

#### **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: Loaded Movers
The following must be completed but be s
Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county): 20307 111 <sup>th</sup> Ave SE, hent, WA 98031 USA
Phone Number: 1206/939-0557 Email: Vecsar, eva gmail. com.
Do you currently need the services of a residential household goods moving company?  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 Ves If yes, please describe your future moving needs:  Twill move in nearby future on different rent.
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:  The eompany provides a wide variety of services.
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.    Victor Codrean

# Washington Utilities and Transportation Commission

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Applicant Name: Loaded	Movers		
The following m	ust be completed by the Su	pporter of the applicant	
	Ducceffe	(206) 300.	5461
9824 94th ove	Seattle V	VA 98125	
Phone Number: (206) 300 - 5  Do you currently need the services of a resi  No Yes If yes, please describe your	acitial flouseffold goods movir	ng company?	edelysium nw.
Do you anticipate a future need for the service.  No Yes If yes, please describe your price of the service.  I constantly get Briefly describe how granting this company benefit you, your business, and/or your company.	future moving needs:		wor K.
benefit you, your business, and/or your com  More optione, he  Is there anything else the commission should application for a household goods permit?	infanity.		
application for a household goods permit?  I certify (or declare) under penalty of per			
Printed Name of Person Completing Fo	Ed Duce		_ 9/4/2 02 1 Date



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The following n	nust be completed by the Su	innerter of the applicant	
Name, Title, and Business Name:	(1)	apporter of the applicant	
Address (include street address, mailing ac	ddress, city, state, zip, and cour	nty):	
6802 Souia St	Tacoma WA	98 404	
Filotie Number: (293/241 -	9930 Email: 2000	Withele @ amait	2. com.
Do you currently need the services of a res  No Yes If yes, please describe you	idential household goods movi	ng company?	
Do you anticipate a future need for the ser No Ves If yes, please describe you	vices of a residential household r future moving needs:	goods moving company?	
Briefly describe how granting this company benefit you, your business, and/or your con I did nove a left publicity businesses offer grally 14's beffer, to there anything else the commission above	is my life and a supperior cus	statisticaly, sur concer service of	well and
application for a household goods permit?	In consider when making a dot	ermination about this compa	Control of the Contro
I certify (or declare) under penalty of pena			ne foregoing is true
Printed Name of Person Completing Fo	orm s	ignature	9/3/21 Date