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

Christine A. Bigelow Christine a Bigelow SIGNATURE

Stehekin which is what they want, otherwise they have to spend a night in Chelan and spend another 12 day of travel on the boat to get to the head of the lake.

	APPLICANT STATEMENT  (To be completed by the individual requesting operating authority)		
	Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677	
	THE APPLICATION What authority are you 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	PTATEMENT.	
	SUPPORT STATEMENT  (To be completed by the individual or business/organization supporting the request for operating authority)		
4-1			
#1	application could provide to you or your business/organization if this request for operating authority is granted.		
	WE NEED TRANSPORTATION UPLAKE THAT LEAVES CHELAN AFTER		
	NOON. WE NEED TO BE ABLE TO RELY ON TRANSPORTATION DOWNLAKE		
	THAT RETURNS US TO CHELAN EARLY ENOUGH TO DRIVE HOME THE SAME DAY!		
41			
#2	have experienced PRIVATE BOAT TROUBLE IN STEHEKIN ON A SUNDAY WHEN		
	THE LADY EXPRESS WAS FULL SO WE COULD NOT GET DOWNAKE ONTIME.		
	BOTH LADIES LEAVE SO EARLY WE MUST DRIVE ALL NIGHT OR GET AN		
	EXPENSIVE HOTEL ROOM. THIS JUNE WE HAD TO FORFIET A NIGHT		
#3	If the request is denied, would it have any affect on you or your <del>business/organization</del> :  Yes_X_ No If yes, please explain		
		Unexpected	
	SAME PROBLEMS (Financial, Pl	anning Ahead, Overnight Stays,	
5	We have had to shorten or forgo reservations in Stehekin		
,	que to current BOATS FULL.		
	VERIFICATION  (To be completed by the individual or bysiness/extensization supporting the request for exercting withority)		
	(To be completed by the individual or business/organization supporting the request for operating authority)		
	Name and Title: SHARON N BENN		
	Business/Organization:		
	Street/Mailing Address: 807 SANFORD	AVE SEE 3 3-8	
	City, State, Zip Code: RICHLAND, W	A 99352	
	Telephone Number: 569-943-1461	Fax Number:	
	I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	state of Washington. I certify or declare under penalty of	
		MR A a i nid	
	SHARON N BENNETT ST PRINT NAME	SIGNATURE DATE	
	*INFORMATION ON BACK C	- 4 4 4 -	

## DOCKET # TS-180677

#Z-HOW TRANSPORTATION NEEDS ARE NOT BEING METS of our RESERVATION IN STEHEKIN BECAUSE BOTH LADIES HAD ALREADY LEFT. BEFORE 9 AM WHEN WE TOUND OUT THE LAKE WAS TOO ROUGH FOR THE PRIVATE BOAT WE HAD ACCESS TO. WE HAD TO SPEND THE NIGHT IN THE CHELAN AREA AND TAKE THE BOAT THE NEXT DAY, WE HAVE ALWAYS WANTED TO TAKE A WINTER VACATION IN STEHEKIN BUT THE LIMITED BOAT SERVICE WAS SUCH THAT IT NEVER WORKED OUT. A DAILY BOAT SERVICE WOULD MAKE THAT WINTER VACATION POSSIBLE.

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

LISTED IN THE PROPOSAL.