

TS-180677

Name and

Title: THOMAS COURTNEY

Business/

Organization: MOUNTAIN BARGE SERVICE LLC

Street/Mailing

Address: 1 VALLEY STREET STEHEKIM WA.  
98852

City, State, Zip

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

Telephone Number: 509 670 6300 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 COURTNEY

PRINT NAME

Thomas Courtney

SIGNATURE

DATE

8-17-18

**IMPORTANT!!!**

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

Washington law allows the Washington Utilities and Transportation Commission

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC   | Application Docket No.:<br>TS-180677 |
| <p><b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br/> <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.  
See attached page

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

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

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

Name and Title: Liz Courtney

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

Street/Mailing Address: PO Box 64

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 509-670-4495 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.*

Liz Courtney PRINT NAME      Liz Courtney SIGNATURE      8/18/18 DATE



**Support Statement** for Applicant Backcountry Travels LLC  
Re: Application TS-180677

**Transportation Need:**

As a Stehekin resident, my life depends on boat service for food, supplies, appointments with doctors and dentists, family needs of all kinds, and sometimes emergencies, or unexpected obligations. All are centered on service to and from Stehekin, which is extremely limited in the winter months. A trip out on a Friday means no return til Monday, causing expense at hotels, food etc.. A daily service with the schedule proposed by the applicant would ensure an improvement in quality of life in ALL these areas, especially winter time travel.

The need for daily service to and from Stehekin affects the Stehekin School children's education. During the winter months, families traveling out on the Friday boat cannot return til Monday afternoon, causing them to miss one day of school. If a family is commuting back and forth due to one child attending high school downlake, and visiting each other every weekend, that causes 16 days of missed Mondays at Stehekin School (for four months). A daily boat service would improve the quality and continuity of education in Stehekin, without missed days.

**Are your transportation needs being met now? No, not with the current operation.**

We have purchased our own boat to meet our family's needs for **work schedules in Chelan, for transporting our goods and supplies without expensive added costs for just a few extra pounds and helping people** that have unexpected needs. Other residents are not so fortunate as to have the means to buy a boat. Our needs were met by buying our own boat, but we would have used this applicant's service frequently had it been in operation.

As we get older, and can no longer operate our boat, we will need a service such as this applicant is proposing that is catered to Stehekin residents and guests due to a daily schedule, beginning in Stehekin.

Travel on the current boat is not guaranteed for residents during busy holidays. Another option of travel would help with this limited situation.

Our good friend was treated poorly by the current operator and has not returned to Stehekin due to this treatment. Our need is **to have a friendly, reliable, people oriented service** that our friends and guests can feel welcome with.

The current operation occasionally has maintenance problems and breakdowns. Having an alternative would relieve the inconvenience these breakdowns cause.

TS-180677

**If the request is denied, would it have any affect on you or your business /organization? Yes.**

As a Stehekin resident, I would prefer to travel with this applicant due to their stellar attitude towards customers and people, as has been proven with their current backcountry trips. They are knowledgeable about this area, eager to please, and customer service oriented. Their commitment to Stehekin as their home, as well as wanting to provide service to residents and businesses here, is by far preferred. Yes, I am affected without this improvement as the current operation lacks enthusiasm in these areas mentioned.

Our future as a community is also affected. As it stands now, our economy is limited by how many people can visit Stehekin, and when. Another boat service would affect us positively and provide further possibilities for our economy all year round. Winter services currently come to a halt due to lack of daily service, especially on the weekends when visitors prefer to travel. Stehekin would have at least the chance to begin to provide year round services and build our economy, which is surely needed to take us into the next generations of those wishing to make Stehekin their home, and serving the public in this rare, scenic YEAR ROUND destination.

Thank you for considering my comments.

|   |                                      |
|---|--------------------------------------|
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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 need an option to leave or return to Stehekin every day. We lack that service late Fall through Spring. We also would love an option that allows us to leave home & return on the same day.

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

I am forced to spend at least one night away from home - late Fall through Spring, at least two nights. The existing boat's schedule is limited, leaving me with few options to catch a bus, train, or plane on the same day I leave Stehekin.

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

The effect would be that I am still stuck with a lack of options for transportation, this means that to do any shopping, meet any appointment, do any travelling, I am unable to leave Stehekin 4 out of 7 days a week during winter, & when I can leave/return, the early departure from chelan plus late arrival to chelan make it difficult to match up with appointments, store hours, or just additional travel connections.

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

Name and Title: Hannah Gietsl  
 Business/Organization: resident of Stehekin  
 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.*

HANNAH GIETSL Hannah Gietsl 8/22/18  
 PRINT NAME SIGNATURE DATE

TS 180-677

**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.

Stehiken is a very special place but it's nearly impossible to get to! It's actually prohibitive with the lack of transportation, especially with the plane not working. Having an additional method of travel is essential to the livelihood of the businesses there.

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

There's almost no good way to get to the Stehekin side of the lake! We would go in a heartbeat if it was easier. We live in Portland and adding a 5 hour drive on top makes it too time consuming to coordinate with the limited scheulet

If the request is denied, would it have any affect on you or your business/organization:  
Yes  No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_ We wouldn't really go there. I'd like to host family reunions and larger groups there but transport is 100% a factor. This is unfortunate for the businesses there.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION**

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

Name and Title: \_\_Ashley Melin

Business/Organization: \_\_SoulJour

Street/Mailing Address: \_\_2955 Wembley Park Rd

City, State, Zip Code: \_\_Lake Oswego, OR

97034

Telephone Number: \_\_503-708-7877 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.*

Ashley Melin  
PRINT NAME

  
SIGNATURE

8/19/18  
DATE

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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

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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 Recreation Guest to the Stehekin area it would be much better to have an alternative schedule for a more convenient and affordable.

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

WAY TO REACH THE VALLEY. Now we either have to overnight closer to the ferry or leave very early in the morning and "DASH" FOR THE

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

Ferry from Seattle, with the increased traffic over the pass, it is becoming difficult to choose Stehekin as a destination. More choices, more affordable, = more visits to Stehekin.

### VERIFICATION

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

Name and Title: Helen Sweeney

Business/Organization:

Street/Mailing Address: 2929 Queen Anne Ave N.

City, State, Zip Code: Seattle WA 98109

Telephone Number: 206-283-5608 Fax Number: X

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 Sweeney  
PRINT NAME

Helen Sweeney  
SIGNATURE

8/18/18  
DATE

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC   | Application Docket No.:<br>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. Year around service that makes flag stops. Since I have no private boat I can not access several privately owned properties. Would also like to see a Seaplane service again.

Are your transportation needs being met now? Yes \_\_\_ No → If not, explain problems you have experienced.  
Travel you need and the ability to stop at other locations not service by the present boats.

If the request is denied, would it have any affect on you or your business/organization?  
Yes → No \_\_\_ If yes, please explain.  
The lack of service now affects my ability to access various recreational activities on Lake Chelan and at Stehekin

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

Name and Title: Roger M. Green (member)  
 Business/Organization: RML Enterprises  
 Street/Mailing Address: 30 Church Rd  
 City, State, Zip Code: Brewster, WA, 98812  
 Telephone Number: 3074731112 Fax Number: NONE  
 Email: rmgreen@rogermgreen.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.

Roger M. Green PRINT NAME      Roger M. Green SIGNATURE      21 Aug 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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**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 second, daily, ferry service from Fields Point will meet increased needs, offer additional choices for travelers, and the schedule listed is more convenient for my travel needs and I suspect for others as well, especially those who would otherwise have to lay over an additional night.

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

My travel needs are being met but not without problems. The current ferry schedule is not always convenient and Stehekin really does need daily service during the off season.

If the request is denied, would it have any affect on you or your business/organization: Yes X No \_\_\_\_\_ If yes, please explain. I host and produce a widely syndicated outdoors radio program and my travels take me to Stehekin and the North Cascades National Park. Being able to travel there without worrying about the boat selling out, or not running certain days, or losing time due to an inconvenient schedule would be alleviated with the addition of another ferry service.



TS-180677

**VERIFICATION**

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

Name and Title: John Kruse, Owner

Business/Organization: Northwestern Outdoors

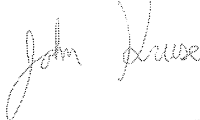
Street/Mailing Address: 302 Garden Circle

City, State, Zip Code: Cashmere, WA 98815

Telephone Number: 509-664-6633 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 Kruse



Aug 21, 2018  
DATE

PRINT NAME

SIGNATURE

**IMPORTANT!!!**

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

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

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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. Efficient service between Chelan and Stehekin leaving Chelan mid day.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.  
I am an HVAC service provider. I do work in Stehekin. I find the lack of the lake difficult to use in carrying equipment and parts. I need a service that leaves Chelan mid day.

If the request is denied, would it have any affect on you or your business/organization:  
 Yes  No  If yes, please explain.  
It will be more difficult for me to do HVAC work in Stehekin.

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

Name and Title: Daniel J. Martin  
 Business/Organization: Kelvin Cooling and Heating Service  
 Street/Mailing Address: 3196 Friday Creek Road  
 City, State, Zip Code: Burlington WA 98233  
 Telephone Number: (360) 778-0640 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 J. Martin PRINT NAME      [Signature] SIGNATURE      8/19/18 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. Our business, M.V.M Quality Drilling LLC has constructed over fifty wells in the Stehekin valley, all but one, for private residences, one for the Nat. Park Service. Daily boat service is requisite for being able to service those water systems with parts and labor all year long.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. Daily service is no longer available year around from the present ferry service, thus we cannot respond to water system emergencies. Twenty four (24) years ago we constructed a dock with special apertures for the Lady Express to "pull in" to our shop facility 7 miles down lake. They no longer do.

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. If daily boat service, with "flag stop" abilities is not allowed our business assets and obligations are significantly compromised. Our customers, water users, will experience both health and safety issues unlike in the past when daily service with "flag stops" was available.

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


Name and Title: Mr. Miller - owner  
 Business/Organization: M.V.M Quality Drilling LLC  
 Street/Mailing Address: 404 S. Clifford St.  
 City, State, Zip Code: Chelan WA 98816  
 Telephone Number: 509-923-2073 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.

Marshall V. Miller [Signature] 8-21-18  
 PRINT NAME SIGNATURE DATE

|  |                                      |
|--|--------------------------------------|
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|  |  |
|--|--|
| <b>SUPPORT STATEMENT</b>   |  |
| (To be completed by the individual or business/organization supporting the request for operating authority)  |  |
| <b>THE TRANSPORTATION NEED</b> Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. |  |
| <i>I need the option of a daily service. Much of my travels to and from Stehekin are business trips and I lose 2 days of work if I have to go on the present schedule.</i>   |  |
| Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced.  |  |
| <i>This was addressed above but I would like to add that the present schedule gets me back to port too late for work related issues as well.</i>   |  |
| If the request is denied, would it have any affect on you or your business/organization:<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain.                                  |  |
| <i>The loss of working hours is huge to my company. Also even private travel in the current conditions is not comfortable, conditions of the vessels are poor and as already stated, the schedule is very limited.</i>   |  |

|  |   |                        |
|--|---|------------------------|
| <b>VERIFICATION</b>  |   |                        |
| (To be completed by the individual or business/organization supporting the request for operating authority)  |   |                        |
| Name and Title:  | <i>Peggy Ann Courtney - OWNER CEO</i>   |                        |
| Business/Organization:   | <i>IT Just Figures Bookkeeping</i>  |                        |
| Street/Mailing Address:  | <i>23660 Hwy 97A</i>  |                        |
| City, State, Zip Code:   | <i>Chelan, WA 98816</i>   |                        |
| Telephone Number:  | <i>(509) 670-2812</i>   | 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. |   |                        |
| <i>Peggy A. Courtney</i><br>PRINT NAME   | <br>SIGNATURE | <i>8/27/18</i><br>DATE |

RECEIVED  
 PROGRESS MANAGEMENT  
 2018 AUG 29 AM 11:44  
 STATE OF WASHINGTON  
 UTILITIES AND TRANSPORTATION COMMISSION

|   |                                      |
|---|--------------------------------------|
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| SUPPORT STATEMENT  |  |
|--|--|
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| <b>THE TRANSPORTATION NEED</b> Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. |  |
| <u>Early A.M DEPARTURE FROM STEHEKIN</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>TO RIGID OF A SCHEDULE</u><br><u>- &amp; SLOW</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>NOT SURE</u>  |  |

| VERIFICATION  |                           |                   |
|---|---------------------------|-------------------|
| (To be completed by the individual or business/organization supporting the request for operating authority)   |                           |                   |
| Name and Title:   | <u>Greg Havelly RPH</u>   |                   |
| Business/Organization:  | _____                     |                   |
| Street/Mailing Address:   | <u>19363 SE DEBORA DR</u> |                   |
| City, State, Zip Code:  | <u>DAMASCUS OR 97085</u>  |                   |
| Telephone Number:   | <u>503-665-7939</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>Greg Havelly</u>   | <u>[Signature]</u>        | <u>8/21/18</u>    |
| PRINT NAME  | SIGNATURE                 | DATE              |

|  |                                      |
|--|--------------------------------------|
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**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.  
I need a mid-morning departure from Stehekin.

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced.  
departure to/from times that do not coordinate well with dive times necessary

If the request is denied, would it have any affect on you or your business/organization:  
 Yes  No \_\_\_ If yes, please explain.  
driving at night is too dangerous for me. too

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

Name and Title: Elizabeth Havely, RDH  
 Business/Organization: N/A  
 Street/Mailing Address: 19363 SE-Detona Dr.  
 City, State, Zip Code: Damascus, OR, 97089  
 Telephone Number: (503) 665-3939 Fax Number: N/A

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

Elizabeth Havely Elizabeth Havely 8/22/18  
 PRINT NAME SIGNATURE DATE

RECEIVED  
AUG 29 2018

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 Western Washington (a 5 hour drive), but have a daughter son-in-law, and several grandchildren in Stehekin. The ~~current~~ addition of this boat would allow us a much more convenient way and time to visit them.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. Yes, we can get there, but we need to leave home between 4 and 4:30 am to catch the Lady 2. As we age this is becoming less desirable. Also, the current winter schedule makes visits very hard.

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. We will soon have to turn a one day trip to get to Stehekin into a 2 day trip. Now that we are retired we would like to be able to come for holidays, but or have the kids come down, but the winter schedule is ~~so~~ very hard to work around.

**VERIFICATION**

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

Name and Title: Sally Parks  
Business/Organization:  
Street/Mailing Address: 19 Winkleman Rd S.  
City, State, Zip Code: Montesano, WA 98563  
Telephone Number: 360-470-6009 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.

Sally S Parks PRINT NAME  
Sally S Parks SIGNATURE  
8-27-18 DATE

STATE OF WASHINGTON  
UTILITIES AND TRANSPORTATION COMMISSION  
2018 AUG 29 AM 8:27  
RECEIVED



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 TRAVEL TO STEHEKIN PERIODICALLY AND FIND THE CURRENT SCHEDULE <sup>ADDS</sup> ~~REQUIRES~~ UN-NECESSARY EXPENSE AND TRAVEL TIME - I ALWAYS HAVE TO GET AN EXTRA NIGHT OR 2 AT A HOTEL

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

SEE ABOVE. HAVE TO STAY OVERNIGHT IN CHELAN (EXTRA \$\$\$)

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: TOM ROTH

Business/Organization: —

Street/Mailing Address: ~~XXXXXXXXXXXXXXXXXXXX~~ 822 S. ALFRED ST. / APT 2B

City, State, Zip Code: ALEXANDRIA, VA 22314

Telephone Number: 360-430-7500 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.*

TOM ROTH  
PRINT NAME

[Signature]  
SIGNATURE

8/22  
DATE

2018 AUG 29 8:45  
RECEIVED



**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

RECEIVED

AUG 29 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.

Faster more flexible service

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

would like more flexibility on time as we have a 6 hour drive to Chelan before heading up lake, necessitating spending the night in Chelan

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

NO organization, just personal time issues.

**VERIFICATION**

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

Name and Title: Penn Wells

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

Street/Mailing Address: 123 College Pl, # 810

City, State, Zip Code: Norfolk, VA 23510

Telephone Number: 404 713 9263 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.

Penn Wells  
PRINT NAME

[Signature]  
SIGNATURE

8/21/2018  
DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

RECEIVED

AUG 29 2018

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

A daily, year round commercial ferry service on Lake Chelan based out of Stehekin 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 - faster

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

see above

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: SALLY WELLS

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

Street/Mailing Address: 123 COLLEGE PL #810

City, State, Zip Code: NORFOLK, VA 23510

Telephone Number: 229 400 1121 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.

Sally Wells

PRINT NAME

Sally Wells

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.*

Currently we always have to travel to the Chelan area a day prior to a trip to Lucerne or Stehekin because we live at a distance with a 4-5 hour drive to Chelan. Lady of The Lake departs Chelan at 8:30am. This necessitates arranging for lodging and meals in Chelan or frequently at Pateros when Chelan accommodations are not available for single night stays (2-night minimum). Both my wife and I are over 65 and we avoid long drives at night. We also need to stay overnight in the Chelan or Wenatchee area when returning back from Stehekin because the Lady of the Lake doesn't get back to Fields Point until 5pm, again to avoid long driving at night. As we age we are also concerned that the current limited ferry service may be a particular problem, especially since flight service is no longer available, and should a medical issue occur for us or for anyone else in the valley.

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

Early departure and late return of the current ferry(s) results in us and many of our friends having to arrange accommodations before and after trips to Stehekin. This has impacted our desired lengths of stay and causes additional significant expenses. The Chelan area has become more popular leaving us often unable to stay in Chelan, adding more drive time. Also, lodging is extremely difficult to find during the 3 week Leavenworth's Octoberfest interval within a 60 mile radius of Chelan. Lady of the Lake has limited stops, and the Lady Express cannot put hikers off at Prince Creek and Moore Point. Backcountry Travel's boat can use many of the recreation docks and private docks that Lady of the Lake is too big to use.

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

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

As noted above we will continue to need accommodations, including lodging and meals, before and after trips to Stehekin which we find both very inconvenient and expensive. My wife and I are both retired, and although our schedules may be more flexible then when we were working, we do not want to continue to incur the additional expense and inconvenience.

**VERIFICATION**

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

Name and Title: **Frank P. Rossi**

Business/Organization: n/a

Street/ mailing address: **8031 28<sup>th</sup> Ave. S.E.**

City, State, Zip Code: **Newcastle, WA 98056**

Telephone Number: **425-271-8114**

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.*

Frank P. Rossi



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

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

**RECEIVED**  
AUG 24 2018

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

A daily, year round commercial ferry service on Lake Chelan based out of Stehekin 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 find it very limiting to not have year round ferry service to/from Stehekin as we often visit in the winter with guests and must find a private source of transportation, few of which are available on the lake in the winter. The current schedule is also very inconvenient for summertime travel when availability can be limited, especially for the more time efficient boat. And, the only available option gets you back into Chelan from Stehekin late in the afternoon. Further, current ferry service leaves Chelan around 8am. Having a later departure time around 1pm would be very helpful.

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

They are described above.

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 not have the flexibility for our guests that we described above. The current system limits access to Stehekin and to the National Park.



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)

① **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 OF THE EXISTING FERRY SERVICE ON LAKE CHELAN MAKES IT DIFFICULT TO SCHEDULE APPOINTMENTS DOWN LAKE FOR STEHEKIN RESIDENTS

INSIDE OF NORMAL BUSINESS HOURS WITHOUT SPENDING TWO → over

② Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced.

CHELAN SEAPLANES USED TO PROVIDE AN (EXPENSIVE) ALTERNATIVE SCHEDULE TO THE EXISTING FERRY SERVICE WHICH ALLOWED FOR STEHEKIN RESIDENTS TO ATTEND → over

③ If the request is denied, would it have any affect on you or your business/organization: Yes  No \_\_\_ If yes, please explain.

I WILL CONTINUE TO FIND IT DIFFICULT TO LEAVE STEHEKIN, MY HOME, AND RETURN IN A TIMELY MANNER. IN THE LONG RUN THIS LACK OF OPTIONS ADDS UP TO MORE WORK DAYS MISSED, MORE MONEY SPENT ON ACCOMMODATIONS DOWNLAKE. → over

**VERIFICATION**

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

Name and Title: PATRICK GIETL

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

Street/Mailing Address: PO BOX 283

City, State, Zip Code: STEHEKIN WA 98852

Telephone Number: 217.556.7314 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.

PATRICK GIETL  
PRINT NAME

  
SIGNATURE

8.18.18  
DATE

① CONT'D → NIGHTS AWAY FROM HOME. THE PROPOSED SERVICE SEEMINGLY ALLOWS MORE FLEXIBILITY FOR STEHEIM RESIDENTS TO LEAVE STEHEIM TO ATTEND MEDICAL AND BUSINESS APPOINTMENTS AND RETURN HOME IN A MORE TIMELY MANNER. ESPECIALLY HELPFUL IS THE PROPOSED ONE DAY PER WEEK IN THE WINTER MONTHS WHERE THE BOAT SERVICE WOULD LEAVE STEHEIM EARLY AND RETURN LATE THE SAME DAY.

② CONT'D → APPOINTMENTS AND RETURN THE SAME DAY OR BY SPENDING A SINGLE OVER NIGHT. THE EXISTING COMMERCIAL FERRY SERVICE DOES NOT MEET THAT TRANSPORTATION NEED.

③ CONT'D → AND MORE TIME AWAY FROM HOME IN ORDER TO COMPLETE TASKS THAT MOST AMERICANS TAKE FOR GRANTED (TIMELY ACCESS TO MEDICAL CARE, ERRANDS, SHOPPING, ETC.)



|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 is needed daily, year round, to facilitate and enable weekend travel to and from Stehekin for visitors, and daily transport to & from Stehekin for residents who work downlake, or need to go to doctor etc!

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. Visitors currently must either drive very early in the morning or incur overnight expense to catch the current boat service to Stehekin. Also, during winter months it requires a two to three night stay out of the valley for appointments.

If the request is denied, would it have any affect on you or your business/organization? Yes  No  If yes, please explain. during winter months taking care of business for residents. Current lack of service prevents many visitors from coming to Stehekin on the weekends but if feasible, the rental possible, if this new service is allowed to operate. It also forces residents to incur lodging and meal expenses for overnight stays when taking care of business downlake.

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

Name and Title: David & Jeannetta Kurth  
 Business/Organization: DBA Stehekin Creekside Cabin Rental  
 Street/Mailing Address: P.O. Box 274  
 City, State, Zip Code: Stehekin, WA 98852  
 Telephone Number: 509-630-4550 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.

David Kurth PRINT NAME      David W. Kurth SIGNATURE      8/22/18 DATE  
Jeannetta Kurth PRINT NAME      Jeannetta Kurth SIGNATURE

Also, visitors have to stay a minimum of three nights for weekend stays, missing Friday & Monday employment days since the current service will not travel on Saturday or Sunday. This significantly reduces the number of visitors who could come and rent any rental in the Stehekin Valley.

**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.*

Currently we always have to travel to the Chelan area a day prior to a trip to Lucerne or Stehekin because we live at a distance with a 4-5 hour drive to Chelan. This necessitates arranging for lodging and meals in Chelan or frequently at Pateros when Chelan accommodations are not available for single night stays. Both my husband and I are over 65 and we avoid long drives at night. We also need to stay overnight in the Chelan or Wenatchee area when returning back from Stehekin because the Lady of the Lake doesn't get back to Fields Point until 5pm, again to avoid long driving at night. As we age we are also concerned that the current limited ferry service may be a particular problem, especially since flight service is no longer available, and should a medical issue occur for us or for anyone else in the valley.

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

Early departure and late return of the current ferry(s) results in us and many of our friends having to arrange accommodations before and after trips to Stehekin. This has impacted our desired lengths of stay and causes additional significant expenses. The Chelan area has become more popular leaving us often unable to stay in Chelan, adding more drive time. Also, lodging is extremely difficult to find during the 3 week Octoberfest interval within a 60 mile radius of Chelan.

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

As noted above we will continue to need accommodations, including lodging and meals, before and after trips to Stehekin which we find both very inconvenient and expensive. My husband and I are both retired, and although our schedules may be more flexible then when we were working, we do not want to continue to incur the additional expense and inconvenience.

**VERIFICATION**

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

Name and Title: **Kathleen S. Mellon-Rossi**

TS-180677

Business/Organization: n/a

Street/ mailing address: 8031 28<sup>th</sup> Ave. S.E.

City, State, Zip Code: Newcastle, WA 98056

Telephone Number: 425-271-8114

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 S. Mellon-Rossi

*Kathleen S. Mellon-Rossi* 8/19/2018

PRINT NAME

SIGNATURE

DATE

### IMPORTANT!!!

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

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

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)

RECEIVED

AUG 23 2018

WASH. UT. & TP. COM.

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 ferry requires getting to Chelan early in the morning and getting home late. During the winter months this means traveling in the dark or incurring additional cost for hotel rooms in Chelan on both end of the trip. Hotels in Chelan are often hard to get at a reasonable cost during parts of the year.

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

Current ferry schedule times require additional cost because I have to stay in Chelan in order to catch the ferry to Stehekin and depending on the time of year I also have to stay in Chelan upon my return. This prevent me from seeing other customers.

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

Yes x No \_\_\_ If yes, please explain.

Additional cost incurred because the current ferry schedule requires staying in Chelan as many as two additional days.

RECEIVED  
PROPERTY MANAGER  
2018 AUG 23 AM 8:28  
STATE OF WASH  
UTILITY AND TRANSPORTATION  
COMMISSION

**VERIFICATION**

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

Name and Title: Carolyn Cooper - Managing Owner

Business/Organization: Cooper-Pyles Properties LLC

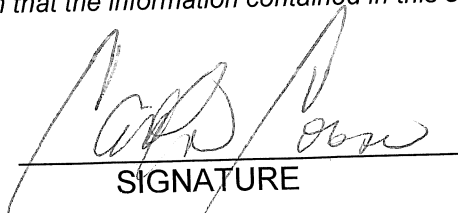
Street/Mailing Address: 3949 NW Clarence Cir

City, State, Zip Code: Corvallis OR 97330

Telephone Number: 541-760-6834 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.*

Carolyn Cooper  
PRINT NAME

  
SIGNATURE

8/19/18  
DATE

**IMPORTANT!!!**

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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:<br>Backcountry Travels LLC | Application Docket No.:<br>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 attached letter

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

See attached letter

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

See attached letter

**VERIFICATION**

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

Name and Title: Ron Scutt

Business/Organization: Discovery Bikes, Stehekin School Supt.

Street/Mailing Address: 8 Stehekin Valley Rd.

City, State, Zip Code: Stehekin WA 98852

Telephone Number: 509 293 0011 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.*

Ron Scutt

PRINT NAME

Ron Scutt

SIGNATURE

8/17/18

DATE

TS-180677

**To:** Washington Utilities and Transportation Commission

**From:** Ron Scutt - Stehekin Valley resident

**Purpose:** To support *Backcountry Travels LLC's* application to establish a daily, year-round transportation option for Stehekin Valley residents, property owners along the shores of Lake Chelan, and visitors to the Lake Chelan National Recreation Area (LCNRA) and North Cascades National Park (NCNP).

**A year-round, ferry service based in Stehekin, WA and operating on a daily basis is a transportation alternative crucial to the future of Stehekin's community, Lake Chelan property owners and visitors to the North Cascades.**

**Current Transportation Options:** Most recently, the Lake Chelan Boat Co. (LCBC) and Chelan Seaplanes provided transportation options for Stehekin's community, lakeshore properties and visitors to the LCNRA and NCNP. Both transportation services were based in Chelan until 2016. Neither service provided a daily, year-round service to Stehekin.

Regrettably, Chelan Seaplanes suspended services in 2016 when land leased for the air service operation was purchased to construct the Sunset Marina. With the absence of the seaplane option, public transportation accessing Stehekin and lakeshore properties is currently available only by the LCBC.

The LCBC provides daily transportation to Stehekin for approximately five and a half months a year during what is described on their website as the - "High Season." The rest of the year is described as the - "Off Season."

Stehekin residents and businesses should have the opportunity to realize the benefits of an alternative Stehekin based ferry service operating "All Days" during "All Seasons."

As you will see from the LCBC schedule provided at the end this letter, the LCBC suspends boat service to Stehekin on Sundays from January 1 to March 31st and runs on a four day a week service during November, December and April. The lack of a daily ferry service has a profound effect upon valley residents and visitors.

For too many years, the development of visitor services in Stehekin has been constrained because of a lack of a daily, year-round ferry service based in Stehekin. A daily, year-round ferry service is precisely what *Backcountry Travels* proposes.

**Examples of the benefits of a daily ferry service to Stehekin:** While this letter is not intended to itemize all of the positive effects of a daily ferry, I will provide just two examples at this point in time that support the consideration and granting of *Backcountry Travel's* application.

First, the lack of a Sunday boat during the winter months affects families of children attending the Stehekin School. Because a daily ferry schedule year does not currently exist, students and families who must travel downlake miss an extended



TS-180677

amount of school to make appointments and take care of essential downlake business. A daily boat schedule during the winter months would provide relief to these families and improve school attendance.

Second, there is an economic justification for establishing daily boat service to Stehekin. A regular ferry operating on a daily basis will be a boon to various rental cabins in Stehekin, as well as, the North Cascades Lodge. Winter visitation and access to the North Cascades will be encouraged by a ferry service that offers visitors greater flexibility of travel options.

*Backcountry Travels* application to provide a transportation service is unique in Lake Chelan's transportation history. To the best of my knowledge, a scheduled, daily, round-trip boat service based in Stehekin has never existed on the lake. It's time that such a ferry service is established.

In Summary, granting *Backcountry Travels* application...

- Will provide a service no other transportation service is willing to offer and is historically unique for transportation on Lake Chelan.
- Will support year-round visitation to Stehekin and the North Cascades.
- Will provide employment for those living in Stehekin
- Will create greater travel flexibility for visitors accessing Stehekin.
- Will improve access to lakeshore properties.

Thank you for consideration of these thoughts. Please notify me when hearings are scheduled to consider *Backcountry Travels'* application to serve Stehekin Valley residents, visitors to the North Cascades and property owners along Lake Chelan.

From the Lady of the Lake website:

LADY OF THE LAKE II

Daily May 1st - October 15th

LADY EXPRESS

Memorial Day weekend

(Saturday-Sunday-Monday)

Daily June 15th - September 23rd

The boat schedule changes as of October 15th: "DURING THE LATE FALL, WINTER AND SPRING MONTHS THE "LADY EXPRESS" RUNS FOR THE CONVENIENCE OF OUR WINTER TRAVELERS." (Quote from ladyofthelake.com)

The following represents the Boat Co. schedule for six months of the year.

TS-180677

January 1st through March 31st: Monday, Wednesday, and Friday

April 1st through April 30th: Monday, Wednesday, Friday, Saturday and Sunday

October 16th through October 31st: Monday, Wednesday, Friday, Saturday and Sunday

November 1st through December 31st: Monday, Wednesday, Friday, and Sunday. No Service on Christmas Day.

RECEIVED

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

AUG 22 2018

**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.

Transportation to Stehekin for vacation stays and backcountry access.

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

Was unable to find transportation because present service was booked and had to change vacation plans.

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

Would need to travel after dark ~~be~~ which is dangerous with deer on highway.

**VERIFICATION**

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

Name and Title: Kathryn L Springer

Business/Organization:

Street/Mailing Address: PO Box 348

City, State, Zip Code: Peshastin, WA 98847-0348

Telephone Number: 509 433-1345 Fax Number: 509 548 6681

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.

Kathryn L Springer Kathryn L Springer 8-20-2018  
PRINT NAME SIGNATURE DATE

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC   | Application Docket No.:<br>TS-180677 |
| <b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br>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. *Allows me more flexibility when planning my visits to and from Stehekin. A morning departure is Huge.*

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced. *Have experienced missing backcountry experiences in our National Park because existing Transportation service was booked full. Very disappointing for me.*

If the request is denied, would it have any affect on you or your business/organization: Yes  No \_\_\_ If yes, please explain. *Part of The National Park Credo, is to provide "land available for public enjoyment". Parks provide places, among other things, that are "distinguished by their superior recreational assets". If the Courtney's request is denied, just one effect would be and has been, denying access to and from these "assets", to some, by limiting the number*

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

Name and Title: *Robert Springer*  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: *P.O. Box 348*  
 City, State, Zip Code: *Reedstown Wash. 98847*  
 Telephone Number: *509-433-1193* Fax Number: *509-548-6681*

*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.*

*Robert Springer* *Robert Springer* *Aug 20 18*  
 PRINT NAME SIGNATURE DATE

of seats available to Stehekin.

Further move;

"In the 80's the UTC removed The "Permit System" as it applied to transport by Truck. Permits to haul different types of freight were issued to Trucks and their owners. New permit requests could be denied, if existing permitted Truck was available to fill the need.

The Permits were sold with the Permitted Truck and were often worth far more than the Truck alone. Many independent Truck Owners, with long standing Permits, relied on the value of their Permits or Permits, to be the mainstay of their retirements.

When the UTC removed the Permit System, many retiring Truck owners were devastated. I owned an equipment repair business and saw the results personally.

State officials had no qualms removing the Trucking Permit System. One of the reasons put forth was that deregulation would provide a more competitive environment and freight prices would come down.

The Courtney's are willing to take an enormous risk by providing a transportation service, that in a competitive environment, might fail.

If the State can deregulate the Trucking industry, it can deregulate Ferry Service or Lake Chelan.

As long as The Courtney's boat, captain and crew, comply with safety regulations they should be allowed to assume the risk and provide the service they desire.

In my opinion, in this situation, the States responsibility is to help operators provide a safe operating environment, not decide who or who cannot operate a Passenger Ferry.

The competitive <sup>forces</sup> will decide that and the public will benefit because whom ever provides the best service will survive.

This is the essence of Capitalism, the foundation on which our country was built.

Sincerely

Robert Spurgeon

### 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 would benefit from this service because we would be able to travel out of Stehekin, attend appointments + shopping and return the next day. Our business clients would benefit with the later departure from Chelan (so they are able to drive in the morning and board the boat)

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

The Lady of the Lake winter schedule requires our school age children to miss school every Monday that they travel out for the weekend. Our cabin rentals in winter require guests to travel Friday and Monday, reducing our business.

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. We would continue to have reduced business possibilities and missed school in the winter.

### VERIFICATION

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

Name and Title: Patty Wilsey /owner

Business/Organization: Stehekin Cedar Cabin

Street/Mailing Address: PO Box 5

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: (509) 679-2959 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.

Patty L. Wilsey  
PRINT NAME

Patty L. Wilsey  
SIGNATURE

9/10/18  
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.

see attached letter

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

see attached letter

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

see attached letter

2018 SEP 17 AM 8:28  
WASH STATE UTILITIES AND TRANSPORTATION COMMISSION

**VERIFICATION**

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

Name and Title: John C. Wilsey <sup>owner</sup> JW Custom Construction Stehekin Fishing  
Business/Organization: JW Custom Construction Stehekin Fishing Admittance  
Street/Mailing Address: P.O. Box 15 - 80 Silverbay Rd  
City, State, Zip Code: Stehekin WA 98852  
Telephone Number: 509 679 2959 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 C Wilsey  
PRINT NAME

John C Wilsey  
SIGNATURE

9/9/18  
DATE



To Whom It May Concern:

I am writing a letter in support of Back Country Travels LLC.

I am a long time Stehekin valley Resident and owner of several local businesses. We have the need to be able to travel in the summer month leaving Stehekin early in the morning and returning later in the day so that we can conduct business and shopping and be able to get home in time to take trips for my guided fishing service the next day.

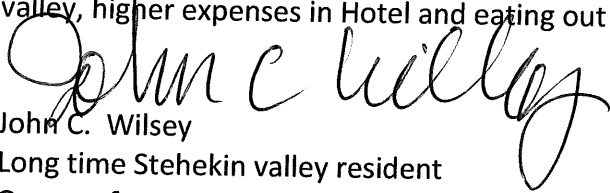
I also have the need of a daily boat in the winter for a number of reasons.

- 1) For our School age children to be able to come and go without missing parts of two school days.
- 2) For our rental cabin client to be able to come to Stehekin for the weekend.
- 3) For me to be able to go down lake to conduct business without having to stay more than one night. I have more than one time had to leave on a Monday and not been able to return till Fridays boat for a one hour appointment.
- 4) For our high school age children to be able to come home on weekends.
- 5) Having daily service in the winter and a service that runs earlier and later in the summer months gives us more opportunity to run our tourist oriented businesses expanding the local economy.

The current boat service is not meeting all of my needs in that its schedule doesn't run on a schedule that meets our needs in Stehekin. No daily service in the late fall, winter and early spring months hamper our ability to travel and the renting of our rental cabin for the weekend in the winter season. The current schedule that only gets to and leaves Stehekin midday does not allow to us to travel down lake and back in one day and requires one or more nights spent down lake.

If this request for daily ferry service is denied it will hamper our ability to rent our rental cabin in the late fall, winter and early spring.

Will continue to make doing business difficult and costly with multiple nights spent out of the valley, higher expenses in Hotel and eating out cost and lost revenue not being home to work.



John C. Wilsey

Long time Stehekin valley resident

Owner of:

JW Custom construction,

Stehekin Fishing adventure guided fishing and fly shop,

Stehekin Cedar Cabin nightly rental

RECEIVED  
2018 SEP 17 AM 8:28  
UTLANTA  
COMMUNITY

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 later departure time from Chelan and Field's Point would be extremely advantageous to help visitors get into the valley.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.  
However, we have to plan a very early morning departure from home in order to make the ferry at Field's Point. Several years ago, a car in our party crashed skidding on ice on our way over, likely due in part to needing to leave so early in order to make the ferry. The ice may not have been an issue later in the day.

If the request is denied, would it have any affect on you or your business/organization?  
 Yes \_\_\_ No  If yes, please explain. Except in that my visitation to the valley might decrease.

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

Name and Title: Anna Roth  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: 7001 Scavren Ave NW 513  
 City, State, Zip Code: Seattle, WA 98117  
 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.*

Anna Roth PRINT NAME       SIGNATURE      9/4/18 DATE

RECEIVED  
 SEP 12 AM 8:01  
 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.

MORNING DEPARTURE FROM STEHEKIN

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

THERE IS NO MORNING DEPARTURE FROM STEHEKIN.  
THIS HAS COST US AN ADDITIONAL NIGHT LODGING ON OUR TRIP HOME.

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: RALPH JOHNS

Business/Organization: N/A

Street/Mailing Address: 15 GREENBRIER DRIVE


City, State, Zip Code: MISSOULA, MT 59802

Telephone Number: 406-549-2933

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 JOHNS  
PRINT NAME

  
SIGNATURE

6-SEPT-2018  
DATE

RECEIVED  
SEP 11 AM 8:15  
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

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

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.  
I would/will use this service annually for a recreational experience. The new service offers better flexibility and a better experience for my family and friends

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.  
The needs are met but the existing service is not a quality experience.

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 forced to continue to use the existing service which is not convenient and unprofessional. Competition for the existing company would be a good thing for patrons.

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

Name and Title: Brett Smith

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

Street/Mailing Address: 17626 80th DR NE

City, State, Zip Code: Arlington, WA 98223

Telephone Number: 360-631-9015 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.*

Brett Smith PRINT NAME      Brett Smith SIGNATURE      9/7/18 DATE

2018 SEP 11 AM 8:15  
 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.

I THINK ANOTHER BOAT WITH DIFFERENT HOURS OF OPERATION WILL HELP PEOPLE COMING FROM LONG DISTANCES AWAY. FOR ME ITS OVERNIGHT OR A VERY EARLY MORNING DRIVE

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

BUT I THINK YOU HAVE A MONOPOLY ON THE LAKE NOW AND THE OPERATORS OF THIS SERVICE ARE GETTING RUDE AT TAKING TICKETS AND ON THE BOATS

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

Yes  No  If yes, please explain. IT WOULD STILL LEAVE A MONOPOLY ON THE LAKE AND RUMMELS AND UNOFFICIAL SERVICE WOULD PERSIST

### VERIFICATION

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

Name and Title: CRAIG WESSEL

Business/Organization:

Street/Mailing Address: 21211 123RD NE

City, State, Zip Code: ARLINGTON WA 98223

Telephone Number: 360-631-0544 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.

CRAIG WESSEL  
PRINT NAME

  
SIGNATURE

9-2-18  
DATE

2018 SEP 0 AM 9:00  
CLERK  
COMMUNICATIONS

**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. when we travel from Burlington WA we either have to leave at 5am or spend the night in Chelan. There are increased number of people riding making desired dates of travel a concern

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. but because the current system is a monopoly I have experienced rudeness both in verbiage & on the boat service

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. The hours of operation would better meet the needs of passengers coming from distances. Adding a second unrelated company should improve attitude & customer service

**VERIFICATION**

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

Name and Title: Jean Wessel  
Business/Organization: \_\_\_\_\_  
Street/Mailing Address: 21211 123RD Ave NE  
City, State, Zip Code: Burlington WA 98223  
Telephone Number: 360 631 2102 Fax Number: \_\_\_\_\_

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

Jean Wessel PRINT NAME      Jean Wessel SIGNATURE      \_\_\_\_\_ DATE

2018 SEP 10 AM 9:08  
UTILITY AND TRANSPORTATION COMMISSION  
BURLINGTON WA

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC   | Application Docket No.:<br>TS-180677 |
| <b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br>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. |                                      |

|  |  |
|--|--|
| <b>SUPPORT STATEMENT</b><br>(To be completed by the individual or business/organization supporting the request for operating authority)  |  |
| <b>THE TRANSPORTATION NEED</b> Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.<br><u>COULD GIVE ME CHOICE TO WHO I WANTED TO RIDE WITH OR THE TIME I WANT TO GO:</u> |  |
| Are your transportation needs being met now? Yes ___ No <input checked="" type="checkbox"/> If not, explain problems you have experienced.<br><u>HAVE TO GET PRIVATE CARRIER AT TIMES</u>  |  |
| If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No ___ If yes, please explain.<br><u>WOULD HAVE TO MEET THE BOAT AT THEIR CONVENES</u>  |  |

|  |                                       |
|--|---------------------------------------|
| <b>VERIFICATION</b><br>(To be completed by the individual or business/organization supporting the request for operating authority)   |                                       |
| Name and Title: <u>GORDEN FELLOWS</u>  |                                       |
| Business/Organization: <u>RETIRED</u>  |                                       |
| Street/Mailing Address: <u>7054 MALLARD DR S.E.</u>  |                                       |
| City, State, Zip Code: <u>WARDEN WA. 98257</u>   |                                       |
| Telephone Number: <u>509-349-2525</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>GORDEN G. FELLOWS</u><br>PRINT NAME   | <u>Gorden G. Fellows</u><br>SIGNATURE |
|  | <u>9-2-2018</u><br>DATE               |

2018 SEP 10 AM 10:56

### 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 friend and I have reserved a cabin at Stehekin Valley Ranch. We have ferry tickets, but due to the ferry schedule, we have to spend the night in Chelan before and after the sailings. Vacation days are hard to come by: as far as we are concerned, those extra nights would be better spent in Stehekin.**

Are your transportation needs being met now? **NO. See above**

If the request is denied, would it have any affect on you or your business/organization: **YES.** If yes, please explain:

**Aside from the convenience issue, is the safety factor for both residents and visitors. Isolation, as well as the beauty, is the allure of the area; but a Stehekin based ferry would provide additional transportation from Stehekin in times of disaster. RE: the current fire hazard.**

### VERIFICATION

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

Name and Title: Charlotte Bennett

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

Street/Mailing Address: PO box 13163

City, State, Zip Code: Burton, WA 98013

Telephone Number: (206) 940-4298

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.*

Charlotte Bennett  
PRINT NAME

Charlotte Bennett  
SIGNATURE

8/21/2018  
DATE

2018 SEP 10 AM 8:56  
STANDARD TIME  
LIVE AT STEHEKIN  
RECEIVED  
COMMUNICATIONS CENTER



|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 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 X 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 X 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

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name: Thomas Miller  
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)

**THE TRANSPORTATION NEED**

Briefly describe the transportation service that you need and that the applicant if this request for operating authority is granted. Currently, the Lady of the Lake service requires us to spend extra beauty of Stehekin, WA. I would enjoy having an option of later service to Stehekin to avoid the above issues. I transportation option.

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced. Current service requires additional travel delays and expense. Please consider authorizing additional ferry transportation option.

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

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

Visiting Stehekin would be much more attractive to my party and other visitors.

**VERIFICATION**

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

Name and Title: Thomas Miller

Business/Organization:

Street/Mailing Address 3522 Timothy Lane

City, State, Zip Code: Richmond, Texas

77406

Telephone Number 281-232-5606 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 Miller

8/19/2018

2018 SEP 10 AM 8:57  
STATE OF WASHINGTON  
UTILITY AND TRANSPORTATION COMMISSION

|   |                                      |
|---|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC  | Application Docket No.:<br>TS-180677 |
| <b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br><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)  |  |
| <b>THE TRANSPORTATION NEED</b> Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. <u>OFF-SEASON AND ADDITIONAL ROUTES YEAR-ROUND WOULD PROVIDE MORE OUTDOOR RECREATION AND VACATION OPPORTUNITIES. LACK OF OPTIONS DURING WINTER IS LIMITING.</u> |  |
| Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced.<br><u>ACCESS DURING WINTER WEEKENDS, AND OTHER OFF-SEASON TIMES, DOES NOT ALLOW ACCESS FOR SKIING + SNOWSHOEING.</u>   |  |
| If the request is denied, would it have any affect on you or your business/organization:<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain.<br><u>I WOULD NOT BASILY BE ABLE TO SKI + SNOWSHOE OFF-SEASON.</u>   |  |

| VERIFICATION  |   |
|---|---|
| (To be completed by the individual or business/organization supporting the request for operating authority)   |   |
| Name and Title: <u>RICHARD PETERSON</u>   |   |
| Business/Organization: _____  |   |
| Street/Mailing Address: <u>6710 24TH AVE NW, APT 2</u>  |   |
| City, State, Zip Code: <u>SEATTLE, WA 98117</u>   |   |
| Telephone Number: <u>206-491-3580</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>RICHARD PETERSON</u><br>PRINT NAME   | <br>SIGNATURE |
|   | <u>8/29/18</u><br>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 a hiker from Seattle area - I would need a transportation service that leaves Chelan later than 8:30am to accomodate reasonable overnight stays in Stehekin

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced. We have to get up at 3-4am to make 8:30 ferry - or take an additional day off from work to drive to Chelan the day before + stay overnight in Chelan - an expensive alternative which limits our ability to visit Stehekin area.

If the request is denied, would it have any affect on you or your business/organization: Yes ✓ No \_\_\_ If yes, please explain. Visit/hike in this beautiful area less often.

### VERIFICATION

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

Name and Title: Mary Aulet

Business/Organization: Individual

Street/Mailing Address: 1522 5<sup>th</sup> St, Kirkland WA

City, State, Zip Code: 98033

Telephone Number: 425 822-0128 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 R. Aulet  
PRINT NAME

Mary Aulet  
SIGNATURE

8-23-18  
DATE

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 ferry system is limited to morning departures from Chelan and early afternoon departure from Stehekin. This new service would allow more options for travellers by departing Stehekin in the morning and departing Chelan in the afternoon.*

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. *Our options are limited to only one ferry schedule.*

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. *Our options for departing Chelan and Stehekin would be limited to the existing ferry schedule.*

**VERIFICATION**

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

Name and Title: *Randy v Anne Brooks*

Business/Organization: *n/a*

Street/Mailing Address: *140 Columbia View*

City, State, Zip Code: *Chelan, WA 98816*

Telephone Number: *509-682-8718* 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.

*Randy Brooks*

*Anne Brooks*

PRINT NAME

*Randy Brooks*

*Anne Brooks*

SIGNATURE

*8/27/18*

*8/27/18*

DATE

SEP 10 AM 8:57

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 above statement covers the necessary  
 traveling.*

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

*Time of day and frequencies of travel.*

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

*More difficult to travel.*

**VERIFICATION**

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

Name and Title: *Georgia Krueger*

Business/Organization: *Hob Nailers of Spokane*

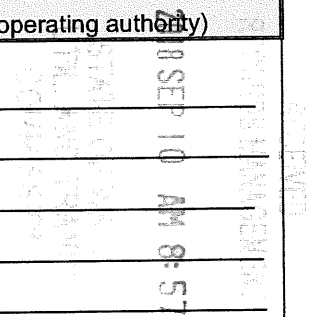
Street/Mailing Address: \_\_\_\_\_

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

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.*

*GEORGIA C KRUEGER*      *Georgia C Krueger*      *8-25-18*  
 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.

At the present time we only have 3 days/week service during the winter months which makes weekend use difficult. We have (2) vacation rentals that require Friday & Sunday.

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

With the above mentioned 3 days/wk during the winter people are not able to come up on Fri. or Sat. & leave on Sun.

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

Yes  No \_\_\_ If yes, please explain. It would as mentioned above prevent winter weekend use of our cabins. Very few people can come on Fri. & leave on Monday, because of work schedule.

**VERIFICATION**

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

Name and Title: Lewis Davis  
Business/Organization: L & G Davis Enterprises LLC  
Street/Mailing Address: 1553 Hunt Wood Ln.  
City, State, Zip Code: E. Wapatchee, 98802 WA  
Telephone Number: 509-985-0629 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.

Lewis Davis  
PRINT NAME

Lewis Davis  
SIGNATURE

8/30/18  
DATE

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 needed to get from Chelan to Stehekin for recreation and wool spinning retreat

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

Because of Lady of Lake schedule it necessitates an overnight in Chelan increasing trip costs considerably

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

Yes  No \_\_\_ If yes, please explain. Once again all plans would have to revolve around limited boat schedules

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

Name and Title: Margorie Lindsay

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

Street/Mailing Address: 2719 Farmer Way SE

City, State, Zip Code: Olympia WA 98501

Telephone Number: 425-770-1611 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.*

Margorie Lindsay Margorie Lindsay 8/25/18  
 PRINT NAME SIGNATURE DATE

2018 SEP 10 AM 8:57



**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 have a vacation rental and this would allow our guests more opportunity to come to Stehekin and back home. As it is now, there is only a morning schedule

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. Guests from the coast must either spend the night in Chelan, or leave very early in the morning to catch the Ferry out of Chelan, or Fields Pt to Stehekin. This would give more opportunity for guests to leave later in the day. Also, every day

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. Now, there are only three days in the week to travel to and from Stehekin in the winter months. Owning a vacation rental, this severely limits the days we can rent out our cabin. We also own our personal cabin, and the existing schedule does not allow our working family and friends to travel to get together with us

**VERIFICATION**

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

Name and Title: Gayle Davis

Business/Organization: resident / Vacation Rental LLC

Street/Mailing Address: (PO Box 290, Stehekin, 98852) 1553 Huntwood Lane

City, State, Zip Code: E. Wenatchee, WA 98802

Telephone Number: (509) 679-4684 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.

2018 SEP 11 AM 8:57

Gayle A Davis  
PRINT NAME

Gayle A Davis  
SIGNATURE

8-29-18  
DATE

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 schedule would be much more favorable to people traveling from a distance such as myself. I would make the trip from Portland OR in 1 day instead of 2.*

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

*I must rent a hotel room in order to get to the current boat at departure time. No way to reach Chelan by departure unless I drive through the night.*

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

*It would be an inconvenience. I believe there is a need for a boat service with a different schedule.*

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

Name and Title: Rachel Brown

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

Street/Mailing Address: 5208 SE 36 Ave

City, State, Zip Code: Portland OR 97202

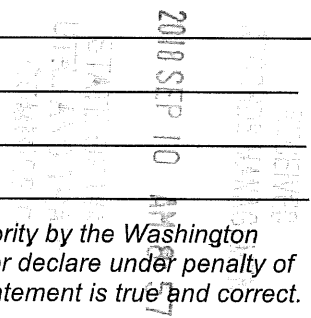
Telephone Number: 503.703.3806 Fax Number: \_\_\_\_\_

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

Rachel Brown  
 PRINT NAME

Rachel Brown  
 SIGNATURE

8/27/18  
 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. *Boat service to/from Stehekin at different hours.*

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced. *Because of current ferry schedule and distance we must travel to get to Lake Chelan, an overnight stay is required at Chelan - adding cost and time to a trip to Stehekin for fishing and hiking. I visit my brother in Cheroy, WA and we visit Stehekin to fish and hike.*

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

*The additional cost of an overnight stay at Chelan, plus arriving well after dark back at our departure location,*

**VERIFICATION**

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

RECEIVED  
MANAGEMENT  
STATE OF WASHINGTON  
DEPARTMENT OF  
FISH AND TRAC  
COMMISSION  
SEP 10 AM 8:57

Name and

Title: Mary R. Price (aka Tusti Price)

Business/

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

Street/Mailing

Address: 765 10th Street

City, State, Zip Boulder, CO 80302

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

Telephone Number: 303-931-9400 Fax 303-939-9991

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 R Price

PRINT NAME

Mary R Price

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.

STATE OF WASHINGTON  
UTILITIES AND TRANSPORTATION COMMISSION  
2018 SEP 10 AM 8:57  
RECEIVED  
LICENSING SERVICES

### 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 daily, year round option for travel down lake to conduct business, shopping, etc. I also need an option to travel up lake leaving Chelan/Fiddlers Pt. at a later hour.

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

The current ferry system does not run every day year-round, making travel difficult during the school year. Also, there are no public travel options to leave Chelan at a later hour.

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

NO - only because I have private boat options. For many people who rely on the public system for transportation travel is complicated because of the lack of daily service, October - April.

### VERIFICATION

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

Name and Title: Jen Courtney

Business/Organization:

Street/Mailing Address: 2 Miles N. (PO Box 311)

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: (509) 668-0978

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 Courtney  
PRINT NAME

Jen Courtney  
SIGNATURE

09/04/18  
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.

As a Stehekin Resident with work outside the valley, this service would greatly increase my commuting options. I have need for year round daily service, with time options that are not provided.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. yes and no, yes because in order to survive you adapt to whats available. No because there is no service on Lake Chelan that is built to support the Stehekin Valley.

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

An increase in available options year around would be a positive, liberating service to myself and my business. Without an increase in transportation options I am forced to create my own options which is very costly.

**VERIFICATION**

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

Name and Title: Reed Courtney  
Business/Organization: Mountain Barge Services LLC  
Street/Mailing Address: P.O. Box 31  
City, State, Zip Code: Stehekin, WA, 98852  
Telephone Number: 509 630 3808 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.

Reed Courtney  
PRINT NAME

Reed Courtney  
SIGNATURE

9/4/18  
DATE

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 more convenient travel times than current competing service. As a resident of Chelan who desires more access to the Stehekin Valley, the current ferry service is not sufficient to provide flexible access to the Valley.

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced. The current service is too rigid and does not allow for more impromptu travel to Stehekin. The current service also has a monopoly on the lake and therefore has provided poor service to its clients. Some competition would benefit both travelers.

If the request is denied, would it have any affect on you or your business/organization: Yes  No \_\_\_ If yes, please explain. I would undoubtedly travel less to Stehekin. This will impact the economy of Stehekin as well as cause me to miss out on enjoying the more than I do now.

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

Name and Title: Eric Peuz

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

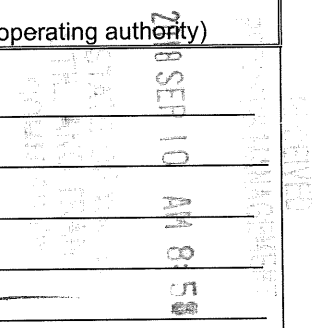
Street/Mailing Address: 1442 S. Lk Shore Rd.

City, State, Zip Code: Chelan, WA 98816

Telephone Number: 425-785-8560 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.*

Eric Peuz PRINT NAME      EP SIGNATURE      8/30/18 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 way to get to Stehekin earlier than the other ferry provides and to be able to arrive earlier ~~also~~ back at Chelan ~~earlier~~ so that I can arrive home, Portland, OR at a reasonable hour.  
*For my safety - Gives me a more flexible schedule while in Stehekin and getting home.*

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

The hours of the regular service do <sup>is</sup> not work for me. *For my safety arriving home at an earlier time. Able to enjoy more of Stehekin on an earlier time.*

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

Yes  No \_\_\_ If yes, please explain: Check above explanation

### VERIFICATION

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

Name and Title: Kathy Carlman

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

Street/Mailing Address: 3038 SE Boyd St

City, State, Zip Code: Milwaukie, OR 97222

Telephone Number: 503-654-7575 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.*

Kathy Carlman  
PRINT NAME

*Kathy Carlman*  
SIGNATURE

8/20/2018  
DATE

RECEIVED  
2018 SEP 10 AM 8:58  
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.

Daily service - year round.

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

Winter Service too limited

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

As above - Winter service

### VERIFICATION

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

Name and Title: THEA FAGER

Business/Organization: N/A

Street/Mailing Address: 1701 A Castlerock Ave.

City, State, Zip Code: Wenatchee, WA 98801

Telephone Number: 894-2142 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.

THEA Fager  
PRINT NAME

Thea M. Fager  
SIGNATURE

08/24/2018  
DATE

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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. It would be wonderful to have daily regular service to Stehekin year around. Would consider traveling to Stehekin in winter for cross country skiing!

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.  
Daily regular service has been a need for many years!

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: Lynn Breakey Clark  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: 44 Old Twisp Hwy  
 City, State, Zip Code: Twisp, WA 98856  
 Telephone Number: 509-997-2123 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.*

Lynn Breakey Clark  8-23-18  
 PRINT NAME SIGNATURE DATE

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC   | Application Docket No.:<br>TS-180677 |
| <b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br>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)  |  |
| <b>THE TRANSPORTATION NEED</b> Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. <i>This business would allow there to be more time options for me to get in and out of Stehekin. The Backcountry Travels, LLC ferry times would fit my needs better due to being out of state. This new ferry would help cut back on the travel time I would need to arrive and depart from Stehekin.</i> |  |
| Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced. <i>The current transportation services have not allowed me to make the trip to Stehekin. Currently, it would take me two days to get there and two days to get back home. It just seems like a lot of wasted time to give up 4 days of my vacation trying to get in and out of Stehekin.</i>   |  |
| 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. <i>If this business were to get denied it would continue to make it difficult to travel to Stehekin. The schedule of the new ferry would fit my travel needs and would allow me more time to enjoy a longer visit to Stehekin.</i>  |  |

| VERIFICATION   |                           |                |
|--|---------------------------|----------------|
| (To be completed by the individual or business/organization supporting the request for operating authority)  |                           |                |
| Name and Title:  | <i>Tina Riffell</i>       |                |
| Business/Organization:   |                           |                |
| Street/Mailing Address:  | <i>68 Herman Avenue</i>   |                |
| City, State, Zip Code:   | <i>Hamilton, OH 45013</i> |                |
| Telephone Number:  | <i>(513) 746-6553</i>     | 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. |                           |                |
| <i>Tina Riffell</i>  | <i>Tina Riffell</i>       | <i>8/23/18</i> |
| PRINT NAME   | SIGNATURE                 | DATE           |

|   |                                      |
|---|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC  | Application Docket No.:<br>TS-180677 |
| <b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br><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)  |  |
| <b>THE TRANSPORTATION NEED</b> Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. <u>I often bring friends with me to Stehekin who must drive 3 to 6 hours to and from Chelan to catch the boat. The alternate hours on this application would allow my group to drive to Chelan, catch the boat &amp; arrive in Stehekin the same day. They would have a lot more time to spend in</u> |  |
| Are your transportation needs being met now? Yes ___ No <input checked="" type="checkbox"/> If not, explain problems you have experienced. <u>It sure would help if there were more boat service options. That would certainly optimize time spent at either end of the lake for tourists, backpackers, and the locals of Stehekin.</u>  |  |
| If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No ___ If yes, please explain. <u>I would like to have options that more comfortably fit my personal schedule. I am more likely to spend more time in Stehekin and travel there more often if the boat schedule had more options.</u>   |  |

| VERIFICATION   |   |
|--|---|
| (To be completed by the individual or business/organization supporting the request for operating authority)  |   |
| Name and Title:  | <u>Chris Bigelow (Retired)</u>              |
| Business/Organization:   | _____                                       |
| Street/Mailing Address:  | <u>219 East Allen Ave, Chelan, WA 98816</u> |
| City, State, Zip Code:   | <u>Chelan WA 98816</u>                      |
| Telephone Number:  | <u>509.433-1866</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>Christine A. Bigelow</u><br>PRINT NAME  | <u>Christine A. Bigelow</u><br>SIGNATURE    |
|  | <u>Sept. 1, 2018</u><br>DATE                |

Stehekin which is what they want. Otherwise they have to spend a night in Chelan and spend another 1/2 day of travel on the boat to get to the head of the lake.



**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)

#1

**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 TRANSPORTATION UPLAKE THAT LEAVES CHELAN AFTER NOON. WE NEED TO BE ABLE TO RELY ON TRANSPORTATION DOWNLAKE THAT RETURNS US TO CHELAN EARLY ENOUGH TO DRIVE HOME THE SAME DAY!

#2

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced. PRIVATE BOAT TROUBLE IN STEHEKIN ON A SUNDAY WHEN THE LADY EXPRESS WAS FULL SO WE COULD NOT GET DOWNLAKE ON TIME. BOTH LADIES LEAVE SO EARLY WE MUST DRIVE ALL NIGHT OR GET AN EXPENSIVE HOTEL ROOM. THIS JUNE WE HAD TO FORFIET A NIGHT. → \*

#3

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

SAME PROBLEMS MENTIONED IN #2 (Financial, Planning Ahead, Unexpected Overnight Stays, etc)

We have had to shorten or forgo reservations in Stehekin due to current BOATS FULL.

**VERIFICATION**

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

Name and Title: SHARON N BENNETT

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

Street/Mailing Address: 807 SANFORD AVE

City, State, Zip Code: RICHLAND, WA 99352

Telephone Number: 509-943-1461 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 N BENNETT  
PRINT NAME

Sharon N Bennett  
SIGNATURE

9-6-2018  
DATE

\* INFORMATION ON BACK OF THIS PAGE

STATE OF WASHINGTON  
UTILITIES AND TRANSPORTATION COMMISSION  
2018 SEP 20 PM 2:03  
COMMUNICATIONS SECTION

DOCKET # TS-180677

#2 - HOW TRANSPORTATION NEEDS ARE NOT BEING MET: <sup>I & II</sup>

→ ... OF OUR RESERVATION IN STEHEKIN BECAUSE BOTH LADIES HAD ALREADY LEFT BEFORE 9AM WHEN WE FOUND OUT THE LAKE WAS TOO ROUGH FOR THE PRIVATE BOAT WE HAD ACCESS TO. WE HAD TO SPEND THE NIGHT IN THE CHELAN AREA AND TAKE THE BOAT THE NEXT DAY. WE HAVE ALWAYS WANTED TO TAKE A WINTER VACATION IN STEHEKIN BUT THE LIMITED BOAT SERVICE WAS SUCH THAT IT NEVER WORKED OUT. A DAILY BOAT SERVICE WOULD MAKE THAT WINTER VACATION POSSIBLE.

ALL OF THE INCIDENCES MENTIONED IN THIS SECTION OCCURRED IN JUNE & JULY OF 2018. HOWEVER, THESE TYPES OF TRANSPORTATION ISSUES HAVE BEEN ONGOING OVER THE YEARS. WE STRONGLY SUPPORT A STEHEKIN BASED BOAT WITH THE TIMES LISTED IN THE PROPOSAL.



|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 boat would be better service and more reliable. The other one and only boat company is for sale not sure if it will be reliable for much longer.*

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

*I am able to get to and from Stehekin on the one and only boat company. It would be more accomidating to have another option of transportation.*

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

*I use the boat go to Stehekin multipul times a year, it would be much more convient to have another option of transportation to get to and from Stehekin. The Lady of the Lake reaches max capacity sometimes.*

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

Name and Title: Mike Trainer

Business/Organization: 3<sup>rd</sup> generation property owner Stehekin WA

Street/Mailing Address: 4720-1<sup>st</sup> Saturday Ave

City, State, Zip Code: Malaga WA 98828

Telephone Number: 509-699-1415 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 Trainer *[Signature]* 10-3-18  
 PRINT NAME SIGNATURE DATE



|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 new boat service would provide another transportation option to get to/from Stehekin. The Lady of the Lake reaches max capacity sometimes.

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

I've been denied a ticket to the Lady of the Lake because tickets were sold out due to max capacity. So I have been unable to get to Stehekin/Lucerne when I've wanted to.

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

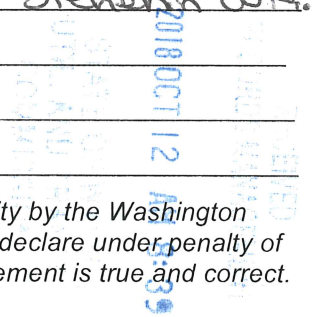
It would continue to make it a challenge to get to/from Stehekin/Lucerne when I want to.

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

Name and Title: Heather Johnson  
 Business/Organization: 4<sup>th</sup> generation property owner Stehekin WA.  
 Street/Mailing Address: 201 Marie Ave,  
 City, State, Zip Code: Wenatchee WA 98801  
 Telephone Number: 509-630-4074 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.

Heather Johnson PRINT NAME      [Signature] SIGNATURE      10/5/18 DATE



|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 provide me a more practical access to our Cabin in Stehekin and a more user friendly schedule.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. Over crowding of current services and unreasonable scheduling times.

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. Continued hassel with crowded service and scheduled timing.

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

Name and Title: Larry T. Summers  
 Business/Organization: Private Party  
 Street/Mailing Address: P.O. Box 1329  
 City, State, Zip Code: Chelan, WA. 98816  
 Telephone Number: 509-881-5674 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.*

Larry T. Summers PRINT NAME      Larry T. Summers SIGNATURE      30 Sept 2018 DATE

2018-09-30 AM 8:08  
 RECEIVED  
 WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION



RECEIVED

OCT 15 2018

WASH. UT. & TP. COMM

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 guest that stay at my vacation Rental would be able to make better use of their time with the increase of different departure & arrival times

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

my down lake guests need better options

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: DENNIS EVANS TUNNEL HILL WINERY

Business/Organization: 75 HWY 97-A

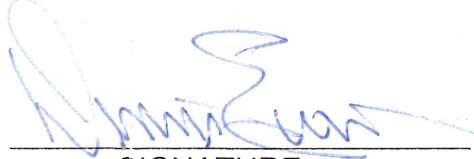
Street/Mailing Address: CHELAN, WA 98816

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

Telephone Number: 509-682-5695 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.

DENNIS EVANS  
75 HWY 97-A  
CHELAN, WA 98816  
PRINT NAME

  
SIGNATURE

10/5/18  
DATE

2018 OCT 15 AM 11:32

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

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

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

---

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

---

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

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

Name and Title: John Allison

Business/Organization: Allison Orchards

Street/Mailing Address: 1142 Green Ave

City, State, Zip Code: Manson, WA 98831

Telephone Number: 509 687-3806 Fax Number: \_\_\_\_\_

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

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

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

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

2018 SEP 5 AM 8:33  
 STEHEKIN VALLEY RANCH  
 WA 98852

STATEMENT IN SUPPORT BACKCOUNTRY Travel LLC Docket no TS-180677

THE TRANSPORTATION NEED

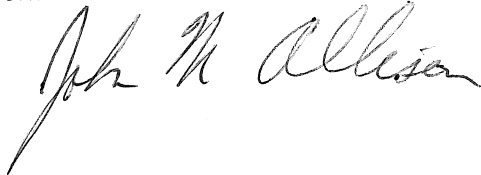
The Chelan Valley needs additional transportation services between Chelan and Stehekin. With the discontinuation of float plane service, we are left with only early morning up lake, and midday down lake ferry service provided by the Lake Chelan Boat Co. As a 46-year resident of the Chelan Valley, I have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

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

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

John M. Allison

Aug. 20, 2018



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

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

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

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

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

2018 SEP -5 AM 8:00

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

Name and Title: Nicky Allison

Business/Organization: The Cutting Garden

Street/Mailing Address: 1142 Green Ave

City, State, Zip Code: Manson WA 98831

Telephone Number: 509 687-3806 Fax Number: \_\_\_\_\_

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

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

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

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

Support Statement for docket no:TS-180677

Nicky Allison

Owner of: The Cutting Garden

1142 Green Ave. Manson, WA 98831

IN order of questions on the support Statement:

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

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

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

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

Nicky Allison – owner

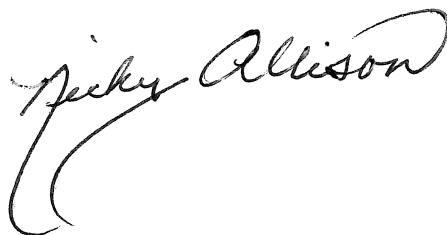
The Cutting Garden

1142 Green Ave.

Manson, WA 98831

509-687-3806

Nicky Allison



Aug.20, 2018

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

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

**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 boat schedule does not have the option to leave Stehekin in the AM; Which enables one to get to Chelan at a decent time in order to travel to your next destination and not spend an additional night in Chelan; which creates additional expense.~~

Are your transportation needs being met now? Yes \_\_\_ No x If not, explain problems you have experienced. ~~When attempting to schedule a trip the return trip arriving late in the afternoon has been the game changer for me with other personal travel conflicts and driving late.~~

If the request is denied, would it have any affect on you or your business/organization: Yes x No \_\_\_ If yes, please explain. The early boat leaving Stehekin will be a great asset, as I enjoy time spent in Stehekin but am hesitate of more trips planned because of the late arrival and additional travel time.

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



**VERIFICATION**

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

Name and Title: JULIE MELVIN

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

Street/Mailing Address: 551 Valley RD

City, State, Zip Code: Brewster, WA 98812

Telephone Number: 509.689.7646 \_\_\_\_\_ Fax

Number: \_\_\_\_\_

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

Julie Melvin  
PRINT NAME

Julie Melvin  
SIGNATURE

8/22/18  
DATE

TS-180677

RECEIVED  
2018 SEP -5 AM 8:32  
STATE OF WASHINGTON  
UTIL. AND TRANSPORTATION  
COMMISSION

**IMPORTANT!!!**

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

### APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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

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

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

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

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

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

**VERIFICATION**

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

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

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

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

TS-180671

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

**IMPORTANT!!!**

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

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

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

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

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

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

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

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

*The current schedule forces us to overnight in Chelan (unnecessary hotel lodging) because of the late arrival into Chelan and the early departure from Chelan. We have no options to make medical or other appointments downlake.*

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

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

### VERIFICATION

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

Name and Title: Dixie Williams Jacky

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

Street/Mailing Address: Stehekin Valley Road

City, State, Zip Code: Stehekin, WA 98852

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

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

Dixie Williams Jacky  
PRINT NAME

Dixie Williams Jacky  
SIGNATURE

8/20/18  
DATE

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

**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. CURRENTLY I TRAVEL FROM IDAHO TO STEHEKIN, HAVE TO

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

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

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

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

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

### VERIFICATION

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

Name and Title: DENNIS J. JACKY

Business/Organization: NA

Street/Mailing Address: 3835 S. FIRENZE WAY

City, State, Zip Code: MERIDIAN, ID 83642

Telephone Number: 208 785-1093 Fax Number: NA

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

DENNIS J JACKY  
PRINT NAME

Dennis J. Jacky  
SIGNATURE

8-22-18  
DATE

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

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

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

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

**VERIFICATION**

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

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

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

Denise Minor  
PRINT NAME

Denise Minor  
SIGNATURE

8-16-18.  
DATE

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 Attached 2<sup>nd</sup> page.

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

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

**VERIFICATION**

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

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

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

William R Minor  
 PRINT NAME

William R Minor  
 SIGNATURE

8/16/18  
 DATE

TS-180677

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

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



**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

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.

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

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

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

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

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

**VERIFICATION**

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

218 SEP -5 8:31

TS-180677

Name and

Title: GARY GRAFF

Business/

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

Street/Mailing

Address: 211 E HERON GROVE SHELTON, WA

City, State, Zip 98589

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

Telephone Number: 360-427-0647 Fax

Number: \_\_\_\_\_

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

GARY D. GRAFF

PRINT NAME

[Signature]

SIGNATURE

8/19/18

DATE

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

**IMPORTANT!!!**

**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.

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC   | Application Docket No.:<br>TS-180677 |
| <b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br>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 think this boat service would help <sup>more</sup> tourists get here easier.*  
*The Thursday schedule in the winter is very helpful to locals providing the opportunity to go down lake for an errand or appt and get home in the same day. The later departure from down lake would be beneficial to tourists coming to Stehekin.*

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

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

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

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

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

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

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

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

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

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

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

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

Name and Title: ALICE JOHNSTON  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: PO Box 55  
 City, State, Zip Code: CHELAN WA 98816  
 Telephone Number: 509-670-9396 Fax Number: \_\_\_\_\_

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

ALICE JOHNSTON PRINT NAME      Alice Johnston SIGNATURE      08/23/18 DATE

20 SEP 15 AM 8:31

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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. timely transport with dogs - not currently available. online/phone reservations & ticket changes. I am commuting Stehekin to Seattle and have had trouble changing boats/tickets over the phone

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

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

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

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

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

ELIZABETH HOPPER  8/21/18  
 PRINT NAME SIGNATURE DATE

### APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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

### SUPPORT STATEMENT

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. I WOULD MORE OFTEN TRAVEL TO STEHEKIN. AS

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

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

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

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

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

### VERIFICATION

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

Name and Title: DANIEL HOUSE

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

Street/Mailing Address: PO Box 272

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

Telephone Number: 360-393-5313 Fax Number: \_\_\_\_\_

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

DANIEL HOUSE  
PRINT NAME

Daniel House  
SIGNATURE

8/19/2018  
DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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

**SUPPORT STATEMENT**

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. We want to drive from Issaquah and catch a ferry from Chelan to Stehekin mid-day or afternoon and return from Stehekin a few days later at a reasonable time of day to drive home to Issaquah.

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

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

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

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

**VERIFICATION**

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

Name and Title: Michael Bowers

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

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

City, State, Zip Code: Issaquah WA 98029

Telephone Number: 425-281-2661 Fax Number: \_\_\_\_\_

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

Michael B. Bowers  
PRINT NAME

Michael Bowers  
SIGNATURE

8/19/18  
DATE

2018 SEP -5 AM 8:33  
STATE OF WASHINGTON  
UTILITIES AND TRANSPORTATION COMMISSION



### APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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

### SUPPORT STATEMENT

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

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

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

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

see above: 1) have to take extra day off work, 2) have to drive home at night, 3) unable to come on the trip because unable to take an extra day off work

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

### VERIFICATION

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

Name and Title: Denise Ward

Business/Organization: individual

Street/Mailing Address: 1812 S 284th LN # C203

City, State, Zip Code: Federal Way WA 98003

Telephone Number: 253-347-0713 Fax Number:

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

Denise Ward  
PRINT NAME

Denise Ward  
SIGNATURE

8/20/18  
DATE



|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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 viable option for transportation from the south end of Lake Chelan to Stehekin that leaves after noon.

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

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

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

**VERIFICATION**

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

Name and Title: Greg Stinson

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

Street/Mailing Address: 5212 46th Ave. S.

City, State, Zip Code: Seattle, WA 98118

Telephone Number: 585-281-6673

Fax Number: \_\_\_\_\_

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

Greg Stinson  
 PRINT NAME

  
 SIGNATURE

8/20/18  
 DATE

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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

**SUPPORT STATEMENT**

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

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

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

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

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

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

Retired Retired

Price variability

**VERIFICATION**

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

Name and Title: Martin E. Winkler

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

Street/Mailing Address: RR 14

City, State, Zip Code: Stehekin WA 98857

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Martin E. Winkler  
PRINT NAME

[Signature]  
SIGNATURE

8-22-18  
DATE

Bad arm

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC   | Application Docket No.:<br>TS-180677 |
| <b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br>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. |                                      |

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

| <b>VERIFICATION</b>  |                                      |                           |
|--|--------------------------------------|---------------------------|
| (To be completed by the individual or business/organization supporting the request for operating authority)  |                                      |                           |
| Name and Title:  | <u>JONATHAN SCHERER</u>              |                           |
| Business/Organization:   | _____                                |                           |
| Street/Mailing Address:  | <u>PO Box 11</u>                     |                           |
| City, State, Zip Code:   | <u>STEHEKIN WA 98852</u>             |                           |
| Telephone Number:  | _____ Fax Number: _____              |                           |
| I 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>JONATHAN SCHERER</u><br>PRINT NAME  | <u>Jonathan Scherer</u><br>SIGNATURE | <u>08/23/2019</u><br>DATE |

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

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

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.  
*I need fast and convenient access to the Stehekin Valley for recreation during limited vacation time with family. The proposed service is innovative and would meet my needs.*

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.  
*Taking the Lady of the Lake is my only option after the regular service terminated. A 1pm departure from Chelan would be most convenient rather than 8:30am so my family does not have to leave the Westside at Zero Dark Thirty on the night before at additional cost and inconvenience.*

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

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

Name and Title: Thomas and Monica McDonough

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

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

City, State, Zip Code: Edmonds WA 98026

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

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

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

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

### APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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

### SUPPORT STATEMENT

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.  
This service would facilitate our overnight and multi-day expeditions to the Stehekin area.

Are your transportation needs being met now? Yes \_\_\_ No XX If not, explain problems you have experienced.  
The "reverse" commute to/from Chelan would be most helpful.

If the request is denied, would it have any affect on you or your business/organization:  
Yes xx No \_\_\_ If yes, please explain.  
Our time in the Stehekin area will continue to be limited.

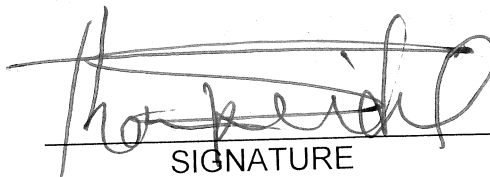
### VERIFICATION

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

Name and Title: Thom Speidel  
Business/Organization: Friends and Family  
Street/Mailing Address: POB 2102  
City, State, Zip Code: Tonasket, WA 98855  
Telephone Number: 509-429-5522 Fax Number: n/a

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

Thom Speidel  
PRINT NAME

  
SIGNATURE

08-20-2019  
DATE

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

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

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

**SUPPORT STATEMENT**

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Since we lost our float plane service, transportation to/from Stehekin has been severely limited to one carrier with inflexible hours.

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

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

**VERIFICATION**

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

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

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

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

|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC   | Application Docket No.:<br>TS-180677 |
| <b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br>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. |                                      |

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

|   |                                 |
|---|---------------------------------|
| <b>VERIFICATION</b><br>(To be completed by the individual or business/organization supporting the request for operating authority)  |                                 |
| Name and Title: <u>SUSAN MCKNIGHT</u>   |                                 |
| Business/Organization: _____  |                                 |
| Street/Mailing Address: <u>2082 COURTLAND PLACE</u>   |                                 |
| City, State, Zip Code: <u>MEMPHIS, TN 38104</u>   |                                 |
| Telephone Number: <u>901-848-3831</u> Fax Number: <u>901-324-4035</u>   |                                 |
| <i>I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.</i> |                                 |
| <u>SUSAN MCKNIGHT</u><br>PRINT NAME   | <u>[Signature]</u><br>SIGNATURE |
|   | <u>8/20/2018</u><br>DATE        |

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



**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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

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

**SUPPORT STATEMENT**

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

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

[REDACTED]

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

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

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

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

Yes  No  If yes, please explain: Check above explanation

**VERIFICATION**

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

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

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

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

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

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

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

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

*Barbara Jean Edmonds*

[REDACTED]

PRINT NAME

*Barbara Jean Edmonds*

SIGNATURE

*August 20, 2018*

DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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

**SUPPORT STATEMENT**

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

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

I am from Wenatchee and I come up every year planning to visit Stehekin. Sometimes it is just too inconvenient to do so due to transportation. It has been difficult for a long time because of Ferry times to and from. ~~The addition of alternate times would be much more amenable to coming there more often.~~

I can also see the need for transportation for emergency medical attention and appointments for those who live there and those who visit. Please open up this service.

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

Long wait times at the dock waiting for boats to and from. I travel by plane to the area now and so it does not fit needs of meeting flights and then I have to spend more time waiting to get on a plane.

If the request is denied, would it have any affect on you or your business/organization: Yes X No \_\_\_ If yes, please explain. This is my favorite place to come too and it is very inconvenient to get in and out of. I have come from Washington DC, Virginia, and now Nevada and soon from Arizona. Thank you

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

**VERIFICATION**

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

Name and Title: \_\_

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

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

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

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

NV18511 \_\_\_\_\_

Telephone Number: \_\_ 775-338-9968 \_\_\_\_\_ Fax  
Number: \_\_\_\_\_

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

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

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

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

TS-180677

**IMPORTANT!!!**

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

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

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

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

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

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
Licensing Services  
PO Box 47250

RECEIVED  
PERSONNEL MANAGEMENT  
2018 SEP -5 AM 8:30  
STATE OF WASHINGTON  
UTILITY AND TRANSPORTATION COMMISSION

### APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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

### SUPPORT STATEMENT

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

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

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

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

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

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

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

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

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

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

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

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

The current boat schedule creates travel issues.

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

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

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

**VERIFICATION**

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

Name and Title: Nick Davis  
Business/Organization: Stehekin Reservations  
Street/Mailing Address: P.O. Box 304  
City, State, Zip Code: Stehekin, WA 98852  
Telephone Number: (509) 669-5045 Fax Number: \_\_\_\_\_

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

Nick Davis

PRINT NAME



SIGNATURE

8-21-18

DATE

TS-190671

**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.**

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AUG 30 2018

|  |                                      |                      |
|--|--------------------------------------|----------------------|
| Applicant Name:<br>Backcountry Travels LLC | Application Docket No.:<br>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.

*The approximately half hour turnaround time in Chelan is not sufficient to meet our needs*

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

*Present transportation service doesn't stop twice at the same location in the same day (our location).*

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

Yes  No  If yes, please explain.

RECEIVED  
 2018 AUG 30 AM 11:17  
 STATE OF WASHINGTON  
 UTILITIES AND TRANSPORTATION COMMISSION  
 RECORDS MANAGER

**VERIFICATION**

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

Name and Title: \_\_\_\_\_

Business/Organization: *Lake Chelan Homes & Uplake Adventures*

Street/Mailing Address: *P.O. Box 2030*

City, State, Zip Code: *Chelan, WA, 98816*

Telephone Number: *509-741-0852* 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.*

*James C. Thomas*

PRINT NAME

*James C. Thomas*

SIGNATURE

*8-23-2018*

DATE

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

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AUG 30 2018

**THE APPLICATION** What authority are you applying for? Include any amendments.  
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel 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 think the flexibility of the hrs of operation would help those going to Stehekin or for Stehekin fish sharing to go to Chelan or beyond - both hrs + more days esp during the winter, for medical needs etc

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

I can get to Stehekin but it costs me a lot more to stay overnight coming or going. It would be very slow + noisy now.

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

I used to go to Stehekin annually but having to stay in Chelan in order to be ready for opening of the boat passes + onto the boats. It would be nice to have all the boarding process online - wouldn't have near the hassle

**VERIFICATION**

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

Name and Title: Alice M. Lake  
Business/Organization: Tourist  
Street/Mailing Address: 17614 Snohomish Ave  
City, State, Zip Code: Snohomish WA 98296  
Telephone Number: 360-668-8196 Fax Number:

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

Alice M Lake  
PRINT NAME

Alice M. Lake  
SIGNATURE

8-23-18  
DATE

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2018 AUG 30 AM 8:17  
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION



|  |                                      |
|--|--------------------------------------|
| Applicant Name:<br>Backcountry Travels LLC   | Application Docket No.:<br>TS-180677 |
| <b>THE APPLICATION</b> What authority are you applying for? Include any amendments.<br>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 to Stehekin would allow one day travel between Spokane and Stehekin in late September when our hiking club makes an annual trip.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. At present to travel in late September we have to leave at 3:30 AM or spend a night in Chelan to catch the morning ferry. Returning on the ferry in the afternoon means driving back to Spokane in late evening.

If the request is denied, would it have any affect on you or your business/organization:  
Yes  No  If yes, please explain. Most motels in Chelan require a minimum of two nights. This adds a great deal to the time involved and the cost of motel and extra meals.

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

Name and Title: Susan M. Kurtz

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

Street/Mailing Address: 10802 W Olson Rd

City, State, Zip Code: Nine Mile Falls WA 99026

Telephone Number: 509-468-1216 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.*

Susan M. Kurtz                      Susan M. Kurtz                      8/25/18  
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. NEED A ferry that departs Chelan or Fields Point in Afternoon.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. CURRENT Ferry schedule REQUIRES OVERNIGHT stay in EASTERN WA in ORDER to make the ferry, I live in woodinville WA. NO float plane Availability MEANS NO Flexibility

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

MEANS Fewer And shorter Trips To Stehekin in order to make current ferry schedule

**VERIFICATION**

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

Name and Title: MR. Joseph A. Ravenel

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

Street/Mailing Address: 19319 148<sup>th</sup> AVE NE

City, State, Zip Code: Woodinville WA 98072

Telephone Number: 206.719.0122 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.

Joseph A. Ravenel  
PRINT NAME

Joseph A Ravenel  
SIGNATURE

8-28-2018  
DATE

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2018 AUG 31 AM 9:44  
STATE OF WASHINGTON  
UTILITIES AND TRANSPORTATION COMMISSION

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AUG 31 2018

WASH. UT. & TP. COMM

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 LIKE TO TRAVEL TO STEHEKIN OFTEN FOR VISITING FRIENDS/RELATIVES WHO LIVE NEAR & IN STEHEKIN. THIS SERVICE WOULD DROP US OFF AT OUR FRIENDS/RELATIVES PROP.

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

WE LIVE ON THE SOUTH SHORE. IT IS MORE CONVENIENT FOR US TO TAKE THE SHORT DRIVE TO FIELDS PT. AND HAVE A SHORT RIDE TO STEHEKIN. ALSO CAN BE DROPPED OFF AT FRIENDS HOUSE

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

Yes  No  If yes, please explain. WE WOULD THEN HAVE TO DRIVE TO CHELAN AND TRAVEL 2-4 HRS. TO STEHEKIN AND THEN HAVE SOMEONE PICK US UP TO GO DOWN LAKE 5 MILES TO THE MILLER PROPERTY

**VERIFICATION**

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

Name and Title: ART RUNKEL

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

Street/Mailing Address: 100 MINNEAPOLIS BEACH RD.

City, State, Zip Code: CHELAN, WA. 98816

Telephone Number: 206 276 0285 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 RUNKEL  
PRINT NAME

[Signature]  
SIGNATURE

8/28/18  
DATE

RECEIVED

SEP 04 2018

WASH. UT. & TP. COMM

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. WOULD BE ABLE TO GET PARTS OR OPERATOR UP LAKE TO BRING BOAT BACK TO MANSON.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. CAN'T GET DOWN LAKE IN MORNING AND NOT UP LAKE IN THE AFTERNOON.

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. WOULD NOT BE ABLE TO GET TO STEHEKIN IN THE AFTERNOON.

**VERIFICATION**

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

Name and Title: William P. SHARKEY

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

Street/Mailing Address: P.O. Box 544

City, State, Zip Code: MANSON, WA, 98831

Telephone Number: 509-470-2468

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.

William P. SHARKEY  
PRINT NAME

William P. Sharkey  
SIGNATURE

8-20-18  
DATE

RECEIVED  
STATE UTILITIES AND TRANSPORTATION COMMISSION  
SEP 04 11:08 AM '18

RECEIVED

Applicant Name:  
Backcountry Travels LLC

Application Docket No.:  
TS-180677

SEP 04 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.

I live on the South side of Lake Chelan. My husband & I work in the morning and would like to visit friends that live on the North Side in the Afternoon. This would allow travel at optimum times.

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

The current ferry service is VERY limited. Only offering a morning departure from Chelan. It also cuts days in the "off season".

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

We will not be able to travel to the other side of the lake often enough. Maybe 1-2 times a year. If we could travel more, we would also spend more money on businesses in Stehekin that could possibly stay open year-round.

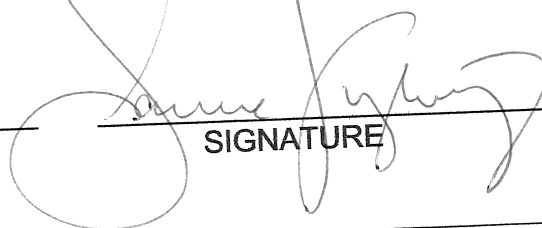
**VERIFICATION**

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

Name and Title: Janice Vyborny Manager & Distribution #10/VISTA WINES  
Business/Organization: RIO VISTA WINES - Chelan  
Street/Mailing Address: 950 Klatt Rd  
City, State, Zip Code: Manson WA 98831  
Telephone Number: 509-470-5453 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.

Janice Vyborny  
PRINT NAME

  
SIGNATURE

8/21/18  
DATE

2018 SEP 4 10:00 AM  
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION