APPLICANT STAT	EMENT the critical
(To be completed by the individu	al requesting operating authority) Application Docket No.: TS-180677
Backcountry Travels LLC THE APPLICATION What authority are you apply A daily, year round commercial ferry service on Lake A daily, year round into commercial and efficient thirty	ing for? Include any amendments. 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 Stehekin at 10:40am daily and return at 1pm, arriving	y two passenger catamaran. The vesser wedge is 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 application could provide to you or your business/organization in the service and the
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Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Yes and no. As a regular traveler to Stehekin since 2002, it would be very helpful to have more options than the current schedule particularly in winter and off-season months.
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 be less likely to consider winter or off- season travel to Stehekin. As it stands now, I only plan my visits around summer schedules wher regular, timely, boat service is available. I believe there is room and demand for more ferry service that would better serve both residents of Stehekin and those of us who are regular
visitors.

2018 AUG 24 AM 8: 24

(To be completed by t	the individual or bu	VERIFICATION usiness/organization supporting the	request for operating address,
lame and Title:	Jonni Graybeal,		
Business/Organization:_ Street/Mailing Address:_	2373 Sand		
City, State, Zip Code:	_Chewelah, WA		Fox
Telephone Number:	_509-936-3064_		
I understand that this inform and Transportation Commis the laws of the state of Was	nation is being give ssion, an agency o shington that the in	offormation contained in this statement	ing authority by the Washington Utilities or declare under penalty of perjury under ent is true and correct. \(\text{\text{\$\sigma}} - \text{\$\frac{1}{2}} - \text{\$\frac{8}{2}} \)
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JONNI GRAY PRINT NAME	BEAL	SIGNATURE	DATE
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IMPORTANT!!!

APPLICA	ANT STATEMENT
(To be completed by the i	ndividual requesting operating authority) Application Docket No.:
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Applicant Name:	TS-180677
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WINTER WHEN DAILY SERVICE IS NOT PROVIDED BY LAKE CHELAN BOAT CO. Are your transportation needs being met now? Yes____ No _X_ If not, explain problems you have experienced.

CRITICAL SERVICES THAT CANNOT BE SERVED BY THE LAKE CHELAN BOAT COMPANY

ESPECIALLY WITH AIR TAXI NO LONGER AVAILABLE (ESPECIALLY DURING FIRE SEASON WHEN AIRCRAFT CANNOT LAND OR TAKE OFF WITH SAFETY) AND DURING

AS A FORMER RESIDENT OF STEHEKIN I UNDERSTAND LOCAL CITIZEN CONCERNS OVER INADEQUATE FERRY SERVICE, WHICH HAS SERIOUS AND CRITICAL GAPS IN COVERAGE. AIR TRANSPORT IS IMPOSSIBLE UNDER MANY WEATHER AND FIRE-SEASON CONDITIONS AND A SERVICE ORIGINATING IN STEHEKIN IS MOST DESIRABLE FOR CRITICAL NEEDS. CURRENT FERRY SERVICE IS INFLEXIBLE AND STEHEKIN RESIDENCE MIGHT NOT BE ABLE TO SEEK MEDICAL ATTENTION DUE TO THE CURRENT INFLEXIBILITY. APPLICANT'S SERVICE WILL ALLOW CITIZENS FERRY SCHEDULE OPTIONS ENABLING THEM TO SEEK MEDICAL ATTENTION IN A TIMELY MANNER NOT OTHERWISE AVAILABLE.

If the request is denied, would it have any affect on you or your business/organization: If yes, please explain. MY PARENTS OPERATED MORSE'S RESORT IN THE EARLY 1960'S. AN ADDED PASSENGER FERRY WOULD HAVE BROUGHT MORE BUSINESS TO THE STEHEKIN COMMUNITY AND OF COURSE MORE CUSTOMERS. IT WOULD ALSO AFFORD GREATER FLEXIBILITY FOR DOWN LAKE TRAVEL OPTIONS BENEFICIAL TO THE RUNNING OF ANY BUSINESS. CURRENTLY SOME CUSTOMERS WILL FEEL AFRAID TO TRAVEL TO THIS REMOTE AREA DUE TO EITHER DISABILITY OR HEALTH ISSUES; JUST ONE MORE OPTION FOR TRANSPORTATION WILL GIVE THEM CONFIDENCE THAT THEY ARE NOT PUTTING THEMSELVES AT RISK. HAVING ANOTHER TRANSPORTATION (AS MODEST AS IT IS) WILL BRING YOUR DECISION INTO COMPLIANCE WITH THE AMERICAN DISABILITY ACT.

AUG 2 7 2018 WASH. UT. & TP. COMM (To be completed by the individual or business/organization supporting the request for operating authority)

Business/Organization: INFORMED CITIZEN NETWORK, FORMER RESIDENT OF STEHEKIN Name and Title: KEN MORSE

Street/Mailing Address: PO BOX 1771

City, State, Zip Code: OLYMPIA, WA 98507

Telephone Number: 360.923.1080 EMAIL: ICNCHAIRMAN@PROTONMAIL.COM

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.

KEN MORSE PRINT NAME

23 AUG 2018 DATE

Applient Dockt Nb.

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

Support statements should reach the WUTC WITHIN 30 DAYS or the APPLICATION MAY BE of your application. 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.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION Licensing Services PO Box 47250 Olympia, WA 98504-7250

Application Docket No.: AUG 27 2018 Applicant Name: TS-180677 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 our current boat service is very spring, a competing If not, explain problems you Are your transportation needs being met now? Yes have experienced If the request is denied, would it have any affect on you or your business/organization If yes, please explain._ Sammer (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title:_ Business/Organization: Street/Mailing Address: City, State, Zip Code: 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.

Applicant Name: Backcountry Travels	LLC

Application Docket No.: TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.

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Street/Mailing Address: 11 SAN W. City, State, Zip Code: BELLINGIA	MA 98CCT
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Utilities and the state of washing	

Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of Utilities and Transportation Commission, an agency of the state of Washington contained in this statement is true and correct. perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

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Name and Title: Charles W. West	
Name and Title. Officers	
Business/Organization: retired	t Diago
Business/Organization: 19 Street/Mailing Address: 13318 SW 261st	Place
Street/Mailing Address WA 9807	70
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Inconvenience, mandatory appointments, cost of overnight or extra night lodging VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title:Garfield R. Jeffers Business/Organization: Street/Mailing Address:610 Skiview Drive City, State, Zip Code:East Wenatchee, WA 98802 Telephone Number: Telephone Number: Tunderstand that this information is being given as the basis for a grant of operating authority by the Washington 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 Utilities and Transportation Commission, an agency of the state of Washington that the information contained in this statement is true and comperjury under the laws of the state of Washington that the information contained in this statement is true and compenience.
VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title:Garfield R. Jeffers Business/Organization: Street/Mailing Address:610 Skiview Drive City, State, Zip Code:East Wenatchee, WA 98802 Telephone Number:509-884-8163
Inconvenience, mandatory appointments, cost of overnight or extra night lodging VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title:Garfield R. Jeffers Business/Organization: Street/Mailing Address:610 Skiview Drive City, State, Zip Code:East Wenatchee, WA 98802 Telephone Number: Fax Number:
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If the request is denied, would it have any affect on you or your business/organization: Yes_X_No If yes, please explain Inconvenience, mandatory appointments, cost of overnight or extra night lodging VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Garfield R. Jeffers Business/Organization: Street/Mailing Address:_ 610 Skiview Drive City, State, Zip Code: East Wenatchee, WA 98802 Telephone Number: 509-884-8163 Fax Number: Fax Number:
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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.

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Street/M	lailing Address: 19289 S. Sonoita Havy
Other Cto	oto Zin Code: Vail / The USU (1
Telepho	one Number: 520-548-3519 and the state of Washington. I certify or declare under penalty and that this information is being given as the basis for a grant of operating authority by the Washington and the state of Washington. I certify or declare under penalty and transportation Commission, an agency of the state of Washington.
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Business/Organization:	- D - D - N - 27 2018
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Backcountry Travels LLC	TS-180677		
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Name and Title: Bud & CAROL A.	AKER		
Business/Organization:	2 5 5 E		
Street/Mailing Address: Box 31058			
City, State, Zip Code: SOOKANE, WA	99223		
Telephone Number: 509-710-0779	and the second s		
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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. I need transportation to a privately owned remote making
on upper Lake Chelan. The property is only accessible by boat
or plane. If a year round, flag stop service were provided
I could get to the property whenever I wanted to.
Are your transportation needs being met now? Yes No X If not, explain problems you have experienced. Tam a 70 year old woman who has traveled take
Chelan all of those years. It is a part of our family tradition I do not
want to loose. It is more difficult to go in our own boat, especially
between October-March when we would use public transport but it is not
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 be unable to use our property
for there were Maintaince Concerns and as we choose to
use it with year-round access.
VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: Barbara A. Polley
Business/Organization:
Street/Mailing Address: 333 E. Allen Ave, P.O. Box 2058
City, State, Zip Code: Chelan, WA. 98816
Telephone Number: 509 - 888-2471 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.
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Applicant Name:	Application
Backcountry Travels LLC	Application Docket No.: TS-180677
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Street/Mailing Address: 333 E. A)	en AVE / Po Box 2058
City, State, Zip Code: Chekm MA	98816
elephone Number: 569 888 247	Fax Number:
understand that this information is being given as the basi Itilities and Transportation Commission, an agency of the erjury under the laws of the state of Washington that the in	is 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.

JEFF L Kolley Sthrey PRINT NAME

SIGNATURE

APPLICANT STATEMENT (To be completed by the individual requesting operating authority)				
	Application Docket No			
Applicant Name: Backcountry Travels LLC	TS-180677			
	Lucate			
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 prassenger catamaran. The vessel would leave			
A daily, year round commercial ferry service on Lake be used is a quiet, comfortable and efficient thirty two Stehekin at 10:40am daily and return at 1pm, arriving				
Stehekin at 10:40am daily and return at 1pm, annung	Judok in Citiza			
(To be completed by the individual	SUPPORT STATEMENT or business/organization supporting the request for operating authority is granted.			
you or your business/organization it this request to	operating distance of			
I travel to Stehekin a few times a year and now only option is the current Lady of the Lake compared at their schedule from Seattle	that the Chelan Airways business has been closed, the bany. While they are ok, sometimes they are full, and isn't easy and Chelan is expensive to overnight.			
It would be helpful to have additional trips up the	0			
lake.	Yes NoX_ If not, explain problems you have express in Chelan, or drive late at night which is unsafe or			
Are your transportation needs being met now?	rates in Chelan, or drive late at night which is unsafe or			
Have had to stay overnight at expensive tourist	Tates in Oriolary or an			
the roads getting to Chelan				
If the request is denied, would it have any affect	t on you or your business/organization.			
YesX_ No If yes, please explain				
	ehekin or Holden as often as I would like			
I wouldn't be able to travel to St	eriekiii di Tiolderi as olteri as			
VERI	FICATION panization supporting the request for operating authority)			
Name and Title:Marlo Jones				
Business/Organization:22616 102 nd PI	SE			
City State Zin Code: Kent, WA 98	031			
Talanhana Number: 206-612-9666	Fax Number:			
Lunderstand that this information is being given as the	basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.			
Marlo Jones	artoffma 19AV92018			
PRINT NAME	AIANIDE UNIE			

. A Namo:	Application Docket No.:			
Applicant Name: 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 Chelan based out of Stehekin WA. The vessel would leave				
A daily, year round commercial lefty service on Early	this passenger catamaran. The vessel would leave			
will be used is a quiet, comfortable and efficient triffy Stehekin at 10:40am daily and return at 1pm, arriving	back in Stehekin at 2:45pm.			
Stehekin at 10:40am daily and return at 15:11, seem				
SUPPORT	STATEMENT The request for operating authority)			
(To be completed by the individual or business/orga	nization supporting the request for operating authority) of the transportation service that you need and that the			
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/or	e the transportation service that you need and that the ganization if this request for operating authority is			
application could provide to you or your business,	de la			
granted The land	o Stekekin and buck			
at times that would allow	us to travel from western W.H.			
4// - 1/5/7	h is come to a			
to arrive in Chelan in daylight	No. No. / If not explain problems you			
Are your transportation needs being met now?	Yes No Irriot, expand			
have experienced.	lor me is to leave ma			
Currently the only option	will in a motel to catch			
Nome I day before and spend the	e ni por va de ve			
Servy in the morning to Stehe	kuinoss/organization:			
If the request is denied, would it have any affect	et on you or your business/organization			
Yes X No If yes, please explain	If the request is denied, would it have any affect on you or your business/organization: Yes \(\times \) No If yes, please explain An It years old driving of If yes, please explain If I time and expence of a motel			
Night is getting more difficult,	Yes X No If yes, please explain and expence of a motel wight is getting more difficult, time and expence of a motel			
ic becoming a burden.				
I have been vacationing of the	te Stehrkin Valley Rough for the past			
00 + 120 45				
VER	IFICATION			
(To be completed by the individual or business/or	ganization supporting the request for operating authority)			
Name and Title: ERNST O. P.	OFGER LCDR/USNRET			
Name and Title:	/			
= - 0 (1 /	ct.			
Street/Mailing Address: 8813 Cedar CT. City, State, Zip Code: Sedro-woolley, wh 98284 Fax Number:				
City, State, Zip Code. Search Class Fax Number:				
Telephone Number: 360) 708-0433				
that this information is being given as the basis for a grant of operating data and explain under penalty of				
Utilities and Transportation Commission, an agency of	f the state of Washington. I certify of decide amount for the information contained in this statement is true and correct.			
perjury under the laws of the data of the				
1 NICCO	19 HIG18 DATE			
ERNST (SKIP) PLUEGER	SIGNATURE DATE			
PRINT NAME				
i e				

APF	PLICANT STATEMENT y the individual requesting operating authority)
AND CONTRACTOR AND	Application Docket No.:
oplicant Name: ackcountry Travels LLC	TS-180677
HE APPLICATION What authority ar	re you applying for? Include any amendments. vice on Lake Chelan based out of Stehekin WA. The vessel that officient thirty two passenger catamaran. The vessel would leave
daily, year round commercial terry serv	fficient thirty two passenger catamaran. The vessel would leave
ill be used is a quiet, comfortable and e tehekin at 10:40am daily and return at 1	1pm, arriving back in Stehekin at 2:45pm.
S	SUPPORT STATEMENT
	· /i-ation cupporting the regulest for operating authority)
HE TRANSPORTATION NEED Bri	efly describe the transportation service that you need and that the business/organization if this request for operating authority is
ranted.	standard accompanied ferry transport to and from Stehekin
need a flexible timing, conveniently or my family from time to time as we	scheduled, economical ferry transport to and from Stehekin enjoy vacationing and fishing in the area.
or my rammy week	
	met now? Yes No X_ If not, explain problems you have
Are your transportation needs being	met now? Tes No X_ mas, a f
experienced.	dule is very limited and not very flexible in meeting my needs
The current Lake Chelair lerry school	kin. The timing is such that it often makes weekend vacation
for transportation to and norm etems.	
trips to Stehekin impractical.	ff the reverse or your business/organization:
trips to Stehekin impractical.	re any affect on you or your business/organization: lain. It will result in my choosing to visit Stehekin less
If the request is denied, would it hav Yes_X_ No If yes, please exp frequently and often choose other va	re any affect on you or your business/organization: lainIt will result in my choosing to visit Stehekin less acation locations. VERIFICATION business/organization supporting the request for operating authority)
If the request is denied, would it hav Yes_X_ No If yes, please exp frequently and often choose other va (To be completed by the individual or Name and Title:	ve any affect on you or your business/organization: lainIt will result in my choosing to visit Stehekin less acation locations. VERIFICATION business/organization supporting the request for operating authority) William R. Slater
If the request is denied, would it hav Yes_X_ No If yes, please exp frequently and often choose other va (To be completed by the individual or Name and Title:	ve any affect on you or your business/organization: lainIt will result in my choosing to visit Stehekin less acation locations. VERIFICATION business/organization supporting the request for operating authority) William R. Slater
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If the request is denied, would it hav Yes_X_ No If yes, please exp frequently and often choose other va (To be completed by the individual or Name and Title: Business/Organization: Street/Mailing Address:	ve any affect on you or your business/organization: lainIt will result in my choosing to visit Stehekin less acation locations. VERIFICATION business/organization supporting the request for operating authority) William R. Slater 1429 Ave D 444 Snohomish, WA 98290
If the request is denied, would it hav Yes_X_ No If yes, please exp frequently and often choose other va (To be completed by the individual or Name and Title: Business/Organization: Street/Mailing Address: City, State, Zip Code: 425-922-290;	ve any affect on you or your business/organization: lainIt will result in my choosing to visit Stehekin less acation locations. VERIFICATION business/organization supporting the request for operating authority) William R. Slater
If the request is denied, would it hav Yes_X_ No If yes, please exp frequently and often choose other va (To be completed by the individual or Name and Title: Business/Organization: Street/Mailing Address: City, State, Zip Code: Telephone Number: 425-922-290: Lunderstand that this information is being	ve any affect on you or your business/organization: lainIt will result in my choosing to visit Stehekin less acation locations. VERIFICATION business/organization supporting the request for operating authority) William R. Slater
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APPLII (To be completed by the	cant statement ie individual requesting operating authority) Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are young daily, year round commercial ferry service will be used is a quiet, comfortable and efficate steps at 10:40am daily and return at 1pn	you applying for? Include any amendments. e on Lake Chelan based out of Stehekin WA. The vessel that cient thirty two passenger catamaran. The vessel would leave m, arriving back in Stehekin at 2:45pm.
SUI	PPORT STATEMENT iness/organization supporting the request for operating authority) y describe the transportation service that you need and that the siness/organization if this request for operating authority is
Are your transportation needs being many have experienced. See Above falses a for steheling.	net now? Yes No _ If not, explain problems you Whole day of any flamed his
Jewetin Less free Less fre	deries april have a regative
Name and Title: TOBIN TO	HOMPSON Ath Ave NE The WA 98105

t Namo'	Application Docket No.:
oplicant Name: ackcountry Travels LLC	TS-180677
The second secon	e you applying for? Include any amendments. ice on Lake Chelan based out of Stehekin WA. The vessel that
ill be used is a quiet, comfortable and et	fficient thirty two passenger odda
tehekin at 10:40am daily and retum at 1	<u> </u>
	OTATEMENT
S	support STATEMENT usiness/organization supporting the request for operating authority) efly describe the transportation service that you need and that the
(To be completed by the individual or but	usiness/organization supporting the request for operating and that the efly describe the transportation service that you need and that the business/organization if this request for operating authority is
THE TRANSPORTATION NELD BIT	efly describe the transportation service that you need divisions of the transportation service that you need divisions is business/organization if this request for operating authority is business/organization if this request for operating authority is business/organization.
granted.	
then 3 hours to Chelan so	we would need to evenie go the Chelan area
and drive there in the morning Co	Afficult w/ small children of these challenges, were not succe
11 Il helice (an expense wed	rather not problems you
Are your transportation needs being	met now? Yes No I How explain plant leaves
have experienced.	I would allow my family to get to to Sten
for stehekin later in the dan	J. (A.) Sea
in one day instead of two.	
0	effect on you or your business/organization:
If the request is denied, would it have	ve any affect on you or your business/organization:
Yes V_ No II yes, picase s	shorter trip to the Pake to the compared to the
this ferry especially tor a	logistics will be resier and costs power
for us to visit	Steheking
201515.	
	VERIFICATION verting the request for operating authority)
(To be completed by the individual o	or business/organization supporting the reques
Name and Tuo.	
Business/Organization:	bblestone Ct
Street viaming Code: Red land	WA 99352 Fax Number:
City, State, Zip Codo. Alexandria	Fax Number: Fax Number:
Telephone Number: 301-314	ng given as the basis for a grant of operating authority by the Washington
I understand that this information is being Utilities and Transportation Commission are size of the state of W	- 1908 ng given as the basis for a grant of operating authority by the Washington n, an agency of the state of Washington. I certify or declare under penalty on n, an agency of the state of Washington. I statement is true and corre leadington that the information contained in this statement is true and corre
perjury under the	

Applicant Name:	
Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you A daily, year round commercial ferry service on	annhiu f a
A daily, year round commercial ferry service on	applying for? Include any amendments. Lake Chelan based out of Stehekin WA. The vessel that t thirty two passenger catamagan. The vessel that
Will be used is a quiet comfortable	real one an based out of Stehekin WA Thousand
Stehekin at 10:40am daily and return at 1pm, a	rriving back in Stehekin at 2:45pm
	TISHING CE 2.40pm.
(To be completed by the individual or husing	PRT STATEMENT
THE TRANSPORTATION NEED Briefly dear	ORT STATEMENT /organization supporting the request for operating authority) scribe the transportation service that you need and that the s/organization if this request for operating outbooks.
application could provide to you or your business	scribe the transportation service that you need and that the
granted.	scribe the transportation service that you need and that the solorganization if this request for operating authority is
goramin woold wheathous	e lotter mans protection to
SCHOKILL. WE NEED DOHE	11 A 11 A 10000 BOOK 100000 BOOK 1000000 BOOK 100000 BOOK 10000
- Down lake - the White	and to had sellent all
Are your transportation needs being met now	your now his all our round.
have experienced.	v? Yes No If not, explain problems you
We have not begy ado trass	to Ste ho Par who was a beaut at
Thorave had to shorten	Dividenti we walted by
Memoral Day 2018 West	DOC Stay alle to too with capaci
If the request is the interest of the request is the interest of the interest	eville - we had to leave earth
If the request is denied, would it have any affective. No If yes, please explain.	ect on you or your business/organization
Yes No If yes, please explain.	R 15000 ONCE AGAIN DO IMINES UN
Alipa Cifa I so Fin adviso contra	u because a too lettle
of the agustiona !	wat .
- Please add tues here Sommer	1 11.0 VICED I
1 30000010	e we need of
(To be completed by a VERI	IFICATION
(10 be completed by the individual or business/org	IFICATION ganization supporting the request for operating authority)
Name and Title:	g spectrol operating authority)
Business/Organization:	
Street/Mailing Address: 12143 Sanno St	A
City, State, Zip Code: On 10 M10 Au	N 000 V
elephone Number: 509 33 X Y	78000
understand that this information	Fax Number:
filities and Transportation Commission, an agency of the parties 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.
(Λ)	and statement is true and correct.
SOLGONIA C XXIIIC	Y da
on whiteman QU	1 2
PRINT NAME	SIGNATURE DATE
	DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
Backcountry Material State of the Application What authority are you applying	ng for? Include any amendments.

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.

SUPPOR	T STATEMENT
(To be completed by the individual or business/or	ganization supporting the request for operating authority)
HE TRANSPORTATION NEED Briefly descri	ganization supporting the request that you need and that the organization if this request for operating authority is
polication could provide to you or your business,	Ol garries
ranted. ————————————————————————————————————	t timing requires an early morning departure from Chelan, which requires
the artists or drive in the	e dark to arrive on time. An alternate consum,
ther that I stay the night in Chelan prior to departure, or drive in the	rell as provide residents of Stehekin with a schedule to better meet their economic needs.
erry service would provide more options for safer travel during the year, as w	No. Y If not explain problems you
re your transportation needs being met now	/? Yes No X If not, explain problems you
ave experienced.————————————————————————————————————	e had to to spend a night in Chelan either before or after traveling on the extisting
s explained above, each time that I have traveled to Steriotici, France	g dark or late evening dark. An alternate schedule, running reverse of the current
erry service because the current service requires either early morning	g dark or rate evening and the recidents of Stehekin with a schedule to better meet their economic needs.
erry service would provide more options for safer travel during the year, as v	well as provide residents of Stehekin with a schedule to better meet their economic needs.
f the request is denied, would it have any af	fect on you or your business/organization.
Yes X No If yes, please explain	in would provide more ontions for safer
Yes_XNoIf yes, please explain An alternate schedule, running reverse of the current ferry ser	ith a capacitude to better meet their economic needs.
An alternate schedule, running reverse of the current terry ser travel during the year, as well as provide residents of Stehekir	1 Will a Schedule to botto
VE	ERIFICATION t for energting authority)
(Talks completed by the individual or business	ERIFICATION /organization supporting the request for operating authority)
(10 be completed by the many	
Name and Title: Matthew Brewer/Teacher	
Business/Organization:	
Street/Mailing Address: 2015 E Prospect St	
City, State, Zip Code: Seattle, WA 98112	
	Fax Number:
	the basis for a grant of operating authority by the Washington yof the state of Washington. I certify or declare under penalty
I understand that this information is being grade in the state of the	the basis for a grant of operating authority by the Videringsalty y of the state of Washington. I certify or declare under penalty hat the information contained in this statement is true and corre
periury under the laws of the state of Washington the	y of the state of Washington. I certify of declare under persons hat the information contained in this statement is true and corre
F = 9	
	8/20/2018 DATE
Matthew Brewer	SIGNATURE DATE
PRINT NAME	1 francisco

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 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. There is a huge need to have a transportation option starting out in Stehekin to accommodate people who want to leave Stehekin in the morning. There is also a huge need to have transportation options during the winter at least 5 days per week. These needs are currently not met with the current transportation company. Are your transportation needs being met now? Yes No XX If not, explain problems you have
THE TRANSPORTATION NEED Briefly describe the transportation service that yellow application could provide to you or your business/organization if this request for operating authority is granted. There is a huge need to have a transportation option starting out in Stehekin to accommodate people who want to leave Stehekin in the morning. There is also a huge need to have transportation options during the winter at least 5 days per week. These needs are currently not met with the current transportation company.
THE TRANSPORTATION NEED Briefly describe the transportation service that yellow application could provide to you or your business/organization if this request for operating authority is granted. There is a huge need to have a transportation option starting out in Stehekin to accommodate people who want to leave Stehekin in the morning. There is also a huge need to have transportation options during the winter at least 5 days per week. These needs are currently not met with the current transportation company.
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people who want to leave Stenekin in the morning. There is also a respective transportation options during the winter at least 5 days per week. These needs are currently not met with the current transportation company.
people who want to leave Stenekin in the morning. There is also a may be people who want to leave Stenekin in the morning. There is also a may be read a recurrently not transportation options during the winter at least 5 days per week. These needs are currently not met with the current transportation company.
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met with the current transportation company.
Are your transportation needs being met now? Yes No XX If not, explain problems you have
Are your transportation needs being met now? Yes No XX If not, explain problems you have
Are your transportation needs being met now? Yes No XX If not, explain problems you have
Are volir transportation needs being mother.
Ale your transportation of
experienced. There is a need to have a transportation option during the winter months, at least 5 days per There is a need to have a transportation option that starts in Stehekin to accommodate
There is a need to have a transportation option that starts in Stehekin to accommodate
There is a need to have a transportation option during the writer monate, at reason week. Also, there needs to be a transportation option that starts in Stehekin to accommodate
both tourists and local residents.
to the supplementation of the supplementation
If the request is denied, would it have any affect on you or your business/organization:
If the request is denied, would it have any affect off you of your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business regarded from the request is denied, would it have any affect off your business request from the request is denied from the request from the
Yes_XX No If yes, please explain It will be all incomposition of the second when I visit Stehekin. It'll also provide me the opportunity to visit Stehekin for a long weekend
during the winter months.
during the writer months.

(To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Jim Sloane Business/Organization: Street/Mailing Address: 7320 127 th PL SE City, State, Zip Code: Newcastle, WA 98056 Telephone Number: (425) 466-5222 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 Utilities and Transportation Commission, an agency of the state of Washington that the information contained in this statement is true and correct.	in that or busin	VERIFICATION Less/organization supporting the request for opera	iting authority)
Business/Organization: 100 5 +		icos/organization	
Street/Mailing Address: 7320 127 th PL SE City, State, Zip Code: Newcastle, WA 98056 Telephone Number: (425) 466-5222 Fax Number: Telephone Number: of the transfer in formation is being given as the basis for a grant of operating authority by the Washington and the transfer in formation is being given as the basis for a grant of operating authority by the Washington and the transfer in formation is being given as the basis for a grant of operating authority by the Washington and the transfer in formation is being given as the basis for a grant of operating authority by the Washington and the transfer in formation is being given as the basis for a grant of operating authority by the Washington and the transfer in formation is being given as the basis for a grant of operating authority by the Washington and the properties of t	Name and Title: Jim Sloane	to Stehekin Valley	
City, State, Zip Code: Newcastle, WA 98056 Telephone Number: (425) 466-5222 Fax Number: Telephone Number: of the trip information is being given as the basis for a grant of operating authority by the Washington penalty of the control of	Business/Organization: 700 127th PL S	SE	
Telephone Number: (425) 466-5222 Fax Number:	Street/Mailing Address. <u>Foza (2.5)</u>	9805 <u>6</u>	
the information is being given as the basis for a grant of operating during a under penalty of	(40E) 466 5222 Fa	ax Number:	the Washington
\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc	this information is being given	as the basis for a grant of operating authority by	re under penalty of t is true and correct.
Jim Sloane SIGNATURE B/19/2018 PRINT NAME SIGNATURE DATE	Jim Sloane	mi Sloane	8/19/2018

15-180677

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.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION Licensing Services
PO Box 47250
Olympia, WA 98504-7250

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 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. ————————————————————————————————————		
visiting Stehekin and the Courtney Ranch. It would be wonderful to have additional lefty service		
to take the overflow rather than having to make costly adjustments to our vacations.		
Are your transportation needs being met now? Yes Nox_ If not, explain problems you		
I was also and		
Summers are such busy times of the year for vacationers that either Lake Chelan residents or vacationers suffer overextended stays getting back and forth. An additional ferry definitely help alleviate a lot of the		
problem.		
If the request is denied, would it have any affect on you or your business/organization:		
Yes_x_ No If yes, please explainWe wouldn't get to visit the areas as often as we like.		

(To be completed by the individual or	VERIFICATION r business/organization supporting the rec	quest for operating authority)
Name and Title:Marie Tier		
Business/Organization:8116 Va		
City, State, Zip Code:Eversor		
Telephone Number:360-815-5	992 Fax Number:	u u u u u u u u u u u u u u u u u u u
I understand that this information is being Utilities and Transportation Commission, perjury under the laws of the state of Was	g given as the basis for a grant of operatin	ng authority by the wasnington Sertify or declare under penalty of
_Marie Tiemersma PRINT NAME	Marie Tiemerowa SIGNATURE	08/20/2018 DATE

TS-180677

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Licensing Services
PO Box 47250
Olympia, WA 98504-7250

Application Docket No.: Applicant Name: TS-180677 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 Are your transportation needs, being met now? If the request is denied, would it have any affect on you or your business/organization: If yes, please explain, VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Business/Organization: Street/Mailing Address: City, State, Zip Code Fax Number: Telephone Number: 47 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.