

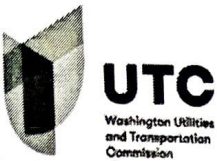
621 Woodland Square Loop SE
Lacey, WA 98503
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Email: transportation@utc.wa.gov

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: ~~Thomas Chymiq~~ ^{FM} Lenora, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Thomas Chymiq

Address (include street address, mailing address, city, state, zip, and county):

10598 Falle Rd NE, Bainbridge Island, WA 98110

Phone Number: (360)990-1191

Email: tchymiq@msn.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:

Disposal or donation of household furniture (good)

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:

Convenience, solid reviews, with dependable staff and service offerings that cover all of my needs.

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

Local resident with solid reputation in the county. Provides trade ops for people seeking work. Volunteers within the community.

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

Thomas Chymiq

5/8/23

Printed Name of Person Completing Form

Signature

Date



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: 7Lenora, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Alex Beyer

Address (include street address, mailing address, city, state, zip, and county):

7521 NE Beachwood CT. Poulsbo, WA 98370

Phone Number: 206-531-9291

Email: Abeyer702@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:

Apartment 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:

Social purpose, focused on customer satisfaction.

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.

Alex Beyer

Printed Name of Person Completing Form

Abeyer

Signature

5/15/23

Date

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: Lenora LLC, Jacob Chymiy

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Krycia Crabtree

Address (include street address, mailing address, city, state, zip, and county):

7870 NE Koura Farm Drive
Bainbridge Island, WA 98110

Phone Number: 206-842-0778 Fax: Email: krycrab@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:

household moving

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:

There is a shortage of movers in this community. This will help bridge this gap

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.

Krycia Crabtree

Printed Name of Person Completing Form



Signature

5/8/23

Date