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: Only Green Moving Inc

The following must be seen to the start	
The following must be completed by the Supporter of the applicant Name, Title, and Business Name:	
Ernest Gukasov	
Address (include street address, mailing address, city, state, zip, and county): 20057 Ballinger way NE #B513, Shoreline WA 98155	
Phone Number: 2062516991 Email: ernest76@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:	
Briefly describe how granting this company a permit to provide household goods moving services in W benefit you, your business, and/or your community: I think its very obvious if there's more good business, there's more job oportunity, there service, there's more good future. It's always good to put more people to work.	
Is there anything else the commission should consider when making a determination about this compa application for a household goods permit? Our days it's important to keep people busy and working. Thank you	ıny's
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the and correct.	
Printed Name of Person Completing Form Signature	03/10/2024 Date



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Only Green Moving Inc

The following must be completed by the Complete the
The following must be completed by the Supporter of the applicant Name, Title, and Business Name:
Raina Kolze
Address (include street address, mailing address, city, state, zip, and county): 17800 des Moines memorial dr, Burien WA 98148
Phone Number: 2069660514 Email: rainakolze1983@gmail.com
Do you currently need the services of a residential household goods moving company?
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:
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: For any community is better to have as many businesses as possible. We need new people, new ideas, new opportunities !
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit? I'm sure that this business will be in a very good hands !
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Raina Kolze Printed Name of Person Completing Form Signature Date



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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: Only Green Moving Inc

The following m	nust be completed by the Supporter of the applicant	
Name, Title, and Business Name:	and be completed by the Supporter of the applicant	
Yaroslav Abramov		
Address (include street address, mailing ad 7323 Wright Ave SW , Seattle WA 981	dress, city, state, zip, and county): 36	
Phone Number: 2533594728	Email: Yaroslavabramov77@gmail.c	000
Do you currently need the services of a resi	idential household goods moving company?	om
✓ No Yes If yes, please describe your	r current moving needs:	
Do you apticipate a future of the		
No Yes If yes, please describe your	vices of a residential household goods moving company?	
No Yes If yes, please describe your	r future moving needs:	
Briefly describe how granting this company	a pormit to provide here to be a	
John Joan Justicess, and/or your com	a permit to provide household goods moving services in Washington nmunity:	
think it's always good to have as mar	ny service providers as possible to impress the impression	ur state To
give a new businesses chance to grow	w and make a better living for all others.	ar state. 10
Is there anything else the commission should	d consider when making a determination about this company's	
application for a nousehold goods permit?		
any doubt i would be more than happy	's very honest, hardworking, responsible and reliable pers / if guys like him run business in our state.	on. Without
	o sy state tall submess in our state.	
l certify (or declare) under penalty of perj and correct.	jury under the laws of the state of Washington that the forego	oing is true
Yaroslav Abramov	03/0	1/2024
Printed Name of Person Completing For	rm Signature	Date
		Date
	0	