Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(exactly as shown on PSC authority)

4x4 STAGE

PSC Number

See General Instruction # 5

9105

See General Instruction # 1

Reporting Year

2015

Reporting Period (if other than calendar year)

mm/yyyy to mm/yyyy format

/ to /

CARRIER OFFICIAL ADDRESS
(SHOW AS ON FILE IN COMMISSION RECORDS)

511 N WALACE
BOZEMAN, MT 59715

Carrier e-mail address

dmartin@karststage.com

Person Completing Report

Name

DAN MARTIN

Phone Number

406.556.3500

E-mail Address

dmartin@karststage.com

Check One

YES

X

NO

If NO See General instruction #3

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?

No Revenue
Negative Report
OATH

STATE OF MONTANA

SS.

County of GALLATIN

I, the undersigned representative of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and records of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct statement of the business and affairs of said motor carrier in respect to each and every matter and thing therein set forth, to the best of my knowledge, information and belief; and I further say that no deductions were made before stating the gross earnings or receipts herein set forth except those shown in the foregoing accounts; and that the accounts and figures contained in the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

[Signature of owner/officer/authorized representative]

[Title]

SUBSCRIBED AND SWORN to before me this 29th day of February 2016

[Seal]

DIANE RHODES
Notary Public
In and for the State of Montana
Residing at Manhattan, Montana
My Commission Expires 11/15/2018