

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: ESTABLISHED MOVING & STORAGE OF SEATTLE, INC.

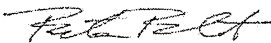
The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Brayden Miller
Address (include street address, mailing address, city, state, zip, and county):	23210 SE 312 th st Black Diamond WA 98010
Phone Number:	(206) 292-6193
Do you currently need the services 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've been looking for a moving service to help move furniture and appliances from my old apartment in Black Diamond to my next apartment in Bellevue. Unfortunately, many of the moving companies that I've contacted are either too expensive or are booked beyond my move-in period.
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:	Moving appliances, furniture, and other miscellaneous furnishings from Black Diamond to Bellevue.
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:	Currently, there are too few moving companies in the market to service the growing population of people moving into and residing in Western Washington.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Not that I can think of.
<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>	
Signature of Person Completing Form	December 5, 2017 – Seattle, WA
Brayden Miller	

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Applicant Name: ESTABLISHED MOVING & STORAGE OF SEATTLE, INC.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Broad Street Equity, LLC	
Address (include street address, mailing address, city, state, zip, and county): 815 1st Ave, #145, Seattle, WA 98104	
Phone Number: 253-237-4331	
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: As a real estate investment company we often have the need to move house hold goods (furniture, appliances, etc) around the area. There is often a lack of available moving companies.	
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: Our growing business will continue to need moving companies for the purpose of transporting household goods between properties, both rentals and those listed for sale.	
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: As stated above, moving household goods such as furniture and appliances is a frequent requirement of our business and the need for available moving companies will only increase.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? N/A	
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	28 Nov 17 / Seattle, WA _____ Date and Location

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Applicant Name: ESTABLISHED MOVING & STORAGE OF SEATTLE, INC.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Hans Vieser, Associate, CBRE	
Address (include street address, mailing address, city, state, zip, and county): 10022 NE 23rd St, Bellevue WA 98004	
Phone Number: 425-765-7926	
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <p>My lease is up in March, I will need a home mover to help me relocate to a more affordable area. Seattle met area has grown by 1,100 people per week and this demand has priced me out of my neighborhood. I will need to find a local mover to help with my relocation.</p>	
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: Because King county is the Nation's 4th fastest growing county- with 35,714 new residents between 2015 & 2016- it has become difficult to find housing and relocation services. I find that this hyper growth has put a strain on local businesses ability to keep up. It is hard, as a consumer, to book these services at reasonable rates.	
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.	
Hans Vieser _____ Signature of Person Completing Form	12/1/17 Seattle, WA _____ Date and Location