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)  

<table>
<thead>
<tr>
<th>Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)</th>
<th>Wibaux County Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSC Number</td>
<td>PSC No. 8993</td>
</tr>
</tbody>
</table>

See General Instruction #1

<table>
<thead>
<tr>
<th>Reporting Year</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Period (if other than calendar year)</td>
<td>01 / 2015 to 12 / 2015</td>
</tr>
</tbody>
</table>

CARRIER ADDRESS

712 S. Wibaux St  
City: Wibaux  
State: MT  
Zip: 59353  

Check YES  
Is the address shown above the carrier's official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?  

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

Carrier e-mail address: optional  

Person Completing Report

<table>
<thead>
<tr>
<th>Name</th>
<th>Lisa Roberts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>406-796-2429</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:lroberts@hmsmt.com">lroberts@hmsmt.com</a></td>
</tr>
</tbody>
</table>

Check ONE  
DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?  

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

STATE OF Montana

SS.

County of Wibaux

I, the undersigned Lisa Roberts 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.

Lisa Roberts
(Signature of owner/officer/authorized representative)

Nursing Home Administrator
(Title)

SUBSCRIBED AND SWORN to before me this 23 day of May, 2011

Patricia A. Zinda
Notary Public

In and for the State of Montana
Residing at Wibaux, Montana
My Commission Expires December 2, 2018

My Commission Expires 12-02-2018