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## **Montana Public Service Commission**

MAR 11 2016

|  |                            |            |         |          |             | r Annu                      |           |          |      |     |       | MO     | NT. P  | .s. c | OMI | MIS | SION |
|--|----------------------------|------------|---------|----------|-------------|-----------------------------|-----------|----------|------|-----|-------|--------|--------|-------|-----|-----|------|
| Carrier Name<br>(EXACTLY AS<br>SHOWN ON<br>PSC<br>AUTHORITY)     | Kindred I                  | Nursing    | Cent    | ers W    | est, l      | LC dba                      | Kindr     | ed Nur   | sing | & F | tehab | - Park | view   |       |     |     |      |
| PSC Number   | 8924/1B                    |            |         |          |             | See General Instruction # 5 |           |          |      |     |       |        |        |       |     |     |      |
| See Gene   | eral Instruct              | ion # 1    |         |          |             |                             |           |          |      |     |       |        | $\neg$ |       |     |     |      |
| Reporting Year   | 2015                       |            |         |          |             |                             |           |          |      |     |       |        |        |       |     |     |      |
| Reporting Peri   | iod (if other<br>lar year) | than       |         | m<br>/   | m/yyy       | y to mm/                    | yyyy fori | nat<br>/ |      | ]   |       |        |        |       |     |     |      |
| CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS) | 680 South I                | Fourth Str | eet; Lo | uisville | , KY 4      | 0202                        |           |          |      |     |       |        |        |       |     |     |      |
| Carrier e-mail address   | rose.mich                  | els@kir    | ndred.c | com      |             |                             |           |          |      |     |       |        |        |       |     |     |      |
|  | Р                          | erson Co   | mpleti  | ng Rep   | ort         |                             | _         |          |      |     |       |        |        |       |     |     |      |
| Name   | Michael E                  | Bean       |         |          |             |                             |           |          |      |     |       |        |        |       |     |     |      |
| Phone Number   | 502-596-7                  | 7300       |         |          |             |                             |           |          |      |     |       |        |        |       |     |     |      |
| E-mail Address   | rose.mich                  | nels@kir   | ndred.c | com      | <del></del> |                             |           |          |      |     |       |        |        |       |     |     |      |
|  | Check One                  |            |         |          |             |                             |           |          |      |     |       |        |        |       |     |     |      |
| YES  |                            |            | FRE     | RFG      | UI A        | TED IN                      | TRAS      | TATE     | MC   | VF  | MEN   | ITS    | $\neg$ |       |     |     |      |
| If NO See Go   |                            |            |         |          |             | DURIN                       |           |          |      |     |       | -      |        |       |     |     |      |
| instruction  |                            |            |         |          |             |                             |           |          |      |     |       |        |        |       |     |     |      |

Montana Public Service Commission Transportation Division 1701 Prospect Avenue / PO Box 202601 Helena, MT 59620-2601 Name Kindred Nursing Centers West, LLC dba Kindred Nursing & Rehab- Parkview

PSC# 8924/1B
YEAR 2015

## **OATH**

| STATE OF  | Kentuck  | V   |  |   |  |
|---|--|---|--|---|--|
|   |  |   |  | SS.   |  |
| County of   | Jefferson  | 1   |  |   |  |
| foregoing re<br>of said moto<br>and correct s<br>matter and the<br>say that no d<br>those shown | igned representative<br>turn has been prepar<br>r carrier; that I have<br>statement of the busi<br>ning therein set forth<br>leductions were mad<br>in the foregoing acc<br>ace all of the financial | red, under my direct carefully examinates and affairs on the best of make before stating the counts; and that the | ection, from the ed the same and f said motor car y knowledge, in the gross earning are accounts and | original books, declare the san rier in respect to formation and less or receipts he figures contained. | papers and records<br>ne to be a complete<br>o each and every<br>belief; and I further<br>rein set forth excepted in the foregoing |
|   |  | (Sign   | nature of owner/   | officer/authoriz  | ted representative)  |
|   |  |   |  | VP- Tax (Title)   |  |
| SUBSCR  | IBED AND SWOF  | day of  | March<br>March   | 20  | 16   |
|   |  | Residing at   | State  | 1 / ange<br>3/26/201  | 7  |