

**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: Steven Nava Jr.

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Silverado Memory Care Facility Charlene Wisdom  
Address (include street address, mailing address, city, state, zip, and county): Marketing  
524 75th St. SE  
Everett WA 98203  
Phone Number: (425) 348-8800

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
We have several local residents in need of moving services

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:  
We have residents that admit weekly the need is there

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:  
Provide our clients w/ moving services

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Seems kind & professional - the owner is great

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

Charlene Wisdom 3-20-12 Everett  
Signature of Person Completing Form Date and Location