



# 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 these services. These forms may be copied by you as needed.

**Applicant Name: Three Brothers Moving, LLC**

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:  
*JEANETTE FIORE, PRESIDENT, FIORE FINANCIAL LLC*

Address (include street address, mailing address, city, state, zip, and county):  
*1009 N. CENTER PARKWAY SUITE 200  
KENNEWICK, WA 99336  
BENTON COUNTY*

Phone Number *(509) 528-7097* Email: *jeanette@fiorefinancial.net*

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:  
*IF I HAVE ANY NEEDS, I WILL CALL AT LEAST IMMEDIATELY. I HAVE A BOON-OF-BUSINESS AND ASSOCIATES THAT I WOULD LEADLY CALL TO THREE BROS.*

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:  
*THREE BROTHERS MOVING IS A RELIABLE, CREDIBLE AND HONORABLE COMPANY. THEY ARE THE ONLY MOVING COMPANY THAT I WOULD USE OR RECOMMEND.*

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?  
*I HAVE KNOWN ANITA CAMPOS FOR SEVERAL YEARS AND HAVE TREMENDOUS RESPECT FOR HER. HER BUSINESS PRACTICES ARE ABOVE REPROACH.*

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

*JEANETTE FIORE*

*Jeanette Fiore*

*01/04/2022*

Printed Name of Person Completing Form

Signature

Date