

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: INMOVE LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Alamdar Chaudhry

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

550 150th Ave NE Bellevue WA 98007

Phone Number: **(425) 786-6515**

Email: **alchaudhry@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:

I anticipate using INMOVE for my future moving needs (towards the end of next summer)

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 will allow me to have a local moving company I can get in contact with to book future services!

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

INMOVE is a locally owned and operated small business, being a small business owner myself, I aim to support other small business in the greater Seattle area.

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

Alamdar Chaudhry



10/16/2024

Printed Name of Person Completing Form

Signature

Date



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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: INMOVE LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Nooruddin Alabdalla

Address (include street address, mailing address, city, state, zip, and county):
6300 West 138th Terrace Apt 0725 Overland Park Kansas 66223

Phone Number: **9137422567** Email: **Nalabdalla@hotmail.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:
I plan to use INMOVE for my future move to help unload my pods container once I move to Seattle WA.

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 will have a moving company lined up to help me with my moving needs in the Seattle area, and I will have a moving company I can refer to friends and colleagues in the area that need moving services.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?
The owner of this business (a former coworker of mine) is very determined, respectful, kind, and professional. I have now doubt in my mind that this individual will help to build one of the best (customer focused) moving companies in the Seattle area!

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

Nooruddin Alabdalla

Nooruddin

10/16/2024

Printed Name of Person Completing Form

Signature

Date



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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: INMOVE LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Shakespear Feyissa

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

Phone Number: **206-380-9309**

Email: **shakespear@shakespearlaw.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:

I am currently remodeling my entire house and will need this companies services to move my belongings back into my house.

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 will allow me to secure a date with this company for my future moving service needs so I don't have to worry about finding someone else.

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.

Shakespear Feyissa



Printed Name of Person Completing Form

Signature

10/13/2024

Date

InMove BALANCE SHEET

	FY-2023	FY-2024
ASSET TYPE	PRIOR YEAR	CURRENT YEAR
Current assets	0	27,000
Fixed assets	0	19,000
Other assets	#REF!	#REF!
Current liabilities	0	8,100
Owner equity	#REF!	18,800
TOTAL ASSETS	0	46,000
TOTAL LIABILITIES & STOCKHOLDER EQUITY 	0	8,100 
BALANCE	0	37,900