

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.

I am opening new all-season rental cabins in Stehekin in spring 2019 and need transportation options for guests and staff that provide as many schedule choices as possible during the summer season and consistent access during the winter.

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

I regularly travel to Seattle and the existing ferry schedule makes the trip very challenging both coming and going. Having an earlier departure from Stehekin and a later departure from Fields Point will be very helpful. In the winter the limited ferry days is a major hinderance to my personal and business travel needs.

If the request is denied, would it have any affect on you or your business/organization:

Yes X No ___ If yes, please explain.: We will need to restrict our booking options for winter to only allow stays that start and end on the days when the existing ferry is operating, significantly limiting the number of guests we are likely to attract in those months. During the summer months we won't always have time to clean and reset the cabins for guests, as guest largely arrive and depart on the same ferry, Having more arrival and departure options will allow us to define later arrival times and allow us to more frequently book departures and arrivals to cabins on the same day.

VERIFICATION

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

Name and Title: Nathan Thomas

Business/Organization: Rainbow Falls Lodge

Street/Mailing Address: 66 Rainbow Lane

City, State, Zip Code: Stehekin, WA, 98006

Telephone Number: 919-949-3882 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.

Nathan B. Thomas
PRINT NAME


SIGNATURE

8/16/2018
DATE

TS-180671

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 **WITHIN 30 DAYS** 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

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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. AS A FREQUENT VISITOR TO STEHEKIN, I RELY ON TRANSPORTATION UP LAKE CHELAN AND DOWN. AS IT IS NOW, THE LATEST BOAT TO LEAVE FIELD'S POINT IS AT 9:45AM. THIS IS IMPOSSIBLE FOR ME TO CATCH IF I'M FLYING INTO SEATTLE AND WANT TO BE IN STEHEKIN THE SAME NIGHT. THIS NEW BOAT, LOADING @ 1PM WOULD ALLOW ME TO GET TO MY DESTINATION IN ONE DAY, SAVING TIME AND MONEY.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. SCHEDULING IS AN ISSUE. I FLY IN FROM OUT OF STATE TO VISIT STEHEKIN AND IT IS CURRENTLY IMPOSSIBLE TO MAKE THE TRIP IN ONE DAY, FORCING ME TO SPEND A NIGHT IN CHICAGO OR SEATTLE WHEN I WANT TO BE IN STEHEKIN. A LATER BOAT, LIKE THE PROPOSED 1PM BOAT, WOULD ALLOW ME TO FLY IN FROM OUT OF STATE AND STILL MAKE IT TO STEHEKIN THE SAME DAY.

If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain. I WOULD HAVE TO CONTINUE TO SACRIFICE TIME AND MONEY WHEN I VISIT. I "WASTE" TWO DAYS OF MY TIME OFF ~~THIS~~ TRAVELING EACH WAY WHEN THE TRIP COULD BE MADE IN ONE DAY. I WOULD SAVE MONEY BY NOT NEEDING A PLACE TO STAY WHILE I WAIT FOR THE FERRY AND I WOULD BE ABLE TO SPEND MORE TIME WITH THE FAMILY I VISIT WITH IN STEHEKIN.

VERIFICATION

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

Name and Title: Kameron Schaefer
Business/Organization: _____
Street/Mailing Address: 7520 TEALIGHT WAY
City, State, Zip Code: WILLIAMSBURG, VA 23188
Telephone Number: 724-984-1876 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.

Kameron Schaefer
PRINT NAME

[Signature]
SIGNATURE

8/16/18
DATE

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.
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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 schedule for this boat service is more advantageous for travelers that are trying to operate on a more flexible schedule, particularly avoiding spending unwanted time in Chelan

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Legally, I see issues with the Lake Chelan Boat company in regards to serving guests with disabilities. There is no wheel-chair accessible restroom. There is also no changing table for babies, a huge inconvenience for young families.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain. Year-round transportation is currently not offered at the Lake Chelan Boat company. This hinders my ability to travel to and from Stehekin on the days that fits my schedule. Local residents and Tourists will both benefit from this more diverse service, boosting economy for this community. Backcountry Travels LLC is simply providing a service that is currently non-existent, filling in the gaps of the Boat company.

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

Name and Title: Lauren Schaefer

Business/Organization: _____

Street/Mailing Address: 7526 Tealight Way

City, State, Zip Code: Williamsburg VA 23188

Telephone Number: 724-984-1977 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.

Lauren Schaefer PRINT NAME Lauren Schaefer SIGNATURE 08/16/18 DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
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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.

Transportation to a private residence for maintenance and logging

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

Lack of service is inconvenient and cause planning issues

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

Lack of maintenance could cause fire danger or destruction of property.

VERIFICATION

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

Name and Title: Colby Flick

Business/Organization:

Street/Mailing Address: PO box 1321

City, State, Zip Code: Brewster, WA 98812

Telephone Number: 509-669-4740 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.

Colby Flick
PRINT NAME

Colby Flick
SIGNATURE

8/20/18
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.
The proposed service would give us access to Stehekin on a year-round basis. The 3 times per week off-season schedule in service now is not conducive for our needs.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced.
We need service in the off-season. It is difficult, or impossible, to make visits when the boat only runs 3 days per week.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain.
We simply will not conduct business in Stehekin in the off season.

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

Name and Title: MALCOLM KEITHLEY, PUBLISHER
 Business/Organization: LAKE CHELAN MAGAZINE
 Street/Mailing Address: 611 NORTH HIKOR AVE.
EAST WENATCHEE, WA 98802
 Telephone Number: 509-679-8756 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.

MALCOLM KEITHLEY PRINT NAME Malcolm Keithley SIGNATURE Aug 20, 2018 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 would be perfect for us with that long drive to Seattle

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

Late arrival in Chelan from Stehekin making us forcing us to spend another night in Chelan.

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

It would provide us less options to stay in Stehekin as we would lose another work day.

VERIFICATION

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

Name and Title: *Donna Turner*

Business/Organization:

Street/Mailing Address: *1718 163rd St SE*

City, State, Zip Code: *Mill Creek, WA 98012*

Telephone Number: *360 631 2755* 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.

Donna Turner
PRINT NAME

Turner
SIGNATURE

8/19/18
DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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SUPPORT STATEMENT

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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. Need to leave Stehekin in the morning to see a doctor/lawyer/etc on same day and return to Stehekin the next day. This would save \$\$\$ by only requiring ONE overnight motel bill - not the two under present conditions. Also, one could leave Stehekin in daylight and arrive in Seattle in daylight

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Presently, if I wish to leave Stehekin it is 6 PM or later by the time I get to Wenatchee (in darkness during winter) Then I spend the night. The next day I keep my business appointments and spend a second night at a motel, then return to Stehekin

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I have to waste a second day. Another case is FAMILIES who have limited vacation time have to waste an entire day for transportation to Stehekin. I suspect many ~~visit~~ potential visitors to Stehekin choose to visit some other location due to time/access issues

VERIFICATION

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

Name and Title: John R Bingham
 Business/Organization: Stehekin home owner
 Street/Mailing Address: P.O. Box 24
 City, State, Zip Code: Stehekin, WA 98852
 Telephone Number: (509) 881-7942 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.

John R Bingham
 PRINT NAME

John R Bingham
 SIGNATURE

21 August 2018
 DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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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. We need a trip that leaves Stehekin in the morning, arriving in Chelan (or Field's Point) in time to meet afternoon obligations and appointments on the same day. We had valued air service, now not available to and from Stehekin. We see this proposal as a valuable addition to present service

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. I feel this would help to meet need to have an additional schedule besides the present limitations of the scheduled trips leaving Chelan in the morning & returning late (one round trip/day). This would fill in a vacuum of much needed additional trips possible.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. We are hopeful that this request will be affirmed giving us an option of travel we had missed now that the "Lady Cat" and the Air Service are not available. There is a health and safety factor involved in adding service, both for tourists and folks who live and work here.

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

Name and Title: Adele Bingham

Business/Organization: _____

Street/Mailing Address: P.O. Box 24 & 1422 Copper Loop

City, State, Zip Code: Stehekin, WA 98852 & E. Wenatchee, WA 98802

Telephone Number: 509-470-6440 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.

Adele Bingham PRINT NAME Adele Bingham SIGNATURE 8/21/2018 DATE

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.
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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.

Myself and family members travel to Stehekin almost every year and it would be great to have a boat available with other options for scheduling

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

It has been difficult to work within the schedule of 1st of the Lake. I have not gotten dates or times requested. Family members traveling from Oregon have to spend the night somewhere else to arrive as

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

As stated above, will need to work within limited parameters of available transportation now. boat is scheduled

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

Name and Title: Jeanette O'Keefe (individual)

Business/Organization: _____

Street/Mailing Address: PO Box 1185 / 225 East Chewoch Rd.

City, State, Zip Code: Winthrop, WA 98862

Telephone Number: (509)996-4133 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.

Jeanette O'Keefe PRINT NAME Jeanette O'Keefe SIGNATURE 8/20/18 DATE

APPLICANT STATEMENT

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Backcountry Travels LLC

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SUPPORT STATEMENT

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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. During all 12 months, we need transportation to and from our Cabin that is located 3 miles down lake from Stehekin.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. The current service will not stop at our cabin.

If the request is denied, would it have any affect on you or your business/organization:
Yes No ___ If yes, please explain. Not having this service would prohibit our use of the cabin.

VERIFICATION

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

Name and Title: Karen McKellar

Business/Organization: Individual with private ownership of property on Lake Chelan.

Street/Mailing Address: PO Box 1393

City, State, Zip Code: Chelan, WA 98816

Telephone Number: 509-470-4002 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.

Karen McKellar
PRINT NAME

Karen McKellar 
SIGNATURE

8/18/18
DATE

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
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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. Year round downlake/uplake boat service, to include jet transportation, on an efficient schedule that would better serve the needs of our Stehekin community

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Resident going downlake for an appointment has to bear the expense of a 2 night stay, even longer during the winter months. Current boat service caters to Stehekin visitors coming uplake, often on vacation, and do not have the scheduled needs of local residents.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. Stehekin residents would be compromised in receiving the services that are needed downlake, especially in an emergency situation. This is a viable community with year round residents (post office, school district, fire district, etc) and we are in need of the ability to travel on a daily basis to receive other necessary services.

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

Name and Title: Lorinda and Jim Bohn

Business/Organization: _____

Street/Mailing Address: PO Box 309 (1315 Stehekin Valley Road)

City, State, Zip Code: Stehekin WA 98852

Telephone Number: (509) 768-0494 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.

LOREINDA BOHN Lorinda Bohn 8-20-2018
PRINT NAME SIGNATURE DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
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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. We need an option to return the same day.
Also, in the summer time the one option (current) is often sold out.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Sold out + can't return the same day.
We're forced to stay overnight in a hotel because there's no return option.

If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain. I would continue losing money on overnight stays downlake.

VERIFICATION

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

Name and Title: GINA LEVANTINI

Business/Organization: —

Street/Mailing Address: PO BOX 301

City, State, Zip Code: STEHEKIN, WA 98852

Telephone Number: 561 926 2096

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.

GINA LEVANTINI
PRINT NAME

GL
SIGNATURE

8/19/18
DATE

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

I live in Stehekin but work in Chelan during the week and a daily boat schedule would make it easier for me to commute without missing any work.

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

During the winter months the current boat schedule does not run on the weekends which makes it hard to come to Stehekin on the weekends without missing work.

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

I would have to find alternate means of transportation other than the current service that would fit my schedule.

VERIFICATION

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

Name and Title: Simon Courtney

Business/Organization:

Street/Mailing Address: 1 valley st

City, State, Zip Code: Stehekin, WA, 98852

Telephone Number: (509)-449-3364 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.

Simon Courtney
PRINT NAME

Simon Courtney
SIGNATURE

8/16/18
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 WOULD PROVIDE EXCELENT SAME DAY TRANSPORTATION NEEDS TO AND FROM MOST AREAS OF WA. STATE. FROM STEHEKIN THIS HAS NEVER BEEN PROVIDED BEFORE.

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

TURNED AWAY IN CHELAN FOR LACK OF ROOM ON BOAT. REQUIRED TO STAY EXTRA DAYS IN CHELAN ON NON BOAT DAYS. REQUIRED TO PLAN EXTRA DAYS ON TRIPS BECAUSE NO BOAT SCHEDULE.

If the request is denied, would it have any affect on you or your business/organization:

Yes X No ___ If yes, please explain.

EMPLOYEES ARE NOT ABLE TO TRAVEL MANY DAYS IN THE WINTER MONTHS. WE NO LONGER HAVE AIR SERVICE TO STEHEKIN MAKING THIS AN EVEN MORE VITAL SERVICE.

DENIAL MEANS THAT I MUST MAINTAIN AND OPERATE MY OWN BOAT

VERIFICATION

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

TS-180677

Name and

Title: THOMAS COURTNEY

Business/

Organization: MOUNTAIN BARGE SERVICE LLC

Street/Mailing

Address: 1 VALLEY STREET STEHEKIM WA.
98852

City, State, Zip

Code: _____

Telephone Number: 509 670 6300 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.

THOMAS COURTNEY

PRINT NAME

Thomas Courtney

SIGNATURE

DATE
8-17-18

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

Washington law allows the Washington Utilities and Transportation Commission

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
<p>THE APPLICATION What authority are you applying for? Include any amendments. <u>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.</u></p>	

SUPPORT STATEMENT	
(To be completed by the individual or business/organization supporting the request for operating authority)	
<p>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.</p> <p style="font-size: 1.2em; text-align: center;"><i>See attached page</i></p>	
<p>Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced.</p> <p style="font-size: 1.2em; text-align: center;"><i>See attached page</i></p>	
<p>If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain.</p> <p style="font-size: 1.2em; text-align: center;"><i>See attached page</i></p>	

VERIFICATION		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title:	<i>Liz Courtney</i>	
Business/Organization:		
Street/Mailing Address:	<i>PO Box 64</i>	
City, State, Zip Code:	<i>Stehekin, WA 98852</i>	
Telephone Number:	<i>509-670-4495</i>	Fax Number:
<p><i>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></p>		
<i>Liz Courtney</i> PRINT NAME	<i>Liz Courtney</i> SIGNATURE	<i>8/18/18</i> DATE

Support Statement for Applicant Backcountry Travels LLC
Re: Application TS-180677

Transportation Need:

As a Stehekin resident, my life depends on boat service for food, supplies, appointments with doctors and dentists, family needs of all kinds, and sometimes emergencies, or unexpected obligations. All are centered on service to and from Stehekin, which is extremely limited in the winter months. A trip out on a Friday means no return til Monday, causing expense at hotels, food etc.. A daily service with the schedule proposed by the applicant would ensure an improvement in quality of life in ALL these areas, especially winter time travel.

The need for daily service to and from Stehekin affects the Stehekin School children's education. During the winter months, families traveling out on the Friday boat cannot return til Monday afternoon, causing them to miss one day of school. If a family is commuting back and forth due to one child attending high school downlake, and visiting each other every weekend, that causes 16 days of missed Mondays at Stehekin School (for four months). A daily boat service would improve the quality and continuity of education in Stehekin, without missed days.

Are your transportation needs being met now? No, not with the current operation.

We have purchased our own boat to meet our family's needs for **work schedules in Chelan, for transporting our goods and supplies without expensive added costs for just a few extra pounds and helping people** that have unexpected needs. Other residents are not so fortunate as to have the means to buy a boat. Our needs were met by buying our own boat, but we would have used this applicant's service frequently had it been in operation.

As we get older, and can no longer operate our boat, we will need a service such as this applicant is proposing that is catered to Stehekin residents and guests due to a daily schedule, beginning in Stehekin.

Travel on the current boat is not guaranteed for residents during busy holidays. Another option of travel would help with this limited situation.

Our good friend was treated poorly by the current operator and has not returned to Stehekin due to this treatment. Our need is **to have a friendly, reliable, people oriented service** that our friends and guests can feel welcome with.

The current operation occasionally has maintenance problems and breakdowns. Having an alternative would relieve the inconvenience these breakdowns cause.

TS-180677

If the request is denied, would it have any affect on you or your business /organization? Yes.

As a Stehekin resident, I would prefer to travel with this applicant due to their stellar attitude towards customers and people, as has been proven with their current backcountry trips. They are knowledgeable about this area, eager to please, and customer service oriented. Their commitment to Stehekin as their home, as well as wanting to provide service to residents and businesses here, is by far preferred. Yes, I am affected without this improvement as the current operation lacks enthusiasm in these areas mentioned.

Our future as a community is also affected. As it stands now, our economy is limited by how many people can visit Stehekin, and when. Another boat service would affect us positively and provide further possibilities for our economy all year round. Winter services currently come to a halt due to lack of daily service, especially on the weekends when visitors prefer to travel. Stehekin would have at least the chance to begin to provide year round services and build our economy, which is surely needed to take us into the next generations of those wishing to make Stehekin their home, and serving the public in this rare, scenic YEAR ROUND destination.

Thank you for considering my comments.

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.

We need an option to leave or return to Stehekin every day. We lack that service late Fall through Spring. We also would love an option that allows us to leave home & return on the same day.

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

I am forced to spend at least one night away from home - late Fall through Spring, at least two nights. The existing boat's schedule is limited, leaving me with few options to catch a bus, train, or plane on the same day I leave Stehekin.

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

The effect would be that I am still stuck with a lack of options for transportation, this means that to do any shopping, meet any appointment, do any travelling, I am unable to leave Stehekin 4 out of 7 days a week during winter, & when I can leave/return, the early departure from chelan plus late arrival to chelan make it difficult to match up with appointments, store hours, or just additional travel connections.

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

Name and Title: Hannah Gietsl
 Business/Organization: resident of Stehekin
 Street/Mailing Address: PO Box 283
 City, State, Zip Code: Stehekin WA 98852
 Telephone Number: 509-931-1602 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.

HANNAH GIETSL PRINT NAME Hannah Gietsl SIGNATURE 8/22/18 DATE

TS 180-677

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.

Stehiken is a very special place but it's nearly impossible to get to! It's actually prohibitive with the lack of transportation, especially with the plane not working. Having an additional method of travel is essential to the livelihood of the businesses there.

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

There's almost no good way to get to the Stehekin side of the lake! We would go in a heartbeat if it was easier. We live in Portland and adding a 5 hour drive on top makes it too time consuming to coordinate with the limited scheulet

If the request is denied, would it have any affect on you or your business/organization:
Yes No _____ If yes, please explain. _____ We wouldn't really go there. I'd like to host family reunions and larger groups there but transport is 100% a factor. This is unfortunate for the businesses there.

VERIFICATION

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

Name and Title: __Ashley Melin

Business/Organization: __SoulJour

Street/Mailing Address: __2955 Wembley Park Rd

City, State, Zip Code: __Lake Oswego, OR

97034

Telephone Number: __503-708-7877 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.

Ashley Melin
PRINT NAME


SIGNATURE

8/19/18
DATE

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 **WITHIN 30 DAYS** 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 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.

As a Recreation Guest to the Stehekin area it would be much better to have an alternative schedule for a more convenient and affordable.

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

WAY TO REACH THE VALLEY. Now we either have to overnight closer to the ferry or leave very early in the morning and "DASH" FOR THE

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

Ferry from Seattle, with the increased traffic over the pass, it is becoming difficult to choose Stehekin as a destination. More choices, more affordable, = more visits to Stehekin.

VERIFICATION

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

Name and Title: Helen Sweeney

Business/Organization:

Street/Mailing Address: 2929 Queen Anne Ave N.

City, State, Zip Code: Seattle WA 98109

Telephone Number: 206-283-5608 Fax Number: X

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.

Helen Sweeney
PRINT NAME

Helen Sweeney
SIGNATURE

8/18/18
DATE

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. Year around service that makes flag stops. Since I have no private boat I can not access several privately owned properties. Would also like to see a Seaplane service again.

Are your transportation needs being met now? Yes ___ No → If not, explain problems you have experienced.
Travel you need and the ability to stop at other locations not service by the present boats.

If the request is denied, would it have any affect on you or your business/organization?
Yes → No ___ If yes, please explain.
The lack of service now affects my ability to access various recreational activities on Lake Chelan and at Stehekin

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

Name and Title: Roger M. Green (member)
 Business/Organization: RML Enterprises
 Street/Mailing Address: 30 Church Rd
 City, State, Zip Code: Brewster, WA, 98812
 Telephone Number: 3074731112 Fax Number: NONE
 Email: rmgreen@rogermgreen.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.

Roger M. Green PRINT NAME Roger M. Green SIGNATURE 21 Aug 2018 DATE

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.
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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. _____

A second, daily, ferry service from Fields Point will meet increased needs, offer additional choices for travelers, and the schedule listed is more convenient for my travel needs and I suspect for others as well, especially those who would otherwise have to lay over an additional night.

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

My travel needs are being met but not without problems. The current ferry schedule is not always convenient and Stehekin really does need daily service during the off season.

If the request is denied, would it have any affect on you or your business/organization: Yes X No _____ If yes, please explain. I host and produce a widely syndicated outdoors radio program and my travels take me to Stehekin and the North Cascades National Park. Being able to travel there without worrying about the boat selling out, or not running certain days, or losing time due to an inconvenient schedule would be alleviated with the addition of another ferry service.

TS-180677

VERIFICATION

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

Name and Title: John Kruse, Owner

Business/Organization: Northwestern Outdoors

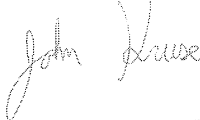
Street/Mailing Address: 302 Garden Circle

City, State, Zip Code: Cashmere, WA 98815

Telephone Number: 509-664-6633 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.

John Kruse



Aug 21, 2018
DATE

PRINT NAME

SIGNATURE

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

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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 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. Efficient service between Chelan and Stehekin leaving Chelan mid day.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced.
I am an HVAC service provider. I do work in Stehekin. I find the lack of the lake difficult to use in carrying equipment and pots. I need a service that leaves Chelan mid day.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain.
It will be more difficult for me to do HVAC work in Stehekin.

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

Name and Title: Daniel J. Martin
 Business/Organization: Kelvin Cooling and Heating Service
 Street/Mailing Address: 3196 Friday Creek Road
 City, State, Zip Code: Burlington WA 98233
 Telephone Number: (360) 778-0640 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.

Daniel J. Martin PRINT NAME [Signature] SIGNATURE 8/19/18 DATE

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. Our business, M.V.M Quality Drilling LLC has constructed over fifty wells in the Stehekin valley, all but one, for private residences, one for the Nat. Park Service. Daily boat service is requisite for being able to service those water systems with parts and labor all year long.

Are your transportation needs being met now? Yes _____ No If not, explain problems you have experienced. Daily service is no longer available year around from the present ferry service, thus we cannot respond to water system emergencies. Twenty four (24) years ago we constructed a dock with special apertures for the Lady Express to "pull in" to our shop facility 7 miles down lake. They no longer do.

If the request is denied, would it have any affect on you or your business/organization: Yes No _____ If yes, please explain. If daily boat service, with "flag stop" abilities is not allowed our business assets and obligations are significantly compromised. Our customers, water users, will experience both health and safety issues unlike in the past when daily service with "flag stops" was available.

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

Name and Title: Mr. Miller - owner

Business/Organization: M.V.M Quality Drilling LLC

Street/Mailing Address: 404 S. Clifford St.

City, State, Zip Code: Chelan WA 98816


Telephone Number: 509-923-2073 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.

Marshall V. Miller PRINT NAME [Signature] SIGNATURE 8-21-18 DATE

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.	
<i>I need the option of a daily service. Much of my travels to and from Stehekin are business trips and I lose 2 days of work if I have to go on the present schedule.</i>	
Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced.	
<i>This was addressed above but I would like to add that the present schedule gets me back to port too late for work related issues as well.</i>	
If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain.	
<i>The loss of working hours is huge to my company. Also even private travel in the current conditions is not comfortable, conditions of the vessels are poor and as already stated, the schedule is very limited.</i>	

VERIFICATION		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title:	<i>Peggy Ann Courtney - OWNER CEO</i>	
Business/Organization:	<i>IT Just Figures Bookkeeping</i>	
Street/Mailing Address:	<i>23660 Hwy 97A</i>	
City, State, Zip Code:	<i>Chelan, WA 98816</i>	
Telephone Number:	<i>(509) 670-2812</i>	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>Peggy A. Courtney</i> PRINT NAME	 SIGNATURE	<i>8/27/18</i> DATE

RECEIVED
 PROGRESS MANAGEMENT
 2018 AUG 29 AM 11:44
 STATE OF WASHINGTON
 UTILITIES AND TRANSPORTATION COMMISSION

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying for? Include any amendments. <u>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.</u>	

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.	
<u>Early A.M DEPARTURE FROM STEHEKIN</u>	
Are your transportation needs being met now? Yes ___ No <input checked="" type="checkbox"/> If not, explain problems you have experienced.	
<u>TO RIGID OF A SCHEDULE</u> <u>- & SLOW</u>	
If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No ___ If yes, please explain. <u>NOT SURE</u>	

VERIFICATION	
(To be completed by the individual or business/organization supporting the request for operating authority)	
Name and Title:	<u>GREG HAVELY RPH</u>
Business/Organization:	_____
Street/Mailing Address:	<u>19363 SE DEBORA DR</u>
City, State, Zip Code:	<u>DAMASCUS OR 97083</u>
Telephone Number:	<u>503-665-7939</u> Fax Number: _____
<i>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>	
<u>GREG HAVELY</u> PRINT NAME	<u>[Signature]</u> SIGNATURE
	<u>8/21/18</u> DATE

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.
I need a mid-morning departure from Stehekin.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.
departure to/from times that do not coordinate well with dive times necessary

If the request is denied, would it have any affect on you or your business/organization:
 Yes No ___ If yes, please explain.
driving at night is too dangerous for me. too

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

Name and Title: Elizabeth Havely, RDH
 Business/Organization: N/A
 Street/Mailing Address: 19363 SE-Dotson Dr.
 City, State, Zip Code: Damascus, OR, 97089
 Telephone Number: (503) 665-3939 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.

Elizabeth Havely Elizabeth Havely 8/22/18
 PRINT NAME SIGNATURE DATE

RECEIVED
AUG 29 2018

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. We live in Western Washington (a 5 hour drive), but have a daughter son-in-law, and several grandchildren in Stehekin. The ~~current~~ addition of this boat would allow us a much more convenient way and time to visit them.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. Yes, we can get there, but we need to leave home between 4 and 4:30 am to catch the Lady 2. As we age this is becoming less desirable. Also, the current winter schedule makes visits very hard.

If the request is denied, would it have any affect on you or your business/organization: Yes No ___ If yes, please explain. We will soon have to turn a one day trip to get to Stehekin into a 2 day trip. Now that we are retired we would like to be able to come for holidays, but or have the kids come down, but the winter schedule is ~~so~~ very hard to work around.

VERIFICATION

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

Name and Title: Sally Parks
Business/Organization: _____
Street/Mailing Address: 19 Winkleman Rd S.
City, State, Zip Code: Montesano, WA 98563
Telephone Number: 360-470-6009 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.

Sally S Parks PRINT NAME
Sally S Parks SIGNATURE
8-27-18 DATE

STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION COMMISSION
2018 AUG 29 AM 8:27
RECEIVED

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying for? Include any amendments. <u>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.</u>	

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 TRAVEL TO STEHEKIN PERIODICALLY AND FIND THE CURRENT SCHEDULE ~~TO BE~~ ^{ADDS} UN-NECESSARY EXPENSE AND TRAVEL TIME - I ALWAYS HAVE TO GET AN EXTRA NIGHT OR 2 AT A HOTEL

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

SEE ABOVE. HAVE TO STAY OVERNIGHT IN CHELAN (EXTRA \$\$\$)

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

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 2018 AUG 29 11:48:45
 STATE OF WASHINGTON
 UTILITIES AND TRANSPORTATION COMMISSION

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

Name and Title: Tom Roth

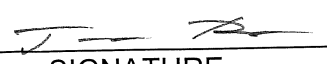
Business/Organization: —

Street/Mailing Address: ~~XXXXXXXXXXXXXXXXXXXX~~ 822 S. ALFRED ST. / APT 2B

City, State, Zip Code: ALEXANDRIA, VA 22314

Telephone Number: 360-430-7500 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.

Tom Roth  8/22
 PRINT NAME SIGNATURE DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

RECEIVED

AUG 29 2018

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments. **WASH. UT. & TP. COMM**
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.

Faster more flexible service

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

would like more flexibility on time as we have a 6 hour drive to Chelan before heading up lake, necessitating spending the night in Chelan

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

NO organization, just personal time issues.

VERIFICATION

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

Name and Title: Penn Wells

Business/Organization: _____

Street/Mailing Address: 123 College Pl, # 810

City, State, Zip Code: Norfolk, VA 23510

Telephone Number: 404 713 9263 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.

Penn Wells

PRINT NAME

[Signature]

SIGNATURE

8/21/2018

DATE

RECEIVED
2018 AUG 29 AM 8:15
STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION COMMISSION

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

RECEIVED

AUG 29 2018

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.

More flexibility - faster

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

see above

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: SALLY WELLS

Business/Organization: _____

Street/Mailing Address: 123 COLLEGE PL #810

City, State, Zip Code: NORFOLK, VA 23510

Telephone Number: 229 400 1121 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.

Sally Wells
PRINT NAME

Sally Wells
SIGNATURE

8/22/18
DATE