

## 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: Four Seasons Moving & Storage LLC**

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

Name, Title, and Business Name:

**Harim Serrano, Property Manager, Public Storage**

Address (include street address, mailing address, city, state, zip, and county):  
**1111 118th Avenue Southeast Suite 2, Bellevue WA 98005**

Phone Number: **(206)405-0607**

Email: **harimserrano@gmail.com**

Do you currently need the services of a residential household goods moving company?

No  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?

No  Yes If yes, please describe your future moving needs:

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:

**Most of all is the ability to provide great service to my tenants at this self storage facility in storing with care and safely transfer the belongings to another location.**

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?

**For the community this company will be a great addition to provide great service**

*I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**Harim Serrano**

Printed Name of Person Completing Form



Signature

**02/23/2021**

Date