Montana Public Service Commission
Motor Carrier Annual Report

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 SHOWN ON PSC AUTHORITY)

MICHAEL R. IRVIN
DBA IRVIN TRANSFER

PSC Number
1083
See General Instruction #5

See General Instruction #1

Reporting Year
2015

Reporting Period (if other than calendar year) mm/yyyy to mm/yyyy format

CARRIER ADDRESS
P.O. BOX 950
City SHELBY State MT Zip 59474

Check 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)?

YES X
NO

Check If the answer to the above question is NO do you want your official address changed to that shown above?

YES
NO

Carrier e-mail address optional

Person Completing Report

Name MICHAEL R. IRVIN

Phone Number 406-434-5583

E-mail Address optional

Check One

YES
NO X DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE 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 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 the 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)

SUBSCRIBED AND SWORN to before me this 15 day of MARCH, 2016.

(SEAL)

BONNIE WHITNEY
Notary Public

In and for the State of MONTANA
Residing in Shelby, Montana
My Commission Expires September 30, 2018

My Commission Expires 9-30-2018