621 Woodland Square Loop SE Lacey, WA 98503 P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222

Email: transportation@utc.wa.gov

Addendum to Application

Docket Company

This is to document completion of missing or incomplete items in the initial application.



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:
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Kellie Dewune, Regional Director of Client Care, Ideal Image Address (include street address, mailing address, city, state, zip, and county): 2505 S 38th St Tacoma, WA 98409
Phone Number: (253) 501-1929 Email: Kelliedenune@gmail.com 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 Ayes If yes, please describe your future moving needs: Currently in Bonney Lake but planning a move this fall to Puyallup area
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: IRS IS QUICK, Efficient and have excellent moving and packing Skills
s there anything else the commission should consider when making a determination about this company's oplication for a household goods permit? This company is operated by an amazing, steady crew willing to go above and beyond for their custome
ertify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true discorrect.
Kellie DeNune Kolleinenune 5/10/23
nted Name of Person Completing Form Signature Date



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Applicant Name:
The following must be completed by the Supporter of the applicant Name, Title, and Business Name: ANDLEW A. MOELE, ATTORNEY, ANDLEW L. MAGELE LLC Address (include street address, mailing address, city, state, zip, and county): PO BO X ZIIOP SUANICE, WA 99/1/- SIOP (County of King)
Phone Number: (20G) 683-150Z Email: a mage @ mage Ligal.com 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 Entre NY NOS ENTRE
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: A POLICHIT, IN MY OPINION, IS HELEST, TO THE BUSINESS, OF THE COLORS OF THE BUSINESS OF THE COLORS OF THE COLOR
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit? No THAT I CAUGNIMOF, EXCEPT TO SAY, THAT I BULLEUE APPLICAMES EXCUSES HOUSE BE CHANTED
ANDREW L. Meex Printed Name of Person Completing Form A signature A signature Signature Signature Printed Name of Person Completing Form



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: Daniel Sanders
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Address linglyde street address mailing address situ state vin and asyntylly
Address (include street address, mailing address, city, state, zip, and county):
GGI West Nickerson St. #2 Seattle, was 98119
Phone Number: 206,295,1467 Email: quencity business movers egucilion Do you currently need the services of a residential household goods moving company?
Do you currently need the services of a residential household goods moving company? Yes If yes, please describe your current moving needs:
7-2
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:
The Tres, please describe your ruture moving riceus.
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:
I have worked with Dan for 10 years. He is a great
gry aml mover,
Is there anything else the commission should consider when making a determination about this company's
application for a household goods permit?
None,
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
Johnathan Jorde HI 1 1/30/2027
Printed Name of Davis C
Date Date