

Applicant Name: Backcountry Travels LLC	Application Docket No.: 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/organization if this request for operating authority is granted.

*This boat would be better service and more reliable. The other one and only boat company is for sale not sure if it will be reliable for much longer.*

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

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

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

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

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

Name and Title: Mike Trainer

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

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

City, State, Zip Code: Malaga WA 98828

Telephone Number: 509-699-1415 Fax Number: \_\_\_\_\_

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

Mike Trainer *[Signature]* 10-3-18  
 PRINT NAME SIGNATURE DATE

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

The new boat service would provide another transportation option to get to/from Stehekin. The Lady of the Lake reaches max capacity sometimes.

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

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

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

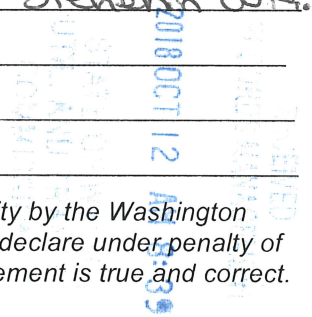
It would continue to make it a challenge to get to/from Stehekin/Lucerne when I want to.

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

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

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

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



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**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. This service will provide me a more practical access to our cabin in Stehekin and a more user friendly schedule.

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

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

**VERIFICATION**

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

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

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

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

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

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OCT 15 2018

WASH. UT. & TP. COMM

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

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

my down lake guests need better options

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

\_\_\_\_\_

**VERIFICATION**

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

Name and Title: DENNIS EVANS TUNNEL HILL WINERY

Business/Organization: 75 HWY 97-A

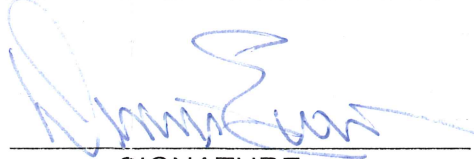
Street/Mailing Address: CHELAN, WA 98816

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

Telephone Number: 509-682-5695 Fax Number: \_\_\_\_\_

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

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

  
SIGNATURE

10/5/18  
DATE

2018 OCT 15 AM 11:32