone Number: 509-392-1908 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.

Jay Peters
PRINT NAME


SIGNATURE

8/19/18
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

Certainly would like and use better transportation to Stehekin. We need better and more seats up and down lake - the current capacity has restricted our travel.

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

We have not been able to get to Stehekin when we wanted to and have had to shorten our stays due to too little capacity. Memorial Day 2018 was terrible - had to leave early.

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

We would once again be limited in our ability to enjoy Stehekin because of too little capacity on the current boats.

*Please add this new service. We NEED it!

VERIFICATION

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

Name and Title: Susan Hoffman

Business/Organization: -

Street/Mailing Address: 12743 Spring Street

City, State, Zip Code: Leavenworth WA 98826

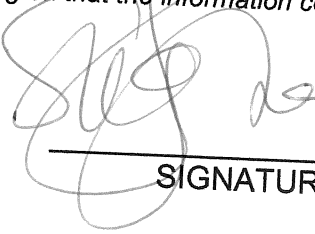
Telephone Number: 509/338090

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.

Susan Hoffman

PRINT NAME



SIGNATURE

8-19-2018

DATE

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. _____
 I have traveled to Stehekin/Chelan several times and the current timing requires an early morning departure from Chelan, which requires either that I stay the night in Chelan prior to departure, or drive in the dark to arrive on time. An alternate schedule, running reverse of the current ferry service would provide more options for safer travel during the year, as well as provide residents of Stehekin with a schedule to better meet their economic needs.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. _____
 As explained above, each time that I have traveled to Stehekin, I have had to spend a night in Chelan either before or after traveling on the existing ferry service because the current service requires either early morning dark or late evening dark. An alternate schedule, running reverse of the current ferry service would provide more options for safer travel during the year, as well as provide residents of Stehekin with a schedule to better meet their economic needs.


If the request is denied, would it have any affect on you or your business/organization:
 Yes No ___ If yes, please explain. _____
 An alternate schedule, running reverse of the current ferry service would provide more options for safer travel during the year, as well as provide residents of Stehekin with a schedule to better meet their economic needs.

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

Name and Title: Matthew Brewer/Teacher
 Business/Organization: _____
 Street/Mailing Address: 2015 E Prospect St
 City, State, Zip Code: Seattle, WA 98112
 Telephone Number: 206-419-2529 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.

Matthew Brewer _____
 PRINT NAME


 SIGNATURE

8/20/2018
 DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

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

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

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 experienced.

There is a need to have a transportation option during the winter months, at least 5 days per week. Also, there needs to be a transportation option that starts in Stehekin to accommodate both tourists and local residents.

If the request is denied, would it have any affect on you or your business/organization:
Yes XX No ___ If yes, please explain. ___ It will be an inconvenience to me personally when I visit Stehekin. It'll also provide me the opportunity to visit Stehekin for a long weekend during the winter months.

VERIFICATION

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

Name and Title: Jim Sloane

Business/Organization: Tourist to Stehekin Valley

Street/Mailing Address: 7320 127th PL SE

City, State, Zip Code: Newcastle, WA 98056

Telephone Number: (425) 466-5222 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.

Jim Sloane
PRINT NAME


SIGNATURE

8/19/2018
DATE

TS-180677

IMPORTANT!!!

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

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

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

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

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

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION:
Licensing Services
PO Box 47250
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 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 thoroughly enjoy traveling in the Lake Chelan area of Washington, especially visiting Stehekin and the Courtney Ranch. It would be wonderful to have additional ferry service to take the overflow rather than having to make costly adjustments to our vacations.

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

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 problem.

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

Business/Organization: _____

Street/Mailing Address: _____ 8116 Van Buren Road

City, State, Zip Code: _____ Everson, WA 98247

Telephone Number: _____ 360-815-5992 _____ 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.

____ Marie Tiemersma _____
PRINT NAME

____ Marie Tiemersma _____
SIGNATURE

____ 08/20/2018 _____
DATE

TS-180677

IMPORTANT!!!

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

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

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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 Name: Backcountry Travels LLC | Application Docket No.: TS-180677 |
|--|--------------------------------------|

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
 A quick way to get from Stehekin to fields point back during daylight hours. Currently traveling over 2mt. passes in the dark to meet the slow ferry @ fields Pt. Would like a faster way to transport my puppy. Current boat is

Are your transportation needs being met now? Yes No If not, explain problems you too slow & too hot have experienced. I need to leave super early from Seattle & travel over 2mt. passes in the dark to catch the current option. My puppy has to endure a 3+ hour drive then 3+ hours on the slow boat. We could get to Hawaii quicker!

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain. Will have to look for other options for winter travel back & forth. It would be great to have a float plane operating in addition to another ferry operating. When one person has ~~all~~ all the boats & services suffers.

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

Name and Title: Ann Marie Freeman
 Business/Organization: Individual Stehekin property owner
 Street/Mailing Address: 814 Queen Ave. NE / PO Box 62
 City, State, Zip Code: Renton, WA. 98056 / Stehekin WA. 98882
 Telephone Number: 425 226 3738 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.

Ann Marie Freeman
 PRINT NAME

Ann Marie Freeman
 SIGNATURE

8/20/2018
 DATE

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

| 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. | |
| <u>Need: Sea vessel transportation from lower Lake Chelan (Chelan, Fields Point) to upper Lake Chelan (Stehekin) running during the time of day most compatible with our normal travel schedule. The proposed route schedules would greatly meet that need.</u> | |
| Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced. | |
| <u>Travel to points of arrival/departure on Lake Chelan of the current operations (Lady Express, Lady II) entail significant hardships on our travel to meet current scheduled runs.</u> | |
| If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain. | |
| <u>The current services may require an overnight stay in Chelan to make the schedule to board the boats to go up lake. This overnight stay should be unnecessary and would be alleviated with the proposed schedule now being considered in this application</u> | |

| VERIFICATION | |
|---|------------------------------------|
| (To be completed by the individual or business/organization supporting the request for operating authority) | |
| Name and Title: <u>Kevin J Morphy</u> | |
| Business/Organization: <u>Individual</u> | |
| Street/Mailing Address: <u>2922 170th Ave SE</u> | |
| City, State, Zip Code: <u>Bellevue WA 98008</u> | |
| Telephone Number: <u>425-324-8859</u> | Fax Number: _____ |
| <i>I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.</i> | |
| <u>Kevin J Morphy</u> PRINT NAME | <u>Kevin J Morphy</u> SIGNATURE |
| | <u>8/21/2018</u> DATE |

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. *The proposed ferry service would allow my family to travel to and from Stehekin in a timely manner at hours of the day that would make the trip much safer and more doable. The ability to travel at a better hour and faster boat would make traveling with a pet much easier.*

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. *Current ferry transportation requires me to start my day at 3Am and travel over two mountain passes in the dark to make the departure to Stehekin. Leaving Stehekin we travel during the hottest hours of the day and often have to race to make it over the passes ahead of construction closures.*

If the request is denied, would it have any affect on you or your business/organization: Yes No ___ If yes, please explain. *I would continue to use the existing ferry but it makes the trip much more difficult and long. It also prevents 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 business/organization supporting the request for operating authority)

Name and Title: Karen Freeman

Business/Organization: _____

Street/Mailing Address: 2922 170TH Ave SE

City, State, Zip Code: Bellevue WA 98008

Telephone Number: 425-644-7703 Fax Number: _____

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

Karen Freeman Karen Freeman 8/19/18
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. <u>A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.</u> | |

| SUPPORT STATEMENT | |
|---|--|
| (To be completed by the individual or business/organization supporting the request for operating authority) | |
| THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. <u>To leave Stehekin in the morning, do errands and return the next day.</u> <u>In the winter, to expand options to depart Stehekin,</u> <u>expand options for family & friends to visit... and allow them</u> <u>time to get back home by departing Stehekin in the morning.</u> | |
| Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced. <u>difficulty arranging appointments and attending special events.</u> <u>Family & friends visits sometimes don't work out because</u> <u>of the limited schedule.</u> | |
| If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain. <u>It affects how much</u> <u>time is wasted, extra money spent on</u> <u>food and lodging by having to stay "down lake"</u> <u>an extra day.</u> <u>Limits visits from family and friends</u> | |

| VERIFICATION | | |
|---|--------------------------|-------------------|
| (To be completed by the individual or business/organization supporting the request for operating authority) | | |
| Name and Title: | <u>Wendy Garfoot</u> | |
| Business/Organization: | | |
| Street/Mailing Address: | <u>P.O. Box 55</u> | |
| City, State, Zip Code: | <u>Stehekin WA 98852</u> | |
| Telephone Number: | <u>509-670-0845</u> | Fax Number: _____ |
| <i>I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.</i> | | |
| <u>Wendy Garfoot</u> | <u>Wendy Garfoot</u> | <u>8/19/18</u> |
| 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 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.

Traveling to Stehekin to stay overnight or for a week and taking the current ferry system causes loss of time and money to go there for our friends, family, and others from out of the area. You have to be there a day before to get up early and catch that ferry at 8:30 am. With the Courtney service you can travel from out of the area and still have time to catch their transportation and get to Stehekin on the same day. And instead of leaving late in the day, their service would allow you to leave in the morning early enough to then drive home that day within the state of Washington or Idaho. More time to enjoy Stehekin.

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

We like a later time up and an earlier time back down lake.

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

Takes more time and money to get to Stehekin to enjoy that area if staying overnight. The other ferry is often overbooked on busy weeks and have to wait another day to get to Stehekin. This would help get more visitors to and from the area which is a benefit to both parties.

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

Name and Title: Mr. and Mrs. Albert Marceau

Business/Organization: _____

Street/Mailing Address: 102 Grouse Place

City, State, Zip Code: Chelan, WA 98816

Telephone Number: 509/679-4903 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.

| | | |
|--------------------|--------------------|----------------|
| <u>AL MARCEAR</u> | <u>Al Marceau</u> | <u>8/21/18</u> |
| <u>SUE MARCEAR</u> | <u>Sue Marceau</u> | <u>8/21/18</u> |
| PRINT NAME | SIGNATURE | DATE |

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. *Having a choice of dates and times for arrival and departure to and from Stehekin year around would be helpful to plan vacations for tourists and help residents plan errands and appointments out of the area.*

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. *In the past I have had to make special arrangements to get to Stehekin because the current ferry service was not available.*

If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain. *I would have to rely on the current ferry, which is not daily in the fall and winter.*

VERIFICATION

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

Name and Title: *Marie Palmer*

Business/Organization: _____

Street/Mailing Address: *PO Box 334*

City, State, Zip Code: *Manzan, WA 98831*

Telephone Number: *509-687-3664*

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.

Marie A. Palmer

PRINT NAME

Marie A. Palmer

SIGNATURE

8/20/18

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

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

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

The opportunity for a more varied schedule would be a big improvement in getting to and from Stehekin in a more timely manner. The increased 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 If not, explain problems you have experienced. _____

As stated above, improved competition and a wider variety of scheduling options would be significant advantages over the current situation. Pricing would also be more favorable with competition. _____

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

VERIFICATION

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

Name and Title: Daniel McFeeley
 Business/Organization: (Individual)
 Street/Mailing Address: 79 Old Cabin 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  8/20/18
 PRINT NAME SIGNATURE DATE

TS-186677

IMPORTANT!!!

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

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

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

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

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

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

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

We live in Snohomish, WA. We like to go to Stehekin every summer. We end up having to take an extra day off of work and drive to Eastern WA the day before and spend the night in Leavenworth, Wenatchee, or Chelan in order to be at the Lady of the Lake ferry in time to catch it at 8:30 a.m. It gets expensive. Often we can't find a place to stay in Chelan that will except only one nights stay so if we want to stay close, we have to spend the money for 2 nights, even though we are only going to use one night. It's very inconvenient. This year we have discussed not going next year because of the extra expense. Having the option of taking a later ferry from Fields Landing would save us from having to take off of work the day before and save us from having to spend extra money on a hotel room in order to catch the ferry.

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

As above, we have to take off of work an extra day and pay for nights at a hotel/motel we do not really want to stay in, in order to go to Stehekin on vacation.

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

Yes X No ___ If yes, please

explain. _____

We likely will not return to the area for vacation because of the added expenses of traveling 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

8/19/18

Les Peterson

~~Les Peterson~~

8/19/18

PRINT NAME

SIGNATURE

DATE

IMPORTANT!!!

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

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

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

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

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

Licensing Services
PO Box 47250
Olympia, WA 98504-7250

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 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. ~~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 ___ No x If not, explain problems you have experienced. ~~Very limited service, except summer months. No early departure times from Stehekin which would complement/enhance commuting schedules~~

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 months. ___ Potential adverse affects during seasonal hazards such as forest fires or stormy weather. _____

T.S-180677

VERIFICATION

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

Name and Title: _____ James M.

Britt _____

Business/Organization: _____

Street/Mailing Address: _____ 1316 Saddlerock

Drive _____

City, State, Zip Code: _____ Wenatchee, WA

98801 _____

Telephone Number: _____ 509-663-6893 _____ 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.

_____ James M. Britt _____

_____ 8/19/2018 _____

PRINT NAME


SIGNATURE

DATE

IMPORTANT!!!

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

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

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

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

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

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

We 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.

Sandra Phenning
PRINT NAME


SIGNATURE

8/20/18
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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. ~~The proposed ferry service would provide visitors and residents of Stehekin needed options to the current ferry schedules. It would offer day trip round travel from Stehekin on Thursdays in the winter and better accommodate visitors like myself traveling from Seattle who arrive in the Lake Chelan area in the early afternoon and desire to return earlier in the day to avoid making the long drive back to/from Seattle at night.~~

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 overnight time in planning trips which may make Chelan County a less desirable alternative for vacation travel.

VERIFICATION

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

Name and Title: _____ Clint Bennett

Business/Organization: _____

Street/Mailing Address: _____ 1521 2nd 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 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.

Clint Bennett
PRINT NAME


SIGNATURE

8/19/2018
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

The proposed time schedule would make my travel to Stehekin much more convenient. The proposal would give me an earlier start to drive home after my visits up lake.

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

Not having daily service during the winter is a problem. Arriving late in afternoon after visiting in Stehekin is not my preference.

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

I will not be able to travel to Stehekin as often as I would like to, if this request is denied.

VERIFICATION

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

Name and Title: Linda M. Herrington

Business/Organization: _____

Street/Mailing Address: 704 Upper Daniels 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 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.

Linda M. Herrington
PRINT NAME

Linda M. Herrington
SIGNATURE

8-18-18
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.
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SUPPORT STATEMENT

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

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

(see attachment)

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

(see attachment)

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

(see attachment)

VERIFICATION

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

Name and Title:

Michael Miles

Business/Organization:

Street/Mailing Address:

294 Rainbow Ln

City, State, Zip Code:

Stehekin, WA 98852

Telephone Number: 360-908-5799

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.

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

Michael Miles

SIGNATURE

Michael Miles

DATE

8/20/2018

Docket No TS-180677

IMPORTANT!!!

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

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

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

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

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

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

Licensing Services

PO Box 47250

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 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.

See attachment A

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

See attachment A

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

See attachment A

VERIFICATION

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

Name and Title: Teresa C. Kulik

Business/Organization:

Street/Mailing Address:

#10 River Resort,

City, State, Zip Code:

General Delivery, Stehekin, WA 98852

Telephone Number: 509-662-1312

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.

Teresa C. Kulik

PRINT NAME

Teresa C. Kulik

SIGNATURE

8/20/18

DATE

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 TRANSPORTATION 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: Backcountry Travels LLC | Application Docket No.: TS-180677 |
|--|--------------------------------------|

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

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

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


Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.
Fixed schedule, only departs Chelan in the morning. Requires travel at night or an overnight stay in Chelan Area in order to utilize the Boat Company service.

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 Boat Company. No alternatives. Needing to build all travel schedules around the Boat schedule is crazy. It is 2018, And we have no choice for uplake travel!

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

Name and Title: Thomas Pitts
 Business/Organization: _____
 Street/Mailing Address: 38 Company Creek Road
 City, State, Zip Code: Stehekin, WA 98852
 Telephone Number: 509-293-6589 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  8-20-18
 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 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.

Daily service is needed for business and visitors coming to Stehekin -

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

Mid week training meeting in Chelan -
To attend when boat on winter schedule, I have to leave on Monday return Friday (Completely unworkable)

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

Yes No ___ If yes, please explain. Greatly limit opportunity for training and to resupply goods, especially during months when boat is on its winter schedule -

VERIFICATION

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

Name and Title: Mark Courtney
Business/Organization: Courtney Construction - Volunteer EMS Provider
Street/Mailing Address: Po Box 54
City, State, Zip Code: Stehekin, 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.

Mark L. Courtney
PRINT NAME

Mark L. Courtney
SIGNATURE

8-21-2018
DATE

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

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

SUPPORT STATEMENT

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

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

BOAT TRAVEL LATER IN THE DAY (AT FIELDS POINT LANDING) AND EARLIER BOAT TIMES OUT OF STEHEKIN.

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

LEAVING OUR HOUSE IN OREGON REQUIRES ALL-NIGHT DRIVING TO AVOID EXPENSIVE OR UNAVAILABLE CHELAN ACCOMMODATION, 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.

VERIFICATION

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

Name and Title: KRIS ROBINSON

Business/Organization: _____

Street/Mailing Address: 955 STEHEKIN VALLEY RD

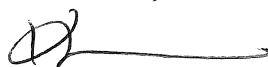
City, State, Zip Code: STEHEKIN, WA, 98852

Telephone Number: 5099311994 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.

KRIS ROBINSON

PRINT NAME



SIGNATURE

8/20/18

DATE

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

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

SUPPORT STATEMENT

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

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

ABILITY FOR DAY TRIPS OUT OF STEHEKIN
 TO MEET APPOINTMENTS & RUN ERRANDS

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

CURRENTLY, A TRIP TO A DOCTOR OR SHOPPING
 REQUIRES 1-2 NIGHTS STAY IN CHELAN OR
 WENATCHEE.

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

VERIFICATION

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

Name and Title: YAMUNA ROBINSON
 Business/Organization: _____
 Street/Mailing Address: 955 STEHEKIN VALLEY RD
 City, State, Zip Code: STEHEKIN, WA, 98852
 Telephone Number: (808) 3978878 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.

YAMUNA ROBINSON PRINT NAME Yamuna Robinson SIGNATURE 8/20/18 DATE

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. We travel to Stehekin frequently for recreation, leisure. This service would be wonderful as it would create significantly more convenient travel times allowing for 1 day of travel from east coast instead of the 2 it takes us now. The ferry currently only runs 3 days in the winter which does NOT meet our needs.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Timing of the ferry currently does not allow for travel to Stehekin in 1 day from east coast. The ferry does not provide a changing table for young children, in fact there is NO safe place to change a diaper. On a 4 hr ride this is a major issue forcing me to change my baby in public places with no privacy.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I visit the area regularly with my family however we must allow an extra day for travel, overnight accommodations due to the timing of the ferry leaving Chelan. A more convenient option that also provides safe accommodations for children would allow us to travel even more frequently to a place we love, Stehekin.

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

Name and Title: Autumn Lemley D.O.
 Business/Organization: _____
 Street/Mailing Address: 237 Shiloh Farms Rd
 City, State, Zip Code: Clarksburg WV 26301
 Telephone Number: ~~0000000000000000~~ 724-995-4774 Fax Number: 724-627-5172

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.

Autumn Lemley PRINT NAME  SIGNATURE 8-16-18 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

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

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

I am 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

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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.

VERIFICATION

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

Name and Title: Nathan Thomas

Business/Organization: Rainbow Falls Lodge

Street/Mailing Address: 66 Rainbow Lane

City, State, Zip Code: Stehekin, WA, 98006

Telephone Number: 919-949-3882 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.

Nathan B. Thomas
PRINT NAME


SIGNATURE

8/16/2018
DATE

TS-180671

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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 Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. AS A FREQUENT VISITOR TO STEHEKIN, I RELY ON TRANSPORTATION UP LAKE CHELAN AND DOWN. AS IT IS NOW, THE LATEST BOAT TO LEAVE FIELD'S POINT IS AT 9:45AM. THIS IS IMPOSSIBLE FOR ME TO CATCH IF I'M FLYING INTO SEATTLE AND WANT TO BE IN STEHEKIN THE SAME NIGHT. THIS NEW BOAT, LOADING @ 1PM WOULD ALLOW ME TO GET TO MY DESTINATION IN ONE DAY, SAVING TIME AND MONEY.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. SCHEDULING IS AN ISSUE. I FLY IN FROM OUT OF STATE TO VISIT STEHEKIN AND IT IS CURRENTLY IMPOSSIBLE TO MAKE THE TRIP IN ONE DAY, FORCING ME TO SPEND A NIGHT IN CHICAGO OR SEATTLE WHEN I WANT TO BE IN STEHEKIN. A LATER BOAT, LIKE THE PROPOSED 1PM BOAT, WOULD ALLOW ME TO FLY IN FROM OUT OF STATE AND STILL MAKE IT TO STEHEKIN THE SAME DAY.

If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain. I WOULD HAVE TO CONTINUE TO SACRIFICE TIME AND MONEY WHEN I VISIT. I "WASTE" TWO DAYS OF MY TIME OFF ~~THIS~~ TRAVELING EACH WAY WHEN THE TRIP COULD BE MADE IN ONE DAY. I WOULD SAVE MONEY BY NOT NEEDING A PLACE TO STAY WHILE I WAIT FOR THE FERRY AND I WOULD BE ABLE TO SPEND MORE TIME WITH THE FAMILY I VISIT WITH IN STEHEKIN.

VERIFICATION

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

Name and Title: Kameron Schaefer

Business/Organization: _____

Street/Mailing Address: 7520 TEALIGHT WAY

City, State, Zip Code: WILLIAMSBURG, VA 23188

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.

Kameron Schaefer
PRINT NAME

[Signature]
SIGNATURE

8/16/18
DATE

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

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

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

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

The schedule for this boat service is more advantageous for travelers that are trying to operate on a more flexible schedule, particularly avoiding spending unwanted time in Chelan

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Legally, I see issues with the Lake Chelan Boat company in regards to serving guests with disabilities. There is no wheel-chair accessible restroom. There is also no changing table for babies, a huge inconvenience for young families.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain. Year-round transportation is currently not offered at the Lake Chelan Boat company. This hinders my ability to travel to and from Stehekin on the days that fits my schedule. Local residents and Tourists will both benefit from this more diverse service, boosting economy for this community. Backcountry Travels LLC is simply providing a service that is currently non-existent, filling in the gaps of the Boat company.

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

Name and Title: Lauren Schaefer

Business/Organization: _____

Street/Mailing Address: 7526 Tealight Way

City, State, Zip Code: Williamsburg VA 23188

Telephone Number: 724-984-1977 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.

Lauren Schaefer PRINT NAME Lauren Schaefer SIGNATURE 08/16/18 DATE

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
Year round transportation by water to two parcels of private property on lake Chelan. More regular transportation to and from Stehekin

Are your transportation needs being met now? Yes No If not, explain problems you have experienced.
Existing boat service does not operate on a daily basis / year round. Existing service does not make flag stops for majority of the year. 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.
Limit access to our property and to Stehekin for business and pleasure. Delay delivery of parts and supplies to customers in Stehekin

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

Name and Title: Jo A. Miller
 Business/Organization: MVM Quality Drilling LLC
 Street/Mailing Address: 404 S. Clifford St.
 City, State, Zip Code: Chelan WA 98816
 Telephone Number: (509) 679-7976 Fax Number: 509 652-1200

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.

Jo A. Miller PRINT NAME Jo A. Miller SIGNATURE 8/20/2018 DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

Transportation to a private residence for maintenance and logging

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

Lack of service is inconvenient and cause planning issues

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

Lack of maintenance could cause fire danger or destruction of property.

VERIFICATION

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

Name and Title: Colby Flick

Business/Organization:

Street/Mailing Address: PO box 1321

City, State, Zip Code: Brewster, WA 98812

Telephone Number: 509-669-4740 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.

Colby Flick
PRINT NAME

Colby Flick
SIGNATURE

8/20/18
DATE

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

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
The proposed service would give us access to Stehekin on a year-round basis. The 3 times per week off-season schedule in service now is not conducive for our needs.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced.
We need service in the off-season. It is difficult, or impossible, to make visits when the boat only runs 3 days per week.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain.
We simply will not conduct business in Stehekin in the off season.

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

Name and Title: MALCOLM KEITHLEY, PUBLISHER
 Business/Organization: LAKE CHELAN MAGAZINE
 Street/Mailing Address: 611 NORTH HIKOR AVE.
EAST WENATCHEE, WA 98802
 Telephone Number: 509-679-8756 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.

MALCOLM KEITHLEY PRINT NAME Malcolm Keithley SIGNATURE Aug 20, 2018 DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

This would be perfect for us with that long drive to Seattle

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

Late arrival in Chelan from Stehekin making us forcing us to spend another night in Chelan.

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

It would provide us less options to stay in Stehekin as we would lose another work day.

VERIFICATION

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

Name and Title: *Donna Turner*

Business/Organization:

Street/Mailing Address: *1718 163rd St SE*

City, State, Zip Code: *Mill Creek, WA 98012*

Telephone Number: *360 631 2755* 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.

Donna Turner
PRINT NAME

Donna Turner
SIGNATURE

8/19/18
DATE

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

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Need to leave Stehekin in the morning to see a doctor/lawyer/etc on same day and return to Stehekin the next day. This would save \$\$\$ by only requiring ONE overnight motel bill - not the two under present conditions. Also, one could leave Stehekin in daylight and arrive in Seattle in daylight

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced. Presently, if I wish to leave Stehekin it is 6 PM or later by the time I get to Wenatchee (in darkness during winter) then I spend the night. The next day I keep my business appointments and spend a second night at a motel, then return to Stehekin

If the request is denied, would it have any affect on you or your business/organization: Yes X No ___ If yes, please explain. I have to waste a second day. Another case is FAMILIES who have limited vacation time have to waste an entire day for transportation to Stehekin. I suspect many ~~visit~~ potential visitors to Stehekin choose to visit some other location due to time/access issues

VERIFICATION

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

Name and Title: John R Bingham
 Business/Organization: Stehekin home owner
 Street/Mailing Address: P.O. Box 24
 City, State, Zip Code: Stehekin, WA 98852
 Telephone Number: (509) 881-7942 Fax Number: _____

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

John R Bingham
 PRINT NAME

John R Bingham
 SIGNATURE

21 August 2018
 DATE

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

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

SUPPORT STATEMENT

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. We need a trip that leaves Stehekin in the morning, arriving in Chelan (or Field's Point) in time to meet afternoon obligations and appointments on the same day. We had valued air service, now not available to and from Stehekin. We see this proposal as a valuable addition to present service

Are your transportation needs being met now? Yes & No If not, explain problems you have experienced. I feel this would help to meet need to have an additional schedule besides the present limitations of the scheduled trips leaving Chelan in the morning & returning late (one round trip/day). This would fill in a vacuum of much needed additional trips possible.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. We are hopeful that this request will be affirmed giving us an option of travel we had missed now that the "Lady Cat" and the Air Service are not available. There is a health and safety factor involved in adding service, both for tourists and folks who live and work here.

VERIFICATION

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

Name and Title: Adele Bingham

Business/Organization: _____

Street/Mailing Address: P.O. Box 24 & 1422 Copper Loop

City, State, Zip Code: Stehekin, WA 98852 & E. Wenatchee, WA 98802

Telephone Number: 509-470-6440 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.

Adele Bingham
PRINT NAME

Adele Bingham
SIGNATURE

8/21/2018
DATE

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

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

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

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

Myself and family members travel to Stehekin almost every year and it would be great to have a boat available with other options for scheduling

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

It has been difficult to work within the schedule of 1st of the Lake. I have not gotten dates or times requested. Family members traveling from Oregon have to spend the night somewhere else to arrive as

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

As stated above, will need to work within limited parameters of available transportation now. boat is scheduled

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

Name and Title: Jeanette O'Keefe (individual)

Business/Organization: _____

Street/Mailing Address: PO Box 1185 / 225 East Chewoch Rd.

City, State, Zip Code: Winthrop, WA 98862

Telephone Number: (509)996-4133 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.

Jeanette O'Keefe PRINT NAME Jeanette O'Keefe SIGNATURE 8/20/18 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

(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. During all 12 months, we need transportation to and from our Cabin that is located 3 miles down lake from Stehekin.

Are your transportation needs being met now? Yes ___ No x If not, explain problems you have experienced. The current service will not stop at our cabin.

If the request is denied, would it have any affect on you or your business/organization: Yes x No ___ If yes, please explain. Not having this service would prohibit our use of the cabin.

VERIFICATION

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

Name and Title: Karen McKellar

Business/Organization: Individual with private ownership of property on Lake Chelan.

Street/Mailing Address: PO Box 1393

City, State, Zip Code: Chelan, WA 98816

Telephone Number: 509-470-4002 Fax Number: _____

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

Karen McKellar
PRINT NAME

Karen McKellar K McKellar
SIGNATURE

8/18/18
DATE

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

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

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Year round downlake/uplake boat service, to include pet transportation, on an efficient schedule that would better serve the needs of our Stehekin community

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Resident going downlake for an appointment has to bear the expense of a 2 night stay, even longer during the winter months. Current boat service caters to Stehekin visitors coming uplake, often on vacation, and do not have the scheduled needs of local residents.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. Stehekin residents would be compromised in receiving the services that are needed downlake, especially in an emergency situation. This is a viable community with year round residents (post office, school district, fire district, etc) and we are in need of the ability to travel on a daily basis to receive other necessary services.

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

Name and Title: Lorinda and Jim Bohn

Business/Organization: _____

Street/Mailing Address: PO Box 309 (1315 Stehekin Valley Road)

City, State, Zip Code: Stehekin WA 98852

Telephone Number: (509) 768-0494 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.

LOREINDA BOHN Lorinda Bohn 8-20-2018
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 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 need an option to return the same day.
Also, in the summer time the one option (current) is often sold out.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Sold out + can't return the same day.
We're forced to stay overnight in a hotel because there's no return option.

If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain. I would continue losing money on overnight stays downlake.

VERIFICATION

(To be completed by the individual or business/organization 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 98852

Telephone Number: 561 926 2096

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.

GINA LEVANTINI
PRINT NAME

GL
SIGNATURE

8/19/18
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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

SUPPORT STATEMENT

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

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

I live in Stehekin but work in Chelan during the week and a daily boat schedule would make it easier for me to commute without missing any work.

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

During the winter months the current boat schedule does 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 affect on you or your business/organization:
Yes No If yes, please explain.

I would have to find alternate means of transportation other than the current service that would fit my schedule.

VERIFICATION

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

Name and Title: Simon Courtney

Business/Organization:

Street/Mailing Address: 1 valley st

City, State, Zip Code: Stehekin, WA, 98852

Telephone Number: (509)-449-3364 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.

Simon Courtney
PRINT NAME

Simon Courtney
SIGNATURE

8/16/18
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

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

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

THIS SERVICE WOULD PROVIDE 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 X If not, explain problems you have experienced.

TURNED AWAY IN CHELAN FOR LACK OF ROOM ON BOAT. REQUIRED TO STAY EXTRA DAYS IN CHELAN ON NON BOAT DAYS. REQUIRED TO PLAN EXTRA DAYS ON TRIPS BECAUSE NO BOAT SCHEDULE.

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

Yes X No ___ If yes, please explain.

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 OPERATE MY OWN BOAT

VERIFICATION

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