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Lacey, WA 98503
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Email: transportation@utc.wa.gov

Addendum to Application

Docket

Company

This is to document completion of missing or incomplete items in the initial application.



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: Lion Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Rainier Delivery

Address (include street address, mailing address, city, state, zip, and county):
35218 52nd Ave S Auburn WA 98001

Phone Number: _____ **Email:** _____

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Our company is in need of it since we are have lots of work at the moment

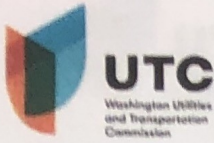
Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
Yes we are

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:
We have customers in Seattle and Bellevue area and they need of good local moving company

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

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

Printed Name of Person Completing Form: Paul Filon **Signature:** **Date:** 06/28/11



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Applicant Name: *Lion Movers LLC.*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Daria Diukar*

Address (include street address, mailing address, city, state, zip, and county):
*4550 California Ave apt 510
Seattle, WA 98126*

Phone Number: *206 369 5050* **Email:** *mrs.daria.d@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:
I will be moving by the end of this year and I need full packing, a lot of heavy items.

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:
We are musicians and we always have heavy items to move!

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:
They have affordable prices and well-trained helpers!

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

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

Daria Diukar
Printed Name of Person Completing Form

[Signature]
Signature

06/30/21
Date



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: LION MOVERS LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JOHNATHAN Brodski owner Moving Band LLC

Address (include street address, mailing address, city, state, zip, and county): 11808 NE 160th St, Bothel, WA, 98011

Phone Number: 206 476 7203 Email: Brodsky.corp@gmail.com

Do you currently need the services of a residential household goods moving company?
[] No [X] Yes If yes, please describe your current moving needs:
We have alot of moving projects going on right now

Do you anticipate a future need for the services of a residential household goods moving company?
[] No [X] Yes If yes, please describe your future moving needs:
We have a lot of contracts with apartment complex in 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:
This company have good service and affordable prices

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

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

Johnathan Brodski
Printed Name of Person Completing Form

[Signature]
Signature

06/29/21
Date



11. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below*:

Type of Conviction	Date	State

*attach additional pages if necessary

12. Has any person named in this application been: 1) convicted of a criminal offense in Washington state, 2) found to have committed a civil offense in Washington state, or 3) found to have violated Commission rules?

No Yes If yes, please list below*:

Violation	Date of conviction	RCW/WAC

*attach additional pages if necessary

13. If you would like to receive information about new household goods carriers, check here

Section 3 - FINANCIAL STATEMENT			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank		Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		Total Liabilities	
Land and Buildings		Net Worth	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Retained Earnings	
Other Assets		Capital	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

Section 4 - EQUIPMENT LIST				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You must own or have a long-term lease for any vehicle you operate, you may not rent vehicles on a job-by-job basis.				
Year	Make	License Number	Vehicle ID (VIN)	GVW

*attach additional pages if necessary