Motor Carrier Annual Report

Carrier Name
Black Hills Trucking, Inc, PO Drawer 2360, Casper, Wyoming 82602

PSC Number
2215

Reporting Year
2015

Reporting Period (if other than calendar year)

CARRIER OFFICIAL ADDRESS
SHOW AS ON FILE IN COMMISSION RECORDS

Carrier e-mail address

Person Completing Report
Name
Shannan N Coleman
Phone Number
(307)237-9301
E-mail Address
shannan.coleman@truecos.com

Check One
YES
NO

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?

If NO See General Instruction #3

Montana Public Service Commission
Transportation Division
1701 Prospect Avenue / PO Box 202601
Helena, MT 59620-2601
OATH

STATE OF Wyoming

SS.

County of Natrona

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]

Account Coordinator

SUBSCRIBED AND SWORN to before me this 3rd day of March 2016

[Seal]

Notary Public

In and for the State of Wyoming

Residing at Natrona County

My Commission Expires 11/10/2018

[Seal]