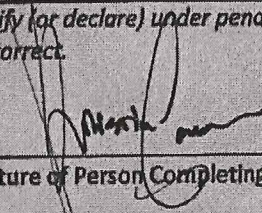


HOUSEHOLD GOODS STATEMENT OF SUPPORT

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: Move for less Uc

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>hdug, inc. com</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>1355 Market St Suite 600 San Francisco CA 94103</u>	
Phone Number: <u>Support@hdug.com</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>We are serving Seattle area for past 5 years so we need movers all the time</u>	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>We have significant amount of jobs going on right now and in near future</u>	
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: <u>They are good workers and hard workers so we need more people like this company</u>	
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.	
 _____ Signature of Person Completing Form	<u>08/01/2017</u> <u>Seattle</u> _____ Date and Location

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: Move For Less LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: DAVID CLIFTON

Address (include street address, mailing address, city, state, zip, and county):
2621 2ND AVE #1102 SEATTLE WA

Phone Number: 206379-4134

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
RESIDENTIAL MOVES WITHIN IN SEATTLE AREA

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:
I HAVE 2-3 JOBS EVERY MONTH FOR THIS COMPANY

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:
THEY HELPED A LOT WITH OUR MOVES SO WE NEED THEM TO DO FUTURE JOBS

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.

David Clifton
Signature of Person Completing Form

1/19/17 Seattle
Date and Location