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## Montana Public Service Commission Motor Carrier Annual Report

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<br>(EXACTLY AS<br>SHOWN ON<br>PSC<br>AUTHORITY) | Kelly Kugler   |  |  |  |
|--|--|--|--|--|
| PSC Number   | 6079 C   | See General Instruction # 5            |  |  |
| See Gen  | neral Instruction # 1                                  |  |  |  |
| Reporting Year   | 2015   |  |  |  |
| Reporting Period (if other than calendar year) / to //       |  |  |  |  |
| CARRIER<br>ADDRESS   | 1805 Joslyn  |  |  |  |
|  | City Heleva State M                                    | +.   Zip   59601                       |  |  |
| YES<br>NO  | (address at which you now receive month                | ly notice and other materials from the |  |  |
| YES[<br>NO   | changed to that si                                     | •                                      |  |  |
| Carrier e-mail address                                       |  | optional                               |  |  |
| -  | Person Completing Report                               | _                                      |  |  |
| Name   | Michael Donzer   |  |  |  |
| Phone Number 4010-4-42-4206                                  |  |  |  |  |
| E-mail Address   |  | optional                               |  |  |
|  | Check One  |  |  |  |
| YES  | YES DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE |  |  |  |
| NO   |  |  |  |  |
| If NO See General Instruction #3                             |  |  |  |  |

Montana Public Service Commission Transportation Division 1701 Prospect Avenue / PO Box 202601 Helena, MT 59620-2601 No Regulated Intrastate Passengers or Commodities were Transported

| PSC# |                |   |   |
|------|----------------|---|---|
| /ear | 2015           |   |   |
|      |                | SCHEDULE 1                              |   |
|      |                | INCOME STATEMENT                        |   |
|      |                |   |   |
|      | Operating Rev  |   |   |
| 1.   |                | ate Revenue                             |   |
| 2.   |                | ate Revenue                             | ~   |
| 3.   |                | egulated Revenue                        |   |
| 4.   | TOTAL REV      | ENUE                                    |   |
|      | Evnanças       |   |   |
|      | Expenses       | - Officer & Commission Description      |   |
| 5.   |                | s—Officers & Supervisory Personnel      |   |
|      | Salarie        | s & Wages                               | 10:31: 01:454-14: 11:00: 11:46- |
| 6.   |                | Clerical & Administrative               | *   |
| 7.   |                | Drivers & Helpers                       |   |
| 8.   | -              | Cargo Handlers                          |   |
| 9.   | -              | Vehicle Repair & Service                |   |
| 10.  |                | Other Labor                             |   |
|      | Other I        |   |   |
| 11.  |                | Payroll Taxes                           |   |
| 12.  |                | Workman's Compensation                  |   |
| 13.  |                | Pension & Welfare Expenses              |   |
| V 30 | <u>Operati</u> | ng Supplies & Expenses                  | A PROPERTY OF A PROPERTY OF THE PARTY.  |
| 14.  |                | Fuel for Motor Vehicles                 |   |
| 15.  |                | Vehicle Parts                           | 192   |
| 16.  |                | Other Operating Supplies & Expenses     |   |
| 17.  |                | General Supplies & Expenses             |   |
|      | <u>Operati</u> | ng Taxes & Licenses                     | And the second second second second   |
| 18.  |                | Gas, Fuel and Oil Taxes                 |   |
| 19.  |                | Real Estate & Personal Property Taxes   |   |
| 20.  |                | Vehicle License & Registration Fees     |   |
| 21.  |                | Other Taxes                             |   |
| 22.  | Insuran        |   |   |
| 23.  | Commu          | nications & Utilities                   |   |
| 24.  | Deprec         | iation & Amortization                   |   |
| 25.  |                | Revenue Equipment                       |   |
| 26.  |                | Other                                   |   |
|      | Purchas        | sed Transportation                      |   |
| 27.  |                | With Driver                             |   |
| 28.  |                | Without Driver                          |   |
| 9.   |                | Other Purchased Transportation          |   |
| 0    | Duildin        | g & Office Equipment Rents              |   |
| 0.   |                | Loss on Disposition of Operating Assets |   |
| 1.   |                |   |   |
| 2.   | Miscella       | aneous Expenses                         |   |
| 3.   | TOTAL EXPE     | NSES                                    |   |
|      |                |   |   |
| 4.   | NET INCOME     | OR LOSS                                 | =   |

| PSC # 6079 C<br>Year 2015  |  |  |  |  |
|--|--|--|--|--|
| O  | ATH  |  |  |  |
| STATE OF Montana   |  |  |  |  |
|  | SS.  |  |  |  |
| County of Lawis & Clark  |  |  |  |  |
| I, the undersigned Kelly Kuger 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) |  |  |  |
|  | Owner (Title)  |  |  |  |
|  | (Title)  |  |  |  |
| SUBSCRIBED AND SWORN to before me this/sfday ofJune, 20_16.  |  |  |  |  |
| (SEAL)   | Caroffall  |  |  |  |
| OLBREKS CAROL BREKSTAD   | Notary Public  |  |  |  |
| NOTARY PUBLIC for the  | In and for the State of                                |  |  |  |
| State of Montana Residing at Helena, Montana My Commission Expires December 29, 2019   | Residing at Helena                                     |  |  |  |
|  |  |  |  |  |

My Commission Expires Dec. 49, 2019