

MAR 17 2016

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	MICHAEL D. IDVIN		
(EXACTLY AS SHOWN ON	MICHAEL R. IRVIN DBA IRVIN TRANSFER		
PSC			
AUTHORITY)			
T			
PSC Number	1083	See General Instruction # 5	
See General Instruction # 1			
Reporting Year	2015		
mm/yyyy to mm/yyyy format			
	od (if other than lar year)	to /	
	ar year)		
CARRIER ADDRESS	D 0 D0W 050		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P.O. BOX 950 City SHELBY State	MT Zip 59474	
n	City SHELBY State	MT Zip 59474	
Check Is the address shown above the carriers official address now on file at the PSC			
YES X (address at which you now receive monthly notice and other materials from the PSC)?			
NO PSC)?			
If the answer to the above question is NO do you want your official address			
NO.	changed	d to that shown above?	
		- Instituted	
Carrier e-mail address		optional	
Person Completing Report			
Name	MICHAEL R. IRVIN		
Phone Number	406-434-5583		
E-mail Address		optional	
Check One YES DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE			
NO		LD GOODS OR GARBAGE DURING	
If NO See General THE FILING PERIOD?			
instruction #3 Montana Public Service Commission			
	Montana Fublic Serv	ICE COMMISSION	

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

PSC # 1083 Year 2015			
OATH			
STATE OF MONTANA			
SS.			
County of TOOLE			
I, the undersigned MICHAEL R. IRVIN 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)			
	(Title)		
SUBSCRIBED AND SWORN to before me this 15 day of MARCH, 2016.			
(SEAL)	Bonnie Whatney		
BONNIE WHITNEY NOTARY PUBLIC for the	Notaty Public In and for the State of		
NOTARY PUBLIC for the STATE OF MONTANA Residing in Shelby, Montana	Residing at Shelby		
My Commission Expires September 30, 2018	My Commission Expires 9-30-2018		