

Montana Public Service Commission **Motor Carrier Annual Report**

Report must be filed on or before March 31st each year MONT. P.S. CO.....MISSION

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	Bear Paw Outfilters, LLC Bear Paw Outfilters Auto To	
SHOWN ON PSC	Bear Paw Out fitters Auto To	nurs
AUTHORITY)		
PSC Number	9517	See General Instruction # 5
See Gen	eral Instruction # 1	
Reporting Year	2016	
	mm/yyy	y to mm/yyyy format
	iod (if other than /	to /
CARRIER ADDRESS	136 Deep Creek Rd	
	City Livingston State	MT Zip 59047
	at the share the	e carriers official address now on file at the PSC
YES	Check Is the address shown above the	eive monthly notice and other materials from the
NO NO	1 1	PSC)?
NO		
	Check If the answer to the above que	estion is NO do you want your official address
YES		ed to that shown above?
NO		
Carrier e-mail address		optional
	Person Completing Report	
Name	Cindy Bowers	
Phone Number	The state of the s	optional
E-mail Address	tbowers@reagan.com)
	Check One	TED INTO A CTATE
YES	DID THE CARRIER TRAN	SPORT ANY REGULATED INTRASTATE
NO		OLD GOODS OR GARBAGE DURING
If NO See Ger		
instruction	#3 Montana Public Ser	vice Commission
	Transportation Divis	

1701 Prospect Avenue / PO Box 202601 Helena, MT 59620-2601

PSC#	9517	
Year	<u> </u>	OATH
STATI	EOF Montana	
County	ry of Park	SS.
Count	J 02	
motor ca of the bu best of r gross ea figures of	carrier; that I have carefully examined the sa business and affairs of said motor carrier in r my knowledge, information and belief; and	my direction, from the original books, papers and record of said me and declare the same to be a complete and correct statement espect to each and every matter and thing therein set forth, to the I further say that no deductions were made before stating the ose shown in the foregoing accounts; and that the accounts and all of the financial operations of said motor carrier during the
		(Signature of owner/officer/authorized representative)
		(Signature of owner/officer/authorized representative)
		(Title)
SUBSCRIBED AND SWORN to before me this 29 day of March, 2017.		
	(SEAL)	Notary Public
	OF OTARRES	DAVID J. YOUNG NOTARY PUBLIC For the State of Montana Residing at Livingston, Montana My Confinission Expires January 28, 2019 My Commission Expires My Commission Expires My Commission Expires My Commission Expires