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Montana Public Service Commission Motor Carrier Annual Report

Report must be filed on or before March 31st each year

All annual report filings must be signed by an owner or officer of the company and notarized by a notary public. (oath page)

Carrier Name (EXACTLY AS SHOWN ON PSC	ARROW SHUTHIE LLC			
AUTHORITY)				
PSC Number	NO 9504 See General Instruction # 5			
See Gene	eral Instruction # 1			
Reporting Year	2015			
Reporting Perio	mm/yyyy to mm/yyyy format od (if other than ar year) mm/yyyy to mm/yyyy format to 2 / 2015			
CARRIER ADDRESS	240 Fox Fam dr			
ŀ	City Whitefish State MT Zip 59937			
Check YES (address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?				
YES NO	If the answer to the above question is NO do you want your official address changed to that shown above?			
Carrier e-mail address	406ARROWShuttle@gmail.com optional			
	Person Completing Report			
Name	Carmen M. Barnett			
Phone Number	406-493-7100 or 406 300-2301			
E-mail Address Carmalita & Comail com				
<u>.</u>	Check One			
YES	DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE			
If NO See Gene	The state of the s			
	Montana Public Service Commission			
	Transportation Division			

Transportation Division 1701 Prospect Avenue / PO Box 202601 Helena, MT 59620-2601



Year	2015	-				
		A ALLEGE 11 - 2 - 2				
		SCHEDULE 1				
		INCOME STATEMEN	T			
	T	INCOME STATEMEN			T	
	Operating Rev	<u>enue</u>				
	Intrasta	te Revenue			5.214	
2.	Intersta	te Revenue			1 2/0	
3.	Non-Re	gulated Revenue				
4.	TOTAL REVI	ENUE			5214	
	Expenses					
5.	Salarie					
	Salarie	& Wages				
6.		Clerical & Administrative			250	
7.		Drivers & Helpers				
8.		Cargo Handlers				
9		Vehicle Repair & Service			67	
10.		Other Labor				
	Other F					
11.		Payroll Taxes				
12.		Workman's Compensation				
13.		Pension & Welfare Expenses				
	Operati	ng Supplies & Expenses			0	
14.		Fuel for Motor Vehicles			606	
15.		Vehicle Parts				
16.		Other Operating Supplies & Expenses		*	1800	
17.		General Supplies & Expenses			78	
	Operati	ng Taxes & Licenses				
18.	-	Gas, Fuel and Oil Taxes				
19.	-	Real Estate & Personal Property Taxes			1 1/1	
20.	-	Vehicle License & Registration Fees			641	
21.	T	Other Taxes			3 - ~	
22.	Insuran				358	
23. 24.		nications & Utilities		C	243	
24. 25.	Deprec	ation & Amortization				
25. 26.	-	Revenue Equipment Other	50•	+	655	
20.	Duraha	1.00	67•	+		
27.	Purchas	Will D.	06•	+		
28.		Without Driver	00.	+	-	
29.	-	Other Development of Transport	78•	+	-	
.7.			41.	+		
30.	Ruildin	a Pr Office Favinment D	58.	+	448	
31.	Building & Office Equipment R Gain or Loss on Disposition of			+ _	778	
32.	the Contract of the Contract o	anaous Evnancas	555.	+	139	
	Triiscen	N. Contraction of the Contractio	48.	+	151	
33.	TOTAL EXPE	NSES	139•	+	6060	
	TO THE BINE	5,	285	*	0000	
34.	NET INCOME	OR LOSS			-846	

PSC#	9504		
Year	2015		
		SCHEDULE 2	
		BALANCE SHEET	
		(LIABILITIES)	
	CURRENT LI		
26	Notes Pa	yable & Matured Long Term Obligations	17,000
27		s Payable	
28	Wages P		
29	C.O.D.'s	Unremitted	
30	Taxes A	ccrued	
31	Interest		
32	Matured		
33	Other Cı	urrent Liabilities	
34		TOTAL CURRENT LIABILITIES	17,000
		DEBT DUE WITHIN ONE YEAR	
35	Equipme	ent Obligations and other Debt	
		<u>DEBT DUE AFTER ONE YEAR</u>	
36		s Payable	
37	Equipme	ent Obligations	
38		Less reacquired and nominally issued	
39	Other Lo	ong Term Obligations	
40		Less reacquired and nominally issued	
41		TOTAL LONG TERM DEBT	
42	 	ferred Credits	
43	Total Re	serves	
	Gri A Davis =	EDGL (OD DD ODD ITTO DCL) TO WITH	
4.4		ERS' (OR PROPRIETORS') EQUITY	
44.		pital Stock	
45		oprietors' Capital	
46 47	I otal Re	tained Earnings	**************************************
+/		TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	
	TOTALLIAD	UITIES & SHADEHOLDEDS! (OD DDODDIETODS) FOLUMY	1 - 000
48	TOTAL LIAB	LITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	17,000
	 		
	 		
	DO TOTAL A	SSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR	
		IETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE	
		ILIONO/LYOTT: IL NOTI LLAGE REVIEW AND MARE	
	I KOFK	CORRECTIONS	

PSC#	SC# 9504		
Year	2015	1	
		SCHEDULE 2	
		BALANCE SHEET	
		(ASSETS)	
	CURRENT AS	CETC	
1.		Working Funds	0
		Deposits	
2. 3.	*	rary Cash Investments	
4.		Receivable	
5.		nts Receivable	
6.	Prepayi		
7.		als & Supplies	
8.	 	Current Assets	
9.		TOTAL CURRENT ASSETS	0
	TANGIBLE P	ROPERTY	
10.	Carrier	Operating Property	17,000
11.		Less: Reserve for Depreciation	
12.	Carrier Operating Property Leased to Others		
13.	Less: Reserve for Depreciation		
14.	Non-Carrier Operating Property		
15.	Less: Reserve for Depreciation		
16.			17,000
	INTANGIBLE	PROPERTY	
17.	Organization, Franchises & Permits		(-DD
18.	1 3	Less: Reserve for Amortization	(000)
19.	Other Intangible Property		
20.	Less: Reserve for Amortization		
21.		TOTAL INTANGIBLE PROPERTY	600-0
22.	Total Investment Securities and Advances		
22. 23. 24.	Total Special Funds		
24.	Total Deferred Debits		
25.	TOTAL ASSE	TS	17 AM
			17,000

PSC#	9504
Year	2015
7-11-11	
	SCHEDULE 3
	SCHEDUES
	INTRASTATE OPERATING REVENUE
Complete the following	ng Schedule reflecting intrastate operating revenue.
	INTRASTATE REVENUE
Household Goods	INTRASTATE REVENUE
Passengers	\$5214
Class C	
Class D (Garbage)	
twenty (20) customers	generating \$5,000 gross revenue From Class D transportation or serving each month, go to Schedule 5.
TOTAL INTRASTATE REVENUE	\$5,214
	Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.

PSC#	9504
Year	2015

OATH

RECEIVED

JUL 13 2016

MONT, P.S. COMMISSION

SS.

STATE OF MONTANA

County of Flatherd

I, the undersigned CARMEN M. BARULT 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 record 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 thee foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.



PETER J OLSON NOTARY PUBLIC for the State of Montana Residing at Whitefish, Montana My Commission Expires June 01, 2020

(Signature of owner/officer/authorized representative)

SUBSCRIBED AND SWORN to before me this 12 day of 11/V

(SEAL)

Notary Public

In and for the State of

Residing at

My Commission Expires _