

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: Edwin Monroy-Cruz / Rodica Carabos
TACOMA HANDS ON MOVING RENT & TRUCK LLC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Iryna Dewich

Address (include street address, mailing address, city, state, zip, and county):
319 Tacoma Ave #807 Tacoma WA
98403 Pierce

Phone Number: 253-335-3561

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I'm going to buy new couch and love site. And I would like to hire a moving company.

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 am going to buy a house soon. And I would like to hire a moving 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:
This company does have good customer service, free estimates which is good for this economy.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Business is family operated.

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

Iryna Dewich
 Signature of Person Completing Form

4-19-10 Tacoma, WA
 Date and Location

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Applicant Name: **EDWIN MONROY-CRUZ / Rodica Caralas**
TACOMA HANDS ON MOVING RENT & TRUCK LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

TONY CAMERONA

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

**319 TACOMA AVE. N. #205
TACOMA, WA. 98403
PIERCE COUNTY**

Phone Number:

559-905-0466

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

WILL BE MOVING SHORTLY & NEED A SERVICE TO HELP.

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 KNOW OTHER PEOPLE THAT WILL BE MOVING SOON, & WILL RECOMMEND TACOMA HANDS ON MOVING TO THEM

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:

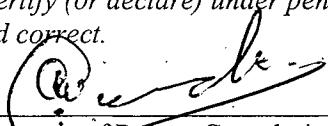
THEY ARE A GOOD, SAFE, REPUTABLE & VERY RELIABLE COMPANY. THEY HANDLED MY MOVE TO EXCEED MY EXPECTATIONS. I WOULD RECOMMEND THEM TO ANYONE THAT IS MOVING.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

THEY ARE AN HONEST, REPUTABLE, SAFE, ETHICAL & PROFESSIONAL COMPANY.

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



Date and Location

4-17-10, TACOMA, WA.

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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Edwin Monroy-Cruz / Rodica Carabas
TACOMA HANDS ON MOVING RENT & TRUCK LLC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: LINA BARTNESS

Address (include street address, mailing address, city, state, zip, and county):
319 TACOMA AVENUE North # 400
TACOMA, WA 98403

Phone Number: (253) 272 1446

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:

I may move within the immediate area in five years or so but for the time being I'm quite content. I was so pleased, however, with the services provided by Hands On Moving that I plan to hire them for all future 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:

Granting this permit will benefit me insofar as I have already become a loyal customer and will have to look no further for a variety of services. Peace of mind is important to me as is the care with which my belongings are handled.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I was so pleased with the services provided that I have referred friends to the company since I hired them. These are friends who are considering relocating to the area.

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

Date and Location