

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:		V	
The fellowing and			
The following must be con	pleted by the Supporter	of the app	licant
Name, Title, and Business Name:	Korden o	wher	Kraft Floors
Address (include street address, mailing address, 15300 Redword Wood)	city, state, zip, and county	3:	
Www.ille Wh	98072		
Phone Number: 425 591 415			
□ No Yes If yes, please describe your current	moving needs: Deli	Company?	of Materials
Do you anticipate a future need for the services of No Yes If yes, please describe your future Briefly describe how granting this company a pern State will benefit you, your business, and/or your	moving needs:	goods movi	ng services in Washington
will receive our pr	coluct in a	e tin	iely manner
Is there anything else the Commission should cons application for a household goods permit?	ider when making a dete	rmination a	bout this company's
I certify (or declare) under penalty of perjury under and correct.			
Signature of Person Completing Form	6/-3	1-20	King County
Survey of Grant Completing Form		Date and	LOCATION



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Applicant Name: ALEXHN JEU V	ERDES
The following must be completed	by the Supporter of the applicant
Name, Title, and Business Name:	ILE LIC.
Address (include street address, mailing address, city, sta 12515 Avou Jale RN NE	
Phone Number: 106 86 £ 44 35	1/200
Do you currently need the services of a residential house □ No Yes If yes, please describe your current moving I need to relocket from	ng needs:
Do you anticipate a future need for the services of a residence of the services of the	g needs:
Briefly describe how granting this company a permit to p State will benefit you, your business, and/or your common of will make a referent to recent to	ancida haccabald seeds mordes condess in Machineton
Is there anything else the Commission should consider was application for a household goods permit?	hen making a determination about this company's
I certify (or declare) under penalty of perjury under the la and correct.	ws of the state of Washington that the foregoing is true O2.05.2020
Signature of Person Completing Form	Date and Location



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Applicant Name: Sum	Uyek?						
The follo	wing must be cor	npleted by	the Suppor	ter of the	e applica	nt	
Name, Title, and Business Name	o.	Medes					
Address (include street address				inty):			
15300 Redward Wird	imuill Rel	NE	Woods	whe W	A 99	072	
Phone Number: 541	-889 960	99					
No □ Yes If yes, please de Do you anticipate a future need □ No XYes If yes, please de I aw Mouling a	for the services o	f a resident e moving ne	ial househo	old goods	moving o	ompany?	
Briefly describe how granting the State will benefit you, your busined the state out 5	ness, and/or your	community	12)				
Is there anything else the Commapplication for a household goo	ds permit?				tion abou	t this con	ipany's
I certify (or declare) under penal and correct. Signature of Person Completing	,ri	r the laws o	f the state	215	ngton the	0 W	going is true