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: Moving-Made EZ

	pleted by the Supporter of the applicant			
Name, Title, and Business Name: Corinne Malesis, Realtor, Corinne Malesis Real Estate				
Address (include street address, mailing address, city, s	tate, zip, and county):			
21108 State Route 410 E Bonney Lake W	/A 98391, Pierce County			
Phone Number:	Email:			
Do you currently need the services of a residential hous X No Yes If yes, please describe your current mo				
Do you anticipate a future need for the services of a res				
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: Having a trustworthy and dependable moving company in our community would be be such an asset, and they have already proven their reliability with some of my previous clients who sang their praises when Ole, the business owner took especially good care of them, going above and beyond. I will be referring them again and again.				
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?				
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.				
Corinne Malesis	Corinne Malesis	09/13/23		
Printed Name of Person Completing Form	Signature	Date		



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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 I	Name:
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The following must be s	amplated by the Supportar of the applicant			
The following must be completed by the Supporter of the applicant				
Name, Title, and Business Name:				
Address (include street address, mailing address, cit	y, state, zip, and county):			
Phone Number:	Email:			
Do you currently need the services of a residential h	ousehold 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 n	noving needs:			
Briefly describe how granting this company a permit	to provide household goods moving services in Washi	ington State will		
benefit you, your business, and/or your community:				
Is there anything else the commission should consid	er when making a determination about this company's	S		
application for a household goods permit?				
l certify (or declare) under penalty of periury un	der the laws of the state of Washington that the f	oregoing is true		
and correct.		oregoing to true		
Printed Name of Person Completing Form	Signature	Date		
rinited Name of Ferson Completing Form	Signature	Dale		



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:	STAVELAND	ENTITIES	DBA: MOVING - M	ADE EZ
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The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Jeffrey Quinones
Address (include street address, mailing address, city, state, zip, and county):
đ
2816 1835 Ave, East Lake Tapps WA 98391
Phone Number: Email:
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?
\square No \square Yes If yes, please describe your future moving needs:
I do not anticipate the future but if I have to more I will call MOVING. MADE E
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:
benefit you, your business, and/or your community: I Know Felicia and Ole Well and I believe that anything that they do I Know Felicia and Ole Well and I believe that anything that they do
I Know Felicia and Ole well and I believe that any is so respecting others. will benefit us all, because of their honesty and commitment to respecting others.
Is there anything else the commission should consider when making a determination about this company's
application for a household goods permit? I would consider their willingness and commitment to start/own their
+ Would consider their writing is a wide commentation to sample in the
dun business and all the responsebility that comes with it.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
and correct.
Jeffrey - Quinones April Quin - 08-21-23
Deffrey Lawinones Completing Form Signature Date
Printed Name of Person Completing Form VVV Signature Date



Prepared on August 18, 2023

A/R Aging Summary

As of August 18, 2023

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
Cherie Tourangeau			2,014.45			2,014.45
Keri Crumby		1,589.60				1,589.60
TOTAL	\$0.00	\$1,589.60	\$2,014.45	\$0.00	\$0.00	\$3,604.05

Profit and Loss

January - December 2023

	Total
INCOME	
Sales	26,383.34
Services	75,355.83
Total Income	101,739.17
COST OF GOODS SOLD	
Cost of goods sold	
Supplies & materials	-10.88
Total Cost of goods sold	-10.88
Total Cost of Goods Sold	-10.88
GROSS PROFIT	101,750.05
EXPENSES	
Payroll expenses	
Taxes	5,095.25
Wages	36,913.70
Total Payroll expenses	42,008.95
Total Expenses	42,008.95
NET OPERATING INCOME	59,741.10
NET INCOME	\$59,741.10

Balance Sheet

As of December 31, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
0200 CHECKING - 1	46,581.13
Total Bank Accounts	46,581.13
Other Current Assets	
Payments to deposit	21,204.80
Total Other Current Assets	21,204.80
Total Current Assets	67,785.93
TOTAL ASSETS	\$67,785.93
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Direct Deposit Payable	0.00
Payroll Liabilities	
Child Support	656.56
Federal Taxes (941/943/944)	1,355.69
Federal Unemployment (940)	189.06
WA Cares Fund	134.76
WA Paid Family and Medical Leave Tax	135.22
WA SUI Employer	559.91
WA Workers Compensation	1,272.08
Total Payroll Liabilities	4,303.28
Total Other Current Liabilities	4,303.28
Total Current Liabilities	4,303.28
Total Liabilities	4,303.28
Equity	
Opening balance equity	3,741.55
Retained Earnings	
Net Income	59,741.10
Total Equity	63,482.65
TOTAL LIABILITIES AND EQUITY	\$67,785.93