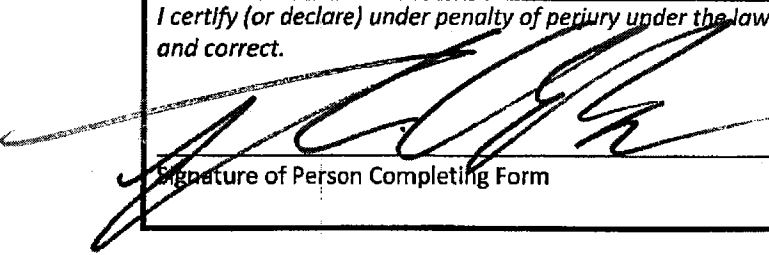


ATTACHMENT A

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: <u>TY CLARKE, BROKER, KIDDER MATHEUS</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>1701 PACIFIC AVE, STE 1100, TALOMA WA 98402</u>	
Phone Number: <u>253 722. 1419</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>CLIENT/GENERAL MANAGERS/ LOCAL MANAGERS NEEDING RELOCATION</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>CLIENTS NEEDING TO RELOCATE THEIR HOMES, AND Household FURNITURE. PERSONAL RELOCATION WHEN LEASE TERMS ARE UP, AND MY NEED TO RELOCATE/MOVE MY LARGE FURNITURE</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>IT WILL GIVE THE COMMUNITY ANOTHER OPTION TO SELECT A MOVING FIRM. IT WILL ALSO GIVE MY CLIENTS A RELIABLE MOVING GROUP FOR THEIR RELOCATION NEEDS</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>THE QUALITY OF SERVICE PROVIDED BY THIS FAMILY OWNED COMPANY, AS EXEMPLIFIED BY THEIR OUTSTANDING CUSTOMER REVIEWS, LONGEVITY IN THE BUSINESS, AND HISTORICAL SUCCESS.</u>	
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>08/08/2016</u> Date and Location <u>TALOMA, WA</u>