APPLICANT S (To be completed by the individu	STATEMENT ual requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you apply	ing for? Include any amendments.

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

SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. We need access to a faster boat than what is currently offered, with more convenient travel times so that we do not have to travel home at night over mountain passes, or endure the expense of a hotel room so that we can avoid driving at night. Having an option to use a service originating in Stehekin will allow us to travel earlier in the day and save money plus travel during daylight hours thus better ensuring our safety. Are your transportation needs being met now? Yes\_\_\_\_ No \_x\_\_ If not, explain problems you have experienced. Because the Lady of the Lake only runs its slow boat during the fall when we go to Stehekin each year, we are forced to do the 4 hour trip. When we leave we either have to drive home at night over mountain passes, or we get a hotel room which is an added expense. Additionally, the Lady of the Lake frequently picks up large groups of children at Holden causing overcrowding and uncomfortable conditions. Or will be taking a large group to drop off at Holden, again causing overcrowding and uncomfortable conditions. If the request is denied, would it have any affect on you or your business/organization: Yes\_x\_ No \_\_\_\_ If yes, please explain.\_\_\_The very long boat ride from Chelan to Stehekin and back with the restricted times based on leaving from Chelan would make us consider not continuing to vacation in Stehekin because of impact to returning home over the passes in the dark. The times the boat travels are not convenient and there are currently no other options as the plane service has been discontinued.

2018 SEP -5

	75'-	180677
VE (To be completed by the individual or business	ERIFICATION /organization supporting the request	for operating authority)
Name and Title:_Cynthia Martin, private citize		
Business/Organization:N/A		
Street/Mailing Address:_2540 20th Ave.NE		
City, State, Zip Code:_Olympia, WA 98506		
Telephone Number:(360) 943-3288	Fax Number:	
I understand that this information is being given as the and Transportation Commission, an agency of the stat the laws of the state of Washington that the informatio	te of vvasnington. I certify of declare	under penalty of penjury under
CYNTHA MARTIN PRINT NAME	JANAL SIGNATURE	8/20/18 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

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

APPLICA (To be completed by the in	NT STATEMENT dividual requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
TO A TION NAME A COMPOSITO OF A VOID	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
(To be completed by the individual or business/organization supporting the request for operating authority)  THE TRANSPORTATION NEED  Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. We need access to a faster boat than what is currently offered, with more convenient travel times so that we do not have to travel home at night over mountain passes, or endure the expense of a hotel room so that we can avoid driving at night. Having this new boat will allow us to save money and travel during daylight hours thus better ensuring our safety.
Are your transportation needs being met now? Yes No _x If not, explain problems you have experienced. Because the Lady of the Lake only runs its slow boat during the fall when we go to Stehekin each year, we are forced to do the 4 hour trip. When we leave we either have to drive home at night over mountain passes, or we get a hotel room which is an added expense. Additionally, the Lady of the Lake frequently picks up large groups of children at Holden causing overcrowding and uncomfortable conditions.
If the request is denied, would it have any affect on you or your business/organization:  Yes_x_ No If yes, please explainWe have grown tired of the very long boat ride from Chelan to Stehekin and back and are considering not continuing to vacation in Stehekin because of this. The times the boat travels are not convenient and there are currently no other options

2010 SET -5 AH 8: 3

VERIFICATION  (To be completed by the individual or business/organization supporting the	request for operating authority)
Name and Title:_Laura Foltz, private citizen	TS-1806>>
Business/Organization:N/A	
Street/Mailing Address:_2540 20th Ave.NE	
City, State, Zip Code:_Olympia, WA 98506	
Telephone Number:(360) 943-3288	 Fax
Number:	
I understand that this information is being given as the basis for a grant of operating and Transportation Commission, an agency of the state of Washington. I certify on the laws of the state of Washington that the information contained in this statement.	declare under penalty of polyary andor
Javra to Hz Johns Fifth SIGNATURE	8/19/2018 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.

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

Applicant Name: Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you applying	ng for? Include any amondments	-
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		
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My husband outs off work in the	morning not early enough to	
catch the boat if this service is	granted we would frequent stehe	Rin
If the request is denied, would it have any affect of	on you or your business/organization:	nore
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Coordinate the boat schedule	(3 days persused), and shipping	
our laundux back and forth. Work full time it's almost impossible	on a personal level beause 1	
the current boat schedule.		J
VERIFIC (To be completed by the individual or business/organized)		
Name and Title: Mistaua Johnston	2	
Business/Organization:		
Street/Mailing Address: Po, Box SS		
City, State, Zip Code: Chelan, UM 98	8816 <u>** # # # # # # # # # # # # # # # # # #</u>	
Telephone Number: 500-699-02-74	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	state of Washington. I certify or declare under penalty of	
Mistaua-Johnston Mista	eph Motar 8/22/18	
PRINT NAME S	SIGNATURE DATE	!

	Application Docket No.:
Applicant Name:	TS-180677
Backcountry Travels LLC	
THE APPLICATION What authority are you applying the state of the state	ing for? Include any amendments.
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel would leave
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	pization supporting the request for operating authority
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THE TRANSPORTATION NEED Briefly described application could provide to you or your business/organted, we would like to have a degranted.	rily scheduled transported
available year-round especia	in one i - i
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down lake in The morning wie	
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Are your transportation needs being met now?	Yes No & If not, explain problems you a fravel days (days off of work
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	et on you or your business/organization:
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an effect on our school teach	ers & Students und 1 to travel
	er my husband and 1 10 11.50
tolfrom our rental properties	down lake.
	28
VEDI	FICATION STATE OF THE CONTROL OF THE
VERI	panization supporting the request for operating authority)
Name and Title: Laura Getchell	772
Business/Organization:	
Street/Mailing Address: Po Box Z	2
City, State, Zip Code: Stehekin WA Telephone Number: (509) 699 - 2019	98852
City, State, Zip Code.	Fax Number:
Telephone Number: (3 04) 644 2011	Tax Number
Lunderstand that this information is being given as the	basis for a grafit of operating authors, by the basis for a grafit of operatin
Utilities and Transportation Commission, an agency of	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 t	
	rag Gethell 8/16/2018  SIGNATURE DATE
Laura J. Getchell Xan	DATE DATE
Laura J. Getchell Xar PRINT NAME	SIGNATURE
	1

Applicant Name:	
Backcountry Trav	eis LLC

Application Docket No.: TS-180677

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

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

SUPPORT STATEMENT	C	المائد ما
(To be completed by the individual or business/organization supporting the request for	or operating author	onty)
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THE TRANSPORTATION NEED Briefly describe the transportation service the application could provide to you or your business/organization if this request for organization could provide to you or your business/organization if this request for organization could provide to you or your business/organization if this request for organization could provide the transportation service the service transportation service the service service the service transportation service the serv	perating authori	in the
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in the morning and returning that afternoon would be	out.	
Are your transportation needs being met now? Yes No If not, e have experienced. In order to you have for even the book and the former to be a few to be a fe	Sofest appo	int-
have experienced. In state to go down love to execute the	full true of	AUS
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off work just to adapt to the Lady of the Lake sched	LWE. INIS B	
inconvenient and time-consuming, no matter the se	ason.	
If the request is denied, would it have any affect on you or your business/o	organization:	
	n deries to	ris
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a more accompadating, quick book trip available	e a vie wa	اها
be able to manage our errands much more easily		
be able to manage ou errances must		
VERIFICATION		) 11 A
VERIFICATION  (To be completed by the individual or business/organization supporting the request	for operating aut	nority)
(To be completed by the individual or business/organization supporting the request		) (D
(To be completed by the individual or business/organization supporting the request		) (D
(To be completed by the individual or business/organization supporting the request Name and Title: Jennifer Getchell		
Name and Title: Jennifer Getchell  Business/Organization: n/a		
(To be completed by the individual or business/organization supporting the request  Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2		
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2		
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2  City, State, Zip Code: Stehekin, WA 18852		
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2  City, State, Zip Code: Stehekin, WA 98852  Telephone Number: (509) 199-20199 Fax Number:	$\sqrt{n}/\alpha$	hington
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2  City, State, Zip Code: Stehekin, WA 98852  Telephone Number: (509) 199-20199 Fax Number: I understand that this information is being given as the basis for a grant of operating authorization. I certify	N/a hority by the Was	hington penalty of
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2  City, State, Zip Code: Stehekin, WA 18852  Telephone Number: (509) 199-20199 Fax Number: I understand that this information is being given as the basis for a grant of operating authorization. I certify	N/a hority by the Was	hington penalty of
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2  City, State, Zip Code: Stehekin, WA 18852  Telephone Number: (509) 199-20199 Fax Number: authorization authoriza	N/a hority by the Was	hington penalty of
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P.D. Box 2  City, State, Zip Code: Stehekin, WA 18852  Telephone Number: (509) 199-20109 Fax Number: I understand that this information is being given as the basis for a grant of operating authorization. I certify	N/a hority by the Was	hington penalty of
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2  City, State, Zip Code: Stehekin, WA 98852  Telephone Number: (509) 199-20199 Fax Number: I understand that this information is being given as the basis for a grant of operating auth Utilities and Transportation Commission, an agency of the state of Washington. I certify perjury under the laws of the state of Washington that the information contained in this s	N/a hority by the Was	hington penalty of
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2  City, State, Zip Code: Stehekin, WA 98852  Telephone Number: (509) 199-20199 Fax Number: I understand that this information is being given as the basis for a grant of operating auth Utilities and Transportation Commission, an agency of the state of Washington. I certify perjury under the laws of the state of Washington that the information contained in this s	N/a hority by the Was	hington penalty of
Name and Title: Jennifer Getchell  Business/Organization: n/a  Street/Mailing Address: P. D. Box 2  City, State, Zip Code: Stehekin, WA 98852  Telephone Number: (509) 199-20199 Fax Number: I understand that this information is being given as the basis for a grant of operating authorization. I certify	N/a hority by the Was	hington penalty of

	Application Docket No.:
Applicant Name:	TS-180677
Backcountry Travels LLC	
THE APPLICATION What authority are you appl	ying for? Include any amendments.
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will be used is a quiet, comfortable and efficient triff Stehekin at 10:40am daily and return at 1pm, arrivir	ng back in Stehekin at 2:45pm.
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SUPPORT	STATEMENT anization supporting the request for operating authority)
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application could provide to you or your business/or granted.	rganization if this request for operating authority is
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Veditor 1	to take their trips down
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in the mornings and be	
Are your transportation needs being met now?	
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COULD tome - CONSIL MANO	for valley residents
	0
If the request is denied, would it have any affect Yes No If yes, please explain	
VERI	FICATION
(To be completed by the individual or business/org	ganization supporting the request for operating authority)
Name and Title: Kimberly Lesch	The second secon
Business/Organization:	A A
222	rehelem WA
City, State, Zip Code: Stehelan, WA	98852
Telephone Number: <u>(509)-699-2019</u>	Fax Number:
I understand that this information is being given as the	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty on the information contained in this statement is true and corre
Kimberly Getchell 9 PRINT NAME	SIGNATURE S/16/18 DATE

	Application Docket No.:
Applicant Name:	TS-180677
Backcountry Travels LLC	
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	Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient tring Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stehekin at 2:45pm.
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	STATEMENT nization supporting the request for operating authority)  the transportation service that you need and that the
THE TRANSPORTATION NEED Briefly describ	e the transportation service that you need and that the
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Are your transportation needs being met now?	Yes No X If not, explain problems you
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	only offers Transportation
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Yes No If yes, please explain. As	a college student; it would et with my advisors in Wentches his request is granted.
he impossible for me to mee	et with my ad Visor's in werener
be impossible for me to mee and return in one day, unless to	his request is granted.
VERI	FICATION
(To be completed by the individual or business/org	ganization supporting the request for operating authority)
Name and Title: Jacob Getchell	
Street/Mailing Address: P.O. Box 2	
City, State, Zip Code: <u>Stehekin</u> , WA, S	
Telephone Number: 509 - 699 - 2019	Fax Number:
	to the great 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 the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
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perjury under the laws of the state of the	
	e 4 + 1200 2170/2018
Jacob Getchell y	acov x etchew DATE
PRINT NAME	SIGNATURE

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Applicant Name: Backcountry Travels LLC	TS-180677	
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THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake	Chelan based out of Stenekin WA. The vessel would le	ave
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service all mear rounds	9	
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Are your transportation needs being met now? have experienced.	Ves No X If not, explain problems yo	u
Are your transportation needs being met now:	Ficulty for school students to	take
have experienced. Presently it is a it	ojet back in time for school.	
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If the request is denied, would it have any affect	t of you of your name	1
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VERI  (To be completed by the individual or business/org  Name and Title: Viersten Gethell  Business/Organization:  Street/Mailing Address: PO Box #2  City, State, Zip Code: Stehekin WA 9885	FICATION anization supporting the request for operating author	- 3.4 - 3.4 - 3.4 - 3.4
VERI  (To be completed by the individual or business/org  Name and Title: Kiersten Gethell  Business/Organization:  Street/Mailing Address: PO Box \$2  City, State, Zip Code: Stehekin WA 9885  Telephone Number: (5(4)699 - 2019	FICATION ranization supporting the request for operating authority and the results of the region of	ty)
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VERI  (To be completed by the individual or business/org  Name and Title:   Kiersten Gethell  Business/Organization:  Street/Mailing Address:   PO Box #2  City, State, Zip Code:   Stehekin, WA 9885  Telephone Number:   (504)699 - 2019  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 the state of Washington the state of Wa	FICATION Panization supporting the request for operating authority by the Washington. I certify or declare under pethe information contained in this statement is true and	gton nalty of correct.
VERI  (To be completed by the individual or business/org  Name and Title: Kiersten Gethell  Business/Organization:  Street/Mailing Address: PO Box \$2  City, State, Zip Code: Stehekin, WA 9885  Telephone Number: (504)699 - 2019  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 the commission of the commission of the state of Washington that the commission of the co	FICATION Panization supporting the request for operating authority by the Washington. I certify or declare under pethe information contained in this statement is true and	gton nalty of correct.
VERI  (To be completed by the individual or business/org  Name and Title: Kiersten Gethell  Business/Organization:  Street/Mailing Address: PO Box \$2  City, State, Zip Code: Stehekin, WA 9885  Telephone Number: (504)699 - 2019  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 the commission of the commission of the state of Washington that the commission of the co	FICATION  It is an ization supporting the request for operating authority by the Washington state of Washington. I certify or declare under perhe information contained in this statement is true and	gton nalty of correct.

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
	ing for? Include any amendments.	
THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake		<u>at</u>
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Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.	ŀ
SUDDORT	STATEMENT	
(T. b. completed by the individual or business/orgat	nization supporting the request for operating authority)	
THE PROPERTY OF A TION MEED Driefly describe	s the transportation service that you need and that	the
application could provide to you or your business/org	Janization if this request for operating patrions is	
granted. I would like to be able		
see a doctor betore	They close for the day:	
at present I need	to soleduli appointments	
in the morning and	have to go down the day!	X
Are your transportation needs being met now?	Yes No If not, explain problems you	
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(To be completed by the individual or business/orga	anization supporting the request for operating authority)	
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Business/Organization:	200 5	Tagger Location graph Location graph
Street/Mailing Address: PO. Boy Z		- TAT 17
City, State, Zip Code: Stehelun (1)	<del>D</del>	
Telephone Number: (509) 699 - 20	OIG Fax Number:	
I understand that this information is being given as the b	asis for a grant of operating authority by the Washingto	n Ify of
I understand that this information is being given as the b Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the		
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Applicant Name:	Application Docket N	lo.:		
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	two passenger catama	ran. The vessel wou	sel that ild leave	
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granted.	NAME DE	- CONVIDENTI	FNT	-
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STEHERIN. NOI COLINGEISC	CAPACITY TO THE	not, explain problem		
Are your transportation needs being met now?	Yes No If	——————————————————————————————————————	10 you	_
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Business/Organization:	IT WAN		d	
Street/Mailing Address.	20045	908/1	Jan .	
City, State, Zip Code: CHECAN M	JASHINGTON		00	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Telephone Number: <u>509-590-3290</u>	Fax Numbe		N	- 1
I understand that this information is being given as the l Utilities and Transportation Commission, an agency of t perjury under the laws of the state of Washington that the	basis for a grant of operatir the state of Washington. I he information contained in	ng authority by the Wa certify or declare unde this statement is true	nshington er penalty e and corre	of ect.
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Applicant Name: Backcountry Travels LLC	Application Docket No.: 78-180677	
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	<u>a back in Stehekin at 2:45pm.</u>	
(To be completed by the individual or business/orga	STATEMENT nization supporting the request for operating authority)	
application could provide to you or your business/org	n the transportation service that you need and that the	
1 think another boat company &	should exist on the lake lake	
Chelan Boxt Company's Monopoly or		
to be rude and unaccomodating	to residents and vistors to the	
have experienced.	Yes No > If not, explain problems you own lake I have to take three	
days. The boat schedule of	the lady of the lake is not	
helpful if you live in Stehehin. My last trip up lake was very		
long, loud, crowded and uncomto		
If the request is denied, would it have any affect	Melan Boat Company has no	
Yes K No If yes, please explain. Lake County etition so they do not		
into making their boots wo	re confirtable or attruent.	
Every year there is a problem	with at least one of their	
boats causing a lot of inconv	inence h	
VERIE	ICATION S	
(To be completed by the individual or business/orga	anization supporting the request for operating authority)	
0 1		
Name and Title: Mairin Corker		
Business/Organization:		
Street/Mailing Address: PD Box 32		
City, State, Zip Code: Stehelun, W	A 98852	
Telephone Number:	Fax Number:	
I understand that this information is being given as the butilities 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 ne state of Washington. I certify or declare under penalty of e information contained in this statement is true and correct.	
Mairin Corlein -	<u>B24/18</u>	
PRINT NAME	SIGNATURE DATE	

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Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying A daily, year round commercial ferry service on Lake	
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	back in Stenekin at 2:45pm.
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THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org granted.	anization if this request for operating authority is
We need more options for boat of	vansportation to and from Stehekin.
The lady of the lake Schedule i	vansportation to and from Stehekin. s too restricting.
Are your transportation needs being met now?	Yes No V If not explain problems you
have experienced.	
We have depended on public train Chelan. The boat schedule de	set not work with bus chutte
	a night's Stay in Winatcher \$ \$
If the request is denied, would it have any affect	on you or your business/organization:
Yes X No If yes, please explain. With Lady of the Lake our trips to S	tehelin will be with invited
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Name and Title: Lawa Corkern - 5	telekin property owner =
Business/Organization:	3 × × 5
Street/Mailing Address: 305 Bul Rol.	
	JA 98852
Telephone Number: 253-431-2587	Fax Number:
I understand that this information is being given as the base Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the in	is for a grant of operating authority by the Washington state of Washington. I certify or declare under penalty of
Laura Corkern Jaw	8/24/18
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TS-180677  THE APPLICATION What authority are you applying for? Include any amendments.  It daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.  SUPPORT STATEMENT  (To be completed by the individual or business/organization supporting the request for operating authority)  THE TRANSPORTATION NEED  Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is application could provide to you or your business/organization if this request for operating authority is application could provide to you or your business/organization if this request for operating authority is application could provide to you or your business/organization if this request for operating authority is application could provide to you or your business/organization if this request for operating authority is application. We have formed the current schedule limiting to microscopy at his provided to you or your transportation needs being met now? Yes No x If not, explain problems you have experienced. No, not always The tarky Start time for the survive leaving Chelan needs to be travely any start time for the survive leaving Chelan needs to your business/organization:  The request is denied, would it have any affect on you or your business/organization:	Applicant Name:	Application Docket No.:
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YERIFICATION  (To be completed by the individual or business/organization supporting the request for operating authority)  Name and Title: Sandra Hultern  Business/Organization: Cabin owner Lake Chelan  Street/Mailing Address: 2508 Simon Lane NE  City, State, Zip Code: Owner WA 98506  Telephone Number: 360. 791-0787 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 perjury under the laws of the state of Washington contained in this statement is true and correspondent to the state of Washington contained in this statement is true and correspondent to the state of Washington contained in this statement is true and correspondent to the state of Washington contained in this statement is true and correspondent to the state of Washington contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the information contained in this statement is true and correspondent to the state of Washington that the l	affermoun for a late drive back.	in a second business/organization:
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Street/Mailing Address: 2508 Simon Lane NE  City, State, Zip Code: Organ WA 98506  Telephone Number: 360.791-0787 Fax Number: Fax Number: I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty Utilities and Transportation Commission, an agency of the state of Washington that the information contained in this statement is true and correspond to the state of Washington that the information contained in this statement is true and correspond to the state of Washington that the information contained in this statement is true and correspond to the state of Washington that the information contained in this statement is true and correspond to the state of Washington.	Name and mo.	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
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SANDRA HUTTEN  SANDRA HUTTEN  DATE  DATE	Telephone Number: 360 491-078	Fax Number
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Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
<b>,</b>	
THE APPLICATION What authority are you apply	ring for? Include any amendments.
A daily year round commercial ferry service on Lake	Chelan based out of Stehekin WA. The vessel that
will be used is a quiet, comfortable and efficient thirty	/ two passenger catamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stenekin at 2.45pm.
SUPPORT	STATEMENT
	nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe	e the transportation service that you need and that the
application could provide to you or your business/org	ganization if this request for operating authority is
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(To be completed by the individual or business/orga	nization supporting the request for operating authority)
Name and Title:	2
Business/Organization:	
Street/Mailing Address: 1961 Lp/	keshore DK
City, State, Zip Code: MANSON	WA 98831
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Telephone Number: (3 09) 687 - 53	98 Fax Number: 45 18
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Backcountry Travels LLC		
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Name and Title: <u>Sandra Mille</u>	( )	
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Business/Organization:	love Do.	
Street/Mailing Address: 1961 Cakes	9 88 31	
City, State, Zip Code: Manson WA	1	
Telephone Number: <u>509-687-3598</u>	Fax Number:	with 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 t	basis for a grant of operating autro the state of Washington. I certify o the information contained in this sta	or declare under penalty of tement is true and correct
Dandra Miller Ne	redig Thelen	8/22/2018

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If the request is denied, would it have any afform yes_X No If yes, please explain I most likely would not visit the Stehekin and availableThe potential to be stranded in Ste	ect on you or your business/organization: rea again until another reliable service was ehekin makes the yearly vacation unappealing.
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Name and Title:Bonnie McLeoc	
Street/Mailing Address:2106 S Wilkesor	ı St
City, State, Zip Code:Tacoma, WA, 9840	
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Telephone Number:253-709-2  I understand that this information is being given as the and Transportation Commission, an agency of the state the laws of the state of Washington that the information	te basis for a grant of operating dutility by the view of weshington. I certify or declare under penalty of perjury und
Bonnie MCLEGO PRINT NAME	BMB 8/20/18 SIGNATURE DATE

APPLICANT STATEMENT  (To be completed by the individual requesting operating authority)		
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
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SUPPORT STATEMENT	est for operating authority)
(To be completed by the individual or business/organization supporting the request THE TRANSPORTATION NEED Briefly describe the transportation service the application could provide to you or your business/organization if this request for of A Stehekin-based ferry service has been needed for decades, and now modemise of Chelan Airways. It fills in a much-needed piece of the Stehekin to the stehek	nat you need and that the operating authority is granted o <del>re than ever with the</del>
Are your transportation needs being met now? Yes NoX_ If not, experienced.  With the tourist-based ferry service operating out of Chelan, the cost of mass Stehekin means at least two nights lodging away from home before being	aking a simple trip out of
If the request is denied, would it have any effect on you or your business/c YesX No If yes, please explain Continued inconvenience and higher costs of traveling out of Stehekin	organization:
VERIFICATION  (To be completed by the individual or business/organization supporting the request	for operating authority)
Name and Title: Doug Woodward Business/Organization:_ Stehekin resident	2018 SEP
Street/Mailing Address: PO Box 26	
City, State, Zip Code:_ Stehekin, WA 98852	
Telephone Number: Fax Number:	<u> </u>
I understand that this information is being given as the basis for a grant of operating auth Utilities and Transportation Commission, an agency of the state of Washington. I certify perjury under the laws of the state of Washington that the information contained in this st	or declare under penalty of
PRINT NAME  D.L. WOODWARD  SIGNATURE	8/21/18 DATE

Friday, August 24, 2018

Washington State Utilities and Transportation Commission **Licensing Services** P.O. Box 47250 Olympia, WA 98504-7250

To Whom it may concern,

We would like to provide our support of a petition for an additional ferry service on Lake Chelan proposed by Colter Courtney of Backcountry Travel LLC. Application Docket # TS-180677

My husband and I are frequent visitors to Stehekin from our home in Chelan. When the float plane service was in operation, we used a combination of the Float Plane, our private boat, and the Lake Chelan Boat Company for transportation to the west end of the lake to spend time at our family cabin. Having multiple choices for travel to Stehekin allowed us to visit more frequently and take less time off from work to do so.

With the float plane out of service, and travel by private boat often hampered by wind and unpredictable lake conditions, we have only the Lake Chelan Boat Company ferry schedule to work with. Much of the year, they operate their vessels on an a very abbreviated schedule, making a weekend visit impossible. You are forced to add additional vacation days in order to have transportation. During the busy summer months, passengers frequently have to shorten or extend their itinerary due to the fact that the Lady Express service is full nearly each day during the summer.

The Courtney Family genuinely cares about the community of Stehekin, and its residents. Visitors and the tourist dollars they bring helps the community to thrive, and allows people who choose to make this unique little town their permanent home, to make a living. Allowing Mr. Courtney to provide additional access to and from this remote community will give more people the ability/opportunity to visit Stehekin help to extend the very short tourist season so that residents can increase their earning potential.

We urge you to approve their application and provide more options for travel to Stehekin, Washington for visitors, residents and property owners alike.

In Blees

Sincerely,

ส่ป and Jim Burberv

58 Howser Road

Chelan, WA 98816

Sue Crinklaw

204 Wells Avenue

Manson, WA 98831

### To Whom It May Concern:

This letter is in support of Back Country Travels starting a boat service to and from Stehekin. Although I live in the immediate area, I have many relatives and friends who go to Stehekin during the year. This requires them to either get a motel for 2 nights, one on each end of their trip, or having to drive to and from their home in non-daylight hours.

The experiences at Stehekin are such that folks need to arrive there rested and ready to go and upon leaving, not dread a 3-4 hour drive. This would benefit those in Stehekin who are trying to make a living during the few months of summer.

In addition, it would allow for more people to experience what Stehekin has to offer year round as the travel would not be so difficult.

Stehekin residents would benefit also. This would allow them to make important appointments downlake without having to be gone 3 days from their family or business. It could be done in two days, or if just a quick trip to the bank, could be done in one.

The Courtney family has long been respected not only in Stehekin, but throughout the valley for their efforts to keep Stehekin on the map and this is just another way they have found to do so. Offering such excellent boat service would be a real asset to all.

Please consider allowing this permit for not only visitors, but residents.

Sue Crinklaw

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(Table completed by the individual or business/or	ganization supporting the request for operating authority)
Name and Title: <u>avolyn</u> Fletc	ihev
Business/Organization:	
Street/Mailing Address: 4616 N. M.	1/0 / M/0 992/6
City, State, Zip Code: Spokaw Va	
Telephone Number: <u>509-934-87(6</u>	Fax Number:
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	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
	711-19
Cavolyy Fletcher PRINT NAME	SIGNATURE DATE

To: WUTC

I am writing in regard to application docket, TS-180677.

I am a fourth generation resident of Stehekin, own two tourist-based businesses in Stehekin, and I believe it would be good for the valley to have more options for traveling to and from Stehekin.

First of all, there is the free-enterprise aspect. It seems at odds with traditional values that Lake Chelan Boat Company has a monopoly. The federal government has also built a huge parking lot for a private company and will they do not welcome other uses of the dock and parking lot.

Secondly, Stehekin residents and businesses could benefit from a Stehekin based boat company for ease of coming and going... Currently when the boats are full on busy weekends, it can be slow in Stehekin if Holden is getting large groups in, because only a finite number of people can get to Stehekin and Holden with the boat schedule and the fact the Boat Co never offers additional runs. And with no air service it has become increasingly tough to get up and downlake with any agility. Stehekin business is slowly being strangled by not having any transportation choices for our clients. Winter time is a slow time but the schedule does not allow for much freedom of ingress and egress. The current boat company owners have never asked residents or business owners if there was a way that the service could be improved or if we as businesses owners were satisfied with the service as is runs. An offer to brainstorm better solutions would have been welcome at some point in the last 30 years. The comfort on the Lady Express leaves a lot to be desired, in the winter especially. The upstairs is often frigid and the downstairs often smells terrible from the toilets not being vented properly. Has anyone from the UTC ever ridden the boats in Spring, Winter or Fall? I believe that valley residents and tourists would benefit with two transportation options, 1 based in Stehekin and 1 based in Chelan. It would allow or visitor numbers to expand rather than being checked.

In closing I would say that I am willing to take a chance that the service on the lake would get better, not worse, with two operators.

Sincerely,

Box 67

Stehekin, WA 98852

Email: courtneystehekin@msn.com

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application could provide to you or your business/organization in this request is operating
granted I have visited Stehekin several times, and each time really enjoyed it. It is the gateway to many
great hiking areas in the north Cascades. This ferry would greatly enhance access to Stehekin
great hiking areas in the north Cascades. This lefty would greatly enhance decode to exercise
and also help the local community. Please allow them to increase their ferry service.
Are your transportation needs being met now? Yes No _x_ If not, explain problems you
The timing of the existing ferry service make it difficult to access Stehekin, and make it more
expensive since you usually have to allow for an extra day just for transportation back and forth.
If the request is denied, would it have any affect on you or your business/organization:
Le strong places explain I am writing as an individual but also a member of
outdoor organizations such as the Mountaineers. Not having this proposed ferry service would
reduce access to this great hiking and backpacking
area

2018 SEP -5 MM 8: 2#

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VERIFICATION  (To be completed by the individual or business/organization supporting the reque	est for operating authority)
(To be completed by the individual or business-organization supplies	
Name and Title:Martha L	
Burke	
Business/Organization:	
Street/Mailing Address:PO Box	
1211	
City, State, Zip Code:Suquamish, WA	
98392	
Telephone Number:206-390-9943	Fax
Number:	the the Machington
I understand that this information is being given as the basis for a grant of operating a Utilities and Transportation Commission, an agency of the state of Washington. I cer perjury under the laws of the state of Washington that the information contained in the	tify or declare under penalty of is statement is true and correct.
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