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	ROCKY MOUNTAIN TIZ	PANSPORTATION, INC	
AUTHORITY)			
PSC Number	.5896	See General Instruction # 5	
See Gen	neral Instruction # 1		
Reporting Year	2015		
Reporting Period (if other than calendar year) / to //			
CARRIER ADDRESS	1410 E. EDGEWOOD	DRIVE	
	City WHITE FISH State	MT Zip 59937	
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 NO	changed to that shown above?		
Carrier e-mail address		optional	
	Person Completing Report		
Name	In Actor		
Phone Number	106-863-1201		
E-mail Address jimacton arockymountain trans com			
	Check One		
YES	DID THE CARRIER TRANSF	PORT ANY REGULATED INTRASTATE	
NO	TAGGERGERO, HOUGEROE	D GOODS OR GARBAGE DURING	
If NO See Gene instruction #	13		
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Montana Public Service Commission Transportation Division 1701 Prospect Avenue / PO Box 202601 Helena, MT 59620-2601

PSC # Year			
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STATE OF MM TANA			
	SS.		
County of <u>lathad</u>			
I, the undersigned 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)		
	Pro RMT		
	(Title)		
SUBSCRIBED AND SWORN to before me this day of, 201/2.			
SEAL SAMANTHA LADENBURG NOTARY PUBLIC for the State of Montana Residing at Whitefish, Montana My Commission Expires July 30, 2016	Notary Public In and for the State of MMTMM Residing at With My Commission Expires 07 30 2016		