621 Woodland Square Loop SE Lacey, WA 98503 P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222 Email: transportation@utc.wa.gov

### Addendum to Application

Docket

Company

This is to document completion of missing or incomplete items in the initial application.

#### **Statement of Support**

I strongly believe that granting Immediate Relocation Services the opportunity to operate will enhance competition and provide residents with more high-quality options for their moving and storage needs. Their goal of safe handling, transparent pricing, and exceptional service will align with the standards expected by consumers in the state of Washington.

Jake Raich 206.302.8833



# ATTACHMENT A

## HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant I	Name:
-------------	-------

The following must be completed by the Supporter of the applicant			
Name, Title, and Business Name:			
Address (include street address, mailing address, city, state, zip, and county):			
Phone Number:	Email:		
Do you currently need the services of a residential household goods moving company?			
No Yes If yes, please describe your current moving needs:			
Do you anticipate a future need for the services of a	residential household goods moving company?		
No Yes If yes, please describe your future moving needs:			
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will			
benefit you, your business, and/or your community:			
Is there anything else the commission should consider when making a determination about this company's			
application for a household goods permit?			
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.			
Printed Name of Person Completing Form	Signature	Date	



# ATTACHMENT A

## HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

### Applicant Name: Daniel Saunders

The following must be completed by the Supporter of the applicant			
Name, Title, and Business Name: Johnathan Jorde Queen City Business Movers LLC			
Address (include street address, mailing address, city, state, zip, and county): 661 West Nickerson Street Suite 2 Seattle, WA 98119			
Phone Number: 206-295-1467	Email: JOHNJORDE@GMA	IL.COM	
Do you currently need the services of a reside			
Do you anticipate a future need for the service $\mathbf{V}$ No Yes If yes, please describe your f	ces of a residential household goods moving co future moving needs:	impany?	
benefit you, your business, and/or your com Dan is a badass mover and a great guy	a permit to provide household goods moving se munity: 7. He always does his best and takes car w, funniest and harworking. He loves m	re of customers and others.	
Is there anything else the commission should application for a household goods permit? Dan will make the world a better place	d consider when making a determination about	this company's	
I certify (or declare) under penalty of perj and correct. Johnathan Jorde Printed Name of Person Completing For	jury under the laws of the state of Washing	gton that the foregoing is true 01/13/2025 Date	