APPLICANT STATEMENT (To be completed by the individual requesting operating authority)	
Applicant Name:	Application Docket No.
Bounding Main LLC / Sean McNamara	TS-111927
THE APPLICATION What authority are you applying for? Include any amendments.	
Bellingham to Orcas Island with Flag Stops; Eliza, Sinclair, Cypress, Obstruction Pass, Olga, Lopez, and Blakely.	
Orga, Lopes, and Blanery.	
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.	
cet a regranable cost	
Are your transportation needs being met now? Yes No V If not, explain problems you	
have experienced.	
- Currently no foot Jerry Deruice since Soland	
Commuter sty sold ories a year ago, There is	
a water favi beginning berifice - "Leap trog"- but to	
If the request is denied, would it have any affect on you or your business/organization;	
Yes No If yes, please explain. () \(\frac{\partition}{\partition}\) \(\frac{\partition}{\partition}\) \(\frac{\partition}{\partition}\)	
Cost III	
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VERIFICATION	
(To be completed by the individual or business/organization supporting the request for operating authority)	
Name and Title: Mary Ellen Shirlds	
Business/Organization:	
Street/Mailing Address: 1478 KILLIRA	
City, State, Zip Code: Bellingham WA 98226	
Telephone Number: 360 201 106+ 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.	
I de la	
Mary Ellen Thields 1/19 Thistas 11/18/11	
PRINT NAME	SIGNATURE / DATE