

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: Full House Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Carie Mall, Delivery Terminal Manager, Lodon

Address (include street address, mailing address, city, state, zip, and county):
10845 Chesapeake

Zeebroad mi 49414

Phone Number:
616-638-6497

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?
 Yes No If yes, please describe your future moving needs:
Lodon transport house hold goods and would be/are a Great Agent

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:
This is a great company to work with
entire quick response professional

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
no see no reason for F.H.M not to have the permit

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Carie Mall
 Signature of Person Completing Form

8/5/16, Zeebroad, mi
 Date and Location