Name and		
Title: Thomas Courtn	EY	
Business/		
Organization: MOUNTAIN BAR	REE SERVCE	LLC
Stroot/Mailing		
Address: / /////F/	DEE + Stelle	Kin WA
Street/Mailing Address: / VAIIEY ST	111 01 -111	98852
City, State, Zip		·
Code:		
	22.	
Telephone Number: <u>509 670 6</u>	300 Fax	
Number: I understand that this information is being given as by the Washington Utilities and Transportation Col Washington. I certify or declare under penalty of p. Washington that the information contained in this se	mmission, an agency of the s perjury under the laws of the s	тате от
Thomas Courtney	Thomas Cor	vtruy
PRINT NAME	SIGNATURE	
DATE		U
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:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave
CUDDORT	STATEMENT
(To be completed by the individual or business/organ	nization supporting the request for operating authority)
THE TO AN ODODIATION NEED Driefly describe	the transportation service that you need and that the
application could provide to you or your business/org	
See attached page	/
Are your transportation needs being met now?	Yes No / If not, explain problems you
have experienced.	
See attached	100 00
Old amadia	page
If the request is denied, would it have any affect	on you or your husiness/organization:
Yes No If yes, please explain	ton you or your business, erganization
Soe attached	vace)
Sel concrete	
	<u> </u>
VERIF	ICATION anization supporting the request for operating authority)
(10 be completed by the individual or business args	A THE COLOR OF THE
Name and Title: ATZ COUNTINES	1
Business/Organization:	<u> </u>
Street/Mailing Address: PO BOX	64
City, State, Zip Code: Stehekin, u	JA 98852
Telephone Number: <u>509 - 670 - 449</u> :	S Fax Number:
I elephone Number. 676 76 76 76 76 76 76 76 76 76 76 76 76	
t commission on again the	ne state of Washington. I certify or declare under penalty of e information contained in this statement is true and correct
Liz Courtney PRINT NAME	SIGNATURE S/18/18

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.

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.

Applicant Name: Backcountry Travels LLC THE APPLICATION What authority are you apple to be a commercial ferry service on Lake and efficient thir	Application Docket No.: TS-180677
THE APPLICATION What authority are you appl	10 100017
THE APPLICATION What authority are you apple do not be a service on Lake	
A daily year round commercial ferry service on Lak	lying for? Include any amendments.
	ke Chelan based out of Stenekin WA. The vessel much
will be used is a quiet, comfortable and efficient thir	rty two passenger catamaran. The vessel would leave ing back in Stehekin at 2:45pm.
will be used is a quiet, comfortable and efficient thi Stehekin at 10:40am daily and return at 1pm, arrivi	ng back in Stenekin at 2.70pm
SUPPORT	T STATEMENT The supporting the request for operating authority)
(To be completed by the individual or business/org	ganization supporting the request for operating authority) libe the transportation service that you need and that the lorganization if this request for operating authority is
THE TRANSPORTATION NEED Briefly described to your purpose size to your p	organization if this request for operating authority is
granted	and the same and t
We need an option to leave or return	n to Stehekin every day. We lack that be also would love an option that allows us me day.
Consider toto Fall through Soringe V	x()0 000000 (000 000)
to leave home & return on the sa	• • • • • • • • • • • • • • • • • • • •
Are your transportation needs being met now?	? Yes No <u>\(\) If not, explain problems you</u>
have experienced.	nt away from home - late Fall through Spring,
I am forced to spend at least one nigh	at away from those is to prove with few out
at lack two hights. The existing bowls	3 (Nearlie 1) (Marky leaves of the
to call a luctrain or while on the	Lome any leave steneping
Yes No If yes, please explain.	ect on you or your business/organization still stuck
1 1 a lead of canon for trown	or transition I am smable to leave Stehe
chassing most any appointment, as	any travellary lange frotors the early dept
4 out of 7 days a week during winter	alco make it difficult to watch up with
from chelan plus late arrival to the	elan make it difficult to watch up with additional travel connections?
VEI	RIFICATION (Secretary)
(To be completed by the individual or business/c	RIFICATION organization supporting the request for operating authority)
Name and Title: Hannah (2) et	Shelanic
Business/Organization: (C S OVER OF	Steinekin
Street/Mailing Address: Po Box 283	
City State, Zip Code: Stenevin WA	98852
1 - Lunbara Number: 509 - 931 - 1602	Fax Number
	he basis for a grant of operating authority by the Washington
I understand that this information is being given as the Utilities and Transportation Commission, an agency of perjury under the laws of the state of Washington that	at the information contained in this statement is true and serves a

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:

Backcountry Travels LLC

TS-180677

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

The individual requesting operating authority are you applying for? Include any amendments.

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

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

SUPPORT STATEMENT (a separating the request for operating authority)
(To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. 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 x 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 scheulel
If the request is denied, would it have any affect on you or your business/organization: Yes_x No If yes, please explain We wouldn't 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.

(To be completed by the individual o	VERIFICATION or business/organization supporting the	e request for operating authority)	-
Name and Title:Ashley Melin			
Business/Organization:SoulJour Street/Mailing Address:2955 Wemb			_
City, State, Zip Code:Lake Oswego			
Telephone Number:503-708-7877_		Fax	
Number: I understand that this information is being give Transportation Commission, an agency of the of the state of Washington that the information	n as the basis for a grant of operating	are arraer persent, and	a e la
Ashley Melin PRINT NAME	SIGNATURE	8/19/18 DATE	-

IMPORTANT!!!

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

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

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

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

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

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

1 Appricant Name.	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
has been experienced or application supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the
THE TRANSPORTATION NEED Briefly describe the transportation service application could provide to you or your business/organization if this request for operating authority is application could provide to you or your business/organization if this request for operating authority is
granted. as a Recreation state in the
Stehokin avea / Would Schoding
hotter to have an alternative scrapple
EST & MORE CONVIENTENT and ATTORDINGE
Are your transportation needs being met now? Yes No If not, explain problems you
have experienced.
Now we esther have to all to The
Closor to the terry or line the
sarly in the monning and DASA FOR THE
If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain.
With the mereason that the court to
Pass, It is Becoming the Destination
CHOBSE STEMENT AFFORDAble = MORE
Mose Moles Hollofill
VERIFICATION VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: Lelen Recorded
Business/Organization:
Street/Mailing Address: 2929 2/1000 MMV XVV.
City, State, Zip Code: Seattle WA 45/09
Talanhana Number: 206783 55005 Fax Number:
I understand that this information is being given as the basis for a grant of operating authority by the Washington I understand that this information is being given as the basis for a grant of operating authority by the Washington I understand that this information is being given as the basis for a grant of operating authority by the Washington
I understand that this information is being given as the basis for a grant of operating authority by the under penalty of Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of Utilities and Transportation Commission, an agency of the state of Washington that the information contained in this statement is true and correct
Utilities and Transportation Commission, an agency of the state of Washington. I certify of desired and correct perjury under the laws of the state of Washington that the information contained in this statement is true and correct
$1/2 \leq 1/2 $
Holoal Sweenen Cholos Decens 5/18/10
PRINT NAME SIGNATURE DATE

	•
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ying for? Include any amendments.
1 1 1 commorpial form conjice on lake	e Chelan based out of Stehekin WA. The vessel that y two passenger catamaran. The vessel would leave
will be used is a quiet, comfortable and efficient unit Stehekin at 10:40am daily and return at 1pm, arrivin	g back in Stehekin at 2:45pm.
Stenekin at 10:40am daily and return at 15m, direction	9 546.
1	
SUPPORT	STATEMENT
(To be completed by the individual or business/orga	inization supporting the request for operating authority)
application could provide to you or your business for granted.	e the transportation service that you need and that the ganization if this request for operating authority is
granted. Year around Service 7 has	Dai Mila aman mageriles.
No private boot I can not acress	5812100 pendely Owned properties.
Would also 1,16 to see a se	aplane Service again.
Are your transportation needs being met now?	Yes No If not, explain problems you
have experienced.	
Travel you arone and the abil	it to stop at other locations
Not genies by the green	basts.
).
If the request is denied, would it have any affect	t on you or your business/organization:
l	, on you or your
The lack of Service NOW and	was my ability to occess various
nacreational activites on hake	Cholor and AStahakin
VEDI	TICATION
VEXII	FICATION anization supporting the request for operating authority)
(16 be completed by the individual of businessisting	
Name and Title: Toser M. Dree	(Member)
Business/Organization: 2ML Enderpris	lines
Street/Mailing Address: 30 Church TS	0.5044
City, State, Zip Code: Lowelle, With	988/2
Telephone Number: 307473///2	Fax Number: None marea.
	pasis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.

PRINT NAME

SIGNATURE

21/2018 DATE

APPLICANT STATEMENT (To be completed by the individual requesting operating authority)		
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
· · · · · · · · · · · · · · · · · · ·		
THE APPLICATION What authority are you applyi		
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)
<u>THE TRANSPORTATION NEED</u> 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 explainI 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

	75-18	30677
VE (To be completed by the individual or business/	RIFICATION organization supporting the r	equest for operating authority)
Name and Title:John Kruse, Owner Business/Organization:Northwestern C	Outdoors	
Street/Mailing Address:302	Garden Circle	
City State Zin Code: Cashmere, WA 98	8815	
Telephone Number:509-664-6633	Fax Number:	
I understand that this information is being given as the Utilities and Transportation Commission, an agency perjury under the laws of the state of Washington the	he basis for a grant of operat	ing authority by the Washington I certify or declare under penalty of
John Kruse PRINT NAME	John Juve SIGNATURE	Aug 21, 2018 DATE

IMPORTANT!!!

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

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

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

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

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

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

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
DackCountry Travels 220	
THE APPLICATION What as	thority are you applying for? Include any amendments.
A delle more round nammarcial	form service on Lake Chelan based out of Stellekill WA. The vesser that
will be used is a quiet comforta	ble and efficient thirty two passenger catamaran. The vesser would leave
Stehekin at 10:40am daily and	return at 1pm, arriving back in Stehekin at 2:45pm.
	A Land to the part of the Wall
	SUPPORT STATEMENT vidual or business/organization supporting the request for operating authority)
THE THE STATION IN	the price describe the transportation convice that you need and that the
application could provide to you	or your business/organization if this request for operating authority is the between the and Stehelen leaves the midday.
granted. Efficient savi	to between this and Stehelin leaving Child midday.
<i>g,</i>	
	Is being met now? Yes No V If not, explain problems you
Are your transportation need	Is being met now? Yes No If not, explain problems you
have experienced.	Service Oroundon, I do work in Stehelein. I
	ele diffice It to use in carrying equipment or forts
Find the lady of the	
I reed a service the	
If the request is denied, wou	ld it have any affect on you or your business/organization:
Yes No If yes, p	lease explain.
It will be noted	This. It to me to out to out to out the state of the first.
	VERIFICATION
(To be completed by the ind	ividual or business/organization supporting the request for operating authority)
	in the salvi
Name and Title:	
Business/Organization:	elvin Cooling and Heating Dervice
Street/Mailing Address:	3196 Friday Creek Road
1	
City, State, Zip Code: <u>Bu</u>	
Telephone Number: (360	
I understand that this information	is being given as the basis for a grant of operating authority by the Washington
Luilitian and Transportation Com	mission, an agency of the state of Washington. I certify of declare under penalty of
perjury under the laws of the stat	e of Washington that the information contained in this statement is true and correct.
	() Or for all
Dand J. Martin	Les Vonul 0/19/18
PRINT NAME	SIGNATURE DATE
er programment	

Applicant Name:	
Backcountry Travels L	LC.

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 Angelogy A Tion 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.
granted. Our business will be cold to be determined to the cold to be dete
Over fifty wells in the Stehekin Valley, all but one, for private residences
one for the Nay. Park Service. Daily Goat service is requestion for 60ing
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 with the second seco
present farry sorvice, thus we cannot respond to water system emergencies,
Twenty for (24) years ago we constructed a Rock with special apuntenanes
for the Lady Express to pull in " to our shop facility 7 miles downlake. They no longer de
If the request is denied, would it have any affect on you or your business/organization:
Yes X No If yes, please explain. Yt doily boat service, with the state of the service with the state of the service with the
abilities is not allowed our business lassets and abligations are
significantly compromised.
Town customers, water users, will experience both health and
saffay issues unlike in the past when any service with "flag stops" was avoilable
VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: My Mi, ler - Owner
The state of the s
Business/Organization: // . / . / . / . / . / . / . / . / . /
Street/Mailing Address: 404 S. Clifferd St.
City, State, Zip Code: Chelan WA 988/4
Telephone Number: 539 - 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.
1 March Waller William William William Start Tolland
PRINT NAME SIGNATURE DATE
#18 이 1986년 이 1997년 1일 전 1997년 1일 전 1997년 1일 1997년 1997년 1997년 1998년 1998년 1997년 1997년 1997년 1997년 1997년 1997년

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

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

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

SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the
application could provide to you or your business/organization if this request for operating authority is
T need the option of A daily service. Much of my
treavels to and from Stehekin are business trips and I lose.
a ango of book in I want
Are your transportation needs being met now? Yes No If not, explain problems you have experienced
This was addressed above but I would like to
late for work related issues as well.
If the request is denied, would it have any affect on you or your business/organization:
Yes \ No If yes, please explain. The 1055 of Working hours 15 huge
to my company. Also even private travel in the current
CIRC DOOR and as already stated the schedule is
Use limited
very mine.
VERIFICATION (Comparison of the continuous c
(To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: FEAGY ANN COVETNEY - OWNER GO
Business/Organization: The Just Figures Bookkeeping
Street/Mailing Address: 23660 Hwy 97A
City, State, Zip Code: Chelau, WA. 988/6
Telephone Number: (509) 470-28/2 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.
FRANT NAME SIGNATURE DATE
Control of the second of the s

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are your interest of the contraction of	rou applying for? Include any amendments. on Lake Chelan based out of Stehekin WA. The vessel that
will be used is a quiet comfortable and effici	ient thirty two passenger calamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm	<u>ղ, arriving back in Stehekin at 2:45pm.</u>
SUP	PPORT STATEMENT ness/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly	describe the transportation service that you need and that the iness/organization if this request for operating authority is
CARLY MITT BEP	PARTURE FROM STELLETUT
Are your transportation needs being me	t now? Yes No / If not, explain problems you
	F A SCITEDULE
- A SUW	, h 20110000
- 300	
If the request is denied, would it have ar	ny affect on you or your business/organization:
Yes \nearrow No If yes, please explain	ny affect on you or your business/organization:
	VERIFICATION
(To be completed by the individual or busi	VERIFICATION iness/organization supporting the request for operating authority)
Name and Title:	HAVELS RPL
Business/Organization:	
Street/Mailing Address: 1つうしろ	SE DEBORA DR
City, State, Zip Code: Dams SC	w , or 97089'
Telephone Number: 502 - 665	Fax Number:
I understand that this information is being giver Utilities and Transportation Commission, an ag perjury under the laws of the state of Washington	n as the basis for a grant of operating authority by the Washington gency of the state of Washington. I certify or declare under penalty of ton that the information contained in this statement is true and correct.

PRINT NAME

SIGNATURE

DATE

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply	ng for? Include any amendments.	
A delle year round commercial form service on Lake	Chelan based out of Stellekill WA. The vesser that	
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vesser would leave	
Stehekin at 10:40am daily and return at 1pm, arriving	Dack III Stellekill at 2.40pm.	
SUPPORT S	STATEMENT nization supporting the request for operating authority)	
THE TRANSPORTATION NEED Priofly describe	the transportation service that you need and that the	
application could provide to you or your business/org	anization if this request for operating authority is	
granted.	<u> </u>	
I need a mid- u	corning departure	
Stehekin	. 8	
t to the state and being mot now?	Yes No / If not, explain problems you	
Are your transportation needs being met now? have experienced.	165	
nave experienceu.	from times	
de porto de la constante		
That is not	re times recessary	
- Noch Will Mil		
If the request is denied, would it have any affect	on you or your business/organization.	
Yes No If yes, please explain	1	
A This at N	Mut 12 400	
64045	one,	
- Lance		
VERIF	ICATION	
(To be completed by the individual or business/orga	anization supporting the request for operating authority)	
Name and Title: 262abe + 14	Havely, KDH	
Business/Organization:		
Street/Mailing Address: 19 39 6 3	58-101812	
City, State, Zip Code:	Note of the state	
Telephone Number: 563 (065-36	Fax Number: / Washington	
I understand that this information is being given as the bath Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	asis for a grant of operating authority by the washington he state of Washington. I certify or declare under penalty of e information contained in this statement is true and correct.	

Harely SIGNATURE DATE

Applicant Name: Application Docket No. Backcountry Travels LLC TS-180677		
Backetana y	Applicant Name: Backcountry Travels LLC	1

RECEIVED

AUG 29 2018

THE APPLICATION What authority are you applying for? Include any amendments I IT & TO 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. We live in western washington cas made to state to the
a daughter son-in-law and several grandenidren un steneen me
more convenient way and time to visit them.
Are your transportation needs being met now? Yes No X If not, explain problems you
have experienced. Yes, we can get there, but we need to leave
home betieven 4 and 4:30 am to catch the hady 2.13
we age this is Decoming Lass descreable, Also, the current
William A Modifier 1/ the second of some of your pusiness/organization:
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 Stephen into a 2 day
able to come for holiday, but or have the kids come down,
but the winter 3 chadule is see 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. 5
Street/Mailing Address: 19. Winkleman Rd S. City, State, Zip Code: Montesono, WA 98563
Street/Mailing Address: 19. Winkleman Rd S. City, State, Zip Code: Monteson WA 98563 Telephone Number: 360-470-6009 Fax Number: Fax Numb
Street/Mailing Address: 19. Winkleman Rd S. City, State, Zip Code: Montesono, WA 98563 Telephone Number: 360-470-6009 Fax Number:
Street/Mailing Address: 19. Winkleman Rd S. City, State, Zip Code: Monteson WA 98563 Telephone Number: 360-470-6009 Fax Number: Fax Numb
Street/Mailing Address: 19. Winkleman Rd S. City, State, Zip Code: Monteson WA 98563 Telephone Number: 360-470-6009 Fax Number: Fax Numb
Street/Mailing Address: 19. Winkleman Rd S. City, State, Zip Code: Monteson WA 98563 Telephone Number: 310-470-6009 Fax Number: Fax Numb

pplicant Name:	Application Docket N	o.:
ackcountry Travels LLC	TS-180677	
HE APPLICATION What authority are yo	ou applying for? Include any ame	endments.
Lu u a la comporcial formy convice	on Lake Chelan based out of Sit	HERIII WAY. THE ACCOUNTING
in he used is a quiet, comfortable and efficient	ent thirty two passenger catamar	all. The vessel weath leave
tehekin at 10:40am daily and return at 1pm	i, arriving back in Steriekin at 2.4.	<u> </u>
	PORT STATEMENT	
(To be completed by the individuation busing	ess/organization supporting the requ	uest for operating authority)
FUE TRANSPORTATION NEED Briefly	describe the transportation servi	ce that you need and mat in
application could provide to you or your busi	iness/organization if this request	or operating authority to
TTRAVEL TO STEHE	KIN PERIODICALLY AN	O FINA THE
CURRENT SCHEDULE TOUR	S DI UN'NECCES ARY EXPEN	SE AND TRAVEL
TIME - I ALWAYS HAVE	TO GET AN EXTER NIGHT	FOR 2 AFA HATEL
Are your transportation needs being met	t now? Yes No ⋉ If r	ot, explain problems you
ave experienced.		^ /
SEE ABOVE. HAVE TO	STRY OVERNIGHT IN	HELAN (EXTRA
# K K)		
•		
f the request is denied, would it have ar	ny affect on you or your busine	ess/organization:
f the request is denied, would it have ar	ny affect on you or your busine	ess/organization:
f the request is denied, would it have ar	ny affect on you or your busine	ess/organization:
f the request is denied, would it have ar	ny affect on you or your busine	ess/organization:
f the request is denied, would it have ar	ny affect on you or your busine	ess/organization:
f the request is denied, would it have ar	ny affect on you or your busine	ess/organization:
f the request is denied, would it have ar /es No If yes, please explain	ny affect on you or your busine	ess/organization:
f the request is denied, would it have ar	ny affect on you or your busine	ess/organization:
f the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied, would it have are set of the request is denied.	ny affect on you or your busine	ess/organization:
f the request is denied, would it have are fees No If yes, please explain (To be completed by the individual or busing Name and Title:	VERIFICATION iness/organization supporting the rec	ess/organization:
f the request is denied, would it have are res No If yes, please explain (To be completed by the individual or business/Organization: Street/Mailing Address:	VERIFICATION iness/organization supporting the recommendation in the supporting the recommendation supporting the support the supporting the supporting the supporting the supporting the	ess/organization:
f the request is denied, would it have ar /es No If yes, please explain (To be completed by the individual or busi Name and Title: Business/Organization: Street/Mailing Address: City, State, Zip Code: Az E x AND R. (1)	VERIFICATION iness/organization supporting the received at the second support of the second support support of the second support of the second support su	ess/organization:
f the request is denied, would it have ar Yes No If yes, please explain (To be completed by the individual or busi Name and Title: Business/Organization: Street/Mailing Address: City, State, Zip Code:AE XANDIZATION Telephone Number: 3 60 430 - 7	VERIFICATION Iness/organization supporting the recommendation supporting supporting the recommendation support supporting the recommendation support s	ess/organization: Page 15
If the request is denied, would it have ar Yes No If yes, please explain (To be completed by the individual or busi	VERIFICATION Iness/organization supporting the received. 82 2 5. Az. 82 2 5. Az. 82 2 5. Az. 83 14 7500 Fax Number as the basis for a grant of operating the state of Washington. Longitudes at the state of Washington.	ess/organization: 2 2 3 4 4 4 5 4 5 6 7 7 7 8 8 8 9 9 9 9 9 9 9 9 9 9
If the request is denied, would it have ar Yes No If yes, please explain (To be completed by the individual or busi Name and Title: Business/Organization: Street/Mailing Address: Street/Mailing Address: Telephone Number: 3 60 · 430 · 7 I understand that this information is being given	VERIFICATION Iness/organization supporting the received. 82 2 5. Az. 82 2 5. Az. 82 2 5. Az. 83 14 7500 Fax Number as the basis for a grant of operating the state of Washington. Longitudes at the state of Washington.	ess/organization: 2 2 3 4 4 4 5 4 5 6 7 7 7 8 8 8 9 9 9 9 9 9 9 9 9 9
If the request is denied, would it have ar Yes No If yes, please explain (To be completed by the individual or busi Name and Title: Business/Organization: Street/Mailing Address: Street/Mailing Address: Telephone Number: 3 60 · 430 · 7 I understand that this information is being given	VERIFICATION Iness/organization supporting the received. 82 2 5. Az. 82 2 5. Az. 82 2 5. Az. 83 14 7500 Fax Number as the basis for a grant of operating the state of Washington. Longitudes at the state of Washington.	ess/organization: Page 15

SIGNATURE

PRINT NAME

(To be completed by the individu	al requesting operating authority)	RECEIVED	
The government of the control of the	Application Docket No.:		
Applicant Name:	TS-180677	AUG 29 2018	
Backcountry Travels LLC			
THE APPLICATION What authority are you applying for? Include any amendments, 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 S (To be completed by the individual or business/organe) THE TRANSPORTATION NEED Briefly described application could provide to you or your business/organeted. Fagter more Hexitle S	e the transportation service that ganization if this request for oper	you need and that the	
Are your transportation needs being met now? have experienced. Would like more flexibility a 6 hour drive to Chel lake, necessitating spen	Yes No X If not, expl on time as we an before hea	lain problems you Lave	
Take necessitating spen	ding the night is	n Clielan	
If the request is denied, would it have any affect Yes No _X_ If yes, please explain	personal time 1	50es.	
VERIF	ICATION		
(To be completed by the individual or business/orga	anization supporting the request for	operating authority)	
	• • •	Constitution of the Consti	
Name and Title: Penn Wells			
Name and Title: 1200 WENTS			
Business/Organization:		3	
Street/Mailing Address: 123 College	e 71, = 610		
Street/Mailing Address: 123 Colleq City, State, Zip Code: Nor-Colk, V	A 7351D		
City, State, Zip Code:		And the second s	
Telephone Number: 404 [13926]	> 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 Du	Well	8/21) Z018	
PRINT NAME	SIGNATURE	DATE	

APPLICANT STATEMENT

(To be completed by the individu	al requesting operating authority)	
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677 RECEIVED	
THE APPLICATION What authority are you applying for? Include any amendments. AUG 29 2018 A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA, The yessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would Celled		
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/org		
More Elexibility - fast	er	
Are your transportation needs being met now?	Yes No X If not, explain problems you	
have experienced.		
300 0000		
If the request is denied, would it have any affect	on you or your business/organization:	
Yes No If yes, please explain		
	ICATION	
	nization supporting the request for operating authority)	
Name and Title: SALLY WELL	_ 5	
Business/Organization:		
Street/Mailing Address: 123 COLLEGE PL # 810 City, State, Zip Code: NORFOLK, VA 2351D Telephone Number: 229 400 1121 Fax Number:		
City, State, Zip Code: NOR FOLK, VA 2351D		
Telephone Number: 229 400 11	Ex Number:	
I understand that this information is being given as the ball litilities and Transportation Commission, an agency of the		
Sally Wells PRINTINAME	SIGNATURE DATE	

APPLICANT STATEMENT

	NT STATEMENT
(To be completed by the indi Applicant Name: Backcountry Travels LLC	vidual requesting operating authority) Application Docket No.: TS-180677
A daily, year round commercial ferry service vessel that will be used is a quiet, comfortable	ou applying for? Include any amendments. on Lake Chelan based out of Stehekin WA. The ole and efficient thirty two passenger catamaran. on daily and return at 1pm, arriving back in Stehekin
[[마다 : 마다 : 그리스 :	RT STATEMENT ss/organization supporting the request for operating
a	uthority)
application could provide to you or your business/org. Currently we always have to travel to the Ch Stehekin because we live at a distance with departs Chelan at 8:30am. This necessitate frequently at Pateros when Chelan accommonight minimum). Both my wife and I are over need to stay overnight in the Chelan or Wen because the Lady of the Lake doesn't get badriving at night. As we age we are also concaparticular problem, especially since flight smedical issue occur for us or for anyone else the problems you have experienced. Early departure and late return of the current having to arrange accommodations before a desired lengths of stay and causes additional become more popular leaving us often unable lodging is extremely difficult to find during the within a 60 mile radius of Chelan. Lady of the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and More and the cannot put hikers off at Prince Creek and the cannot put hikers off at Prince Creek a	a 4-5 hour drive to Chelan. Lady of The Lake as arranging for lodging and meals in Chelan or odations are not available for single night stays (2-65 and we avoid long drives at night. We also atchee area when returning back from Stehekin ack to Fields Point until 5pm, again to avoid long erned that the current limited ferry service may be service is no longer available, and should a ein the valley. NoX_ If not, explain It ferry(s) results in us and many of our friends and after trips to Stehekin. This has impacted our all significant expenses. The Chelan area has le to stay in Chelan, adding more drive time. Also, as 3 week Leavenworth's Octoberfest interval lee Lake has limited stops, and the Lady Express fore Point. Backcountry Travel's boat can use
many of the recreation docks and private doc	· · · · · · · · · · · · · · · · · · ·
and I are both retired, and although our sche working, we do not want to continue to incur	commodations, including lodging and meals, and both very inconvenient and expensive. My wife dules may be more flexible then when we were the additional expense and inconvenience.
VERI (To be completed by the individual or business/organi. Name and Title: Frank P. Rossi	IFICATION zation supporting the request for operating authority)

Business/Organization: n/a

Street/mailing address: 8031 28th 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

PRINT NAME

8/19/2018

JRE D/

DATE

IMPORTANT!!!

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

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

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

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

If you have questions or need additional assistance, contact Licensing Services (360) 664-1222. 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:	Application Docket No.:RECEIVED		
Backcountry Travels LLC	I I S-180677		
THE ADDITION	AUG 2 4 2018		
THE APPLICATION What authority are you apply	ing for? Include any amendments.		
A daily, year round confiniercial ferry service on Lake	Chelan based out of Stational AMAGERA CAMMING A		
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.			
and rotalin at 1911, amving	g back in Stenekin at 2:45pm.		
SUPPORT S	STATEMENT		
THE TRANSPORTATION NEED Printly dead in	nization supporting the request for operating authority)		
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/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 imited, 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 v	ery helpful.		
Are your transportation needs being met now? Yes NoX_ If not, explain problems you have experienced.			
hey are described above.			
the request is denied would it have any effect of			
the request is denied, would it have any affect of esX No If yes, please explain.	on you or your business/organization:		
Ve would not have the flexibility for our quests the	at we described above. The current system		
Ve would not have the flexibility for our guests that we described above. The current system mits access to Stehekin and to the National Park.			

VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority)
(10 be completed b) the
Name and Title:Ronald C. Foster, General Manager
Business/Organization:Foster Family Legacy LLLP, a Washington State business
Street/Mailing Address:690 S. Lakeshore Rd.
City, State, Zip Code:Chelan, WA 98816
Telephone Number:208-340-3665 Fax Number:509-888-8111
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.
Ronald C. Foster

IMPORTANT!!!

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

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

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

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

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

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

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

	The state of the s
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ing for? Include any amendments.
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient thirty	y two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Steriekin at 2.45pm.
William State Company	
	STATEMENT
(To be completed by the individual or business/orga	nization supporting the request for operating authority) e the transportation service that you need and that the
application could provide to you or your business/org	ranization if this request for operating authority is
Granted MAICES IT DIFFICULT. P	SCHEDULE APPOINTMENTS DOWN LAKE
FOR STEE	SCHEDULE APPOINTMENTS DOWN LAKE HEICIN PRESIDENTS
INSIDE OF HORMAL BUSINESS	
Are your transportation needs being met now?	
have experienced. CHELAN SEAPLANES USES	TO PROVIDE AN (EXPENSIVE)
ALTERNATIVE SCHEDULE TO T	HE EXISTING FERRY SERVICE
	TEKIN PLEKIDENTS TO ATTEND-
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 FIND IT DIFFE
TO LEAVE STEHELLIP, MY HOME	AND RETURN IN A TIMELY MAN
IN THE LONG PUT THIS LACE OF	OPTIONS ADDS UP TO MORE WORK DAYS
MISSED, MICH MONEY CHEST	770 770 770 770 770 770 770 770 770 770
	ICATION nization supporting the request for operating authority)
Name and Title: PATRICK GIET	
Rucinoss/Organization:	
Street/Mailing Address: Po Box 233	3
City, State, Zip Code: STEHモビル い	14 98852
Street/Mailing Address: Po Box 203 City, State, Zip Code: STEHEIGH W Telephone Number: Z17.556.7319	Fax Number: NA
I understand that this information is being given as the ball Utilities and Transportation Commission, an agency of the	asis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of a information contained in this statement is true and correct.
<u>-</u>	
	8.18.18
PATRICK GIETL	SIGNATURE DATE
PRINT NAME	DAIL DAIL

- DONT'D MIGHTS AWAY FROM HOME. THE PROPOSED SERVICE

 SEEMINGLY ALLOWS MORE FLEXIBILITY FOR STEHEVEN

 RESIDENTS TO LEAVE STEHEIUM TO ATTEMP 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

 STEHEIGH EARLY AND RETURN LATE THE SAME DAY,
 - (2) CONT'D -> APPOINTMENTS AND RETURN THE GAME DAY OR
 BY SPENDING A SINGLE OVER NIGHT, THE EXISTING
 COMMERCIAL FERRY SERVICE DOES NOT MEET THAT
 TRANSPORTATION NEED.
 - (3) CONTD -> AND MORE TIME AWAY FROM HOME (NORDER
 TO COMPLETE TASKS THAT MOST AMERICANS THICE
 FOR GRANTED (+IMELY ACCESS TO MEDICAL CARE,
 ERRANDS, SHOPPING, ETC.)

the control of the co

Applicant Name:
Backcountry Travels LLC
1.

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
" " " Id ide to your puripose/organization if this request for operating authority is
granted Trailsonta Mon 13 Medaler add 14, year 124 124
facilitate and enable weekend travel to and from
Stehekin for visitors, and daily transport to + trom
Steheking for residents who work downlake, wheel to go to
Are your transportation needs being met now? Yes No V If not, explain problems you
have experienced. Visitors currently must either drive. Very early
in the morning or invier everyight expense to earth the vierrein
bout service to Stehekin. Also, during winter youths 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 for king
Yes No If yes, please explain. (awing winser work to x)
Brevient lock of Sorvice Apreciants many visitors from Vas
coming to Ste hold on the weekends var feeting the
Ten ray passible 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
and meal exponses for revenight stays when taking care in you
VERIFICATION U
(To be completed by the individual or business/organization supporting the request for operating authority)
was the Hall
Name and Title: David + Jeannetta Kurt
Business/Organization: <u>Stehekin (Neeks)de (abin Rental</u>
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 the state of Washington.
perjury under the laws of the state of Washington that the information contained in this statement is true and correct.
L With the planto
DAVID KUTTU SIGNATURE
PRINT NAME SIGNATURE DATE
1 Togging the Kight

also, visitors have to stay a minimism of there inghts for weekend stays, missing Frider & Monday employment days since the current service will not travel on Saturday or Sunday. This significantly roduces the number of visitors who could come and rent any rental in the Stehokin Valley.

APPLICANT S	TATEMENT	
(To be completed by the individual		
Applicant Name:	Application Docket No.:	
	TS-180677	
THE APPLICATION What authority are you ap	plying for? Include any amendments.	
A daily year round commercial ferry service on L	ake Chelan based out of Stenekin VVA. The	
vessel that will be used is a quiet, comfortable ar	nd efficient thirty two passenger catamaran.	
The vessel would leave Stehekin at 10:40am dail	ly and return at 1pm, arriving back in Stenekin	
at 2:45pm.		
SUPPORT ST		
(To be completed by the individual or business/or	ganization supporting the request for operating	
author		
THE TRANSPORTATION NEED Briefly describe th	ne transportation service that you need and that the	
application could provide to you or your business/organiza	tion if this request for operating authority is grunted.	
a di la la di tanal ta the Cholon	area a day prior to a trip to Lucerne or	
Currently we always have to travel to the Chelan	5 hour drive to Chelan. This necessitates	
Stehekin because we live at a distance with a 4-5	guently at Pateros when Chelan	
arranging for lodging and meals in Chelan or free accommodations are not available for single nigh	at stays. Both my husband and Lare over 65	
and we avoid long drives at night. We also need	to stay overnight in the Chelan or Wenatchee	
and we avoid long drives at riight. We also need area when returning back from Stehekin because	e the Lady of the Lake doesn't get back to	
Fields Point until 5pm, again to avoid long driving	a at night. As we age we are also concerned	
that the current limited ferry service may be a pa	uticular problem, especially since flight service	
is no longer available, and should a medical issu	ne occur for us or for anyone else in the valley.	
Are your transportation needs being met now	w2 Ves No X If not, explain	
Are your transportation needs being met now	7; 165 160/_ II II o y o s qu'in i	
problems you have experienced Early departure and late return of the current ferr	ry/s) results in us and many of our friends	
having to arrange accommodations before and a	after trips to Stehekin. This has impacted our	
desired lengths of stay and causes additional sign	unificant expenses. The Chelan area has	
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 of	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 (Association supporting the request for operating authority)		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title: Kathleen S. Mellon-Rossi		

Business/Organization: n/a

Street/mailing address: 8031 28th 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

PRINT NAME

athleen & Mella-R8/19/2018

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)

RECEIVED

Applicant Name:

Backcountry Travels LLC

Application Docket No.: TS-180677

AUG 23 2013

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.		
many as two additional days.		

2018 AUG 23 AM 8: 20

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			
Fax 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			

IMPORTANT!!!

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

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

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

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

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

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

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE ADDITION WE IN THE		
THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel 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.	
OUDDODTO		
SUPPORT S (To be completed by the individual or business/organi		
(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/orga	anization if this request for operating authority is	
granted. See a Hacked letter		
SCE GHACKER PEHEN		
Are your transportation needs being met now? Y	es No If not, explain problems you	
have experienced. See attached letter		
- SCC anacores letter	·	
16.0		
If the request is denied, would it have any affect of	n you or your business/organization:	
Yes No If yes, please explain		
See a Hached Letter		
VERIFIC (To be completed by the individual or business/organized)		
, , , , , , , , , , , , , , , , , , ,	action capporting the request for operating authority)	
Name and Title: Ron Scutt		
Business/Organization: <u>Discovery Bike</u>	s Stehellin School Sunt	
Street/Mailing Address: 8 Stehekin		
City, State, Zip Code: <u>Stehekin WA</u>		
Telephone Number: <u>509 293 0011</u>	Fax Number:	
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 sign periury under the laws of the state of Washington that the in-	late 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.		
Pan South A	& H Olistia	
PRINT NAME PRINT NAME SIGNATURE		
/ SIGNATURE DATE		
· ·		

_

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

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.

	- II (I D L (A))	REUEIVED
Applicant Name:	Application Docket No.:	ALIC O O DOGO
Backcountry Travels LLC	TS-180677	AUG 2 2 2018
		CII IIT O TO ASSESS
THE APPLICATION What authority are you applyi	ng for? Include any amendment	ISH. UI, & IP, COMM
A daily, year round commercial ferry service on Lake	Chelan based out of Stenekin v	vessel would leave
will be used is a quiet, comfortable and efficient thirty	hack in Stehekin at 2:45nm	VC33CI WCCIG ICCVC
Stehekin at 10:40am daily and return at 1pm, arriving	back in Oterickin at 2. repim	
SUPPORTS	STATEMENT	
(To be completed by the individual or business/organ	nization supporting the request for o	perating authority)
THE TRANSPORTATION NEED Briefly describe	the transportation service that \	ou need and that the
application could provide to you or your business/org	anization if this request for opera	ating authority is
granted.	CI I III	
van (portation to	Stenekin tor	
Marcation stress av	of back count	ru
- Vacation Start at	(C) POLICE CO	
access,	N	-i
Are your transportation needs being met now?	Yes No X If not, expla	ain problems you
have experienced.	1 transportati	en Docause
Was whare 40 Am	d transperteur	100 d d 10
Wesent service was	pookee aria	1100
Enance Vacotion b	lans	
If the request is denied, would it have any affect	on you or your business/orga	nization:
Yes No If yes, please explain		
	7 0- 1	
Wind read to trave	atter goirk	1
which is danger ords	with dely	OV
hidhinay!		
VERIF	ICATION	operating authority)
(To be completed by the individual or business/orga	mization supporting the request for the	pperating dualionary
L. KATHVINI	minor	
Name and Title: Not hirder of	NII(CF)	
Business/Organization:	o	
Street/Mailing Address: POFON 3U	8	
47 0 10	WA 98841-	-0348
City, State, Zip Code: Tesh as the	- N	17484681
Telephone Number: 50 455-1343	Fax Number: 500	13 90 6001
I understand that this information is being given as the ba	sis for a grant of operating authority	y by the Washington
Lucition and Transportation Commission an agency of the	e state ot vvasninglon. I Cerlily Or u	eciale under penalty of
perjury under the laws of the state of Washington that the	: imomation contained in this state:	Home is true and comodi.
. /	\cap ρ \vee \cdot	
Vr.		, a on ma
Kuthrun L Springer tut	Thursud Aprima	ge1 8-20-2010
PRINT NAME	SIGNATURE	DATE
		/

Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are	you applying for? Include any amendments.
A daily, year round commercial ferry service	cient thirty two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pr	m, arriving back in Stehekin at 2:45pm.
CII	PPORT STATEMENT
(To be completed by the individual or busi	iness/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly application could provide to you or your but	ly describe the transportation service that you need and that the sinesy/organization if this request for operating authority is
granted. Hillows me move Uisits to and from S	steheling A mouning departur
is Huge	
/	
Are your transportation needs being me	et now? Yes No X If not, explain problems you
have experienced. Have experienced	Imissing backcountry experience
	ecquise existing Turnsportation
service was booked	Fullo Very discappointing to
If the request is denied, would it have a	any affect on you or your business/organization:
Yes No If yes, please explain	in. TAVI of THE MATONA PAUR SUEDO
provide " And available	for public enjoyment's PAVKS DVOVI
DIACES; among gime fine	sets", If the Courtney's veque
denied, just one etter	+11 To and he is to the stance
J) 10 and Com Fresh	VERIFICATION
(To be completed by the individual or bus	siness/organization supporting the request for operating authority)
Name and Title: Robert	Springer
	The state of the s
Business/Organization:	Box 348
Street/Mailing Address:	() 1 (1) 1 ch 98847
City, State, Zip Code: / COUNTY	1102 For Number EDG (1/Q-//Q/
Telephone Number: <u>SDG- 433-</u>	Fax Number: SO9. 548-668/
The manufaction Commission on at	en as the basis for a grant of operating authority by the Washington gency of the state of Washington. I certify or declare under penalty of gron that the information contained in this statement is true and correct.
D/ + S	Robert Sour Aug 20-18
PRINT/NAME	SIGNATURE DATE

Furthermore;

Permit System" as it applied To transport by Truck, Permits To haul different Type 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 Pormitte Truck and were often worth far more Than the Truck alove. Many independe Truck Owners, with long standing Permits relied on the value of their Permitor Permits, To be the main stay of their retirements.

When the UTC removed the Permit System, many vetiving Truck owners were devastated. Flowredon equipment vepriv business and saw The results personally

personally.

State Officials had no qualme vemous

The Trucking Permit System. One of

The veasons put forth was that Levegular

would provide a more competitive exvivomen

and freight prices would come down.

The Courtney's are willing to Take cen enormous visk by providing a
TVANSportation service, That is ce
competative environment, might fail,
If the State can devegulate
the Trucking industry it can devegulate
Ferry Service on Lake Chelay, As long as The Countrey's boat, caption and wew, comply with safter vegulation they should be allowed to assume the visk and provide The service they In my opinion, in this situation, The States vesponsibility is to help opperators provide a safe opperating environment, not decide who or who cannot opperate a presenger Ferry, The competitive juill decide that and the public will benefit because whom ever provideds the best service will survive. This is the essence of Capitalism, the foundation or which our country was built, Sincerly Robert Springe

(To be completed by the individual		
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
Buckesum y Travels ===		
THE APPLICATION What authority are you applying	ng for? Include any amendments.	
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that	
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave	
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	
Stellerill at 10.40am daily and return at 1pm, arriving	BOOK III GESTIONIII AL 21 1951	
SUPPORT S	TATEMENT	
(To be completed by the individual or business/organ		
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the	
THE TRANSPORTATION NEED Briefly describe	enization if this request for operating authority is	
application could provide to you or your business/organted. Our family would benefit from the	is service because we would be able	
	ents - shapping and veturn the next day	
Car business clients would benefit with t	Les later de partires from Choley	
Con positions effects which better with	we (all bound 114 book)	
(so they are able to drive in the morning		
Are your transportation needs being met now?	Yes No <u>\(\nabla_{\nabla} \) If not, explain problems you</u>	
have experienced.	100 and all and All Morara	
The Lady of the Lake winter schedule	veryings our simplified the resulting	
missiphool 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 w	ould continue to have reduced	
	I in the winter.	
business possibilities and missed school	I IVI THE WINTER!	
	2	
VEDICIO	ATION S	
	ization supporting the request for operating authority)	
(10 be completed by the individual of business/organ	ization supporting the request temperature of the supporting the s	
Name and Title: Patty Wilsey / DWNer		
)		
	LPIN 00	
Street/Mailing Address: PD BOX 5	<u> </u>	
City, State, Zip Code: Stehekin , WA 989	52	
Telephone Number: 509 679 - 2959 Fax Number:		
I understand that this information is being given as the bas	sis for a grant of operating authority by the Washington	
I Itilities 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.	
-		
^	11-	
Patty L. Wilsey Pa	SIGNATURE DATE	
PRINT NAME	SIGNATURE () DATE	
I I CHALLAN MAIL	v	
1		

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applyi	ing for? Include any amendments.	
A dally, year round commercial ferry service on I ake	Chelan based out of Stobokin WA. The vessel Hear	
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave	
Sterioum at 10. Toam daily and return at 1pm, arriving	back in Stenekin at 2:45pm.	
SUPPORT S	TATEMENT	
(To be completed by the individual or business/organ	ization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the	
application could provide to you or your business/orga	anization if this request for operating authority is	
See Attacher Lotte		
The together		
Are your transportations and the		
Are your transportation needs being met now? Y have experienced.	es Nof not, explain problems you	
See Attached		
- SECTITION DE	ie Cov	
15.0		
If the request is denied, would it have any affect o	n you or your business/organization. ☐	
Yes No If yes, please explain.		
- see Attached lett		
VERIFICATION OF THE PROPERTY O	ATION	
(To be completed by the individual or business/organiz		
Name and Title: John Chulsey Jt	ner auston cont Steletin Pishing	
Business/Organization: JW (uston Toustration Stohekin Fishing Houghtons		
Street/Mailing Address: PO BOLS - 80 Sclaerbay 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 Utilities and Transportation Commission, an agency of the st perjury under the laws of the state of Washington that the inf	ate of Washington I cortify or doctors under non-thing	
	0	
\wedge	/	
John Chilsey Vall	InCUIVAL SIGIR	
PRINT NAME J	GNATURE 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 out 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 the 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

BSEP 17 NM O: N

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Chelan based out of Stehekin WA. The vessel that two passenger catamaran. The vessel would leave	
CURRORT	PTA TEMENT	
(To be completed by the individual or business/orgar	STATEMENT nization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	e the transportation service that you need and that the anization if this request for operating authority is	
Having a later departure time from Chelan and F. vintou get into the valley.	Eldi Point would be extremely advantageous to help	
0		
Are your transportation needs being met now? have experienced.	Yes_ No _ ✓ If not, explain problems you	
However, we have to plan a very carly morn	ing departure from home in order to make the	
have experienced. However, we have to plan a very carly morning departure from home in order to make the formy at Field's Point. Several years ago, a car in our party crashed skidding on ice on our way are, likely due in part to reculing to leave so early in order to make the feery. The ice may not have been an issue late in If the request is denied, would it have any affect on you or your business/organization:		
If the request is denied, would it have any affect	on you or your business/organization; the	
Yes No If yes, please explain. Europ	in that my visitation to the valley might decrease.	
	CATION nization supporting the request for operating authority)	
Name and Title: Anna Roth		
Business/Organization:		
Street/Mailing Address: 7001 Scavrew Ave NW 5	13	
City, State, Zip Code: Seoffle, wt 98117	O	
Telephone Number:	Fax Number:	
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	sis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.	
Anna Rolh	9/4/18	
PRINT NAME	\$IGNATURE DATE	

APPLICANT STATEMENT (To be completed by the individual requesting operating authority)	
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ng for? Include any amendments.
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.
Oto Total Care Care Care Care Care Care Care Care	
SUPPORT	STATEMENT
(To be completed by the individual or business/organ	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	the transportation service that you need and that the
granted	
MORNING DEPARTURE FROM	STEHEKIN
Are your transportation needs being met now? have experienced.	Yes No <u></u> If not, explain problems you
THERE IS NO MCANIN	L DEPARTURE FROM STEHEKIN.
THERE IS NO MCANIN THIS HAS COST US AN ADDITI	CNAL NIGHT LODGING ON OUR
TRIP HOME.	
If the request is denied, would it have any affect	
Yes No If yes, please explain	
	CATION
(To be completed by the individual or business/orga	nization supporting the request for operating authority)
Name and Title: RALPH JOHNS	
Name and Title: RALPH JOHNS Business/Organization: N/A	
Street/Mailing Address: 15 GREENBRIER	DRIVE
City State Zin Code: M. 25244 MT 55	2802
City, State, Zip Code: 11.550044, MT 59 Telephone Number: 406-549-2933	Fax Number:
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the periury under the laws of the state of Washington that the	e state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.
	MAN
PRINT NAME	SIGNATURE DATE
PRINT NAME	SIGNATURE DATE
	•

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applyi	ng for? Include any amendments.
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave back in Stehekin at 2:45pm
	Edok in Glonekin at 2.40pm.
CURRORT	
SUPPORT S (To be completed by the individual or business/organi	Zation supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/orga	the transportation service that you need and that the
granted I would/will use this	
	service annually for a
Plexibility and a better ex	Derience for my family and friends
Are your transportation needs being met now? Y have experienced.	'es_X No If not, explain problems you
·	net but the existing service
is not a quality experience.	The existing set one
0 .7	
If the request is denied, would it have any affect of Yes_X_No If yes, please explain	we to use the existing and upprofessional. Competition
VERIFIC	ATION 28
(To be completed by the individual or business/organiz	ation supporting the request for operating authority)
Name and Title: <u>Sett Smith</u>	
Business/Organization:	
Street/Mailing Address: 17626 80th DR	INE TO THE
City, State, Zip Code: <u>Arlington</u> , WA 9	8223
Telephone Number: 360-631-9015	Fax Number: NA
understand that this information is being given as the basis Itilities and Transportation Commission, an agency of the st erjury under the laws of the state of Washington that the inf	for a grant of operating authority by the Washington tate of Washington. I certify or declare under penalty of
Brett Smith	Zett Smith 9/2/18
PRINT NAME SI	GNATURE DATE

(To be completed by the individu	al requesting operating authority)	
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply	ing for? Include any amendments	. The vessel that
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The v	essel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	melijaning kanad dagan memingunt melanguni persekat dan dagan makamban mengan dan mengan belah mengantikan mengan berangan dagan mengan berangan dan dagan berangan b
SUPPORT S	STATEMENT	arating authority)
(To be completed by the individual or business/organ THE TRANSPORTATION NEED Briefly described	the transportation service that vo	u need and that the
application could provide to you or your business/org	apization if this request for operati	ing authority is
granted. F THINK ANOTITED	BOAT WITH DE	-FRANT
Hours OF OPERATION	Will HELP DEG	ple Coning
For Long DISTANCES	Away- For Mr	173 Oceano
OR A VERY RARLY MUNICES	Dave	
Alle your management of	Yes K No If not, explain	n problems you
have experienced. 307 4 /4/N	THE ODERATORS	OF THIS
SERVICE ARE GETTING	RUDE AT TAKE	es TILEOTS
AND ON THE BOATE		
If the request is denied, would it have any affect	on you or your business/organ	ization:
Yes K No If yes, please explain. If	WOULD STILL	Clace
A MONODOLY ON THE	CAKE AND A	Joanes -
AND UN POFFERAL SERUK	- wollin par	DAK
		handstatische die der werste dem von der States der States der
	CATION	22
(To be completed by the individual or business/orga	nization supporting the request for op	erating authority)
Name and Title: (124/6 WES		4
Name and Title: (12/4/6 WES		O
Business/Organization:	2 6)-	
Street/Mailing Address:	100 PE	
Business/Organization: Street/Mailing Address: 2/2// /23 City, State, Zip Code: Archy for Telephone Number: 360-63/- 0549	WA 78223	
Telephone Number: 360-63/- 0544	Fax Number:	Managed Control State Control
I understand that this information is being given as the ba- Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	e state of Washington. I certify or dec	elare under penalty of
0 11		7
CAAIG WESSER CE	Jeffel 9	-6-18
PRINT NAME	SIGNATURE	DATE
		•

APPLICANT S (To be completed by the individual)	1
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
backcountry Fravoic EEC	
THE APPLICATION What authority are you applying	ng for? Include any amendments.
A daily, year round commercial ferry service on Lake	
will be used is a quiet, comfortable and efficient thirty	
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stenekin at 2.45pm.
SUPPORT S	TATEMENT
(To be completed by the individual or business/organi	
THE TRANSPORTATION NEED Briefly describe	
application could provide to you or your business/orga	inization if this request for operating authority is
base to leave at Sam e	or spend the wight in
Obelon. There are increa	sed number of feather
Riding making desired d	Later of travel a concurr
	es X No If not, explain problems you
have experienced. Dut De Course the	all and and bath in started
monofau I have by for conc	OR BUCKLOSS BOLL (10 de Hoper
E on the boot stroke	
If the request is denied, would it have any affect of	on you or your business/organization:
Yes X No If yes, please explain.	hours of speration would
botter meet the Deads of	Jussingers Coming from
distanças. Adding a secon	of unsellated complexing
should improve whitedo e	Constance Service ?
VERIFIC	ATION
(To be completed by the individual or business/organi	zation supporting the request for operating authority)
Name and Title: Jean Wessel	
Business/Organization:	에 가장 바로 이 사람이 있는 것이다. 사람이 가장 하는 것이 되었다.
Street/Mailing Address: 21211 12320	are or
City, State, Zip Code: Wington W	4 98713
	Face Alexandra
Telephone Number: 360 631 300 2	Fax Number:
I understand that this information is being given as the basi Utilities and Transportation Commission, an agency of the	
perjury under the laws of the state of Washington that the in	
,,	
1	
Jean Wessel Va	NO VENEZIONE DATE
PRINT NAME	BIGNATURE DATE
	ł control de la control de

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
•	
THE APPLICATION What authority are you apply	ng for? Include any amendments.
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave
Stenekin at 10.40am daily and return at 1pm, arriving	Dack III Stellekill at 2.43pm.
SUPPORT S	STATEMENT
	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the
application could provide to you or your business/org	anization if this request for operating authority is
granted.	24 To 4246 F
COULD GIVE ME CATE	OR THE TIME I
WANTED TO KIDE WIT	h or the lime I
WANT TO GO:	
Are your transportation needs being met now?	Yes No ⊭ If not, explain problems you
have experienced.	A
HAVE TO GET PRIVI	ATTE CANIER AT
TIMES	
•	
If the request is denied, would it have any affect	on you or your business/organization:
Yes No If yes, please explain	
, so	
WOULD HAVE TO M	NEET THE BOAT AT
THESE CONVENCES	
, VEDIEL	CATION
(To be completed by the individual or business/organ	CATION ization supporting the request for operating authority)
(10 be completed by the individual or backness organ	included and the second of the
Name and Title: FORDEN F. Business/Organization: RETINES	Ellows
Rusiness/Organization: RETILEA	,
Business/Organization.	140 70 S E
Street/Mailing Address: 7054 MALLA	and on s. E.
City, State, Zip Code: WHILDEN	Wr. 48851
Telephone Number: 509 - 349 - 2526	
I understand that this information is being given as the bas	sis 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 information contained in this statement is true and correct.
perjury under the laws of the state of washington that the	inioniation contained in this statement is the diagonic of

PRINT NAME SIGNATURE DATE

	CANT STATEMENT e individual requesting operating author	ority)
Applicant Name: Backcountry Travels LLC	Application Docket No TS-180677	
THE APPLICATION What authority are young A daily, year round commercial ferry service will be used is a quiet, comfortable and efficient Stehekin at 10:40am daily and return at 1pm	on Lake Chelan based out of Stehent thirty two passenger catamarar	ekin WA. The vessel that n. The vessel would leave
(To be completed by the individual or busine THE TRANSPORTATION NEED Briefly application could provide to you or your busing granted. My friend and I have reserved a cabin due to the ferry schedule, we have to sailings. Vacation days are hard to con	describe the transportation service ness/organization if this request for at Stehekin Valley Ranch. We spend the night in Chelan before by: as far as we are conce	that you need and that the operating authority is have ferry tickets, but ore and after the
nights would be better spent in Stehek Are your transportation needs being met		
If the request is denied, would it have any yes, please explain: Aside from the convenience issue, is to Isolation, as well as the beauty, is the approvide additional transportation from the hazard.	he safety factor for both resid	ents and visitors. kin based ferry would
(To be completed by the individual or busine	VERIFICATION sss/organization supporting the reques	t for operating authority)
Name and Title: <u>Charlotte Bennett</u> Business/Organization:		2018 SEP
Street/Mailing Address: PO box 13163		
City, State, Zip Code: Burton, WA 98013		
Telephone Number: (206) 940-4298 understand that this information is being given as Jtilities and Transportation Commission, an agend perjury under the laws of the state of Washington to	cy of the state of Washington. I certify	or declare under penalty of
Ohanotte Bennett (PRINT NAME	harlotte Brunett SIGNATURE	8/21/2018 DATE

	A Carta Danish Na	
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
	(O I I I I I I I I I I I I I I I I I I	
THE APPLICATION What authority are you applyi	ng tor? Include any amendments.	
A daily, year round commercial ferry service on Lake	two passenger estamaran. The vessel would leave	
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	hack in Stehekin at 2:45nm	
Stenekin at 10:40am daily and return at 1pm, arriving	back in Otenekin at 2. repini	
SUPPORT S	TATEMENT	
	ization supporting the request for operating authority)	
THE TRANSPORTATION NEED Priofly describe	the transportation service that you need and that the	
application could provide to you or your business/org	anization if this request for operating authority is	
application could provide to you or your business/org granted.	leave spokane in the	
dark - so early - to get to	Chelan for the early departure.	
Dangerous Driving condition	os! —	
r sarage costs		
	No. 15 not evalois problems you	
Are your transportation needs being met now?	Yes No 🔨 If not, explain problems you	
have experienced. Have to stay overwight in Chelan	- Oversive - Men Queinia	
Have to stay overavigni no chelan	dispersion dispersion	
the " off " season - faustrating	to Not have, service	
Available Daily.		
If the request is depied would it have any affect	on you or your business/organization:	
Yes_X No If yes, please explain. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	vita our trips to Stehekin	
res_z_ No ii yoo; pioado oxpia		
VERIFI	CATION	
(To be completed by the individual or business/organ	nization supporting the request for operating authority)	
Clar Page A	DKFP 2	
Name and Title: Bud & CAROL H		
Business/Organization:		
Street/Mailing Address: Box 31058	And the second s	
City, State, Zip Code: SOOKANE, WA	99223	
Telephone Number: 509-710-077		
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		
Design, under the laws of the state of Washington that the	information contained in this statement is true and correct.	
polyary under the laws of the state of transmigration and the		
1 / Navion 60	_ / /	
BUD HAKER 13	nd/John 8/23/18	

	ICANT STATEMENT	
(To be completed by the	ne individual requesting operating authority)	
Applicant Name: Thomas Miller	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are y		
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that		
	ient thirty two passenger catamaran. The vessel would leave	
Stehekin at 10:40am daily and return at 1pn	n, arriving back in Stehekin at 2:45pm.	
	SUPPORT STATEMENT	
(To be o	SUPPORT STATEMENT completed by the individual or business/organization supporting the reque	
THE TRANSPORTATION NEED Briefly	completed by the individual or business/organization supporting the reque	
THE TRANSPORTATION NEED Briefly if this request for operating authority is grant	completed by the individual or business/organization supporting the requer describe the transportation service that you need and that the app	

Telephone Number281-232-5606 Fax Number:	ington. I certify or declar ntained in this statement	e under p is true ar	penalty of and correct.
Telephone Number281-232-5606 Fax Number: I understand that this information is being given as the basis for a grant o Utilities and Transportation Commission, an agency of the state of Washi	ington. I certify or declar	e under p	enalty of
Telephone Number281-232-5606 Fax Number:			
77406			
	· ·	57	381
City, State, Zip Code:Richmond, Texas		豆豆	1
Street/Mailing Address3522 Timothy Lane			
Business/Organization:			The property
Miller		2018 SE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name and Title:_Thomas	process	20	104
(To be completed by the individual or business/organization support	ting the request for opera	iting auth	ority)
VERIFICATION			
visitors			
explain. Visiting Stehekin would be much more attractive to my party	and other		
Yes_X_ No If yes, please explain	S		
If the request is denied, would it have any affect on you or yo	our business/organiza	ntion:	
Current service requires additional travel delays and expense			
Are your transportation needs being met now? Yes N	O X If not explain	nrohler	ne vou have evr
transportation option.			
beauty of Stehekin, WA. I would enjoy having an option of later se			
THE TRANSPORTATION NEED Briefly describe the transport if this request for operating authority is granted. Currently, the Lady beauty of Stehekin, WA. I would enjoy having an option of later see			orting the request

	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirt Stehekin at 10:40am daily and return at 1pm, arriving	e Chelan based out of Stehekin WA. The vessel that y two passenger catamaran. The vessel would leave
	STATEMENT nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describ application could provide to you or your business/orgranted. OFF-SEASON AND ADDED PROVIDE MORE OUTD	e the transportation service that you need and that the ganization if this request for operating authority is
VACATION OPPORTUNITIES.	LACK OF OPTIONS DURING
WINTER IS LIMITING.	
Are your transportation needs being met now?	Yes No X If not, explain problems you
have experienced	
Access PURING WINTER	WEEKENDS, AND OTHER OFF- ALLOW ACCESS FOR SKIING
	ALLOW ACCESS FOR SKIING
4 SHOWSHOEING.	
If the request is denied, would it have any affectives X No If yes, please explain.	ABLE TO SKI + SNOWSHOE
(To be completed by the individual or business/orga	ICATION Inization supporting the request for operating authority)
(To be completed by the individual or business/organness) Name and Title: RICHARD PETERS	nization supporting the request for operating authority)
(To be completed by the individual or business/orga	ICATION anization supporting the request for operating authority) So >
(To be completed by the individual or business/organness) Name and Title: RICHARD PETERS	nization supporting the request for operating authority)
Name and Title: RICHARD PETERS Business/Organization: Street/Mailing Address: 6710 24 th A1 City, State, Zip Code: SEATLE, WA	nization supporting the request for operating authority)
Name and Title: RICHARD PETERS Business/Organization: Street/Mailing Address: 6710 24 th A1	SON JENW, APT 2
Name and Title: RICHARD PETERS Business/Organization: Street/Mailing Address: 6710 24 th A1 City, State, Zip Code: SEATTLE, WA Telephone Number: 206-491-3588 I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the	Inization supporting the request for operating authority) SON JENW, APT 2 98117 Fax Number:
Name and Title: RICHARD PETERS Business/Organization: Street/Mailing Address: 6710 24 th A1 City, State, Zip Code: SEATLE, WH Telephone Number: 206-49[-3588] I understand that this information is being given as the base Utilities and Transportation Commission, an agency of the	SON SON SON Fax Number: asis for a grant of operating authority by the Washington e state of Washington. I certify or declare under penalty of

APPLICANT S (To be completed by the individue)	STATEMENT all requesting operating authority)
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Chelan based out of Stehekin WA. The vessel that two passenger catamaran. The vessel would leave
	STATEMENT ization supporting the request for operating authority)
	the transportation service that you need and that the
application could provide to you or your business/org granted. I am a hiker from Seattle of	anization if this request for operating authority is
Service that leaves Chelon later t	han 8:30am to accomadate
reasonable overnight stays in s	Stehekun
Are your transportation needs being met now? have experienced. We have to get up at	Yes No_K_ If not, explain problems you 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 Chela	n-an expensive alternative
which limits our ability to vi	sit Stehekin area.
If the request is denied, would it have any affect of Yes V No If yes, please explain. Vision area less often.	on you or your business/organization: +/hike in this beautiful
	
	- 20 - 1/3 18
	S
VERIFIC (To be completed by the individual or business/organ	
Name and Title: Mary Aulet	
,	•
Business/Organization: Individual	t Kickland WA
Street/Mailing Address: 1522 5 th S	T, KICKLAND WIT
City, State, Zip Code: 98033	
Telephone Number: 425 822-0128	Fax Number:
I understand that this information is being given as the basi Utilities and Transportation Commission, an agency of the s perjury under the laws of the state of Washington that the in	state of Washington. I certify or declare under penalty of
Mary R. Aulet Mary PRINT NAME	MGNATURE B-23-18 DATE

Applicant Name:	Application Docket No).:
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority	are you applying for? Include any ame	ndments.
A daily, year round commercial ferry se	ervice on Lake Chelan based out of Stel	nekin WA. The vessel that
Stehekin at 10:40am daily and return a	d efficient thirty two passenger catamara at 1pm, arriving back in Stehekin at 2:45	pm.
Otenekin at 10. Toann dany and rotain e	at This, diffing buck in Otto Company	F
	CURRORT STATEMENT	
(To be completed by the individual or	SUPPORT STATEMENT r business/organization supporting the reque	est for operating authority)
THE TRANSPORTATION NEED	Briefly describe the transportation servic	e that you need and that the
application could provide to you or you granted. The wave I ferry	or business/organization if this request for system by limited for more	or operating authority is
from Chilai and ear	ly afternoon departure from	n Stehehing. This
new service would a	llores more aptions for for	exclus by diparter
Stebelin in The mornin	y and difarting Chilar	in The afternoone
Are your transportation needs being have experienced. Our optime	g met now? Yes No V If no	t, explain problems you
have experienced.	ace mart of the one-jobs	1 Jewisson
If the request is denied, would it has	ve any affect on you or your busines	s/organization: /
Yes No If yes, please ex	splain. Our petions for dep	Parting Chelan
and Stellkin would	be limited to the exist	ting ferry schidul
	VEDICATION	
(To be completed by the individual o	VERIFICATION r business/organization supporting the reque	est for operating authority)
0. 1	1 0 1	Success CO
Name and Title: Kundy V	Mune Blod an	4
Business/Organization: 'n/a		
Street/Mailing Address: 140	Shimbla Ville	
City, State, Zip Code: Chula	n WA 98816	
Telephone Number: 509-68	22-87/8 Fax Number:_	u/a
Utilities and Transportation Commission, a	given as the basis for a grant of operating a an agency of the state of Washington. I cert hington that the information contained in this	ify or declare under penalty of
	D. I Rad	chalic
Randy Brooke	Kande Old W	- 8/2//18
Hnne Brooks	UnreBrooks	8/21/18
PRINT NAME	SIGNATURE	DATE

Applicant Name:	Application Docket No.:		
Backcountry Travels LLC	TS-180677		
THE APPLICATION What authority are you applying for? Include any amendments.			
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave			
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.		
Otomotali at 10110 and 10110			
SUPPORT S (To be completed by the individual or business/organ	ization supporting the request for operating authority)		
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	the transportation service that you need and that the anization if this request for operating authority is		
granted the above statement cone	1 ^		
troveling.			
Are your transportation needs being met now?	Yes No If not, explain problems you		
have experienced. The of day and fru	ruences of travel.		
	<u>) </u>		
If the request is denied, would it have any affect	on you or your business/organization:		
Yes_X No If yes, please explain			
7 Sm. 5 1/1 200 1	De Jahre V.		
Silve out was	- C J Shirt Cy		
VERIFI	CATION		
(To be completed by the individual or business/orgal	nization supporting the request for operating authority)		
Name and Title: Slow, up 1 muge			
Business/Organization: How Moulers	of spot ane		
Street/Mailing Address:			
City, State, Zip Code:			
Telephone Number:	Fax Number:		
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	sis for a grant of operating authority by the Washington a state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.		
GEORGIA C. KRUEBER SKI	signature B25-18 DATE		

(To be completed by the individual	
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
Backcountry Travolo LLO	
THE APPLICATION What authority are you applying	og for? Include any amendments
THE APPLICATION What authority are you applying the state of the state	Cholon based out of Stehekin WA. The vessel that
A daily, year round commercial ferry service on Lake	the passanger estamaran. The vessel would leave
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vesser would loave
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stenekin at 2.45pm.
SUPPORT S	TATEMENT
(To be completed by the individual or business/organi	zation 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/orga	anization if this request for operating authority is
granted. De the present time	we only have 3 daylor
sarvica during the was	ar mosths which
morar unakan DSE	difficult: We hook!
(3) Maratio partos 4	that proposed Fridaya Sund
Are your transportation needs being met now?	Yes No If not, explain problems you
have experienced.	,
with the above mostice	ned 3 days we during
Low winder prople a	a vot ope to
come up on fr. or	. Sot & lave on, sun
If the request is denied, would it have any affect	on you or your business/organization:
Yes No If yes, please explain	resolvas mestiones
Yes No I yes, please explain.	ar warrand use.
apolic be a designed	and magne and a
or our copies you	A CO Margar Tracasa
(one on tri & was	ac on range man-
OK work soradola,	
	<u></u>
VERIFIC	CATION
(To be completed by the individual or business/organ	ization supporting the request for operating authority)
Name and Title: Law Davis	
Business/Organization: L&G Dove	s Enterprises LEC
Busilless/Organization.	in al bancol
Street/Mailing Address: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000 0000000000000000000000000000000000
City, State, Zip Code.	G F N when
Telephone Number: 509 - 965 - 062	Fax Number:
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	sis for a grant of operating authority by the washington state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.
	in the second se
20	2/20/10
LOWIS DOVIS	DATE
PRINT NAME	SIGNATURE DATE

Applicant Name:	Application Docket No.:			
Backcountry Travels LLC	TS-180677			
THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.				
SUBPORT	STATEMENT			
	ization supporting the request for operating authority)			
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	the transportation service that you need and that the anization if this request for operating authority is			
granted.				
More shorces needed	to got from chalau			
to Stehetur for vec	local bus notes			
Spinning retreat				
Are your transportation needs being met now?	Yes No 🔀 If not, explain problems you			
have experienced.	SCR-1:00 it access to tos			
Decarise of Talagoras	schoolule it necessitates			
considerably				
If the request is denied, would it have any affect	on you or your business/organization:			
Yes X No If yes, please explain, On	so again out plans would			
hade to revolve around	I whited best shade be			
	CATION			
(To be completed by the individual or business/orgal	nization supporting the request for operating authority)			
Name and Title: Marietre Lindson				
Business/Organization:	三 			
Street/Mailing Address: 2719 Fermes	- WaySE			
City, State, Zip Code:	5A 98501 00 00			
Telephone Number: 425-770-1611	Fax Number:			
I understand that this information is being given as the ball Utilities and Transportation Commission, an agency of the	sis for a grant of operating authority by the Washington state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.			
Marjorie Lindsay Mai	8/25/18			

(To be completed by the individu	al requesting operating authority)		
Applicant Name:	Application Docket No.:		
Backcountry Travels LLC	TS-180677		
Backcountry Travelo LEG			
THE APPLICATION What authority are you apply	ing for? Include any amendments.		
A define year round commercial forms consider on Lake	Chelan based out of Stehekin WA. The vessel that		
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave			
Stehekin at 10:40am daily and return at 1pm, arriving	hack in Stehekin at 2:45nm		
Stenekin at 10.40am daily and return at 1pm, arriving	Back III Otoriokiii at 2. 10piiii.		
	TATEMENT		
SUPPORT	STATEMENT		
(To be completed by the individual or business/organ	nization supporting the request for operating authority)		
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the		
application could provide to you or your business/org	anization if this request for operating authority is		
granted.			
We have a Vacation ter	Ital and this would allow		
our avests more opportuni	to to come to Stelnekin and		
back home. As it is now, th	ere 15 only a morning seviety e		
Are your transportation needs being met now?	YesNo V If not, explain problems you Tstelned		
have experienced Guests trom the Coa	Yes No V If not, explain problems you to the		
night in Chelan or leave very ea	rly in the morning to catch the Ferry		
out of Chelan, or Fields Pt. to 5			
OUT OF CHERT, OF THERES !! TO E			
opportunity for guests to leave	later in he day not congress		
If the request is denied, would it have any affect	on you or your business/organization:		
Yes No If yes, please explain. No u	I there only three days in		
the week to travel to and F	rom Stehekin in the Winter		
Months owning a vacation	rental this severly limits the		
days we can vent out or			
We also own our personal cabin, a	of the existing schedule does not		
allow our working family and &	riends to travel to get together with us		
VERIF	ICATION		
(To be completed by the individual or business/orga	nization supporting the request for operating authority)		
(10 be completed by the marriage of business ag	11		
Name and Title: Gayle Davis			
	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Business/Organization: resident	acation Rental LLC		
Street/Mailing Address Rosx 290, Stch.	ekin, 98852) 1553 Huntwood hane		
City, State, Zip Code: F. Wenatchee,	WA 98802 = S		
Telephone Number: (509) 679 - 4684	Fax Number:		
I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	e state of Washington. I certify or declare under penalty of information contained in this statement is true and correct.		
la la company	000 2-29-18		
Gayle A Javis Sa	CICNATURE DATE		
→ PRINT NAME	OIGNATURE		

		<u> </u>		
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677			
THE APPLICATION What authority are you applyi			*	
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty				
Stehekin at 10:40am daily and return at 1pm, arriving		ie vessei	would	leave
	Territoria I and the second se			
(To be completed by the individual or business/organ	zation supporting the request for			
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/orga	anization if this request for ope	เ you nee erating aเ	ed and uthority	inat the
granted.	and the Grant	-11		
	nuch more taux	unell	27	loned
make the trip from Portland of		yseu 1 K	F 2	when
Are your transportation needs being met now?		olain prot	olems v	/OU
have experienced.		1 1		
I must rent a hotel room in		the		
Charles land at departure	- 1	torc	ach	
If the request is deried would it have any effect	I wive throu	An I	vie V	11304
If the request is denied, would it have any affect of Yes No _/_ If yes, please explain.	on you or your business/org	anizatio	n:	
It would be an inconven	ence. I belie	ve H	rer	
15 a need for a bout service	with a differe	int so	he.	dule
			101 di m 202 d'Al 220	
VERIFIC (To be completed by the individual or business/organi		operating	author	ity)
Name and Title: Rachel Brown				
Business/Organization:		(77	201	
Street/Mailing Address: 5208 SE 36 A	re.		8	. 1 A
City, State, Zip Code: fortland or 9	1202	dem English	TJ	
Telephone Number: 503.703-3806	Fax Number:	4 7 2		
I understand that this information is being given as the basis Utilities and Transportation Commission, an agency of the s perjury under the laws of the state of Washington that the in	tate of Washington. I certify or o	declare un	der per	nalty of
. 0		•	i	,
Rachel Monn Rul	ulppun	8/2	7/13	8
PRINT NAME	IGNATURE	-	DATE	

APPL (To be completed by the	LICANT STATEMENT e individual requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
A daily, year round commercial terry service	you applying for? Include any amendments. e on Lake Chelan based out of Stehekin WA. The vessel d efficient thirty two passenger catamaran. The vessel would n at 1pm, arriving back in Stehekin at 2:45pm.
SUP (To be completed by the individual or busing	PPORT STATEMENT ness/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly the application could provide to you or you is granted. Boat Service to from	ly describe the transportation service that you need and that it business/organization if this request for operating authority of the state of the s
travel to get to have Chelan, as adding cost and time to a true of visit my brother in Cherand fife. If the request is denied, would it have a	net now? Yes No x If not, explain problems you not ferry schedule and distance we must no overnight stay is required at Chelan- ip to Stehelen for fishing and hiking. rey, wh and we visit stehelen to fish any affect on you or your business/organization:
Yes_ K No If yes, please	
- arrong well after dash	v overget stay at chelon, plus back at our departure location,
the desiration of or bug	VERIFICATION siness/organization supporting the request for operating authority)
(To be completed by the individual or busi	Siness/organization supporting the requirement of the results of t

Name and	
Title: May R. Price (a	ha Tistie 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 bas Utilities and Transportation Commission, an agency of the of perjury under the laws of the state of Washington that the correct.	state of Washington. I certify or declare under penalty
Mary R Price ma	ny R. Price
PRINT NAME	SIGNATURE DATE

IMPORTANT!!!

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

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

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

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

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

APPLICANT STATEMENT (To be completed by the individual requesting operating authority)		
No.	Application Docket No.:	
Applicant Name:	TS-180677	
Backcountry Travels LLC		
THE APPLICATION What authority are you apply	ing for? Include any amendments.	
A delly year round commercial ferry service on lake	Chelan based out of Stenekin VVA. The Vesser that	
will be used is a quiet, comfortable and efficient thirt	two passenger catamaran. The vesser would leave	
Stehekin at 10:40am daily and return at 1pm, arriving	Dack III Otomokiii at 2.10p	
SUPPORT	STATEMENT	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	e the transportation service that you need and that the	
	ganization in this request for operating datasets,	
granted Typed a daily new yourd option	for travel down take to conduct	
lausiness showing etc. I also v	need an option to travel up lake	
rearing Chelan / Fields Pt. at a lat	er how.	
Are your transportation needs being met now?	Yes No X If not, explain problems you	
have experienced.	at un even due war-volva.	
The control to Salar das t	the school cent Akn there	
making travel difficult during	The army too. May though	
are no public third options to	TUNC ONUM) LAT OF TUTTO Y TOWN.	
If the request is denied, would it have any affect	t on you or your business/organization:	
Yes No X If yes, please explain	ale local actions for many	
10- on break much priv	die system for thin sportation	
broke wise the because of the lack of daily service outsider -		
March 10 Co. Asian 12	April.	
	TION TON	
VERII	FICATION anization supporting the request for operating authority)	
(10 be completed by the individual of business/org		
Name and Title: Jen Courtne		
Business/Organization:		
Street/Mailing Address: 2 Milts N. (F	20 80 31)	
City, State, Zip Code: Schokin, NA 9	(5) .	
	Fax Number:	
Telephone Number: 500 668-00 18		
I To the Commission on adoney of the	pasis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of	
perjury under the laws of the state of Washington that the	e information contained in this statement is true and correct	
-0.		
Jenniter Courtney Jell	1/MIMIM 01/04/1X	
	- 110 17 · 3	
PRINT NAME	SIGNATURE DATE	

Applicant Name: Backcountry Travels LLC THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that 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 Stehetin Pesident with work outside the valley this service that you have need for the country of the provider to you apply the service that you have need for the provider to you apply the service that you have need for the your pour business organization if this request for operating authority is granted. As a Stehetin Pesident with work outside the valley this service that you have need for the your pour business organization if this request for operating authority is granted.	
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	
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	
A daily, year round commercial ferry service on Lake Chelan based out of Stenekin VVA. 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	
A daily, year round commercial ferry service on Lake Chelan based out of Stenekin VVA. 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	
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	hat
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	ave
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	
(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	
(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	
(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	
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is	
application could provide to you or your business/organization if this request for operating authority is	at the
As a Stehetin Resident with work outside the Valley, this service would areally increase my commoting options. I have need for	<u></u>
would areally increase my commoting options. I have need to	50100
	tol
year round dailey service, with time options that as not provide	audo
Are your transportation needs being met now? Yes No Y If not, explain problems you	J
have experienced. Yes and No. Yes because in order to succession	
you adapt to whats available. No because there is no	
Sociles on lake Chelon that is built to support the Stehet	hetin
SEVEE VILLE CONTRACTOR OF THE	
Uchilley.	
If the request is denied, would it have any affect on you or your business/organization:	
Yes No If yes, please explain.	111
an increase in available official and law	40
be a positive liberating service to mysett over my	_
DUSINESS VIMITION OF THE STATE	
lan forced to create my own options which is very costry.	
VERIFICATION	
(To be completed by the individual or business/organization supporting the request for operating authority)	<u>y)</u>
Name and Title: Leed Court-vey	- 9
Business/Organization: Mountain Barge Services CCC	
Street/Mailing Address: V.O. Rox S	
City, State, Zip Code: <u>Steve King WA 4888</u>	
Telephone Number: <u>409 630 3808</u> Fax Number.	ton.
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	any Or
Reed Couchney Touthers 9/4/18 PRINT NAME SIGNATURE DATE	

	Application Docket No :	
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
	to C. In alude any amondments	
THE APPLICATION A daily, year round commercial ferry service on Lake	The land has educated 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.	
Otenekin at 10.40am dany and 10tam at 15th garrens		
SUPPORT S	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/org granted. This service would previous	anization if this request for operating authority is	
than current competers service	1. 11	
desives more access to the stelle	Ken Valley the cirrent terry service	
is not sathrient to provide fley	uple 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 ridged and does not allow	
for move impromptu travel to	Stehelir. The current service also	
has a monopoly on the take an	I thenfort has provided poor service	
143 (1.000)	on would benefit bother travelers.	
1		
If the request is denied, would it have any affect	would undouttedly travel	
	impact the economy of	
	to miss out on enjoying	
the more than I do now.	10 11(13) 1111 2 (11)	
The more than 1 cit pages		
	CATION	
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
T. D		
Name and Title: tric teuz		
Business/Organization:		
Street/Mailing Address: 1442 S. LL	Shore Rd.	
City. State. Zip Code: Chelan, WA	98816	
Street/Mailing Address: 1442 S. LL. City, State, Zip Code: Chelan, W.A. Telephone Number: 475-785-8560	Fax Number:	
I understand that this information is being given as the ba	sis for a grant of operating authority by the Washington	
I Utilities and Transportation Commission, an agency of the	e state of Washington. I certify or declare under penalty of	
perjury under the laws of the state of Washington that the	information contained in this statement is true and correct.	
Personal Per	715 8/30/18	
EVIC Peuz	SIGNATURE DATE	

	ual requesting operating authority)
Applicant Name:	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ing for? Include any amendments.
A Lill and a seminaroial formy service on lake	Chelan based out of Stellekill VVA. The Vessel that
will be used is a quiet, comfortable and efficient thirt Stehekin at 10:40am daily and return at 1pm, arrivin	y two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arrivin	g baok in George and a second a second and a second a second and a second a second and a second a second a second a second
SUPPORT	STATEMENT
(To be completed by the individual or business/orga	nization supporting the request for operating authority)
THE TO ANCHOR TATION NEED Briefly describ	e the transportation service that you need and that the
application could provide to you or your business/or	janization if this request for operating authority to
grantedI need a way to get to Stehekin earlier than the	other ferry provides and to be able to arrive
I need a way to get to Sterlekin earlier than the	arrive home, Portland, OR at a reasonable hour.
Ling May Safety Gives me a more	lecible schedule while in stehelus
a l'altique hamas	
Are your transportation needs being met now?	Yes Nox_ If not, explain problems you
l l	
The hours of the regular service do not work for	me. For my Safety arriving home
at an earlier time. Able to enjoy.	more of Stellokin on an earlier time
If the request is denied, would it have any affect	t on you or your business/organization.
If we please explain: Choo	ek above explanation
Yesx_ No If yes, please explain: Chec	A above explanation
VERII	FICATION
T- be sempleted by the individual or business/org	IOATION (III - A the with)
(10 be completed by the individual of basiness sig	anization supporting the request for operating authority)
	anization supporting the request for operating authority)
Name and Title:Kathy Carlman	anization supporting the request for operating authority)
	anization supporting the request for operating authority)
Name and Title:Kathy Carlman	anization supporting the request for operating authority)
Name and Title:Kathy Carlman Business/Organization:	anization supporting the request for operating authority)
Name and Title:Kathy Carlman	anization supporting the request for operating authority)
Name and Title:Kathy Carlman Business/Organization:	anization supporting the request for operating authority)
Name and Title:Kathy Carlman Business/Organization: Street/Mailing Address:3038 SE Boyd St	anization supporting the request for operating authority) 20 8 8 8 8 8 8
Name and Title:Kathy Carlman Business/Organization:	anization 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	anization 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	anization supporting the request for operating authority)
Name and Title:Kathy Carlman Business/Organization: Street/Mailing Address:3038 SE Boyd St	anization 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	anization supporting the request for operating authority) 2018 S 80 Fax Number:
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 I understand that this information is being given as the leaders of the standard standard standa	Fax Number:
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 I understand that this information is being given as the leaders of the standard standard standa	Fax Number:
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 I understand that this information is being given as the leaders of the standard standard standa	Fax Number:
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 I understand that this information is being given as the leaders of the standard standard standa	Fax Number:
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 I understand that this information is being given as the leaders of the standard standard standa	Fax Number:

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake	ng for? Include any amendments. Chelan based out of 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	<u>ı back in Stehekin at 2:45pm.</u>
	STATEMENT ization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the
application could provide to you or your business/org	anization if this request for operating authority is
granted. Daily servi	ce - year round.
J	/
Are your transportation needs being met now?	Yes No <a> If not, explain problems you
	vvice too limited
- V, 24 (V Se	VICE TOO LIMITED
If the request is denied, would it have any affect Yes No If yes, please explain.	on you or your business/organization.
As above - V	Vinter Service
	20
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
VERIFI	CATION
(10 be completed by the individual or business/organ	nization supporting the request for operating authority)
Name and Title: THEA FA	GER
Business/Organization:	(A SEL SEL
Street/Mailing Address: 1701 A Ca	Stlevock Ave.
City, State, Zip Code: We nat chee, WA 9880/	
Telephone Number: 894-2142	Fax Number: \mathcal{N}/\mathcal{A}
Lunderstand that this information is being given as the ba	sis 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 The	all + actal 08/24/2019
PRINT NAME	SIGNATURE DATE

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applyi		
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty		
Stehekin at 10:40am daily and return at 1pm, arriving		
Otoriokiii de 10:40diii daiiy dina 10taiii de 15iii, diriving	Buok III Otoliokiii at 2. lopiiii	
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/organted.	anization if this request for operating authority is	
Service to Stehekmijear	a voiend.	
Would consider traveling		
FOR CROSS COUNTRY SKIIN		
Are your transportation needs being met now?	Yes No If not, explain problems you	
have experienced. Daily Segular Seguice /	as been a sound for	
Daily regular service v	145 DEEPT OF PIECE 10V	
many years,		
If the request is denied, would it have any affect	on you or your business/organization:	
Yes No _X If yes, please explain		
VERIFIC		
(To be completed by the individual or business/organ	ization supporting the request for operating authority)	
Name and Title: Lynn Breake	. Clark	
	4 Harris M	
Business/Organization:		
Street/Mailing Address: 44 Old Lu	usp Hwy	
City, State, Zip Code: Twisp Wf	98856	
Telephone Number: <u>509 - 997 - 2123</u>	Fax Number:	
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the i	state of Washington. I certify or declare under penalty of	
Lynn Breakey Clark Syn. PRINT NAME	Breake (a) 8-23-18 SIGNATURE DATE	

A La ant Nama	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
Backcountry Travels LLO	
THE APPLICATION What authority are you applying	ng for? Include any amendments.
A L II commorpial formy convice on lake	Chelan hasen out of Stellekin WA. The vesser that
will be used is a quiet comfortable and efficient thirty	two passenger catamaran. The vesser wedth loave
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.
(To be completed by the individual or business/organ	STATEMENT nization supporting the request for operating authority)
The second secon	the transportation service that you need and that the anization if this request for operating authority is more time options for me to get mand out of
granted. This business would allow these to be	and hotte due to have
Steheken, The Backcountry Mavels, LL ferry	times would fit my needs better due to boung
out-of-state. This new terry would help	cut back on the travel time I would need
to arrive and depart from Steheken.	
Are your transportation needs being met now? have experienced. The current transportation	Yes No X If not, explain problems you
have experienced.	triald to 1/2 at sada, site got there and
make the trip to Stehellen. Currentry, i	+ would take me twodays to get there and
two days to get book home. It just see	ms like a lot of hasted time to give ap
of days Day vacation trying to got in	and out of stehekin
I to the property of denied, would it have any affect	On voll of voul pusitiess/organization.
Yes X No If yes, please explain. Ut to continue to make it difficult to have	his business were to get demod twould
continue to make it difficult to have	and would allow me more time to
new ferry would lit my travel need	2 and worked the transfer of the contraction of the
enjoy a longer visit to steretin.	
30	
VERIF	ICATION
(To be completed by the individual or business/orga	nization supporting the request for operating authority)
- O.CCII	
Name and Title: lina Kittell	
Business/Organization:	
Street/Mailing Address: 68 Herman A	renve = =================================
City, State, Zip Code: Hamilton, OH	45013
Telephone Number (513) 746-6553	Fax Number:
I understand that this information is being given as the ba	asis for a grant of operating authority by the Washington he state of Washington. I certify or declare under penalty of he information contained in this statement is true and correct.
2	
Ting Riffell In	na Keffell 8/23/18
DDINT NAME	SIGNATURE DATE
LUINT IAUNIT	

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677	
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Chelan based out of Stehekin WA. The vessel two passenger catamaran. The vessel would let	that eave
(To be completed by the individual or business/organ	zation supporting the request for operating authority	у)
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/orga granted. Free bring fairends with me	the transportation service that you need and thanization if this request for operating authority is to Stehekin who must drive 3 to 6	iat the s horne
to and From Chelan to eatch the boat. The Alternate hours on this applicat would allow my group to drive to Chelan, catch the boat tarrive in		
Are your transportation needs being met now? Yes No X If not, explain problems you have experienced. It sure would help if there were more boat service		
have experienced. It sure would help it options. That would crafainly of of the LAKE for tonkists, back	THERE WERE MORE BOOK SER OHIMIZE TIME SpENT OF EITHER PACKERS, AND THE LOCALS OF STER	ELINGE EKIN.
If the request is denied, would it have any affect of Yes X No If yes, please explain. I wo more comfortably fit my person to spend more time in Stehe kin if the boat schedule had more of the boat schedule had not be the boat schedule had be	ald like to have options that	Kely
VERIFIC (To be completed by the individual or business/organizes)		')
Name and Title: Chris BigELow	(RELIRED)	
Business/Organization:		
Street/Mailing Address: 219 EAST AllEN F	TVE, C'helan, WA 98816 0	# 45 # 17
City, State, Zip Code: Chelan WA 98	816	STA MARKET SHARES
Telephone Number: 509-433-1866	Fax Number:	
I understand that this information is being given as the basis Utilities and Transportation Commission, an agency of the s perjury under the laws of the state of Washington that the in	tate of Washington. I certify or declare under penal	Ity of

Christine A. Bigelow Christine a Bigelow SIGNATURE

Stehekin which is what they want, otherwise they have to spend a night in Chelan and spend another 12 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 applyi	ng for? Include any amendments.	
	A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that		
	will be used is a quiet, comfortable and efficient thirty		
	Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.		
	SUPPORT S	PTATEMENT	
	[1] 교통 등 시간 교육 등 시간 경영 등 사용하는 등 이 경우 이 경우 이 경우 등 이 경우 등 하는 것으로 보는 이 경우를 하는 것으로	[1] 마니아	
4-1	(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		
#1	application could provide to you or your business/organization if this request for operating authority is granted.		
	WE NEED TRANSPORTATION INPLAKE	THAT LEAVES CHELAN AFTER	
		RELY ON TRANSPORTATION DAWNLAKE	
	THAT RETURNS US TO CHELAN EARLY		
41		1.0	
#2	have experienced PRIVATE BOAT TROUBLE IN STEHEKIN ON A SUNDAY WHEN		
	THE LADY EXPRESS WAS FULL SO WE		
	BOTH LADIES LEAVE SO EARLY WE MUST DRIVE ALL NIGHT OR GET AN		
	EXPENSIVE HOTEL ROOM. THIS of	UNE 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		
		Unexpected	
	SAME PROBLEMS (Financial, P)	anning Ahead, Overnight Stays,	
5	We have had to shorten or forgo reservations in Stehekin		
1	que to current BOATS FULL	9	
	VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority)		
	(10 be completed by the individual of business/organ		
	Name and Title: SHARON N BENN	SET SEE SEE	
	Business/Organization:		
	Street/Mailing Address: 807 SANFORD	AVE SEE 3 3-8	
	City, State, Zip Code: RICHLAND, W	A 99352	
	Telephone Number: 569-943-1461	Fax Number:	
	I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	state of Washington. I certify or declare under penalty of	
		112 + 01 2.10	
	SHARON N BENNETT ST	SIGNATURE DATE	
	* INFORMATION ON BACK C	F THIS PAGE	
		T V T T WAR 1 T T T T T T T T T T T T T T T T T T	

DOCKET # TS-180677

#Z-HOW TRANSPORTATION NEEDS ARE NOT BEING METS AND ALREADY LEFT BEFORE 9 AM WHEN WE TOUND 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 STEHEIKIN BASED BOAT WITH THE TIMES

LISTED IN THE PROPOSAL.

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply	Iing for? Include any amendments.	
A daily, year round commercial ferry service on Lake		
will be used is a quiet, comfortable and efficient thirty		
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	
	STATEMENT	
	ization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the		
application could provide to you or your business/organization if this request for operating authority is		
granted.		
This boat would be better 5	ervice and more reliable.	
The other one and only book	- company is for scale not sure	
if it will be reliable for much	n longer.	
Are your transportation needs being met now?	Yes X No If not, explain problems you	
have experienced.		
I am able to get to an	d from Stehekin on the	
one and only book company.	I + would be more	
accomidating to as have ano	ther option of transportation.	
If the request is denied would it have any affect	on you or your business/organization:	

If yes, please explain. **VERIFICATION** (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Mike Business/Organization. Street/Mailing Address: City, State, Zip Code: Telephone Number: 50% Fax Number: I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

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

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

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

SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the
application could provide to you or your business/organization if this request for operating authority is granted.
The new boat service would provide another transportation
option to get to/from Stehe Kin. The Ludy 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 derived a ticket to the Lady of the Lake because
tickets were sold out to 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 consistent to get to/from Stenekin/Lucene 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: 4th generation property owner Stehalish wa.
Street/Mailing Address: 201 Marie Ave.
City, State, Zip Code: Wentches WA 9880
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 Signature 10/5/18 PRINT NAME SIGNATURE DATE

Applicant Name:	Application Docket No.:		
Backcountry Travels LLC	TS-180677		
THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.			
OURDON'S	TA TENENT		
	STATEMENT itization 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 Stelekin and a more user friendly schedule.			
to our Cabin in Stehekin and	a more user friendly schedule		
Are your transportation needs being met now? have experienced. Over crowding of Scheduling times.	Yes No X If not, explain problems you current services and unreasonable		
scheduling times.			
If the request is denied, would it have any affect Yes X No If yes, please explain. Co Service and scheduled timing	on you or your business/organization: ating ed hassel with crowded		
	2		
	CATION nization supporting the request for operating authority)		
Business/Organization: Private Party			
Street/Mailing Address: P.O. Box 1329	001/		
City, State, Zip Code: Chelan, WA. 9	L // A		
Telephone Number: 509-881-5674	T dx Nullibol.		
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.			
1 - 0 W	70 700 12000		
Larry T. Summers Ha	SIGNATURE DATE		
PRINT NAIVIE	OIGINATURE DATE		

	RECEIVE
Applicant Name: Backcountry Travels LLC	Application Docket No.: OCT 15 2018
THE APPLICATION A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Chelan based out of Stehekin WA. The vessel that two passenger catamaran. The vessel would leave
(To be completed by the individual or business/organ	Them TOME with the function Yes No I I not, explain problems you
If the request is denied, would it have any affect Yes No If yes, please explain	on you or your business/organization:
[2] 그는 사람들은 경기 다른 경기를 가는 사람들이 되었다. 아프라이 전에 전혀 가장하는 것 같아. 그는 사람들은 사람들이 가장 하는 것이 없는 것이 없는 것이 되었다. 그렇게 하는 것이 없는 사람들이 없다고 있다.	CATION Stration supporting the request for experiting authority)
Name and Title: DENNYS EVANS Business/Organization: Street/Mailing Address:	TUNNEL HILL WINERY 75 HWY 97-A CHELAN, WA 98816
City, State, Zip Code: Telephone Number: 509-683-5695	Fax Number:
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the	sis for a grant of operating authority by the Washington

Applicant Name: Application Docket No.:	
Applicant Name: Backcountry Travels LLC Application Docket No TS-180677	
THE APPLICATION What authority are you applying for? Include any amendments.	hat
The second form control on 1989 (negative the control of the second the seco	ave
A daily, year round commercial terry service on Earc Oriclan saces of the vessel would leave will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave used is a quiet, comfortable and efficient thirty two passenger catamaran.	440
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	at the
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and the	
application could provide to you or your business/organization if this request for operating authority is granted.	
granted. — See Conference of the Conference of t	
No. 15 not explain problems vol	
Are your transportation needs being met now? Yes No/ If not, explain problems you	
have experienced.————————————————————————————————————	
- Il aname	
L. i. and lorganization:	
If the request is denied, would it have any affect on you or your business/organization:	
Yes No If yes, please explain	
See attached	
- Mariache	
2	
20 00 00	
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authorit	у)
(To be completed by the individual of Basinssales	375 n.h. 987 5.3
Name and Title: John Allison	
Business/Organization: Allison Orchards	<i>2</i> 5 (1)
Business/Organization.	ending Taken Taken
A = A = A = A = A = A = A = A = A = A =	400
Street/Mailing Address: 1/42 (7reen + Ve	
Street/Mailing Address: 1/42 Green 400 City, State, Zip Code: Manson, WA 9883/	
Street/Mailing Address: 1/42 Green WG City, State, Zip Code: Manson, WA 9883/ Telephone Number: 1509 68 7 - 3806 Fax Number:	
Street/Mailing Address: 1/42 Green WG City, State, Zip Code: Manson, WA 9883/ Telephone Number: 509 68 7 - 3806 Fax Number:	ton
Street/Mailing Address:	
Street/Mailing Address: 1/42 Green WG City, State, Zip Code: Manson, WA 9883/ Telephone Number: 509 68 7 - 3806 Fax Number:	
Street/Mailing Address:	
Street/Mailing Address:	
Street/Mailing Address: 1/42 Green Washington. City, State, Zip Code: Manson WA 9883 Telephone Number: 509 68 7 - 3806 Fax Number: I understand that this information is being given as the basis for a grant of operating authority by the Washing Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under pen perjury under the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the state of Washington that the information contained in this statement is true and the laws of the the	
Street/Mailing Address:	

http://www.backcountrytravels.com/

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

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

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

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

John M. Allison

Ah M Alleson

Aug. 20, 2018

A. Beart Name:	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
Backcountry Haveis LLO	
THE APPLICATION What authority are you apply	ing for? Include any amendments.
A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	p back in Stehekin at 2:45pm.
Stellenill at 10.40am daily and 10tam at 15th	
SUPPORT	STATEMENT
(To be completed by the individual or business/orga	nization supporting the request for operating authority)
THE TRANSPORTATION MEED Briefly describe	e the transportation service that you need and that the
application could provide to you or your business/org	ganization if this request for operating authority is
granted.	
Sag attached	
Are your transportation needs being met now?	Yes NoIf not, explain problems you
have experienced. See attached	
see attached	
and a few and a few and affective and affect	t an you or your business/organization:
If the request is denied, would it have any affect	ton you or your business/organization.
Yes No If yes, please explain	/ 2
- See allected	
·	
VERIE	ICATION
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
16.	
Name and Title:	507C
Business/Organization: The Car	tting Garden
Street/Mailing Address: 1142 Green	Ave
City, State, Zip Code: Manson M	1/A 98831
Telephone Number: 509 687-380	Fax Number:
I understand that this information is being given as the b	asis for a grant of operating authority by the Washington
Transportation Commission on adency of it	ne state of washindion. I certify of deciale under pendity of
perjury under the laws of the state of Washington that th	e information contained in this statement is true and correct.
1 (() () () () ()	1. Alling aug 20 2018
1/1CKY / 1/1/30YU / fell	SIGNATURE
PRINT NAME	30x 36, Stehekin, WA 98852
Stehekin Valley Ranch, Pol	

http://www.backcountrytravels.com/

Support Statement for docket no:TS-180677

Nicky Allison

Owner of: The Cutting Garden

1142 Green Ave. Manson, WA 98831

IN order of questions on the support Statement:

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

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

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

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

Nicky Allison - owner

The Cutting Garden

1142 Green Ave.

Manson, WA 98831

509-687-3806

Nicky Allison

Allison

Aug.20, 2018

2018 SEP -5 AM 8: 3

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

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

VE (To be completed by the individual or business/o	RIFICATION organization supporting the req	uest for o	pperating au	thority)	
Name and Title:JULIE MELVIN		_			
Business/Organization:					
Street/Mailing Address:551 Valley RD					
City, State, Zip Code:Brewster, WA 98812					
Геlephone Number:509.689.7646		₋ Fax			
Number: I understand that this information is being given as to Utilities and Transportation Commission, an agency perjury under the laws of the state of Washington th	the basis for a grant of operating of the state of Washington. I can the information contained in	g authori certify or this state	ty by the W declare und ement is tru	ashingt Ier pend e and c	on alty of correct.
Jule Melvin	SIGNATURE		8/2	DATE	<u></u>
FIGURE					
TS-180677					
			3 = 3	2018 SEP	
				5	
			18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- CO	

IMPORTANT!!!

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

APPLICANT S	TATEMENT
(To be completed by the individual Applicant Name: Backcountry Travels LLC	TS-180677
THE APPLICATION A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	two passenger catamaran. The vessel would leave
THE TRANSPORTATION NEED Briefly described application could provide to you or your business/organted. I need more options in the days of the week to the allows me to get back to the office to work timel "downtime", meaning I can not go to Stehekin for place of business without having to take almost leave Stehekin early enough to get back into toworse when they go to the 3 day a week sched will put you back in town early enough to pick unarrange that as well. Having a daily, faster, earneeds. Are your transportation needs being met now? have experienced. Travel times are inefficient, particularly if you one	y. The current system creates too much or a business meeting and work at the clients two full days to travel. The current boat does not wn and have a productive day. This is even ule. Additionally, there is no current service that p children from school, which means I have to clier schedule would definitely benefit my business. Yes Nox_ If not, explain problems you nly need to be in Stehekin for a few hours, once not always be scheduled and there is no flexibility ad an incident where I needed to get downlake, n't trade my ticket for an earlier ride down. e needs to be able to ride in the cabin (he is a
If the request is denied, would it have any affer Yesx_ No If yes, please explain _I need to be able to do business in Stehekin would enhance my ability to provide services	two or three times per year for shorter tripsThis
would enhance my ability to provide services information to the Stehekin business so that t	They are more than a second to the second to

2018 SEP -5

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

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

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

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

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

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

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

	Application Docket No.:
Applicant Name:	TS-180677
Backcountry Travels LLC	
THE APPLICATION What authority are you apple daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thire is a total state of the service and a total service of the comfortable and efficient thire is a total service of the composition of the compositi	thy two passenger catamaran. The vessel would leave
SUPPORT	STATEMENT The request for operating authority)
(To be completed by the individual or business/org	ganization supporting the request for operating authority) ibe the transportation service that you need and that the organization if this request for operating authority is
THE TRANSPORTATION NEED Briefly descri	organization if this request for operating authority is
application could provide to you or your parties	mare options to prest out
granted. This service at the	home to make fragrant
Francisco de la cola de la constante de la con	our caken muniferio. We wow
trips to get suppose) as to sept in a mare Timely "
be allowed to Transpare	? Yes. No X If not, explain problems you
Are your transportation needs being met now have experienced.	le touces to to overnight in
have experienced. The cube of several have experienced.	1 De cause the lute arrival rulo
Chaun Cunnecale Visite 200	Pin Chelan 9120 ne no option
Chelin and the lavy acquired	transfer danslake
to make medical or other offo	www.or.vour.business/organization:
If the request is denied, would it have any aff	ect on you of your business, or the current
Yes V No If yes, please explain	mer donnake
schoolule is not constenient	usplies will at 2 perse
affair ments fully ferry	Service based in Stokekin
- Stay acted for me	dical evacuation of service.
to so necessity	
VE	RIFICATION organization supporting the request for operating authority)
(To be completed by the individual or business/o	Signification supporting
Name and Title: Dixue Williams	Tacky
Business/Organization:	111 0.1 550 00 2
Street/Mailing Address: Stehekin	Valley Noag
City, State, Zip Code: Stehehin	WA 98852
City, State, Zip Code.	12. Fax Number:
Telephone Number: 208-680-511	to far arcting authority by the Washington
that this information is being given as the	he basis for a grant of operating authority by the Washington of the state of Washington. I certify or declare under penalty o at the information contained in this statement is true and correct
Dixie Williams Jucky	SIGNATURE Jocky 8/20/18
PRINT NAME	JISIN/CISICE U

	1.4 No.
A Usant Namo	Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
Backcountry Travels 229	amondments
THE APPLICATION What authority are you apply	ing for? Include any amendments.
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty and return at 1pm, arriving	Chelan based out of Sterickin viscos and the control of Sterickin
will be used is a quiet, comfortable and efficient thirty	h back in Stehekin at 2:45pm.
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Dack III Greener
CURROPT	STATEMENT
SUPPORT	nization supporting the request for operating authority) e the transportation service that you need and that the
(To be completed by the individual of business, and	e the transportation service that you need and that the ganization if this request for operating authority is
THE TRANSPORTATION NEED Bliefly doserred	ganization if this request for operating authority is
THE TRANSPORTATION NEED Briefly describ application could provide to you or your business/orgranted. CURRENTY I Travel From granted.	TO ANO ID A CHERTY TO return And
granted. CURRENTY I Travel from OVERNITE, THEN CATCH TO BOAT	6 Ste Henkin, 2 DAYS 10 1 TUNIEN
OVERNITE, TACH CATE MY dog)	which Force MR To Take LAdy II WHICH
THAT IS THE MINE WAS INCOME.	da w least
15 4 hr up (BACK. VERY MOONL	Ves No X If not, explain problems you
Are your transportation needs being met now?	163 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Rvice MustaPets (CAROS AMOK)
SHOTTER TIMES THE SE	Allow- part ron in
Doing maintenance At the Co	ice Would Allow Jow & BACK THE SAME
	Le Monda Allow dom + Duci Creat
If the request is denied, would it have any affer the request is denied, which is the request in the request is denied.	ct on you or your business/organization:
If the request is defiled, would it have any and Yes X No If yes, please explain	•
Yes_X No If yes, please explain.	- marian and a successive and a successi

VERIFICATION

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

Name and Title: DENN'S J. Jacky

Business/Organization: NA

Street/Mailing Address: 3835 S. FIRENZE WAY

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

Telephone Number: 208 785-1093 Fax Number: NA

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

DENNIS J JACKY PRINT NAME SIGNATURE S

8-12-18 DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.: TS-180677

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

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

Stehekin at 10.40am dany and resemble
SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) (To be completed by the individual or business/organization supportation service that you need and that the
(To be completed by the individual or business/organization supporting the request to the service that you need and that the THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is application could provide a way for me to acrive in granted. It would provide a way for me to acrive in
granted. It would provide a way for me from east coast, Currently Stehekin the Same day traveling from east coast, Currently
I'm losing 2 days because only one
Are your transportation needs being met now? Yes No V If not, explain problems you have experienced. It currently takes me two days to arrive have experienced. It currently takes me also spending extra
in Steherin to inc
money to book a place to stay in Chelan. I have im few time to be away From home because I'm full time Caregiver time to be away From home because I'm full time caregiver
If the request is denied, would it have any affect on your fire place explain. The affect is more expense and
1895 time in Steve king not running daily. Also my concern to
pri appointments or have acute problems taken cure of
(Table completed by the individual or business/organization supporting the request for operating authority)
Name and Title: Denise Minor of the Philosophic
Business/Organization: Minor Family Fluctive, J. L.
Street/Mailing Address: 1061 6asher (417-62705772) City, State, Zip Code: 105 perity 1 A 15379 Fax Number: 724-62705772
Telephone Number: // 4 / / / / / / / / / / / / / / / / /
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of Utilities and Transportation Commission, an agency of the state of Washington that the information contained in this statement is true and correct. perjury under the laws of the state of Washington that the information contained in this statement is true and correct.
Denise Minor Denise Menn 8-16-18. SIGNATURE DATE
Denise Minor Denise Menn 8-16-18. PRINT NAME SIGNATURE DATE

L'aret Namo:	Application Docket No.:
pplicant Name: ackcountry Travels LLC	TS-180677
	2 de la la comandants
HE APPLICATION What authority a	are you applying for? Include any amendments. rvice on Lake Chelan based out of Stehekin WA. The vessel that officient thirty two passenger catamaran. The vessel would leave
daily, year round commercial terry services and	efficient thirty two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at	1 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)
	riefly describe the transportation service that you need and that the business/organization if this request for operating authority is
See Atthehed 25	page.
	i i i i i i i i i i i i i i i i i i i
Are your transportation needs being	met now? Yes No If not, explain problems you
have experienced. WE Chulot I	him to severin from the cost for us
have experienced. WE CHULOT W Slugle Dry. This is much	met now? Yes No X If not, explain problems you when to skeletin from the East COAST IN
have experienced. WE CALLET MUC	In more incomment & cost of for us
single DAY. This is mod	W 1000 C 110 0100 C 1000 C
single DAY. This is mod	W 1000 C 110 0100 C 1000 C
single DAY. This is mod	W 1000 C 110 0100 C 1000 C
single DAY. This is mod	ve any affect on you or your business/organization:
single DAY. This is mod	W 1000 C 110 0100 C 1000 C
single DAY. This is mod	W 1000 C 110 0100 C 1000 C
If the request is denied, would it has Yes No If yes, please expected to chelland	ve any affect on you or your business/organization: xplain. We have not the livery to travel by \$ 5 to hele he cause of lucuemene.
If the request is denied, would it has Yes No If yes, please expected to chelland	ve any affect on you or your business/organization: xplain. We have hat he likely to travel his \$ 5 \overline{k} \overli
If the request is denied, would it has Yes No If yes, please expects to chelians (To be completed by the individual of	VERIFICATION or business/organization supporting the request for operating authority)
If the request is denied, would it hat Yes No If yes, please expectly to chelmon (To be completed by the individual of the complete of the	VERIFICATION or business/organization supporting the request for operating authority)
If the request is denied, would it has Yes X No If yes, please expected to chelmon (To be completed by the individual of the complete by t	VERIFICATION or business/organization supporting the request for operating authority) New R M MOR TEAMING Proceeding PUC.
If the request is denied, would it hat Yes No If yes, please expected by the individual of the completed by the individual of the complete by the complete by the complete by the individual of the complete by the complete	VERIFICATION or business/organization supporting the request for operating authority) New R M MOR CHANGE PLC.
If the request is denied, would it hat Yes No If yes, please expected by the individual of the completed by the individual of the complete individual o	VERIFICATION or business/organization supporting the request for operating authority) New R M MOR FRANCE PLC. GRENER RUN RUND PERIFICATION OF BUSINESS/ORGANIZATION SUPPORTING THE PLC. GRENER RUN RUND PERIFICATION OF BUSINESS/ORGANIZATION SUPPORTING THE PLC. GRENER RUN RUND PERIFICATION OF BUSINESS/ORGANIZATION SUPPORTING THE PLC. GRENER RUN RUND OF BUSINESS/ORGANIZATION RUND OF BUSINES
If the request is denied, would it hat Yes_X No If yes, please expressed to chelwood. (To be completed by the individual of the complete by th	VERIFICATION or business/organization supporting the request for operating authority) New R M MOR FRANCE PLC. GRENER RUN RUND PERIFICATION OF BUSINESS/ORGANIZATION SUPPORTING THE PLC. GRENER RUN RUND PERIFICATION OF BUSINESS/ORGANIZATION SUPPORTING THE PLC. GRENER RUN RUND PERIFICATION OF BUSINESS/ORGANIZATION SUPPORTING THE PLC. GRENER RUN RUND OF BUSINESS/ORGANIZATION RUND OF BUSINES

WILLIAM R MINDS

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

API (To be completed by	PLICANT STATEMENT the individual requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
A daily year round commercial left y scr	re you applying for? Include any amendments. vice on Lake Chelan based out of Stehekin WA. The vessel and efficient thirty two passenger catamaran. The vessel would urn at 1pm, arriving back in Stehekin at 2:45pm.
S lead by the individual or bu	SUPPORT STATEMENT usiness/organization supporting the request for operating authority)
the application could provide to you or gis granted. MID - MORNING TO STEHEKIN	riefly describe the transportation service that you need and that your business/organization if this request for operating authority THANSPORT FROM ZSM'I IN SHORTER TIME THAN ABCE g met now? Yes X No If not, explain problems you
have experienced. But U MAKE	ENY DIFICULT TO EARLY DEPARTURE TO TRAVES TIME TO DURK W
Yes No If yes, please explain	eve any affect on you or your business/organization:
- WOUZD CAN	SEMORE EXPENSE DUE AIR OR NOT
- 70 USING	AIR ON NOT

VERIFICATION

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

TS-180677

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

IMPORTANT!!!

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

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

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

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

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

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
Buokocana y Transis == 1	
THE APPLICATION What authority are you apply	ving for? Include any amendments.
A daily year round commercial ferry service on lake	e Chelan based out of Stenekin WA. The vesser that
will be used is a quiet comfortable and efficient thirt	y two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stehekin at 2:45pm.
Stellekill at 10.40dill daily and 10tain at 15th,	
SUDDODT	STATEMENT
/To be completed by the individual or husiness/orga	nization supporting the request for operating authority)
THE PARTICULAR PROPERTY OF THE PARTICULAR PROPER	- the transportation convice that you need and that the
THE TRANSPORTATION NEED Briefly describe	canization fine request for operating authority is
application could provide to you or your business/or granted. I think this boat Service world	helpatownst act here ensier
granted. I Thursday Schedule in The	wante is very been for to locals
The record of the	1 0 6 Ct season of ma chain
providing The opportunity to 9	o drioulake for an eviana otuff
and get home in the same day. The	e later departure from downlast
	Yes No If not, explain problems you
Are your transportation needs being met now?	Tes No V II not, explain presisting year
have experienced.	current boatonly bent
runs 3 days a week which	113 a hard ship of I theed comin
to go out then, I have to stay	out too long, It also alsowing stehe
If the request is denied, would it have any affect	depending on currents
Yes If yes, please explain	
There might be less tour	15ts Sometimes rand They
are The tages of our econ	omy
VERII	FICATION
(To be completed by the individual or business/org	anization supporting the request for operating authority)
1 - 1 1 (1) 10 -	
Name and Title: JEAN VAVRE	
Business/Organization: One of manager	is of The House That Jack Bull
$D_{\alpha}(I)$	
Street/Mailing Address: POB II	131 DE LACTO LANE =
City, State, Zip Code: STEHEKIN,	WA 48852
Telephone Number: 509 - 293 - 08 -	Fax Number:
	pasis for a grant of operating authority by the Washington
Lucial - and Transportation Commission an adency of t	he state of washington. I certify of declare under penalty of
portury under the laws of the state of Washington that the	ne information contained in this statement is true and correct.
perjury under the laws of the state of videomigien that is	GA CONTRACTOR CONTRACT
	San Danda dante
JEAN VAUDEK	Jun Vavur 0/24/10
DDINT NAME	SIGNATURE DATE
TUINT INVINE	

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
	Ling for 2 Include any amendments.

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

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

SUPPORT STATEMENT	for operating au	ıthority)
(To be completed by the individual or business/organization supporting the request to the transportation service the transportation service the transportation if this request for our business/organization if this request for our business/organization if the transportation is the request for our business/organization if the request for our business/organization is the request for our business/organization in the request for our business/organization in the request for our business/organization in the request the reque	nat you need a	and that the
THE TRANSPORTATION NEED Briefly describe the transportation service to application could provide to you or your business/organization if this request for organized.	perating author	ority is
application could provide to you of your business is a significantly mental	OF TEX	C GO STATE
granted.	Fire In	= 10 FOR
To soft from the form Aug WE Having Fany	3 tAME	- ment
MANELING FROM SOL CHILDRAGE ~ 3 DAYS/W	EEK-(NEED	s most fresh
Who Live in the state of the st	explain proble	ms you
Are your transportation needs being met now? Yes No It not, of have experienced.	3 5 6 7	40051,02A
alist BEFORE EARLY DEJATURE. WEREASED CHILDS	AFE (05	15 100E
- NPARTAE TIME BEFORE I CAN RETURN FOR	four wol	-
15 SAMILY BABYSITER		
If the request is denied, would it have any affect on you or your business/	organization:	
Voc. No. If yes, please explain.	PENTAL	- CADION
DROPE LIVES: ADD'S TRAVEL BULDEN/EDS'S TO	DUF GUE	DIAPE
THE THOUGHT TRAVEL APPORTURES = INCHES	30 3 (FILE	1
Lim: 13 14 37		
CO513		
CD573	National Section (Section 1988)	
	t for operating	원 authority)
	it for operating	일 authority)
VERIFICATION (To be completed by the individual or business/organization supporting the reques	it for operating	authority)
	t for operating	authority)
VERIFICATION (To be completed by the individual or business/organization supporting the reques	it for operating	authority)
VERIFICATION (To be completed by the individual or business/organization supporting the reques Name and Title: Business/Organization:	t for operating	5
VERIFICATION (To be completed by the individual or business/organization supporting the reques Name and Title: Business/Organization: Street/Mailing Address: ARRIVA	t for operating	
VERIFICATION (To be completed by the individual or business/organization supporting the request Name and Title: Ale		
VERIFICATION (To be completed by the individual or business/organization supporting the request Name and Title: A	uthority by the V	Vashington
VERIFICATION (To be completed by the individual or business/organization supporting the request Name and Title: A	othority by the V	Vashington der penalty of
VERIFICATION (To be completed by the individual or business/organization supporting the request Name and Title: A	othority by the V	Vashington der penalty of
VERIFICATION (To be completed by the individual or business/organization supporting the request Name and Title: A	othority by the V	Vashington der penalty of
VERIFICATION (To be completed by the individual or business/organization supporting the request Name and Title: A	othority by the V	Vashington der penalty of
VERIFICATION (To be completed by the individual or business/organization supporting the request Name and Title: A	othority by the V	Vashington der penalty of

	Application Docket No.:
pplicant Name:	TS-180677
Backcountry Travels LLC	4
THE APPLICATION What authority are you app	plying for? Include any amendments.
HE APPLICATION What authority are you day	ake Chelan based out of Stehekin WA. The vessel that birty two passenger catamaran. The vessel would leave
vill be used is a quiet, comfortable and efficient th Stehekin at 10:40am daily and return at 1pm, arriv	<u>ving back in Stehekin at 2:45pm.</u>
ACTIONITY OF THE PROPERTY OF T	
	RT STATEMENT rganization supporting the request for operating authority) it a the transportation service that you need and that the
(To be completed by the individual or business/or	ribe the transportation service that you need and that the lorganization if this request for operating authority is
THE TRANSPORTATION NEED Briefly described by the street of	/organization if this request for operating authority is
application could provide to you or your business,	dogs not currenty available.
grantou.	& ticket changes. I am community
ONTIVOTPULL	have had trouble changing
Stchekin to seather and	
boats/tickets over the ph	one vol
Are your transportation needs being met now have experienced. See Nook - wos	v? Yes No X If not, explain problems you make a change in
have experienced. See Olooke - was	not able to make a county in
my reservation & pay by card	Over the phone race to projection
I was toket the 8.70 an	I I had the three Mit made
mean vig vices	still available on the Boat I
got there that spots were	fact on your pusiness/organization:
If the request is denied, would it have any aff	officials to boot in and
Yes X No If yes, please explain	MACON 10 SOME T
But b/c 1 cannot be sure	ded for work.
get bede it I am nee	OUC (OF DOC) IS
0	
VE	RIFICATION (Compareting suthority)
(To be completed by the individual or business/	/organization supporting the request for operating authority)
Name and Title: BETSIE HOPPER, WE	LANGLER W STEHEKIN DOT FITTERS
Business/Organization: STEHEKIN GUT	FITTERS
Business/Organization. <u>Stene Cont</u>	
Street/Mailing Address: P.O. BOX	Stene
City, State, Zip Code: STEHEKIN, WI	
City, Olato, 219 Ocac. 751011	E - Alumbori - A A
	Fax Number. N/R
Telephone Number: N/A	Fax Number: U/A
Telephone Number: N/A	the basis for a grant of operating authority by the Washington of the state of Washington. I certify or declare under penalty at the information contained in this statement is true and correlation.

PRINT NAME

	eted by the individual requesting operating authority) Application Docket No.:
pplicant Name:	TS-180677
ackcountry Travels LLC	15-100077
	a 2 to to to any amendments
HE ADDI ICATION What author	rity are you applying for? Include any amendments. y service on Lake Chelan based out of Stehekin WA. The vessel that and efficient thirty two passenger catamaran. The vessel would leave
Heily year round commercial ferry	y service on Lake Chelan based out of Sterlekin VV. The vessel would leave
ill be used is a quiet comfortable a	y service on Lake Chelan based out of Sterlekin vot. and efficient thirty two passenger catamaran. The vessel would leave and a t 1pm, arriving back in Stehekin at 2:45pm.
tobekin at 10:40am daily and retur	and efficient trinty two passesses of the state of the st
lenekii at 10. 10.	
	SUPPORT STATEMENT Time the request for operating authority)
(To be completed by the individua	SUPPORT STATEMENT all or business/organization supporting the request for operating authority) B. Driefly describe the transportation service that you need and that the
THE TO A NODORTATION NEED	D Briefly describe the transfer of thority is
application could provide to your	RE DETENTIANT TO BEST. TRAVELLE, ADE INCONVENTENT AT BEST. TRAVELLE, DOULD BREATLY BENEFIT FROM
granted.	ADE TNOONIVENTENT AT DEST. PLANELLY
IT IS, SAILINGS	1 POTATION BENEFIT TROM
of RESTRENTS W	OULD BRETTING DEAD
EXPANDED FERE	LY SERVICE
EXPANDED TEX	poing met now? Yes No V If not, explain problems you
Are your transportation needs b	Jeniq meenon
have experienced.	HFR ARE TOO FARLY OR LATE IN
SATITUES ELT	HER ARE 100 EARLY CO.
Office of	TONVEL PROKIBUTIVE
THE OKY MAKING	1 PART -
If the request is denied, would Yes No If yes, plear	it have any affect on you or your business/organization:
IMPEDE MY TES	Se explain. I (DOD) O CONTROLLY TO STEPLIKEN
IMPEDE MY IRE EANCH.	AUEL PETMALTING TO STEPLIAND
IMPESE MY TRE	AUEL PETMALTING TO STEAL RAIN
ZANCH.	20
EANCH.	20 I
EANCH.	20 I
(To be completed by the individ	VERIFICATION dual or business/organization supporting the request for operating authority)
(To be completed by the individ	VERIFICATION dual or business/organization supporting the request for operating authority)
(To be completed by the individ	VERIFICATION dual or business/organization supporting the request for operating authority)
(To be completed by the individual Name and Title: ANTA	VERIFICATION dual or business/organization supporting the request for operating authority) Have F
(To be completed by the individual Name and Title: ANJANA Business/Organization:	VERIFICATION dual or business/organization supporting the request for operating authority) Therefore the supporting the request for operating authority)
(To be completed by the individual Name and Title: ANJANA Business/Organization:	VERIFICATION dual or business/organization supporting the request for operating authority) Therefore the supporting the request for operating authority)
(To be completed by the individual Name and Title: ANTA Business/Organization: Street/Mailing Address: ANTA Sin Codo: MAN	VERIFICATION dual or business/organization supporting the request for operating authority) Sax 272 WASTER WA. 98353
(To be completed by the individual Name and Title: ANTA Business/Organization: Street/Mailing Address: ANTA Sin Codo: MAN	VERIFICATION dual or business/organization supporting the request for operating authority) Sax 272 WH3772 WA. 78353
(To be completed by the individual Name and Title: ANAME Business/Organization: Street/Mailing Address: ANAME City, State, Zip Code: MANAME CITY State, Zip Code: MANAME CITY STATE CODE: MANAME CITY	VERIFICATION dual or business/organization supporting the request for operating authority) Thuse Sax 272 CH37+2, WA. 98353 Fax Number:
(To be completed by the individual Name and Title: ANAL Business/Organization: Street/Mailing Address: Policy, State, Zip Code: MANAL Telephone Number: 360-0	VERIFICATION dual or business/organization supporting the request for operating authority) Sax 272 CHESTEX, WA. 78353 Fax Number: Fax Number:
(To be completed by the individual Name and Title: ANTE Business/Organization: Street/Mailing Address: Policy, State, Zip Code: MANTE Telephone Number: 320-0	VERIFICATION dual or business/organization supporting the request for operating authority) Sax 272 CHESTER, WA. 78353 Fax Number: Sheing given as the basis for a grant of operating authority by the Washington and the property of the p
(To be completed by the individual Name and Title: ANTE Business/Organization: Street/Mailing Address: Policy, State, Zip Code: MANTE Telephone Number: 320-0	VERIFICATION dual or business/organization supporting the request for operating authority) Sax 272 CHESTER, WA. 78353 Fax Number: Sheing given as the basis for a grant of operating authority by the Washington and the property of the p
(To be completed by the individual Name and Title: ANTE Business/Organization: Street/Mailing Address: Policy, State, Zip Code: MANTE Telephone Number: 320-0	VERIFICATION dual or business/organization supporting the request for operating authority) Sox 272 CH37+2, WA. 98333 Fax Number:
(To be completed by the individual Name and Title: ANTE Business/Organization: Street/Mailing Address: Policy, State, Zip Code: MANTE Telephone Number: 320-0	VERIFICATION dual or business/organization supporting the request for operating authority) Sax 272 CHESTER, WA. 78353 Fax Number: Sheing given as the basis for a grant of operating authority by the Washington and the property of the p
(To be completed by the individual Name and Title: ANTE Business/Organization: Street/Mailing Address: Policy, State, Zip Code: MANTE Telephone Number: 320-0	VERIFICATION dual or business/organization supporting the request for operating authority) Sax 272 CH3772 WA. 7833 Fax Number: s being given as the basis for a grant of operating authority by the Washington ission, an agency of the state of Washington. I certify or declare under penalty of Washington that the information contained in this statement is true and corrections.
(To be completed by the individual Name and Title: ANT Business/Organization: Street/Mailing Address: Post City, State, Zip Code: Mailing Address: I understand that this information is Utilities and Transportation Commit perjury under the laws of the state of the s	VERIFICATION dual or business/organization supporting the request for operating authority) Sax 272 CH5372 WA. 7833 Fax Number: s being given as the basis for a grant of operating authority by the Washington is sion, an agency of the state of Washington. I certify or declare under penalty of Washington that the information contained in this statement is true and corrections.
(To be completed by the individual Name and Title: ANTE Business/Organization: Street/Mailing Address: PO City, State, Zip Code: MANTE Telephone Number: 320-0	VERIFICATION dual or business/organization supporting the request for operating authority) Sox 272 CH5375 WA. 98353 Fax Number: s being given as the basis for a grant of operating authority by the Washington ission, an agency of the state of Washington. I certify or declare under penalty of Washington that the information contained in this statement is true and corr

APPLICANT S (To be completed by the individual	
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Chelan based out of Stehekin WA. The vessel that two passenger catamaran. The vessel would leave
SUPPORT S (To be completed by the individual or business/organ	
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/orga granted. We want to drive from Issaquah and cate afternoon and return from Stehekin a few days la Issaquah.	the transportation service that you need and that the anization if this request for operating authority is the afternation of the control of
Are your transportation needs being met now?	 ∕es No _X_ If not, explain problems you
We want to go to Stehekin. We cannot drive from morning without getting up at a ridiculously early waste a day of our vacation spending the night in either. Sometimes rooms are not even available. too late. So we vacation elsewhere.	hour, too early for my child. We choose not to Chelan to catch the ferry the next morning
If the request is denied, would it have any affect of Yes_X_ No If yes, please explain We will continue to vacation and spend our mone	
VERIFIC (To be completed by the individual or business/organi	
Name and Title: Michael Bow	ers = 8
Business/Organization:	
Street/Mailing Address: 23120 SE Black	Nugget Rd Unit WI
City, State, Zip Code: \[\ssagnah \ W \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	
Telephone Number: 425 - 281 - 2661	Fax Number:
I understand that this information is being given as the basi Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the in	state of Washington. I certify or declare under penalty of
Michael B. Bowers Much PRINT NAME	ASIGNATURE BATE

(To be completed by	the individual requesting operating author	rity)
Applicant Name:	Application Docket No. TS-180677	
Backcountry Travels LLC	15-160677	
THE APPLICATION What authority are adaily, year round commercial ferry servivill be used is a quiet, comfortable and effective at 10:40am daily and return at 1	ficient thirty two passenger catamarar	n. The vessel would leave
S	UPPORT STATEMENT	st for operating authority)
(To be completed by the individual or but the TRANSPORTATION NEED Bridge Bridge)	usiness/organization supporting the reque	that you need and that the
THE TRANSPORTATION NEED Bridge application could provide to you or your be	pusiness/organization if this request fo	r operating authority is
granted	L'an In C	tohokin and
granted. Our group does semi annua with Backcountry Most li additional day off or driv current ferry to Field Poir	t annual (1105 to)	me to schedule
with Backcountry. Most li	Je in Western WA	evening arrivat
additional day off or str	it or chelan come cant	come because con
have experienced.————————————————————————————————————	i miles las i off involve	2/14/2000
home at night, 3) unab	to anne mother till k	erause unable to
home at night, 3) what	le to concerne in t	
take an evitra day off u	COVE	
	er -t an you or your hiisines	s/organization:
Yes No If yes, please exp	e any affect of you of your business	fexcy both
Yes No If yes, please exp required for extra time	an Stephen	
going to + returning fr	un se pri	
	VERIFICATION	
(To be completed by the individual or	business/organization supporting the requ	est for operating authority)
		3 f 2 2 2 2 2 2 2 2 2 2
Name and Title: Denise U	Lial	The state of the s
Business/Organization: individe	and 1 1 1 1 203	
Ctroot/Mailing Address: 1012 7	209	
City State Zip Code: Federal	way wa 1000	
Tolophone Number: 253-341	しいう Fax Number:	espekalik
		authority by the Washington
I understand that this information is being of Utilities and Transportation Commission, a	n agency of the state of Washington. I ce	rtify or declare under penalty of
Utilities and Transportation Commission, a perjury under the laws of the state of Wash	nington that the information contained in ti	no otatomont to trac and concern
		8/20/18
Denise Ward	Opniso Ward	8/20/18 DATE
Denise Ward PRINT NAME	Opniso Ward SIGNATURE	8/20/18 DATE
Denise Ward PRINT NAME	Opniso Ward SIGNATURE	8/20/18 DATE

APPLICANT STATEMENT

(To be completed by the individual or busing Name and Title: Greg Stinson Business/Organization: 5212 46th Street/Mailing Address: 5212 46th City, State, Zip Code: Seattle, WA 98th Telephone Number: 585-281-6673 I understand that this information is being given Utilities and Transportation Commission, an agree perjury under the laws of the state of Washington Greg Stinson	Ave. S. 8118 Fax	Number: f operating auth ngton. I certify tained in this st	ority by the or declare t	Washin	ngton enalt d cor
Name and Title: Greg Stinson Business/Organization: 5212 46th Street/Mailing Address: Seattle, WA 96 Telephone Number: 585-281-6673	Ave. S. 8118 Fax	Number:	ority by the	Washin	ngton enalt
Name and Title: Greg Stinson Business/Organization: 5212 46th Street/Mailing Address: Seattle, WA 96 Telephone Number: 585-281-6673	Ave. S. 8118 Fax	Number:	ority by the	Washin	ngton enalt
Name and Title: Greg Stinson Business/Organization: 5212 46th Street/Mailing Address: Seattle, WA 96 Thereas Number: 585-281-6673	Ave. S. 8118 Fax	Number:		2018 SEP - 5	
Name and Title: Greg Stinson Business/Organization: 5212 46th	ess/organization supporting Ave. S. 8118		Section 1	2018 SEP -5	ity)
Name and Title: Greg Stinson Business/Organization: 5212 46th	ess/organization supporting		or operating	2	ity)
Name and Title: Greg Stinson	ess/organization supportir		or operating	2	ity)
Name and Title: Greg Stinson	ess/organization supportir		or operating		ity)
	ess/organization supportir		or operating	j author	ity)
If the request is denied, would it have any Yes_X_ No If yes, please explain. I will take less trips to Stehekin.					
If the request is denied, would it have any	affect on you or your	business/org	janization	ı:	
or Chelan if I want to catch a ferry to Stehek	in.				
have experienced. There are only ferries that leave before 10 a	m now. That means I h	ave to stay ov	vernight in	<u> Wena</u>	tche
Are your transportation needs being met n	ow? Yes No X	If not, exp	lain proble	ems you	ч
after noon.					
I need a viable option for transportation from	the country				
application could provide to you of your passes granted. I need a viable option for transportation from	the south end of Lake	Chelan to Ste	hekin that	leave	<u>s</u>
THE TRANSPORTATION NEED Blicity as	ss/organization if this re	quest for opera	aling auth		
valeted by the individual or business	s/organization supporting ti	ne request for o	perating au /ou need a	and tha	t the
dally, year found <u>communication</u> deficient of the communication of the	riving back in Steriekin				
ill be used is a quiet, comfortable and efficient		amaran, inc	vessei woi	ulu lou	<u> </u>
1-11- Voor round Commercial long	I ake Chelan basoa sas	of Stehekin W	A. The ves	ssel tha	<u>at</u>
1-11- Voor round Commercial long	applying for? Include an	v amendillellis			
pplicant Name: ackcountry Travels LLC HE APPLICATION What authority are you a daily, year round commercial ferry service on will be used is a quiet, comfortable and efficient and return at 1pm, and and return at 1pm, and and return at 1pm, and return at 1pm, and return at 1pm, and	TS-180677 applying for? Include an	v amendments	-		

	Application Docket No.:
oplicant Name:	TS-180677
ackcountry Travels LLC	
HE APPLICATION What authority are you apply	ying for? Include any amendments.
HE APPLICATION What address,	ying for? Include any amendments. te Chelan based out of Stehekin WA. The vessel that ty two passenger catamaran. The vessel would leave ty two passenger catamaran.
daily, year round common table and efficient thir	ty two passenger catamaran. The vessel would leave ng back in Stehekin at 2:45pm.
rill be used is a quiet, comfortable and efficient thin tehekin at 10:40am daily and return at 1pm, arrivir	ng back in etc
SUPPORT	STATEMENT ties the request for operating authority)
The completed by the individual or business/org	panization supporting the request to spend and that the
THE TRANSPORTATION NEED Briefly descri	panization supporting the request for operating and that the libe the transportation service that you need and that the organization if this request for operating authority is
granted	me insus dofo show
Tehtin to chelow & Book	Not conventent Tune To Expose
	? Yes No \(\subseteq \text{ If not, explain problems you} \)
Are your transportation needs being met needs	a to ora will
have experienced.	at To de com got town for the
To stever in	to the that
They pat for TACK Both Done	In Care 10 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If the request is denied, would it have any aff	fect on you or your business/organization
Yes No If yes, please explain	0 +10=0
Peti Cod	(C) (TG)
- U	1,17
	Pick farcewro
	(717)
VE	RIFICATION (Agreenization supporting the request for operating authority)
the individual or business/	
(To be completed by the individual or account	Organization supply
1. 1.	RIFICATION //organization supporting the request for operating authority)
Name and Title:	of the second se
1. 1.	
Name and Title: Many Grant Gra	
Name and Title: Marky Grand	1 MA 68852
Name and Title:	Fax Number:
Name and Title: Business/Organization: Street/Mailing Address: City, State, Zip Code: Telephone Number:	Fax Number:
Name and Title:	Fax Number: the basis for a grant of operating authority by the Washington y of the state of Washington. I certify or declare under penalty hat the information contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in this statement is true and correct the contained in the contained

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
220.0000,	
THE APPLICATION What authority are you app	lying for? Include any amendments.
A daily year round commercial ferry service on Lak	ce Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient thir	ty two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arrivi	ng back in Stehekin at 2:45pm.
SUPPORT	STATEMENT
(To be completed by the individual or business/org	anization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly descri	he the transportation service that you need and that the
application could provide to you or your business/o	rganization if this request for operating authority is
granted. IN THE WINTER IN	rganization if this request for operating authority is
IT WOULD RE GREAT TO H	AVE A BUAL SERVICE THAT
DEDARTS STEHEILEN EARLY THU	IRS PAY MURNING AND RETURNS
LATE THURSDAY AFTERNOON FOR D	INTORA DENTAL APPODNIMENTS.
A secretary production production most pow?	Yes No If not, explain problems you
have experienced.	Tes 140 II not, explain processory se
nave experienceu.	
	et en vou er vour business/organization.
If the request is denied, would it have any affe	CLOTT you or your business/organization.
Yes No _X If yes, please explain	
VERI	IFICATION
(To be completed by the individual or business/org	ganization supporting the request for operating authority)
	20
Name and Title: JONATHAN SCHEN	
Business/Organization:	
	1 4 (2022)
City, State, Zip Code: STEHELEN	WA 98852
Telephone Number:	Fax Number:
	basis for a grant of operating authority by the Washington
Lucion and Transportation Commission on agency of	the state of Washington. I Certify or deciare under pendity or
nerium under the laws of the state of Washington that t	the information contained in this statement is true and correct
polyary arias and large states	
TOWATHAN SCHERER)	mxxxx >cleve 08/23/30/9
PRINT NAME	SIGNATURE DATE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
	to a for O to alvide any amondments
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that
will be used is a quiet comfortable and efficient thirt	y two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arrivin	g back in Stehekin at 2:45pm.
SUPPORT	STATEMENT inization supporting the request for operating authority)
THE TRANSPORTATION NEED. Briefly describ	e the transportation service that you need and that the
	agnization if this regulest for oneralling authority is
granted / New tast and convenient ac	cess 10 trae steriera variation
during limited vacation time with family	1. The proposed service is
innovative and would meet my	veeds.
Are your transportation needs being met now?	Yes No If not, explain problems you
have experienced. Taking the edge of the	Laper 15 mg 0 = 19 option de
seaplave service terminated. A Ipm d	granture from hiller would be most convent
rather than 830 am so my tamily does not	have to leave the Westside at Zope Dark
Thry or the right before at additional cos	t and inconvenience.
If the request is denied, would it have any affect	
Ves V No If yes, please explain, / W	ould regitate and be rejudique, "
commit The extra time and move	y to vacation in Steherin. I do not like
to drive in the dark; it is dangerous	Spending the Night before agapture in
Chelan is costly and during the sum	mer there is a two 2) is ignit minimum,
so that makes it out of the question	
VEDI	FICATION
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
1	
Name and Title: Thomas and Monta	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Business/Organization:	
11 7 7 7	Place West
	N G9121 99 5
City, State, Zip Code: Edmonds W	# 70026 W
Telephone Number 206) 650 - 6497	Fax Number: <u>425/778-8330</u>
I understand that this information is being given as the b	pasis for a grant of operating authority by the Washington
1 Towns - Astion Commission on adency of the	the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
perjury under the laws of the state of washington that the	o mornadori contantos, in the state

APPLICANT S	STATEMENT
(To be completed by the individu	al requesting operating authority)
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
	to C. Leadade any amondments
THE APPLICATION What authority are you apply	ing for? Include any amendments. Observe based out of Stehekin WA. The vessel that
A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave
will be used is a quiet, comfortable and efficient trints Stehekin at 10:40am daily and return at 1pm, arriving	
Stehekin at 10:40am daily and return at 1911, arriving	9 200.1
SUPPORT	STATEMENT (
l l l l l l l l l l l l l l l l l l l	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly described application could provide to you or your business/org	ganization if this request for operating authority is
granted.	ticle and the Stehekin area
granted. — This service would facilitate our overnight and n	nulti-day expeditions to the Stenekin area.
	Yes No _XX If not, explain problems you
Are your transportation needs being met now?	Tes No _50 \(\)
have experienced. The "reverse" commute to/from Chelan would be	
The "reverse" commute to/from Chelan would be	o mock nage
If the request is denied, would it have any affect	ct on you or your business/organization:
Yes_xx_ No If yes, please explain	
Yesxx 110 11 yes, please says ====	
Our time in the Stehekin area will continue to b	pe limited.
Our time in the sterrerms	
	TIO A TION
VERI	FICATION ganization supporting the request for operating authority)
(To be completed by the individual of businessions	ganization supporting
Name and Title:Thom Speidel	
Name and Title:Thom Spelder	
Business/Organization:Friends and Fan	nily
Street/Mailing Address:POB 2102	
Street/Mailing Address/ OB 2702	
City, State, Zip Code:Tonasket, WA 988	855
Telephone Number:509-429-5522	Fax Number:_ <i>n</i> /a
I understand that this information is being given as the	the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
Deriver under the laws of the state of Washington that the	the state of washington. Thertify of decide and a person the information contained in this statement is true and correct.
perjury under the laws of the state of the state of	
	08-20-2019
Thom Speidel	DATE
PRINT NAME	SIGNATURE DATE

	Application Docket No.:
Applicant Name:	TS-180677
Backcountry Travels LLC	
THE APPLICATION What authority are you appl	lying for? Include any amendments. See Chelan based out of Stehekin WA. The vessel that ty two passenger catamaran. The vessel would leave
A daily, year round commercial lefty scrylog on their	ty two passenger catamaran. The vesser would leave
will be used is a quiet, comfortable and efficient thir Stehekin at 10:40am daily and return at 1pm, arrivi	ng back in Stehekin at 2:45pm.
Stehekin at 10.40am dany and retains	
	STATEMENT The request for operating authority)
(To be completed by the individual or business/org THE TRANSPORTATION NEED Briefly descri	ganization supporting the request for operating authority) the the transportation service that you need and that the organization if this request for operating authority is
Portation Toftvom Stehekinh	as been severely limited to one
CARRIER WITH IN FIERBLE ME	, 6/-5,
t time reads being met now	? Yes No X If not, explain problems you
have experienced.	? Yes No X If not, explain problems you and Gervice hours - Difficult
To only have In 2 depart	2TURE TIMES GIVEN S
PORTATION OPTIONS TO From	TERMINAL
	, inction:
If the request is denied, would it have any aff	ect on you or your business/organization. 111 Continue to Make geoperally when Entermin genetables.
Yes X No If yes, please explain \(\tilde{\lambda} \)	111 Continue when entertainin
Schooling TRIPS difficult	- 1 especial 1- 1 es
QUESTS and Visiting a	C. MG (MV) C 3.
	20
VE	
/To be completed by the individual or business/	RIFICATION organization supporting the request for operating authority)
(10 be completed by the	
Name and Title: Kichard H. I	Vatson
Business/Organization:	o o
Street/Mailing Address:	x 1415 9001/2 =
City. State, Zip Code: Chelan	WA 108. Q
Telephone Number: (509) 470 -29	Fax Number:
u : information is being given as t	he basis for a grant of operating authority by the Washington of the state of Washington. I certify or declare under penalty at the information contained in this statement is true and corre
DI 1 H (a) artis	1 1 Hhatin 8/21/18
I Name of U Mel 15am	

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are ye	ou 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 effici	ent thirty two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm	n, arriving back in Stenekin at 2:45pm.
SIP	PORT STATEMENT
(To be completed by the individual or busin	ess/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly	describe the transportation service that you need and that the iness/organization if this request for operating authority is
Granted	BASED BOAT WOULD ALLOW ME TO
MAKE FLIGHT CONNECTION	NS BACK TO MOMPH'S ON THE JAME DAY. IN CHELAN DRISENTILE.
WITHOUT HAVING TO STAY OVE	R IN CHELAN DRSENTILO.
	now? Yes No If not, explain problems you
have experienced.	
If the request is denied, would it have ar	ny affect on you or your business/organization:
Yes No If yes, please explain	
(To be completed by the individual or busing	VERIFICATION ness/organization supporting the request for operating authority)
	$\sim \sim $
Name and Title: USAN	1 / 8 (CKW16N7)
Business/Organization:	0
Street/Mailing Address: 2082	
City, State, Zip Code:	H15 /1V 58/04
Telephone Number: 90/-848-	3 <i>83</i> / Fax Number: <u>90/-329-4055</u> _

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

	APPLICANT: (To be completed by the individu	STATEMENT Last requesting operating authority)
	Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
	THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Chelan based out of Stehekin WA. The vessel that two passenger catamaran. The vessel would leave
a mon	(To be completed by the individual or business/organ THE TRANSPORTATION NEED application could provide to you or your business/org granted.	ne to Stehe Rin Toy 2 kines a year, swould let ation to offen stehe kin I stis a long d
	N	Yes No If not, explain problems you The current hours of or me
:		CATION
		J. Edmonds
	Business/Organization:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	Street/Mailing Address: 3023 J. E. Boyd Street	t Bos G
	City, State, Zip Code: Milwaukie, OR 97222 Melwaukie is to miles x	
		-654-9498 Fax Number:
·	I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	state of Washington. I certify or declare under penalty of
	Barbara Jean Edmonds Barbara Sarbara PRINT NAME	ara Jean Edmonds August 20,2018 SIGNATURE DATE

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

SUPPORT STATEMENT
(To be completed by the individual or business/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the
application could provide to you or your business/organization if this request for operating authority is
granted
I am from Wenatchee and I come up every year planning to visit Stehekin. Sometimes it is just too
inconvenient to do so due to transportation. It has been difficult for a long time because of Ferry times to
and from. The addition of alternate times would be much more amenable to coming there more often.
I can also see the need for transportation for emergency medical attention and appointments for those
who live there and those who visit. Please open up this service.
Are your transportation needs being met now? Yes NoX_ If not, explain problems you
have experienced.
Long wait times at the dock waiting for boats to and from. I travel by plane to the area now and so it does
not fit needs of meeting flights and then I have to spend more time waiting to get on a plane.
If the request is denied, would it have any affect on you or your business/organization:
Yes X No If yes, please explain This is my favorite place to come too and it is very
inconvenient to get in and out of. I have come from Washington DC, Virginia, and now Nevada
and soon from Arizona. Thank you
and booti from Alboria. Triding jou

2018 SEP -5 AM 8: 30

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

TS-180677

IMPORTANT!!!

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

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

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

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

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

APPLICANT S	STATEMENT
	al requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	Chelan based out of Stehekin WA. The vessel that two passenger catamaran. The vessel would leave
SUPPORT S	TATEMENT
(To be completed by the individual or business/organi	ization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/orga granted.	the transportation service that you need and that anization if this request for operating authority is
Stehekin residents have to spend multiple nights appointments and errands during business hours the day, and departs to head back up lake before Adding a Stehekin-based boat will help both of the Adding another option for additional demand that Allowing folks with long drives to travel in daylight morning and Field's Point mid-day. Give more options for residents wanting to get do during business hours. Leaving Stehekin in the mrunning errands and only spend 1 night in a hotel	because the schedule arrives downlake late in business hours the following day. ese issues by: is not being met by the current ferry boats. with a schedule that leaves Stehekin in the ctor's appointments and other errands done forning will allow them to spend the afternoon
the following day. Daily boat service will be available ALL year, mak expensive for everyone.	
	2018 SEP - 5
Are your transportation needs being met now? Y have experienced There have been numerous instances when we have hout off heading home for a couple of days because of the second	nad to either head down lake two days early, and the schedule provided by the current boatservice
The limited departure times, and the limited days of op definitely not convenient, and have cost many extra da become a three day event.	eration (especially during the winter months) are
If the request is denied, would it have any affect or	n you or your business/organization:
Yes_X_ No If yes, please explain The current boat schedule creates travel issues.	•
Guests must travel in the dark early in the morning and times.	late at night in order to make the ferry schedule
Alternatively, guests can end up with additional costs to time driving. Since many hotels in Chelan are quite bus minimum of 2 nights, even though they only want to sta People have to be able to get to Stehekin in order for a is no Stehekin.	sy in the summer, sometimes they have to pay for a gay 1 night.

VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: Nick Davis
Business/Organization: Stehekin Reservations
Street/Mailing Address: P.O. Box 304
City, State, Zip Code: Stehekin, UA 9885Z
Telephone Number: (509) 669-5045 Fax Number:
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.
Mick Davis Signature S-21-18 PRINT NAME SIGNATURE DATE

TS-180677

IMPORTANT!!!

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

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

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

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

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

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

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

RECEIVED AUG 3 0 2018

Applicant Name: Backcountry Travels LLC	Application Docket No.: WASH, UT, & TP, COMM
•	
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake	
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.
	STATEMENT ization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the
application could provide to you or your business/org	
The approximately half how to not sufficient to meet our no	urnaround time in Chelon is
not sufficient to meet our no	ds
00	
Are your transportation needs being met now?	
location in the same day (our location	dressit startenica at the large
last in the sanda Courte	ad:
wearion in the same day courted	aring.
If the request is denied, would it have any affect of	on you or your husiness/organization:
XC XI V 10 1 1 1 1 1	~
·	
VEOLE	ATION D
VERIFIC (To be completed by the individual or business/organic	
. I T''	- 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name and Title:	
Business/Organization: Lake Chelan Llamas	: Uplake Adventures
Street/Mailing Address: P.O. Sox 2030	
City, State, Zip Code: Chelan, WA 9	8816
Telephone Number: 579 - 74/ - 0852	Fax Number:
I understand that this information is being given as the basi Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the in	state of Washington. I certify or declare under penalty of
James C. Thomas The	mes (. Thomas 8-23-2018
PRINTINAIVIE	SIGNATURE DATE

Applicant Name: Application Docket Not TS-180677	:
--------------------------------------------------	---

AUG 3 0 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 WAHTHE vesse COMW 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	g authority)
THE TRANSPORTATION NEED Briefly describe the transportation service that you nee	ed and marme
application could provide to you or your business/organization if this request for operating a	uthority is
granted. Think the flerificitity of the file of the	al haning
Thelp those going to stehelder or for stekening for	do a
to go to Chalandor tresand - texte text more	days
edy during the winter, for medical needs	hlamayer
Are your transportation needs being met now? Yes X No X If not, explain pro	biems you
have experienced. It has been been to the court of the co	more to
- + can get to seeken one so	exula
Stay Jovernile comme or forme	,,-00-01
Very plow + noisy now	
If the request is denied, would it have any affect on you or your business/organization	on:
Yes No If yes, please explain	Last
I used to go to Stehekin annually test naving	1 the
in Chelan in order to be ready for ordering	to have
- Vot passes + onse me vines - mendant kane	near the
after parang process in me former	·
- h 4 1110.	
hasse () () VERIFICATION	2
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating	ng authority)
VERIFICATION (To be completed by the individual or business/organization supporting the request for operation support in	ng W hority)
VERIFICATION	ng Athority)
VERIFICATION (To be completed by the individual or business/organization supporting the request for operation support in	N 30 30 30 30 30 30 30 30 30 30 30 30 30
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating the request	10 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating the request	100 00 00 00 00 00 00 00 00 00 00 00 00
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating the and Title: Name and Title: Business/Organization: Street/Mailing Address: 17614 Anohomish Que City, State, Zip Code: Snohomish WA 98296	10 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating Name and Title: Olice Make	30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating the and Title: Name and Title: Business/Organization: Street/Mailing Address: 17614 Anohomish Que City, State, Zip Code: Snohomish WA 98296	e Washington under penalty of
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating the supporting the supporting the supporting the state of Washington Legrify or declared the state of Washington Leg	e Washington under penalty of
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating the supporting the supporting the supporting the state of Washington Legrify or declared the state of Washington Leg	e Washington under penalty of
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating the supporting the supporting the supporting the state of Washington Legrify or declared the state of Washington Leg	e Washington under penalty of

· ·		No
Applicant Name:	Application Docket TS-180677	No.:
Backcountry Travels LLC		
THE APPLICATION What authority are	you applying for? Include any a	mendments.
THE APPLICATION A daily, year round commercial ferry serving will be used is a quiet, comfortable and efforts.	ce on Lake Chelan based out of S	aran. The vessel would leave
will be used is a quiet, comfortable and en Stehekin at 10:40am daily and return at 1 _l	pm, arriving back in Stehekin at 2	<u>::45pm.</u>
Stenekin at 10.40am dany and retain de-		
SI	UPPORT STATEMENT	oguest for operating authority)
(To be completed by the individual or but THE TRANSPORTATION NEED Briefly Brie	siness/organization supporting the transportation Se	ervice that you need and that the
THE TRANSPORTATION NEED Brie application could provide to you or your b granted. The proposed Series	my describe the transportation of	st for operating authority is
granted. The proposed Leri	ry soluice to steve	Jalos la ju Pate
one day travel between	n Spokane and I	matres an annua
Sextember when our	hirang eles	West and the second
tip.	No Y	If not, explain problems you
Are your transportation needs being rehave experienced.	net now? Yes No X	extenses we have
have experienced. At present	2 spend a night i	in Chelan to calo
to leave as 3:30 Min. D	Paturing onth	e ferry in the
The morning leving.	I HA WE SEED STORY	care in Vate even
CO 100 VESO.	any affect on you or your bus	iness/organization:
Yes X No If yes, please exp	iam. musi municis ev	Chelan requires
minimum a two me	ights, This adds	Hel and extra
time involved and	The cost of me	
mecQs.		
	VERIFICATION	
(To be completed by the individual or l	business/organization supporting the	request for operating authority)
(10 be completed by the trial trial	3333-7-7-3-8-9-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	
	$\Lambda V \perp$	
Name and Title: Susay	M. Kurtz	
Name and Title: Susay	M. Kurtz	
Name and Title: Susay Business/Organization: Street/Mailing Address: 1080	M. Kurtz 2 W Olson Rd	
Name and Title: Susay Business/Organization: Street/Mailing Address: 1080	M. Kurtz 2 W Olson Rd	
Name and Title: Susaw Business/Organization: Street/Mailing Address: 1080 City, State, Zip Code: Name 1	M. Kurtz 2 W Olson Rd Mile Falls WP 08-1216 Fax Num	99026 °° ber:
Name and Title: Susay Business/Organization: Street/Mailing Address: 1080	Mile Falls WP 08-1216 Fax Num given as the basis for a grant of oper	ber:
Name and Title: Susaw Business/Organization: Street/Mailing Address: 1080 City, State, Zip Code: Nive I Telephone Number: 509 - 40	Mile Falls WP 08-1216 Fax Num given as the basis for a grant of oper	ber:
Name and Title: Susaw Business/Organization: Street/Mailing Address: 1080 City, State, Zip Code: Nive I Telephone Number: 509 - 40	Mile Falls WP 08-1216 Fax Num given as the basis for a grant of oper	ber:

APPLICANT S	FATEMENT
(To be completed by the individua	I requesting operating authority)
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you applying	ng for? Include any amendments.
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake to the land officient thirty.	Chelan based out of Stehekin WA. The vesser that
will be used is a quiet, comfortable and emicient unity Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.
Otoriokar at 19111	
SUPPORT S	TATEMEN I
(To be completed by the individual or business/organ	the transportation service that you need and that the
THE TRANSPORTATION NEED Briefly describe	the transportation service that year authority is
application could provide to you or your businessions	anization in the town or Field?
granted. NEED 14 Jenny 1919	
POINT IN AHTERNOON.	
0	
	Yes No / If not, explain problems you
Are your transportation needs being met now? have experienced. CURRENT Fenry Sch	edule REQUIRES OVERNIGHT
have experienced. LURRENT LIN ORDE	R to make The borney I Live IN
STAY IN EASTERN WA IN ORDE	1 1 1 1 1 x 115 A 119 B
1208 dinville WA. NOFZOOT	KANE AVAILOSINIS METTO
NO FLexibility	
If the request is denied, would it have any affect	on you or your business/organization:
If the request is denied, would it have any affect	on you or your business of
Yes No If yes, please explain.	on trips To Stehekin
MEANS FEWER AND Short	Level Schedules
IN order To make current	Terry series
VERIF	ICATION
(To be completed by the individual or business/orga	nization supporting the request for operating authority)
	201
Name and Title: MR. Joseph A	· KAVENEL DO
Business/Organization:	7h 11 - 11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 -
Street/Mailing Address: 19319 148	AVE NE
City, State, Zip Code: NoodiNVIIL	e WA 98072
City, State, Zip Code. Transcription	Fax Number:
Talanhana Number: a////0: //7' C/22	T ax trumbur
	asis for a grant of operating authority by the washington
Utilities and Transportation Commission, an agency of the	asis for a grant of operating dutility by the state of Washington. I certify or declare under penalty of e information contained in this statement is true and correct.
perjury under the laws of the state of Washington that th	e information contained in this statement is true and correct.
Λ	
	1 A Kause 1 8.28:20/8
Joseph AIKAVENEI PS	A CICNATURE DATE
PRINT NAME	/ SIGNATURE
1 10101	
Joseph A , Ravenel by	SIGNATURE DATE

AUG 3 1 2018 Application Docket No.: Applicant Name: TS-180677 WASH. UT. & TP. COMM Backcountry Travels LLC THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm. SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is WE LIKE TO TRAVEL TO STEHEKIN OFTER FOR VISITING granted. -FREINDS/RELATIVES WHO LIVE NEAR + IN STEHEKIN. THIS SERVICE WOULD DROP US OFF AT OUR FRENDS/RELATIVES PROP. Are your transportation needs being met now? Yes____ No <a>X If not, explain problems you WE LIVE ON THE SOUTH SHORE. IT IS MORE CONVENIENT have experienced.-FOR US TO TAKE THE SHORT DRIVE TO FIELDS PT. AND HAVE A SHORT RIDE TO STENEKIN. 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 SRIVE TO CHELAN AND TRAVEL 2-4 HRS. TO STEHELIN AND THEN HAVE SOMEONE PICKUS 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: HICT RUNKEL Business/Organization:___ Street/Mailing Address: 100 MINNEAPOUS BEACH RA-City, State, Zip Code: CHELAN, WA. 98816 Fax Number:_____ Telephone Number: 206 276 028:5 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.

	De alsot No	SEP 04 2018
pplicant Name:	Application Docket No	
ackcountry Travels LLC	TS-180677	WASH. UT. & TP. COMM
HE APPLICATION What authority are you apply	ving for? Include any ame	andments
HE APPLICATION What authority are you apply daily, year round commercial ferry service on Lake	e Chelan based out of Ste	hekin WA. The vesser that
daily, year round commercial ferry service on Lake dily, year round commercial ferry service on Lake dily year round commercial ferry service on Lake dily year round service at 1 pm, arriving the service of service at 1 pm, arriving the service of service of service at 1 pm, arriving the service of service	y two passenger catamara	Som.
rill be used is a quiet, comfortable and efficient thirt stehekin at 10:40am daily and return at 1pm, arrivin	ig back in Stenekin at 2.15	
SUPPORT	STATEMENT	
- I was a letted by the individual or business/orga	anization supporting the requ	uest for operating authority)
(To be completed by the individual or business/orga	be the transportation serving	for operating authority is
THE TRANSPORTATION NEED Spring application could provide to you or your business/or granted.	rganization if this request	UP LAKE
granted. While BOLT BACK TO MANS	JAC.	1
TO BRING BOAT BACK 10 MENS	7 00	
	No. 16	ot explain problems vou
Are your transportation needs being met now? have experienced.	Yes No X III	not, explain problems you
have experienced. CAN (5E) JOHN WI	NV IN	
UP LAKE IN THE AFTERNOON.		
CAP AND		
		ization:
	ct on you or your busine	ess/organization:
If the request is denied, would it have any affe	CAW NO	ess/organization:
If the request is denied, would it have any affe	CAW NO	ess/organization:
If the request is denied, would it have any affe	CAW NO	ess/organization:
If the request is denied, would it have any affe	CAW NO	ess/organization: 76 GET 75
If the request is denied, would it have any afferman and the second of t	ON-	ess/organization:
If the request is denied, would it have any affer Yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW	DN-	
If the request is denied, would it have any affer Yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW	DN-	
If the request is denied, would it have any affer Yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW VER (To be completed by the individual or business/or	DN-	
If the request is denied, would it have any affer Yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW	DN-	quest for operating authority)
If the request is denied, would it have any affer Yes X No If yes, please explain. Would be strength of the work of the w	DN-	quest for operating authority)
If the request is denied, would it have any affer Yes X No If yes, please explain. Would be structed by the individual or business/or Name and Title: William P. SHARK Business/Organization: Struct/Mailing Address: P.O. Box 544	RIFICATION rganization supporting the re	quest for operating authority)
If the request is denied, would it have any affer Yes X No If yes, please explain. Would be structed by the individual or business/or Name and Title: William P. SHARK Business/Organization: Struct/Mailing Address: P.O. Box 544	RIFICATION rganization supporting the re	quest for operating authority)
If the request is denied, would it have any affer Yes X No If yes, please explain. Would be street would be supported by the individual or business/or Name and Title: Would be supported by the individual or business/or Business/Organization: Street/Mailing Address: Rox 544 City. State, Zip Code: AND SON AND 9	RIFICATION rganization supporting the re	quest for operating authority)
If the request is denied, would it have any affer Yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW YER (To be completed by the individual or business/or Name and Title:	RIFICATION rganization supporting the re	quest for operating authority) r: Washington
If the request is denied, would it have any affer yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// IT AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// SHARK Business/Organization: STEET/Mailing Address: // Rox 544 City, State, Zip Code: // Rox 544 City, State, Zip Code: // City, State, Zip Code: // City // City // State, Zip Code: // City // State, Zip Code: // City // City // State, Zip Code: // City // City // City // State, Zip Code: // City /	RIFICATION rganization supporting the re	quest for operating authority) r: ng authority by the Washington coeffity or declare under penalty of
If the request is denied, would it have any affer yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// IT AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// SHARK Business/Organization: STEET/Mailing Address: // Rox 544 City, State, Zip Code: // Rox 544 City, State, Zip Code: // City, State, Zip Code: // City // City // State, Zip Code: // City // State, Zip Code: // City // City // State, Zip Code: // City // City // City // State, Zip Code: // City /	RIFICATION rganization supporting the re	quest for operating authority) r: ng authority by the Washington coeffity or declare under penalty of
If the request is denied, would it have any affer Yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW YER (To be completed by the individual or business/or Name and Title:	RIFICATION rganization supporting the re	quest for operating authority) r: ng authority by the Washington coeffity or declare under penalty of
If the request is denied, would it have any affer yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// IT AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// SHARK Business/Organization: STEET/Mailing Address: // Rox 544 City, State, Zip Code: // Rox 544 City, State, Zip Code: // City, State, Zip Code: // City // City // State, Zip Code: // City // State, Zip Code: // City // City // State, Zip Code: // City // City // City // State, Zip Code: // City /	RIFICATION rganization supporting the re	quest for operating authority) r: ng authority by the Washington coeffity or declare under penalty of
If the request is denied, would it have any affer yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// IT AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// SHARK Business/Organization: STEET/Mailing Address: // Rox 544 City, State, Zip Code: // Rox 544 City, State, Zip Code: // City, State, Zip Code: // City // City // State, Zip Code: // City // State, Zip Code: // City // City // State, Zip Code: // City // City // City // State, Zip Code: // City /	RIFICATION rganization supporting the re	quest for operating authority) r: ng authority by the Washington coeffity or declare under penalty of
If the request is denied, would it have any affer yes X No If yes, please explain. Wood STEHEKIN IN THE AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// IT AFTER NOW YER (To be completed by the individual or business/or Name and Title: /// SHARK Business/Organization: STEET/Mailing Address: // Rox 544 City, State, Zip Code: // Rox 544 City, State, Zip Code: // City, State, Zip Code: // City // City // State, Zip Code: // City // State, Zip Code: // City // City // State, Zip Code: // City // City // City // State, Zip Code: // City /	RIFICATION rganization supporting the re	quest for operating authority) r: ng authority by the Washington coeffity or declare under penalty of

	D. Just No.:	SEP 04 2018
Applicant Name:	Application Docket No.:	3LF 0 7 2010
Backcountry Travels LLC	TS-180677	WASH, UT, & TO COMM
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake	ing for? Include any amend	ments. kin WA. The vessel that
A daily, year round commercial terry service on East	two passenger catamaran.	The vessel would leave
will be used is a quiet, comfortable and efficient triint Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stehekin at 2:45pr	<u>n.</u>
Stenekin at 10.40am dany a		
	STATEMENT	t for operating authority)
(To be completed by the individual or business/orga THE TRANSPORTATION NEED Briefly describ	e the transportation service	that you need and that the operating authority is
THE TRANSPORTATION NEED Briefly describ application could provide to you or your business/or	ganization if this request for	the same of
granted. The south side of La	Le Chelan, Myhosk	Jule on the North
in the morning and would like to V	allow Fravel at a	optiment times.
Sile In the Apertion. This work	Yes No X If not	, explain problems you
Are your transportation needs being met now?	Yes No X If not	Barre A LLON/Allaca
have experienced. The further fam Sentice IS	VERY LIMITED. ON	holl season",
Depative-from Chelan Jet al Bol	US Guy Mario	
If the request is denied, would it have any affect	et on you or your business	s/organization:
If the request is denied, would it have any and yes. No If yes, please explain.	or on you e. y	11 - 11 - 1
Yes No If yes, please explain.	travel to the a	ther State of
The late of the enough. M	Aube 1-2 times, a	Marin Marin All
Todd Frank I Malle We War	Idiaso Stera I	DOW WERE W-MANY
TOSMOSES IN Schelin that Un	d justibly Stay of	fer fuer joiner
Wonesoc III Sist III	- J	
(To be completed by the individual or business/or	IFICATION ganization supporting the requ	est for operating authority)
(To be completed by the individual or business/or	9/	- Citalian Pin IKWI
1 THE DO NO 100 VIXOUY	ny Manageral	XSWIDOTIVI 4-1011DIF
Name and Title:	5th 11/11/65-	Chelan 3
Business/Organization:		3
Street/Mailing Address:	the sa askal	
City, State, Zip Code: MONSON	IVIT 1001	The service of the se
Telephone Number: 59.4/05453	Fax Number:	authority by the Washington
Telephone Number:	f the state of Washington. I ce	rtify or declare under penalty of
Utilities and Transportation Commission, an agency of perjury under the laws of the state of Washington that	the information contained in th	nis statement is true and correct.
perjury unider the land of the		
	/ \/	J 2/1/18
1/201/01	Nu Kun	1 8/21/10
Jane Vyoung	SIGNATURE	DATE
PRINT NAME		