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Montana Public Service Commission Motor Carrier Annual Report

MAR 18 2016 MONT. P.S. COMMISSION

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 | | itzli | crald | T | · ~~5/ | ountat | .on In | .c . | | | | |
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| PSC [| | 10101q | 1 | 760 | 401 | <u>a</u> | | , - | | | | J |
| AUTHORITY) | | | | | | | | | | | | _ |
| PSC Number | 7 | 148. | 860 | 2 | | | s | ee Gener | al Inst | ruction # 5 | 5 |] |
| | | | | | | | | | | | | |
| See Gen | eral In | struction | 1 # 1 | | | | | | | <u> </u> | | |
| Reporting Year | 21 | >15 | | | | | | | | | | |
| mm/yyyy to mm/yyyy format | | | | | | | | | | | | |
| Reporting Peri- calend | oa (it o lar year | | / | ' | 1 | 15 | to | 12 | 1 | 15 | | |
| CARRIER | | 1 / | | _ | | -1 (: | ~ | | | | | ٦ |
| ADDRESS | 0 | , t z 6.e | 1010 1010 | 100 | ~5P | ر ن بر برد (| n Inc. | いつつう | | | | |
| } | City | 2.150 | x 64 | | رج له | State | MT 5 | 7557 | Zip | C5'33 | 2 | - |
| ι | | | | _ | | | | | · | | | |
| Is the 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)? | | | | | | | | | | | | |
| Check YES NO If the answer to the above question is NO do you want your official address changed to that shown above? | | | | | | | | | | | | |
| • | | | | | | · · · · · · · · · · · · · · · · · · · | | 7 | | | | |
| Carrier e-mail address | | | | | | | | optional | | | | |
| Person Completing Report | | | | | | | | | | | | |
| Name | _< | <i>- 1</i> | | | | end | | 7 | | | | |
| Name | | | <u> </u> | | | | | 1 | | | | |
| Phone Number | Phone Number 466 537 2539 | | | | | optional | | | | | | |
| E-mail Address | | | | | | | | | | | | |
| Check One | | | | | | | | | | | | |
| YES | | | DID TH | E CAI | RRIEF | RTRANS | PORT AN' | Y REGUI | ATEC | INTRAS | TATE | |
| NO | | PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING | | | | | | | | | | |
| If NO See General | | - | THE FI | ING | PERIC | DD? | | | | | | |
| instruction # | ٠ <u>٠</u> | L | N/0 | nton | o Duk | lio Con | ico Comr | mission | | | | |

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

| PSC# | 9488 | |
|------|------|--|
| Year | 2015 | |

SCHEDULE 5 VERIFIED STATEMENT

Schedule 5 must be completed by Class D carriers who did not generate \$5,000 gross revenue from Class D operations and did not serve twenty (20) customers for each month of the calendar year.

The verified statement will be reviewed by the Commission and a determination made whether the certificate should be cancelled.

STATEMENT:

Fitzbereld Transportation Inc. was issued a P.S.C. #
in order to contract with the State of Montana Highway

Pepartment to provide pickup and hawling of garbage
at the Flowing well rest area. This contract in 2015

generated revenue of \$3000,00 for the company, which does not

Meet the reporting requirements of the P.S.C.

My contract with the Town of Jordan has never required a P.S.C. # permit because of the # of resident the company provides Service for.

| PSC# | 94 | 88 | GC |
|-------|------|----|----|
| Year_ | 2015 | | |

OATH

STATE OF Wantana

SS.

County of Senfuld

I, the undersigned Shows Indeed 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.

(Signature of owner/officer/authorized representative)

Masident (Title)

(SEAL)

TERRI L. COLDWELL
NOTARY PUBLIC for the
State of Montana
Residing at Jordan, Montana
My Commission Expires
April 14, 2017

Notary Public

In and for the State of montane

Residing at Jordan

My Commission Expires Opril 14, 2017