

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: *Mount Si Logistics LLC*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
TAMIRIS SERIKOVA

Address (include street address, mailing address, city, state, zip, and county):
45533 SE 140th ST, North Bend, 98045 WA

Phone Number: *253-393-0439* Email: *TamirissERIKOVA@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 Yes If yes, please describe your future moving 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: *I know this person very well. He is punctual, responsible and I believe he will provide a good service*

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?
no

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

TAMIRIS SERIKOVA

Tamiris

07.29.24

Printed Name of Person Completing Form

Signature

Date



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: *Mount Si Logistics LLC*

The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name: <i>Aliya Zhumagulova</i>		
Address (include street address, mailing address, city, state, zip, and county): <i>37020 20th Ave S, Federal Way, 98003, WA</i>		
Phone Number: <i>253-670-44-80</i> Email: <i>Aliya.0729@gmail.com</i>		
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving 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: <i>He is really good in work.</i>		
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit? <i>no</i>		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		
<i>Aliya Zhumagulova</i> Printed Name of Person Completing Form	<i>Aliya</i> Signature	<i>07.29.24</i> Date



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: *Mount Si Logistics LLC*

The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name: <i>Iran Galymzhanov</i>		
Address (include street address, mailing address, city, state, zip, and county): <i>6217 Lakewood Dr W #149, University Place, WA, 98467</i>		
Phone Number: <i>253-656-2327</i>	Email: <i>iran91964@gmail.com</i>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving 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: <i>I've known this man for a while and he is very truthful and has a great character. I think that we as a nation need more people of integrity as him to work & provide greatly to the people.</i>		
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit? <i>No</i>		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		
<i>Iran Galymzhanov</i>		<i>07.29.24</i>
Printed Name of Person Completing Form	Signature	Date