


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 within the state of Washington. 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: <i>Matt Cassette</i>	
The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <i>Jeff Claeson</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>10713 E 22nd Ave Spokane, WA 99206 Spokane County</i>	
Phone Number: <i>509-995-8014</i>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <i>We recently purchased a hot tub. We also need a piano moved out of our basement.</i>	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <i>We occasionally buy large items, need disposal of various yard waste.</i>	
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>In my experience its significantly more affordable & convenient to use a small company like Matt's for many types of moves. I firmly believe he helps out others in the community as well.</i>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>Matt is above all else honest & ethical.</i>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
Signature of Person Completing Form 	Date and Location <i>6/25/13</i>

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Applicant Name: <u>Matt Corsetti</u>	
The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Lucas King</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>1706 N. ZAPPALE PL SPOKANE WA 99207</u>	
Phone Number: <u>509 294 8717</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>I will need moving services to move within the next month</u>	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>Yes I will move frequently and I own a large plane</u>	
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: <u>Matt Corsetti is a very talented mover he is the best at his profession</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>After 12 years in the field industry I have not met any mover as capable</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. <u>as Matt Corsetti</u>	
<u>Lucas King</u> Signature of Person Completing Form	<u>6-25-13</u> Date and Location