



**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:** Moses K. Ngathu

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

**Name, Title, and Business Name:** Cheryl Ngathu

**Address (include street address, mailing address, city, state, zip, and county):**  
8310 84th Ave SW #838 Lakewood, Wash. 98498 Pierce

**Phone Number:** (253)-224-4069

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
I'm moving in the future.

**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'm moving in the future.

*moving business*

**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 am moving in the near future & need your services.

**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.*

Cheryl Ngathu  
Signature of Person Completing Form

6/21/18  
Date and Location