SPECIAL FUEL SURCHARGE SUPPLEMENT NO.			6
	Applies on		5
Carrie	r's Tariff No.	63	
		r \$1.50	ing from application of
Company Name & Parmit No	Supplement is	·	
Company Name & Permit No.: Lake Chelan Recreation, Inc.  Issuing Agent's Name And Title: Jack Raines, President/Cindy Engstrom, Mngmnt			
Mailing Address: P.O. Box 186			
City/State/Zip: Chelan, WA 98816			
Telephone No.: 509-682-2012			
Fax No.: 509-682-5872			
E-mail Address: cindy@ladyofthelake.com			
Issue Date:			
(Area	Below For Off	icial Use Only)	
Effective Date:		-	