

**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:**

Joy Moving Company Inc

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

Name, Title, and Business Name:

Mindy Liu

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

6011 125th. AVE SE, Bellevue WA 98006

Phone Number:

626-673-2901

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

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

we need the moving service at the end of June.

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 will move again next year.

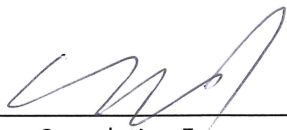
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

I need a local moving company to help us.

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

No

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



Signature of Person Completing Form

06/13/18

Date and Location

**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:**

Joy Moving company Inc

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

Name, Title, and Business Name:

Yanmin Chou

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

405 Issaquah Pine Lake Rd SE, #X2  
 Sammamish WA 98075

Phone Number:

408-218-8805

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

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

We are planning to move our house next month

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:

I think we will need another moving next year

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:

I think it is very convenient to hire a moving company: East and fast

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

No

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

  
 Signature of Person Completing Form

06/11/18  
 Date and Location