(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		
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.			
Stellekill at 10.40ail daily and feturn at 1pm, arriving back in otonokin at 2. 10pm.			
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		
Cour business clients would benefit with the later departure from Chelen			
Con puriness cilents was a benefit with the later apparatus from the			
(so they are able to drive in the morning and board the boat)			
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		
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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)
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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
15.01	
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: Ju) (uston Toustr	ction Stohokin Fishing Holadtons
Street/Mailing Address: 20. Bal 5	- 80 Schaerban Rd
City, State, Zip Code: Stehekin Wo	98852
Telephone Number: 509 679 Z95	9 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
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\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 Field's Point would be extremely advantageous to help visitou get into the valley.			
- Johnta get Dijk 2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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		
formy at Field's Point. Several years age, a car in our pa	ing departure from home in order to make the ty crashed skidding on ice on our way over, likely wake the ferry. The ice may not have been as issue late in 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 S (To be completed by the individu	STATEMENT al 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.
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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
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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				
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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 individual requesting operating authority)				
Applicant Name:	Application Docket No.:			
Backcountry Travels LLC	TS-180677			
THE APPLICATION What authority are you applying for? Include any amendments.				
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave				
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(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 MY 173 Occary				
on A very Takey mapping Daive				
Are your transportation needs being met now? Yes No If not, explain 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		
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AND UN POFFERAL SERUK	- wollin par	DAK		
		handingstands and manage and one of the standards are described an electric and all the standards are described as the standard and the standards are described as the standard are described as the standards are described as the standard are described as the standards are describ		
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(To be completed by the individual or business/orga	nization supporting the request for op	erating authority)		
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Name and Title: (12/4/6 WES		O		
Business/Organization:	2 6)-			
Street/Mailing Address: 4/2////	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 basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.				
0 11		7		
CAAIG WESSER CE	Jeffel 9	-6-18		
PRINT NAME	SIGNATURE	DATE		
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APPLICANT S (To be completed by the individual)	1			
Applicant Name:	Application Docket No.:			
Backcountry Travels LLC	TS-180677			
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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/orga	inization if this request for operating authority is			
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Cholan. There are increased number of people				
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				
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Yes X No If yes, please explain.	hours of speration would			
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distanças. Adding & 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: 2/2// 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				
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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		
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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 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/organization if this request for operating authority is			
granted.	24 To 4246 F		
COULD GIVE ME CATE	TICLE TO WHO		
COULD 9INE ME CHOICE TO WHO I WANTED TO RIDE WITH OR THE TIME 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			
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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 driegoeness.		

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 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.					
Stenekin at 10:40am daily and return at 1pm, arriving back in Stenekin at 2.40pm.					
SUPPORT STATEMENT					
(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. We would not have to leave spokane in the					
granted. We would not have to leave spokane in the					
Dangerous Driving conditions!					
Dannegons Opiving conditions!					
Manueleous Centraling Concernation					
	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 ba	sis for a grant of operating authority by the washington 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/soler 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	34
City, State, Zip Code:Richmond, Texas		豆豆	1
Street/Mailing Address3522 Timothy Lane			
Business/Organization:	100 mg/ 100 mg		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)
(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 Control	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- few	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			
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.		
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		
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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.		
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If the request is denied, would it have any affect	on you or your business/organization:		
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7 Sm. 5 1/1 200 1	De Jahre V.		
Silve outerray	- 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 Mailurs	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
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morar unakan DSE	difficult: We hook!
(3) Maratio Darlos 4	that proposed Fridaya Sund
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have experienced.	,
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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:
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Yes No I yes, please explain.	ar warrand use.
apolic be a designed	and magne and a
or our copies you	A CO Margar Trocasa
(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.				
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	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 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 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.			
Margorie Lindsay Mas	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 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.
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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 companyation de la company	000 2-29-18
Gayle A Javis Sa	CICNATURE DATE
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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			
SUPPORT S (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.	natival in a Guerra	-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 I		
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	ve.		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 for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.				
. 0		•	i	,
Rachel Monn Rul	ulppun	8/2	7/13	8
PRINT NAME	IGNATURE	-	DATE	

APP (To be completed by the	PLICANT STATEMENT he individual requesting operating authority)
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
A daily, year round commercial ferry services	e you applying for? Include any amendments. ce on Lake Chelan based out of Stehekin WA. The vessel nd efficient thirty two passenger catamaran. The vessel would rn at 1pm. arriving back in Stehekin at 2:45pm.
SU (To be completed by the individual or busi	IPPORT STATEMENT iness/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Brief the application could provide to you or yo is granted. Bo at Service to from	efly describe the transportation service that you need and that bur business/organization if this request for operating authority of the strain of the strai
Are your transportation needs being no have experienced. Because of curve travel to get to hake Chelan, a adding co A and time to a travel to risk my brother in Che	met now? Yes No x If not, explain problems you ent ferry schedule and distance we must en overnight stay is required at Chelan- nip to stehelen for fishing and hiking. every, wh and we visit stehelen to fish
If the request is denied, would it have Yes No If yes, please	e any affect on you or your business/organization.
- arrong well after dash	an overget stay at Chelon, plus back at our departure location,
(To be completed by the individual or bu	VERIFICATION usiness/organization supporting the request for operating authority)

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 basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.			
Mary R Price 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)				
	Application Docket No.:			
Applicant Name:	TS-180677			
Backcountry Travels LLC				
THE APPLICATION What authority are you apply	ring for? Include any amendments.			
A delly year round commercial ferry service on lake	e Chelan based out of Stenekin VVA. The Vesser that	۱		
will be used is a quiet, comfortable and efficient thirty Stehekin at 10:40am daily and return at 1pm, arriving	y two passenger catamaran. The vesser would leave g hack in Stehekin at 2:45pm.	_		
Stenekin at 10:40am daily and return at 1pm, arriving	g baok iii eteriei at =			
SUPPORT	STATEMENT			
(To be completed by the individual or business/orga	nization supporting the request for operating authority)	he		
application could provide to you or your business/or	e the transportation service that you need and that the transportation if this request for operating authority is			
granted.	garner and the second s	-		
I need a daily year round option	n for travel down lake to conduct	_		
business shopping, etc. I also y	reed an option to travel up lake	_		
rearing chelan / Fidds Pt. at a lat	er hour.			
Are your transportation needs being met now?	Yes No X If not, explain problems you			
have experienced.	not run even due year-round,			
activity Havel difficult dipose	the short sear Ako, there			
making travel antitude character chelan at a later hair				
are to bright thin april 2 10 1000 and the inscharge is the instance.				
If the request is denied, would it have any affect on you or your business/organization:				
Yes No X If yes, please explain.				
oracle used relia on the public system for than sportation				
Travel is complicated because of the lack of daily senice, outsider -				
`	7 (711).			
VERI	FICATION			
(To be completed by the individual or business/org	anization supporting the request for operating authority)	:		
Toro Country or				
Name and Title: Jen Courtne				
Business/Organization:				
Street/Mailing Address: 2 Milts N. (F	20 BOX 311			
City, State, Zip Code: Sthekin, WA 9	((2)			
Telephone Number: 504) 668-9418	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.				
perjury under the laws of the state of Washington that tr	ne information contained in this statement is true and com-	JUI.		
Jenniter Courtney Jel	16wither			
PRINT NAME	SIGNATURE DATE			
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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 valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley this service that you have need for the valley t	APPLICANT STATEMENT			
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				
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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is)			
application could provide to you or your business/organization if this request for operating authority is	at the 📗			
	i			
As a Stehetin Resident with work outside the Valley, this service would areally increase my commoting options. I have need for	- 1			
would exectly increase my commoting options. I have need to	3010			
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year round dailey service, with time options that as not provide	Toulde			
Are your transportation needs being met now? Yes No Y If not, explain problems you	u			
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 CONTROL OF THE CONTROL O				
Uchilley.				
If the request is denied, would it have any affect on you or your business/organization:				
Yes No If yes, please explain.	411			
an increase in available official and law	va			
be a positive liberating service to mysett over my	, m			
DIX MESS MATHOUT ON MICROSE IN MANSPORTATION 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)	y)			
Name and Title: Leed Court-vey	- 7			
Business/Organization: Mountain Barge Services CCC				
Street/Mailing Address: P.O. Rox S				
City, State, Zip Code: <u>Steve King WA 4888</u>				
Telephone Number: <u>409 630 3808</u> Fax Number.	fon			
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 Teeffanturef 9/4/18 PRINT NAME SIGNATURE DATE	<u></u>			

	Application Docket No :	
Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
	to C. In alude any amondments	
THE APPLICATION What authority are you apply 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 15mg annual		
SUPPORT S	STATEMENT	
(To be completed by the individual or business/orgar	nization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the	
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Business/Organization:		
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City. State. Zip Code: Chelan, WA	98816	
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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, confortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm. SUPPORT STATEMENT The Decompleted by the individual or business/organization supporting the request for operating authority). THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. I need a way to get to Stehekin earlier than the other ferry provides and to be able to arrive arrive law of the request of the carrive in can arrive home. Portland, OR at a reasonable hour, earlier also back at Chelan earlier so that I can arrive home. Portland, OR at a reasonable hour. Are your transportation needs being met now? Yes No X If not, explain problems you have experienced. The hours of the regular service do not work for me. If the request is denied, would it have any affect on you or your business/organization: Yes X No If yes, please explain: Check above explanation VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Kathy Carlman Business/Organization: Street/Mailling Address:3038 SE Boyd St City, State, Zip Code:Milwaukie, OR 97222 Telephone Number:503-654-7575 Fax Number: **Unificies and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perigny under the laws of the state of Washington that the information contained in this statement is true and correct. **Washington** **Unificies and Transportation Commission, an agency of the state of Washington. I certify or decl	APPLICANT S (To be completed by the individu	APPLICANT STATEMENT (To be completed by the individual requesting operating authority)		
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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 Cast Levock Ave.		
City, State, Zip Code: We natchee WA 98801		
Telephone Number: 894-2142 Fax Number: 1/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 10rodin dany and rotain de 15m, antiving	Buok III Otollokiii at 2. ropiiii	
SUPPORT S (To be completed by the individual or business/organ	STATEMENT ization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe	the transportation service that you need and that the	
application could provide to you or your business/organted.	anization if this request for operating authority is	
Service to Stehekin year	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 (Caular Service /	as bear a good for	
Daily regular service v	125 DEEN OF PERCENTURE	
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 Em E	
Business/Organization:		
Street/Mailing Address: 44 Old Ju	usp Hwy	
City, State, Zip Code: Twisp WA	98856	
Telephone Number: <u>509 - 997 - 2123</u>	Fax Number:	
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.		
Lynn Breaker Chrk Jyn Breaker Jan 8-23-18 PRINT NAME SIGNATURE DATE		

A Land 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 1 " 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 would 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	e the transportation service that you need and that the panization if this request for operating authority is a more time options for me to get mand out of	
granted. This business would allow these to be	E Marie and officers of the to have	
Steheken, The Backcountry Mavels, LL ferry	times would fit my needs better due to boung	
nut-a-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 index site not there and	
make the trip to Stehellen. Currentry, i	t 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 water me	
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	1 45013	
Telephone Number (513) 746-6553	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.		
2		
Ting Riffell	na Keffell 8/23/18	
DRINT NAME	SIGNATURE DATE	
L IZHAT IACAME		