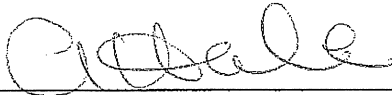


**ATTACHMENT A**

**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:**

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <i>Arielle Hale</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>8301 54th Ave S. Seattle WA 98118</i>	
Phone Number: <i>(206) 519-2330</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>Don't relocating from WA to Portland, OR.</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>Y move every 3 months through WA + OR for business and I use this company.</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>Affordable + services for the community. dependable</i>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>Small business + minority owned.</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	<i>11/24/18 Seattle WA</i> _____ Date and Location

