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		
grantedI 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.		

(To be completed by the individual or busines:	<b>ERIFICATION</b> s/organization supporting the request for o	operating authority)
Name and Title:_Nathan Thomas  Business/Organization: Rainbow Falls Lod Street/Mailing Address: 66 Rainbow Lane		
City, State, Zip Code: Stehekin, WA, 98006 Telephone Number:_919-949-3882 I understand that this information is being given as Utilities and Transportation Commission, an agenc perjury under the laws of the state of Washington to	the basis for a grant of operating authority	y by the Washington leclare under penalty of ment is true and correct.
Nathan B. Thomas PRINT NAME	SIGNATURE	8/16/2018 DATE

15-180W1

### 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 Name: Backcountry Travels LLC	Application Docket No.: TS-180677
•	l

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 if this request for operating authority is application, could provide to you or your business/organization if this request for operating authority is granted. As A PRODUCTION VISITED STANDARD TO LONG FOR STANDARD STA
granted 45 A PECQUINIT VISITE TO STEVENIN / RETY ON TRANSPORTATION OF CHECKING
AND DOWN. AS IT IS NOW, THE CATEST BORN TO CETTE TREES OF ALL STORTEN
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Are your transportation needs being met now!
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MIGHT IN CHOLAN OR SOMETIE WIRD I WANT TO BE IN STETESKIN. A LATER BONT, LIKE THE PEOPLE'D
1PM BOAT, WOULD ALLOW ME TO PLY IN FROM OUT OF STATE AND SALL MAKE IT TO STEPENING TO
If the request is denied, would it have any affect on your business as SACR IFICE TIME
A MARCH & CONTRACTOR OF AFFINE
WHEN THE TICIP COULD BE MADE IN CHE MY. I MOULD BE ABLE TO
VERIFICATION  (To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: Kamelon Schapel
Business/Organization:
Street/Mailing Address: 7520 TEAUBHY WAY
City, State, Zip Code: WILLAMSBULO, VA 73188
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.
RAMORON SHARES SIGNATURE DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you apply 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	v two passenger catamaran. The vessel would leave
SUPPORT	STATEMENT
THE TRANSPORTATION NEED  application could provide to you or your business/or granted.  The Schelle for this boot se for travelers that are trying Schedul, partially avoiding.  Are your transportation needs being met now? have experienced. Legally, I see is company in regards to serving granted.  Company in regards to serving granted.  Wheel dan't alusible restrain. I habies a how include for	to operate on a more frexible  y spending unwanted time in Chela  Yes No X If not, explain problems you  sives with the Lake Chelan Buat  ests with disabilities. There is no  rea is also no changing table for  ywng families.
hinders my ability to travel to that fits my schedule. Local beek't from this more diverse Community Balkwatry Travels LL Wintry non-lexistant, filling in VERII (To be completed by the individual or business/org	e Chelan Boat company. This and tran Stehelin and the day) sesides to and Torrists will both service, bousting conormy for this c service, bousting a service trust C is simply providing a service trust FICATION the gaps of the Boat company anization supporting the request for operating authority)
Name and Title: Lauren Schae	efer
Business/Organization:	
Street/Mailing Address: 7524 Teal	ght way
City, State, Zip Code: Williams burg	VA 23188
Telephone Number: 724-984 - 1977	Fax Number:
I understand that this information is being given as the l	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.

Lavren Schalfer PRINT NAME Lauren Schafn SIGNATURE

08/16/18 DATE

Applicant Namo:	Application Docket No.:	
Applicant Name: Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply	ing for? Include any amendments.	
a Lill and a second project form, convice on Lake	Chelan based out of Stellekin WA. The Vesser that	
will be used is a quiet, comfortable and efficient thirty	hack in Stehekin at 2:45pm.	
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(To be completed by the individual or business/orga	nization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe	e the transportation service that you need and that the	
application could provide to you or your business/org	janization if this request for operating dath of the	
granted.	in on late Chelan. More	
parcets of private proper	and Come Stell Find	
regular transportation in	CONTINUE SIGNATURE	
	Yes No If not, explain problems you	
Are your transportation needs being met now?	Yes No If not, explain problems you	
have experienced.	Existing senlice does	
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not wall than STOPS to	MACO DE STATE OF COLOR	
No air service on lake		
If the request is denied, would it have any affect	t on you or your business/organization:	
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delivery of parts and sup	SHE TOUGIOMES IM	
Stoke Kind		
4		
VERIF	FICATION	
(To be completed by the individual or business/orga	anization supporting the request for operating authority)	
1 A 10:11am		
Name and Title: Of The Miller	Drilling L.C.	
Business/Organization: MVM COLOR	form St	
Street/Mailing Address: 404 5, 411	98814	
City, State, Zip Code: Code: Code	- Number (60 LS) - ()00	
Telephone Number: 559 679 19	Fax Number: 454 652 250	
	pasis for a grant of operating authority by the Washington he state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.	

PRINT NAME

(SIGNATURE

DATE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION  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	two passenger catamaran. The vessel would leave
Stellerill at 10.40am daily and	
/Ta he completed by the individual or business/orgal	STATEMENT  nization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly describe application could provide to you or your business/org	e the transportation service that you need and that the ganization if this request for operating authority is
granted.  Transportation to a private recinerce	for mainterance and logarha
Are your transportation needs being met now?	Yes No _ If not, explain problems you
have experienced.	I and have plantly issues
If the request is denied, would it have any affect Yes No If yes, please explain.	t on you or your business/organization:
(To be completed by the individual or business/orga	FICATION anization supporting the request for operating authority)
Name and Title: Colbs Flick	
Business/Organization:	
Street/Mailing Address:	
City, State, Zip Code: <u>Prewster WI</u>	98812
Telephone Number: Som - Colem - 4724	Fax Number:
I understand that this information is being given as the b	asis for a grant of operating authority by the Washington he state of Washington. I certify or declare under penalty of he information contained in this statement is true and correct.
	N 160 9/00/194
PRINT NAME	SIGNATURE 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 yeared that will be used is a quiet, commercial and emicient unity two passenger catamaran. The vessel would leave		
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stenekin at 2.43pm.	
(To be associated by the individual or hysinesslow)	STATEMENT request for operating authority)	
application could provide to you or your business/org granted.	the transportation service that you need and that the	
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Are your transportation needs being met now? Yes No & If not, explain problems you have experienced. We need server. In the server when the visits when the boat only news 3 days per have.		
If the request is denied, would it have any affect on you or your business/organization:  Yes No If yes, please explain		
VERIF  (To be completed by the individual or business/orga	CICATION Anization supporting the request for operating authority)	
Name and Title: MARCOLM KEITE	ILEY, PUBLISHER	
Business/Organization: LAKE CHELAW MAGAZINE  Street/Mailing Address: 611 North MINOR AVE.		
TEAST WELL	ATCHEE, WA 98802	
Telephone Number: <u>509-679-875</u> 6	Fax Number:	
I understand that this information is being given as the but Utilities and Transportation Commission, an agency of the	asis for a grant of operating authority by the wasnington ne 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 a

MALCOLM LEITHLEY
PRINT NAME

Applicant Namo:	Application Docket No.:	
Applicant Name: Backcountry Travels LLC	TS-180677	
Backcountry Travers LLO		
THE APPLICATION What authority are you apply	ing for? Include any amendments.	
t and to the control of the control	Chejan nased out of Stellekin VV ( 1116 Voods	
with a sead in a guiet comfortable and efficient follow	(WO Dassenger Catamaran: 1110 1000	
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stehekin at 2:45pm.	
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application could provide to you or your business/org	ganization if this request for operating authority is	
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l	No at explain problems you	
Are your transportation needs being met now?	Yes No / If not, explain problems you	
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	t on your or your business/organization:	
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Class of Stability Can. K	It would lose another work	
Stay in societies as	day	
VERI	FICATION	
(To be completed by the individual or business/orga	anization supporting the request for operating authority)	
Name and Title: Linea Turne	20	
Business/Organization:	N CI	
Street/Mailing Address: 1718 163rd Ct St		
City, State, Zip Code: Mill Creek, WA 98012		
Telephone Number: _ 360 631 2755 Fax Number:		
the state of the s	hasis for a grant of operating authority by the Washington	
Utilities and Transportation Commission, an agency of t	the state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.	
perjury under the laws of the state of washington that the	JO HINSTINGATOR CONTRACTOR OF THE PROPERTY OF	
	~/ / ~	
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	Application Docket No.:
Applicant Name:	TS-180677
Backcountry Travels LLC	10 100077
THE APPLICATION What authority are you apply	ring for? Include any amendments.
I form coording on 1 3KG	Theian hasen out of Stellekin vivi. The veces are
with a seriest comfortable and efficient initial	V IWO Dassenger Catamaran. The veces treatment
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stellekin at 2.43pm.
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Have experienced.	
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and spend a second night at	
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Another case is FAMILIES wh	College Minister La Stoliekin
have to waste an entire day	al visitors to Stehekin choose to
I suspect many visit potenti	e time/acress usues
USIT SOME OTHER COUNTY GOVE	
VERI	FICATION  The request for operating authority)
(To be completed by the individual or business/org	anization supporting the request for operating authority)
Name and Title: John R Bmg	aha m
Ivallic and Time!	700.11
Dusiness organization	me owner
Street/Mailing Address: P.O. Box 24	A 0.005
City, State, Zip Code: Stelleky, M	NA 98852
Telephone Number: (509) 88 (-7942	Fax Number:
I understand 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 he information contained in this statement is true and correct.
John R Bingham John PRINT NAME	SIGNATURE ZI August ZOI

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply	ring for? Include any amendments.	
A daily, year round commercial ferry service on Lake	y two passenger catamaran. The vessel would leave	
Stehekin at 10:40am daily and return at 1pm, arriving	g back in Stehekin at 2:45pm.	
SUPPORT	STATEMENT	
(To be completed by the individual or business/orga	inization supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describ	e the transportation service that you need and that the	
application could provide to you or your business/orgranted. We need a true that leaves stehe		
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The state of the s	valuable addition to present service	
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have experienced. I teel this would	the present limitations of:	
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Children two mestale		
If the request is denied, would it have any affect	et on you or your business/organization:	
Yes $\times$ No If yes, please explain. $\omega_{\mathcal{E}}$	are hopeful that this request will	
be aftirmed awing us an opti-	on of travel we had missed	
how that the "Indy Cat" and the Air Service are not available.		
There is a hearth and safety factor involved in adding service,		
both for tourists and talks who li	ive and work here.	
VERII	FICATION	
(To be completed by the individual or business/org	anization supporting the request for operating authority)	
Name and Title: Adele Bingham		
Business/Organization:		
Street/Mailing Address: P. 6 Box 24	& H22 Copper Loop	
City, State, Zip Code: Stehekin WA 988	52 + E. Wenatchee, WA 98802	
Telephone Number: 509 - 470 - 6440	Fax Number:	
I understand that this information is being given as the b	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.	

Adele Bingham PRINT NAME

	Application Docket No.:	
Applicant Name.		
Backcountry Travels LLC	10 100077	
THE APPLICATION What authority are you applying	ng 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		
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SUPPORT	STATEMENT	
(To be completed by the individual or business/orgar	nization supporting the request for operating authority)	
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application could provide to you or your business/org	janization if this request for operating detrienty to	
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have experienced.		
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or times requested. tamily in	embers the business/organization. Spend the	
If the request is denied, would it have any affect on you or your business/organization.		
Yes X No If yes, please explain.	55.0 1.00	
As stated above will need	40 WOLK 160 TO	
within limited parameter		
of available transportation	hoat is scheduled.	
,	004)	
VERIF	FICATION	
(To be completed by the individual or business/orga	anization supporting the request for operating authority)	
	leefe (individual)	
Name and Title: <u>Jeanette</u> Ok	cete (individual)	
Business/Organization:		
Street/Mailing Address: PO BOX 1185	/ 225 East Chewoch Rd.	
City, State, Zip Code: Winthrop, L	VA 98862	
Telephone Number: (509) 996-413	子 Fax Number:	
- 1/- a h	pasis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of	
I understand that this information is being given as the b	he state of Washington. I certify or declare under penalty of penalty of the state of washington. I certify or declare under penalty of the state of washington.	
perium under the laws of the state of Washington that the	ne information contained in this statement is true and correct.	
p. 5,5		
I T II MILLE TO	anotto 0 Kilo 8/20/18	
Jeanette Okeete le	signature ( S/20/18)	
PRINT NAME	Oloro (1 or te	
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	individual requesting operating authority)
	individual requesting operating authority) Application Docket No.:
Applicant Name: Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you	u applying for? Include any amendments.  on Lake Chelan based out of Stehekin WA. The vessel that ont thirty two passenger catamaran. The vessel would leave
daily, year round commercial ferry service of	nt thirty two passenger catamaran. The vessel would leave
<u>vill be used is a quiet, comfortable and efficie</u> Stehekin at 10:40am daily and return at 1pm,	
Stehekin at 10:40am daily and return at 1pm,	arriving back in Grand-in-
	PORT STATEMENT
(To be completed by the individual or busines	ss/organization supporting the request for operating authority)
application could provide to you or your busing granted.D <del>uring all 12 months, we need transp</del>	describe the transportation service that you need and that the ness/organization if this request for operating authority is portation to and from our Cabin that is located 3 miles down
ake from Stehekin.	
Are your transportation needs being met	now? Yes No _x If not, explain problems you
Are your transportation needs being met have experienced. <del>The current service will no</del>	t stop at our cabin.
If the request is denied, would it have any Yes_x_ No If yes, please explain the cabin.	y affect on you or your business/organization:  nNot having this service would prohibit our use of
	VERIFICATION ness/organization supporting the request for operating authority)
(To be completed by the individual or busin	ness/organization supporting the request for operating authority)
(To be completed by the individual or busing Name and Title:_Karen McKellar	hess/organization supporting the request for operating authority)  th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellarIndividual with Ctract/Mailing Address: PO Box 1393	ness/organization supporting the request for operating authority)  th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellar	th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellar	th private ownership of property on Lake Chelan  8816 Fax Number:
(To be completed by the individual or busing Name and Title:_Karen McKellar	ness/organization supporting the request for operating authority)  th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellar Individual with Street/Mailing Address:_PO Box 1393 City, State, Zip Code: Chelan, WA 98 Telephone Number: 509-470-4002 I understand that this information is being given Utilities and Transportation Commission, an age perjury under the laws of the state of Washington	th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellar Individual with Street/Mailing Address:_PO Box 1393 City, State, Zip Code: Chelan, WA 98 Telephone Number: 509-470-4002 I understand that this information is being given Utilities and Transportation Commission, an age perjury under the laws of the state of Washington	th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellar Individual with Street/Mailing Address:_PO Box 1393 City, State, Zip Code: Chelan, WA 98 Telephone Number: 509-470-4002 I understand that this information is being given Utilities and Transportation Commission, an age perjury under the laws of the state of Washington	th private ownership of property on Lake Chelan
(To be completed by the individual or busing Name and Title:_Karen McKellar	th private ownership of property on Lake Chelan

Applicant Name:	Application Docket No.:
ackcountry Travels LLC	
THE APPLICATION What authority are you apply	ing for? Include any amendments.
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Stehekin at 10:40am daily and return at 1pm, arriving	back in Stenekin at 2:45pm.
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SUPPORTS	STATEMENT
	nization supporting the request for operating authority)  e the transportation service that you need and that the
THE TRANSPORTATION NEED Briefly described by the transport of the transpor	ranization if this request for operating authority is
application could provide to you or your business/orgranted.	ale boat Service, to include
pet transportation, on an effici	out thedule that would better
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Are your transportation needs being met now?	Yes No If not, explain problems you
Are your transportation needs being met now? have experienced. Resident going drund	lake for (in) appointment word ) months
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Vallation, and as vale states in any office	t an you or your husiness/organization:
If the request is denied, would it have any affect	ekin residents would be compromised
Yes No If yes, please explain.	and and down lake) (shelially in an
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frauel on a daily basic to beceive	their neurrary services,
Thinks as a water water is received.	0
VERI	FICATION (Comparation outbority)
(To be completed by the individual or business/org	anization supporting the request for operating authority)
. 0	
Name and Title: Jornal and	CNC BILLIO
Business/Organization:	
	15 Steherun Valley Road)
Office trialing / task as a	0
City, State, Zip Code: Stehelier WA	98852
Telephone Number: (509) 768-0494	Fax Number:
and the state of t	encia for a grant of operating authority by the Washington
I understand that this information is being given as the t	pasis for a grant of operating authority by the Washington he state of Washington. I certify or declare under penalty of the information contained in this statement is true and correct.
Utilities and Transportation Commission, an agency of the state of Washington that the	ne information contained in this statement is true and correct.
perjury under the laws of the state of the	
	( 1 2 Pulu) Q -20 2019
LORINDA BOHN	Trupal Office DATE
PRINT NAME	SIGNATURE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
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THE APPLICATION What authority are you apply	ing for? Include any amendments.
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THE PROPERTY OF THE PROPERTY	/ IWO Dasseriger Catamaran: The Test
Stehekin at 10:40am daily and return at 1pm, arriving	Dack III Otoriokiii at 2110p
SUPPORT	STATEMENT
	nization supporting the request for operating authority)  e the transportation service that you need and that the
THE TRANSPORTATION NEED Briefly described application could provide to you or your business/org granted. We need an option to Also in the summer time.	ranization if this request for operating authority is
application could provide to you or your businessions	refurn the same day.
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is often sold out.	<u> </u>
	No. No. No. 16 not explain problems VOII
Are your transportation needs being met now?, have experienced.	YesNO_X II Not, explain problems you
have experienced.	Jut in a hotel because there's
We've govced to stay overling	THE DIE IN THE SECOND
no return option.	
If the request is denied, would it have any affect	t on you or your business/organization:
Yes X No If yes, please explain  worm on over night stage.	would continue localing
money on overnight stays	- downlake.
VERIF	FICATION
(To be completed by the individual or business/orga	anization supporting the request for operating authority)
Name and Title: GINA LEVANTINI	
Business/Organization:	
Street/Mailing Address: PO BOx 30 1	
City, State, Zip Code: STEHEKIN, WA 9	8852
Telephone Number: 561 926 2896	Fax Number:
	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.
	,
$\cup$	8/19/18
GINA LEVANTINI	CICNATURE
PRINT NAME	SIGNATURE DATE

Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
TO A TION AND A TION OF THE PROPERTY OF THE PR	blying for? Include any amendments
THE APPLICATION What authority are you app	ke Chelan based out of Stenekin WA. The vesser that
will be used is a quiet, comfortable and efficient this	irty two passenger catamaran. The vesser would leave
Stehekin at 10:40am daily and return at 1pm, arriv	ing back in Stehekin at 2:45pm.
SUPPOR	T STATEMENT
(To be completed by the individual or husiness/or	ganization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly descr	ibe the transportation service that you need and that th
application could provide to you or your business/o	organization if this request for operating authority is
granted. ————————————————————————————————————	but work in chelan during the
week and a daily boat ?	shedule would make it easier
for me to commute withou	ut missing any work.
Are your transportation needs being met now	? Yes No <u>/</u> If not, explain problems you
· · · · · · · · · · · · · · · · · · ·	
During the winter months	the current boat shedule 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 affective	ect on you or your business/organization:
Yes No If yes, please explain	
T would love by Chal at	ternate means of transportation
I would have to find al	rvice that would fit my shedule
Office Man File Chilican	, , , , , , , , , , , , , , , , , , ,
VEF	RIFICATION rganization supporting the request for operating authority)
Name and Title: Sivnon Cou	rtney
Business/Organization:	
Street/Mailing Address: 1 valley 5+	
City. State, Zip Code: Stenetin V	VA, 98852
Telephone Number: (509)-449-336	Fax Number:
the state of the information is boing given as the	hasis for a grant of operating authority by the Washington
Little Commission on adaptive	f the state of Washington. I certify or declare under penalty the information contained in this statement is true and corre

Simon Courtney
PRINT NAME

SIGNATURE 8/16/18
DATE

### APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

**Applicant Name:** 

Application Docket No.:

**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 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 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 💢 If not, TURNED AWAY IN CHEIAN FOR LACK OF ROOM ON GOAT.

REQUIRED TO STAY EXTRA DAYS IN CHELANON NON BOAT DAYS REQUIRED TO PLAN EXTRA DAYS ON TRIPS BECAUSE NO BOATSCHEDE

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

Yes X No \_\_\_\_ If yes, please

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 OPERATEMY OWN BOAT

#### VERIFICATION

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

Name and		
Title: Thomas Courtn	EY	
Business/		
Organization: MOUNTAIN BAR	REE SERVCE	LLC
Stroot/Mailing		
Address: / /////F/	DEE + Stelle	Kin WA
Street/Mailing Address: / VAIIEY ST	111 01 -111	98852
City, State, Zip		·
Code:		
	22.5	
Telephone Number: <u>509 670 6</u>	300 Fax	
Number:  I understand that this information is being given as by the Washington Utilities and Transportation Col Washington. I certify or declare under penalty of p. Washington that the information contained in this se	mmission, an agency of the s perjury under the laws of the s	тате от
Thomas Courtney	Thomas Cor	vtruy
PRINT NAME	SIGNATURE	
DATE		U
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:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you applying 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	two passenger catamaran. The vessel would leave
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(To be completed by the individual or business/organ	nization supporting the request for operating authority)
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application could provide to you or your business/org	
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have experienced.	
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	<u> </u>
VERIF	ICATION anization supporting the request for operating authority)
(10 be completed by the individual or business args	A THE COLOR OF THE
Name and Title: ATZ COUNTINES	1
Business/Organization:	<u> </u>
Street/Mailing Address: PO BOX	64
City, State, Zip Code: Stehekin, u	JA 98852
Telephone Number: <u>509 - 670 - 449</u> :	S Fax Number:
I elephone Number. 670 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
t commission on again the	ne state of Washington. I certify or declare under penalty of e information contained in this statement is true and correct
Liz Courtney PRINT NAME	SIGNATURE S/18/18

**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.

# 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  THE APPLICATION What authority are you apple to be a commercial ferry service on Lake and efficient thir	Application Docket No.: TS-180677
THE APPLICATION What authority are you appl	10 100017
THE APPLICATION What authority are you apple do not be a service on Lake	
A daily year round commercial ferry service on Lak	lying for? Include any amendments.
	ke Chelan based out of Stenekin WA. The vessel much
will be used is a quiet, comfortable and efficient thir	rty two passenger catamaran. The vessel would leave ing back in Stehekin at 2:45pm.
will be used is a quiet, comfortable and efficient thi Stehekin at 10:40am daily and return at 1pm, arrivi	ng back in Stenekin at 2.70pm
SUPPORT	T STATEMENT  The supporting the request for operating authority)
(To be completed by the individual or business/org	ganization supporting the request for operating authority) libe the transportation service that you need and that the lorganization if this request for operating authority is
THE TRANSPORTATION NEED Briefly described to your purpose size to your p	organization if this request for operating authority is
granted	and the same and t
We need an option to leave or return	n to Stehekin every day. We lack that be also would love an option that allows us me day.
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to leave home & return on the sa	• • • • • • • • • • • • • • • • • • • •
Are your transportation needs being met now?	? Yes No <u>\(  \) If not, explain problems you</u>
have experienced.	nt away from home - late Fall through Spring,
I am forced to spend at least one nigh	at away from thome is to prove with few out
at lack two hights. The existing bowls	3 (Nearlie 1) (Marky leaves of the
to call a luctrain or while on the	Lorne any leave steneping
Yes No If yes, please explain.	ect on you or your business/organization still stuck
1 1 a lead of canon for trow of	or transition I am smable to leave Stehe
chassing most any appointment, as	any travellary lange frotors the early dept
4 out of 7 days a week during winter	alco make it difficult to watch up with
from chelan plus late arrival to the	elan make it difficult to watch up with additional travel connections?
VEI	RIFICATION (Secretary)
(To be completed by the individual or business/c	RIFICATION organization supporting the request for operating authority)
Name and Title: Hannah (2) et	Shelanic
Business/Organization: ( C S OVER OF	Steinekin
Street/Mailing Address: Po Box 283	
City State, Zip Code: Stenevin WA	98852
1 - Lunbara Number: 509 - 931 - 1602	Fax Number
	he basis for a grant of operating authority by the victimization of
I understand that this information is being given as the Utilities and Transportation Commission, an agency of perjury under the laws of the state of Washington that	at the information contained in this statement is true and serves a

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:

Backcountry Travels LLC

TS-180677

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

The individual requesting operating authority are you applying for? Include any amendments.

SUPPORT STATEMENT  (a separating the request for operating authority)
(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 x 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 scheulel
If the request is denied, would it have any affect on you or your business/organization:  Yes_x 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	g the request fo	r operating authority)
Name and Title:Ashley Melin			
Business/Organization:SoulJour			
Street/Mailing Address:2955 Wembl			
City, State, Zip Code:Lake Oswego,			
97034			
Telephone Number:503-708-7877_		Fax	
Number:			
I understand that this information is being given Transportation Commission, an agency of the s of the state of Washington that the information	state of Washington, Teering of a	Colare allas. 15-	y the Washington Utilities a enalty of perjury under the la
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 <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

1 Appricant Name.	Application Docket No.: TS-180677

SUPPORT STATEMENT			
has been experienced or application supporting the request for operating authority)			
THE TRANSPORTATION NEED  Briefly describe the transportation service that you need and that the			
THE TRANSPORTATION NEED Briefly describe the transportation service 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 if this request for operating authority is			
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hotter to have an alternative scrapple			
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have experienced.			
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Yes No If yes, please explain.			
With the mereason that the court to			
Pass, It is Becoming the Destination			
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Mose Moles Hollofill			
VERIFICATION VERIFICATION			
(To be completed by the individual or business/organization supporting the request for operating authority)			
Name and Title: Lelen Recorded			
Business/Organization:			
Street/Mailing Address: 2929 2/1000 MMV XVV.			
City, State, Zip Code: Seattle WA 45/09			
Talanhana Number: 206785 5606 Fax Number:			
I understand 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  I understand 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 under penalty of 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			
Utilities and Transportation Commission, an agency of the state of Washington. I certify of desired and correct perjury under the laws of the state of Washington that the information contained in this statement is true and correct			
$1/2 \leq 1/2 $			
Holoal Sweenen Cholos Decens 5/18/10			
PRINT NAME SIGNATURE DATE			

	•
Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are you apply	ying for? Include any amendments.
1 1 1 commorpial form conjice on lake	e Chelan based out of Stehekin WA. The vessel that y two passenger catamaran. The vessel would leave
will be used is a quiet, comfortable and efficient unit Stehekin at 10:40am daily and return at 1pm, arrivin	g back in Stehekin at 2:45pm.
Stenekin at 10:40am daily and return at 15m, direction	9 546.
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SUPPORT	STATEMENT
(To be completed by the individual or business/orga	inization supporting the request for operating authority)
application could provide to you or your business for granted.	e the transportation service that you need and that the ganization if this request for operating authority is
granted. Year around Service & Add	Dai Mila aman mageriles.
No private boot I can not acress	5812100 pendely Owned properties.
Would also 1,1 < to see a se	aplane Service again.
Are your transportation needs being met now?	Yes No If not, explain problems you
have experienced.	
Travel you arone and the abil	it to stop at other locations
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If the request is denied, would it have any affect	t on you or your business/organization:
l	, on you or your
The lack of Service NOW and	was my ability to occess various
nacreational activites on hake	Cholor and AStahakin
VEDI	TICATION
VEXII	FICATION anization supporting the request for operating authority)
(16 be completed by the individual of businessisting	
Name and Title: Toser M. Dree	(Member)
Business/Organization: 2ML Enderpris	lines
Street/Mailing Address: 30 Church TS	0.5044
City, State, Zip Code: Lowelle, With	988/2
Telephone Number: 307473///2	Fax Number: None marea.
	pasis 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.

PRINT NAME

SIGNATURE

21/2018 DATE

APPLICANT STATEMENT  (To be completed by the individual requesting operating authority)		
Applicant Name:	Application Docket No.:	
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		
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.		
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		
If the request is denied, would it have any affect on you or your business/organization:  Yes_X_ No If yes, please explainI 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		

	75-18	30677
<b>VE</b> (To be completed by the individual or business/	RIFICATION organization supporting the r	equest for operating authority)
Name and Title:John Kruse, Owner Business/Organization:Northwestern C	Outdoors	
Street/Mailing Address:302	Garden Circle	
City State Zin Code: Cashmere, WA 98	8815	
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 PRINT NAME	John Juve SIGNATURE	Aug 21, 2018 DATE

### IMPORTANT!!!

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

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

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
DackCountry Travels 220		
THE APPLICATION What as	thority are you applying for? Include any amendments.	
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will be used is a quiet comforta	ble and efficient thirty two passenger catamaran. The vesser would leave	
Stehekin at 10:40am daily and	return at 1pm, arriving back in Stehekin at 2:45pm.	
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	SUPPORT STATEMENT vidual or business/organization supporting the request for operating authority)	
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application could provide to you	or your business/organization if this request for operating authority is the between the and Stehelen leaves the midday.	
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<i>g,</i>		
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Yes No If yes, p	lease explain.	
It will be noted	This. It to me to out to out to out the state of the first.	
	VERIFICATION	
(To be completed by the ind	ividual or business/organization supporting the request for operating authority)	
	in the salvi	
Name and Title:		
Business/Organization:	elvin Cooling and Heating Dervice	
Street/Mailing Address:	3196 Friday Creek Road	
1		
City, State, Zip Code: <u>Bu</u>		
Telephone Number: (360		
I understand that this information	is being given as the basis for a grant of operating authority by the Washington	
Luilitian and Transportation Com	mission, an agency of the state of Washington. I certify of declare under penalty of	
perjury under the laws of the stat	e of Washington that the information contained in this statement is true and correct.	
	() Or for all	
Dand J. Martin	Les Vonul 0/19/18	
PRINT NAME	SIGNATURE DATE	
er programment		

Applicant Name:	
Backcountry Travels L	LC.

Application Docket No.: TS-180677

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.
granted. Our business will be cold to be determined to the cold to be dete
Over fifty wells in the Stehekin Valley, all but one, for private residences
one for the Nay. Park Service. Daily Goat service is requestion for 60ing
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 with the second seco
present farry sorvice, thus we cannot respond to water system emergencies,
Twenty for (24) years ago we constructed a Rock with special apuntenanes
for the Lady Express to pull in " to our shop facility 7 miles downlake. They no longer de
If the request is denied, would it have any affect on you or your business/organization:
Yes X No If yes, please explain. Yt doily boat service, with the state of the service with the state of the service with the
abilities is not allowed our business lassets and abligations are
significantly compromised.
Town customers, water users, will experience both health and
saffay issues unlike in the past when any service with "flag stops" was avoilable
VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: My Mi, ler - Owner
The state of the s
Business/Organization: // . / . / . / . / . / . / . / . / . /
Street/Mailing Address: 404 S. Clifferd St.
City, State, Zip Code: Chelan WA 988/4
Telephone Number: 539 - 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.
1 March Waller William William William Start Tolland
PRINT NAME SIGNATURE DATE
#18 이 1986년 이 1997년 이 1997년 1987년 1987년 1987년 1987년 1987년 1987년 1988년 1988년 1987년 1987년 1987년 1987년 1987년 1987

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

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
T need the option of A daily service. Much of my
treavels to and from Stehekin are business trips and I lose.
a ango of book in I want
Are your transportation needs being met now? Yes No If not, explain problems you have experienced
This was addressed above but I would like to
late for work related issues as well.
If the request is denied, would it have any affect on you or your business/organization:
Yes \ No If yes, please explain. The 1055 of Working hours 15 huge
to my company. Also even private travel in the current
CIRC DOOR and as already stated the schedule is
Use limited
very mine.
VERIFICATION (Comparison of the continuous c
(To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: FEAGY ANN COVETNEY - OWNER GO
Business/Organization: The Just Figures Bookkeeping
Street/Mailing Address: 23660 Hwy 97A
City, State, Zip Code: Chelau, WA. 988/6
Telephone Number: (509) 470-28/2 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.
FRANT NAME SIGNATURE DATE
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Applicant Name:	Application Docket No.:
Backcountry Travels LLC	TS-180677
THE APPLICATION What authority are your interest of the second of the se	rou applying for? Include any amendments. on Lake Chelan based out of Stehekin WA. The vessel that
will be used is a quiet comfortable and effici	ient thirty two passenger calamaran. The vessel would leave
Stehekin at 10:40am daily and return at 1pm	<u>ղ, arriving back in Stehekin at 2:45pm.</u>
SUP	PPORT STATEMENT ness/organization supporting the request for operating authority)
THE TRANSPORTATION NEED Briefly	describe the transportation service that you need and that the iness/organization if this request for operating authority is
CARLY MITT BEP	PARTURE FROM STELLETUT
Are your transportation needs being me	t now? Yes No / If not, explain problems you
	F A SCITEDULE
- A SUW	, h 20110000
- 300	
If the request is denied, would it have ar	ny affect on you or your business/organization:
Yes $\nearrow$ No If yes, please explain	ny affect on you or your business/organization:
	VERIFICATION
(To be completed by the individual or busi	VERIFICATION iness/organization supporting the request for operating authority)
Name and Title:	HAVELS RPL
Business/Organization:	
Street/Mailing Address: 1つうしろ	SE DEBORA DR
City, State, Zip Code: Dams SC	w , or 97089'
Telephone Number: 502 - 665	Fax Number:
I understand that this information is being giver Utilities and Transportation Commission, an ag perjury under the laws of the state of Washington	n as the basis for a grant of operating authority by the Washington gency of the state of Washington. I certify or declare under penalty of ton that the information contained in this statement is true and correct.

PRINT NAME

SIGNATURE

DATE

Applicant Name:	Application Docket No.:	
Backcountry Travels LLC	TS-180677	
THE APPLICATION What authority are you apply	ng for? Include any amendments.	
A delle year round commercial form service on Lake	Chelan based out of Stellekill WA. The vesser that	
will be used is a quiet, comfortable and efficient thirty	two passenger catamaran. The vesser would leave	
Stehekin at 10:40am daily and return at 1pm, arriving	Dack III Stellekill at 2.40pm.	
SUPPORT STATEMENT  (To be completed by the individual or business/organization supporting the request for operating authority)		
THE TRANSPORTATION NEED Priofly describe	the transportation service that you need and that the	
application could provide to you or your business/org	anization if this request for operating authority is	
granted.	<u> </u>	
I need a mid- u	corning departure	
Stehekin	. 8	
t to the state and being mot now?	Yes No / If not, explain problems you	
Are your transportation needs boing method.		
have experienced.	from times	
de so to		
That do not costate Shecessary		
- Noch Will Mil		
If the request is denied, would it have any affect	on you or your business/organization.	
Yes No If yes, please explain	1	
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64045	one,	
- Canco a sa		
VERIF	ICATION	
(To be completed by the individual or business/orga	anization supporting the request for operating authority)	
Name and Title: 262abe + 14	Havely, KDH	
Business/Organization:		
Street/Mailing Address: 19 39 6 3	58-101812	
City, State, Zip Code:	Note to the second seco	
Telephone Number: 563 (065-36	Fax Number: / Washington	
I understand that this information is being given as the bath Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	asis for a grant of operating authority by the washington he state of Washington. I certify or declare under penalty of e information contained in this statement is true and correct.	

Harely SIGNATURE DATE

Applicant Name: Application Docket No. Backcountry Travels LLC TS-180677		
Backetana y	Applicant Name: Backcountry Travels LLC	1

RECEIVED

AUG 29 2018

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 on western washington cas more than the Shall be The
a daughter son-in-law and several grandehildren un steneen me
more convenient way and time to visit them.
Are your transportation needs being met now? Yes No X 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 hady 2.13
we age this is Decoming Lass descreable, Also, the current
William Sheart & Albana Shragarization.
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 Stephen into a 2 day
able to come for holidays, but or have the kids come down,
but the winter 3 chadule is see 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: Montesono, WA 98563
Telephone Number: 360 - 470-6009 Fax Number:
Lunderstand 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 hay Starks 8-27-18

	Application Docket	No.:
pplicant Name: ackcountry Travels LLC	TS-180677	·
HE APPLICATION What authority are yo	u applying for? Include any ar	mendments.
t u convice de comparaial formy convice (	on Lake Chelan based out of S	LEHEKIII WA. THE VESSELLIAL
in he used is a quiet, comfortable and efficie	ent thirty two passenger calame	aran. The vesser weara leave
Stehekin at 10:40am daily and return at 1pm,	, arriving back in Stenekin at 2.	40pm.
OUR	PORT STATEMENT	
(Ta ha completed by the individual or husine	ess/organization supporting the re	quest for operating authority)
FUE TRANSPORTATION NEED Briefly	describe the transportation ser	vice that you need and that the
application could provide to you or your busing	ness/organization if this reques	of for operating authority to
TTRAVEL TO STEHE	KIN PERIODICALLY A	NO FINA THE
CURRENT SCHEDULE DOLLE	S UN'NECCES ARY EXPE	NSE AND TRAVEL
TIME - I ALWAYS HAVE	TO GET AN EXTER NIGH	HOR 2 AFA HITEL
Are your transportation needs being met	now? Yes No k I	f not, explain problems you
Are your transportation needs being met have experienced.	110W: 1es 140_ <u>K</u> _1	
SEE ABOVE. HAVE TO	STRY OVERNIGHT IN	CHELAN (EXTRA
4 KK)		
7 7 1		
f the request is denied, would it have an Yes No If yes, please explain.	y affect on you or your busii	ness/organization.
103 110 17 / 1		23
	VEDIFICATION	3
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(To be completed by the individual or busin	VERIFICATION ness/organization supporting the r	3
	VERIFICATION ness/organization supporting the r	equest for operating authority)
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Name and Title:	VERIFICATION ness/organization supporting the r	equest for operating authority)
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Name and Title:	822 5. A A, VA 22314 Fax Number	equest for operating authority)  2.FRED ST./APT 2.B  er:
Name and Title:	822 5. A  A, VA 22314  Fax Number as the basis for a grant of operations of the state of Washington	equest for operating authority)  2.FRED ST. APT 2B  er:  ing authority by the Washington I certify or declare under penalty
Name and Title:	822 5. A  A, VA 22314  Fax Number as the basis for a grant of operations of the state of Washington	equest for operating authority)  2.FRED ST. APT 2B  er:  ing authority by the Washington I certify or declare under penalty
Name and Title:	822 5. A  A, VA 22314  Fax Number as the basis for a grant of operations of the state of Washington	equest for operating authority)  2.FRED ST. APT 2B  er:  ing authority by the Washington I certify or declare under penalty

SIGNATURE

PRINT NAME

(To be completed by the individu	al requesting operating authority)	RECEIVED
The poster	Application Docket No.:	TOLIVED
Applicant Name:	TS-180677	AUG 29 2018
Backcountry Travels LLC		
THE APPLICATION What authority are you applying 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	two passenger catamaran. The	VA. THE VESSELLIAL
SUPPORT S  (To be completed by the individual or business/organe)  THE TRANSPORTATION NEED Briefly described application could provide to you or your business/organented.  Tagter more Hexitle 5	e the transportation service that a anization if this request for oper	you need and that the
Are your transportation needs being met now?  have experienced.  Would like more floxibility a le hour drive to Chel  lake, necessitating spend	Yes No X If not, expl on time as we an before hea	ding up
Take necessitating spen	ding the night is	n Chelan
If the request is denied, would it have any affect Yes No _X_ If yes, please explain	personal time 1	450 l S.
VERIF	ICATION	
(To be completed by the individual or business/orga	nization supporting the request for	operating authority)
		Control Section Sectio
Name and Title: Penn Wells		
Traine and Traine		5 5
Business/Organization:	771 + 2.0	The Garage
Street/Mailing Address: 123 College	e x 1, = 9(0	
Street/Mailing Address: 123 College City, State, Zip Code: No-Colk, V	A 2351D	
City, State, Zip Code.	P. November	
Telephone Number: 404 113926	Fax Number	Sul V
I understand that this information is being given as the bath Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the		
Penn Wells Du	Well-	8/21/2018
PRINT NAME	SIGNATURE	DATE

APPLICANT STATEMENT

(To be completed by the individu	al requesting operating authority)			
Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677 RECEIVED			
THE APPLICATION What authority are you applying for? Include any amendments. AUG 29 2018  A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA, The yessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would Center.				
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/org				
More Elexibility - fast	er			
Are your transportation needs being met now?	Yes No X If not, explain problems you			
have experienced.				
SEE APOVE				
If the request is denied, would it have any affect	on you or your business/organization:			
Yes NoX If yes, please explain				
	<u> </u>			
	ICATION			
(To be completed by the individual or business/orga	nization supporting the request for operating authority)			
Name and Title: 5ALLY WELL	_ 5			
Business/Organization:				
Street/Mailing Address: 123 COLLI City, State, Zip Code: NORFOLK Telephone Number: 229 400 11	EGE 7L #810			
City, State, Zip Code: NORFOLK	VA 23510			
Telephone Number: 4229 400 11	Example Fax Number:			
I understand that this information is being given as the ball litilities and Transportation Commission, an agency of the				
Sally Wells PRINT NAME	SIGNATURE DATE			

**APPLICANT STATEMENT**