

ATTACHMENT A

FARMER SHOUSEHOLD 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:		
The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name: Strownie Kettells		
Address (include street address, mailing address, city, state, zip, and county):		
4441 S 175th St Seatac WA 98188		
Phone Number:		
Do you currently need the services of a residential household goods moving company? No XYes If yes, please describe your current moving needs: Nowny furniture and plano to different house		
Do you anticipate a future need for the services of a residential household goods moving company? No AYes If yes, please describe your future moving needs: Future plans for more furniture & boxes to properly we are looking to buy		
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: Supposed new business in the a peesen who has been doing this WORK for WER 10 YRS		
is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? We shald be encouraging people to live these disease and sauch new besides, Everyone diseases a chance.		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Value		

WASHINGTON UTILITIES AND TREPORT ON COMMISSION

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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:		
The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name: JAMES A. CARROLL, ROSALIA CARROLL		
Address (include street address, mailing address, city, state, zip, and county):		
6724 CARLETON AVE S. SEATTLE WA, 98108 KINGGOUNTY		
Phone Number: 206-586-2533		
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 Dyes If yes, please describe your future moving needs: MY WIFE AND I WOULD LIFE TO MOVE TO A SMALL TOWN IN WASHINGTON STATE.		
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 BELIEVE THAT ANY CLIENT WILL FEEL CONFIDENT THAT THEIR HOUSEHOLD GOODS WILL BE REGARDED WITH THE BEST CARE, WHICH 18 VERY IMPORTANT.		
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I would like for THE COMMISSION TO ACKNOWLEDGE THIS APPLICANTS HARD WORK ETHICS, HONESTY, TRUST WORTHINESS AND DEPENDABILITY. THESE QUALITIES ARE VERY IMPORTANT.		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		
James a Carroll Signature of Person Completing Form 12/9/18 - SEATTLE Date and Location		



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A E R S HOUSEHOLD GOODS STATEMENT OF SUPPORT tion 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:	
* 5	
The following must be completed by the Supporter of the appli	cant
I IVAINE TITLE and Rucinoce Names.	VW.12
Sesse Kolbet	
Address (include street address, mailing address, city, state, zip, and county): 100 Andover Park West Suite 150-340	
Tuckwila WA 98188	
I Phone Number:	
206-753-8425	
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	
□ No X Yes If yes, please describe your future moving needs:	g company?
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Driefly depath t	
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: Good worke opportunity to make his own Liwing	deserves an
offer raining to make its out him ing	
Is there anything else the Commission should consider when making a determination ab	out this company's
application for a household goods permit? This is what America is a	bout getting
a Chance to do what you want and name y	our price
I certify (or declare) under penalty of perjury under the laws of the state of Washington to and correct.	hat the foregoing is true
and correct.	Tivil
7 7 1/1	Juckwilly
3-7-18	KAN DR
Signature of Person Completing Form Date and Lo	cation