

APR 13 2017

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

	·			States Break
Carrier Name (EXACTLY AS	Bostway TaxiLLC DBA: Badlands Taxi		/	APR 20 2017
SHOWN ON PSC	DBA: Badlands Taxi		MONT	P.S. COMMISSION
AUTHORITY)				
1				
PSC Number	417	See General Instr	uction # 5	
See Gen	eral Instruction # 1			
Reporting Year	2016.			
	mm/vvvv	to mm/yyyy format		
	od (if other than ar year)	to /		
CARRIER ADDRESS	1209 Ivy St.			
	City Hiles City State	HT Zip	59301	
	Check Is the address shown above the c	earriore official address	now on file at the l	Dec
YES[(address at which you now receive	re monthly notice and ot	her materials from	the
NO		PSC)?		
	Check If the answer to the above gues	::-NO .		
YES	in the answer to the above ques	tion is NO do you want y to that shown above?	your official addre	SS
NO	Changed	to that shown above?		
Carrier e-mail		optional		
address				
	Person Completing Report			
Name	Toni Deason			
Ì				
Phone Number	406-234-1118	optional		
E-mail Address	tdstallard@midrive	2rs, com		
	Check One			
YES				
NO See Com	PASSENGERS, HOUSEHOL	D GOODS OR GARBAGI	E DURING	
If NO See Gene instruction #:				
	Montana Public Service		·	mananana d
	Transportation Division			
	1701 Prospect Avenue Helena, MT 59620-26			
	rieiena, ivir Jauzu-zu	/U 1		

GENERAL INSTRUCTIONS

Enclosed is the motor carrier annual report form prescribed by the Montana Public Service Commission. This report must be filed with the Montana Public Service Commission on or before MARCH 31st of each year following that which the report is made. Filing of an annual report by motor carriers is prescribed by Section 69-12-401, MCA. Failure to submit this report in full may jeopardize your operating authority.

- 1. Report should represent operations for the calendar year (January 1st to December 31st). If your company wishes to file on a fiscal year, a written request must be submitted to the Commission for approval. All subsequent reports must then be filed on the fiscal year end.
- 2. All data may be reported to the nearest whole dollar or whole number.
- 3. If there were no regulated intrastate moves during the filing period, a negative report may be filed. To file a negative report, complete the cover sheet and note that no regulated intrastate passengers or commodities were transported. No further financial information is required. Mail the completed cover sheet and signed and notarized oath page to the public service commission.
- 4. All annual report filings must be signed an by owner or officer of the company and notarized by a notary public.
- 5. If a company operates under more than one PSC number, <u>registered in exactly the same</u> company name, a combined report may be filed. However that fact should be clearly noted on the cover of the report.

6. ALL CARRIERS MUST COMPLETE:

Schedule 1 (Income Statement)

Schedule 2 (Balance Sheet)

Schedule 3 (Intrastate Revenue)

Oath

7. Class D carriers <u>not generating</u> \$5,000 gross revenue from the Class D authority during the calendar year must complete:

Schedule 4 (Monthly Customer Listing)

8 Class D carriers NOT MEETING reporting requirements listed in the above schedules must complete:

PSC # 417 Year 2016	
	OATH
STATE OF Montana	ing and the common of the comm
	SS.
County of lustoy	
motor carrier; that I have carefully exam of the business and affairs of said motor best of my knowledge, information and gross earnings or receipts herein set fort	The Complete Modern Mod
	(Title)
SUBSCRIBED AND SWORN	to before me this _// Th day of
(SEAL)	<u> Airnadette Studmone</u> Notary Public
BERNADETTE SKIDMORE NOTARY PUBLIC for the	In and for the State of Montana
SEAL State of Montana Residing at Miles City, Montana My Commission Expires	C 1
August 11, 2018	Residing at Miles City
	My Commission Expires 8-1/-18

PSC #	
1 0 0 11	
Year	

SCHEDULE 5 VERIFIED STATEMENT

Schedule 5 must be completed by Class D carriers who did not generate \$5,000 gross revenue from Class D operations and did not serve twenty (20) customers for each month of the calendar year.

The verified statement will be reviewed by the Commission and a determination made whether the certificate should be cancelled.

STATEMENT:

BERNADETTE SKIDMORE
NOTARY PUBLIC for the
State of Montains
Residing at Miles City, Montana
My Commission Expires
August 11, 2618

PSC#	। पात्र		
Year	2016		
		SCHEDULE 1	
		INCOME STATEMENT	
•	Operating Rev		
1.		ate Revenue	55882
2. 3.		ate Revenue	
3. 4.	TOTAL REV	egulated Revenue	13-
4.	TOTAL REVI	ENUE	55895
	Francis		
5.	Expenses	OGC 0. C	
3.		s—Officers & Supervisory Personnel	
<u> </u>	Salarie	s & Wages	
6. 7.		Clerical & Administrative	101 211
8.		Drivers & Helpers	19674-
8. 9.		Cargo Handlers Vehicle Repair & Service	
9. 10.		Other Labor	
10.	Other I	<u> </u>	626-
11.	Ottlet 1	Payroll Taxes	
12.		Workman's Compensation	0.601
13.		Pension & Welfare Expenses	2024-
15.	Onorot	ing Supplies & Expenses	
14.	Operati	Fuel for Motor Vehicles	112/11
15.		Vehicle Parts	4 264
16.		Other Operating Supplies & Expenses	9 130
17.		General Supplies & Expenses	1.20:0.5
17.	Operati	ing Taxes & Licenses	: 980 -
18.	Opciaci	Gas, Fuel and Oil Taxes	
19.		Real Estate & Personal Property Taxes	
20.		Vehicle License & Registration Fees	431 =
21.	 	Other Taxes	436-
22.	Insuran	<u> </u>	FILLAC
23.		unications & Utilities	3170
24.		iation & Amortization	1000
25.	Depice	Revenue Equipment	#2.60=
26.	 	Other	\$500 <u></u>
	Purcha	sed Transportation	22
27.	i uiclia.	With Driver	
27. 28.	 	Without Driver	
20. 29.		Other Purchased Transportation	
30.	Buildin	g & Office Equipment Rents	383 -
31.		Loss on Disposition of Operating Assets	305
32.		aneous Expenses	7.117
	1 177130011		
33.	TOTAL EXPE	NSES	48390-
			79270
34.	NET INCOME	CORLOSS	780/ -
			7506-

Schedule 5 (Verified Statement)

PSC#	417		
Year	2016		
		SCHEDULE 2	
		BALANCE SHEET	
		(ASSETS)	
	CUDDENT	COETO	
1	CURRENT A		
1.		& Working Funds	8682
2. 3.		l Deposits	
		orary Cash Investments	
4.		Receivable	
5.	Accou	nts Receivable	
6.	Prepay		
7.	Materi	als & Supplies	
8.	Other	Current Assets	
9.		TOTAL CURRENT ASSETS	8682
·	TANCIDI E D	DO ON DOTAL	
10	TANGIBLE P		
10.	Carrier	Operating Property	9500
11.		Less: Reserve for Depreciation	(8300)
12.	Carrie	Operating Property Leased to Others	
13.		Less: Reserve for Depreciation	
14.	Non-C	arrier Operating Property	
15.		Less: Reserve for Depreciation	
16.		TOTAL TANGIBLE PROPERTY	1200-
	INTANGIBLE	PROPERTY	
17.	Organi	zation, Franchises & Permits	
18.		Less: Reserve for Amortization	
19.	Other 1	Intangible Property	500-
20.		Less: Reserve for Amortization	(82-)
21.		TOTAL INTANGIBLE PROPERTY	
22.	 	nvestment Securities and Advances	
23.		pecial Funds	
24.	Total I	Deferred Debits	
25.	TOTAL ASSE	TTS	10365

PSC#	पा	-		
Year	201			
		<u> </u>	SCHEDULE 2	
			BALANCE SHEET	
			(LIABILITIES)	
	CURR	ENT LIA	BILITIES	2502-
26	<u> </u>		able & Matured Long Term Obligations	2503-
27		Accounts		
28		Wages Pa	yable	
29			Unremitted	
30	ļ	Taxes Acc		
31		Interest A		
32	<u> </u>	Matured I	rent Liabilities	-
33		Other Cur	TOTAL CURRENT LIABILITIES	2503-
34			TOTAL CORRECT BARBALLES	0.000
ļ	T ONG	COEDA E	DEBT DUE WITHIN ONE YEAR	
25	LONG	TERM I	at Obligations and other Debt	
35	 	Equipmen	t Ourgations and other Best	
<u> </u>	TONG	TEDMI	DEBT DUE AFTER ONE YEAR	
26	LONG	Advances		
36	-		rayable nt Obligations	
37 38	-	Equipmen	Less reacquired and nominally issued	
39		Other I or	ng Term Obligations	8495
40	-	Other Lor	Less reacquired and nominally issued	
41	 		TOTAL LONG TERM DEBT	8495
41	 			
42	-	Total Def	erred Credits	
43	+	Total Res		
43		Total Res	1700	
	SHAF	EHOLDI	ERS' (OR PROPRIETORS') EQUITY	
44.	1		pital Stock	
45		Total Pro	prietors' Capital	(8143)
46		Total Ret	ained Earnings	7505
47			TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	(638~)
48	TOTA	L LIABI	LITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	10360
	T OO	OTAL AS	SETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR ETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS	
L			1	

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PSC#	
Year	

SCHEDULE 4

MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE

Customer listing must include at least 20 customers per month during each month of the calendar year

	January	February	March
1			
2			
3			
4	'		
5			
6			
7			
8			
1			
7			
2			
3			
4			
5			
6			
7			
8			
9			
0			Y
	April	May	June
1			i
2			
3			
3			
3 4 5			
3 4 5 6 7			
3 4 5 6 7			
3 4 5 6 7 8			
3 4 5 6 7 8 9			
3 4 5 6 7 8 9			
3 4 5 5 6 6 7 7 8 8 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3 4 4 5 5 5 6 6 7 7 8 8 9 9 0 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3 4 4 5 5 6 6 7 7 8 8 9 0 0 1 1 2 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3 4 4 5 5 6 6 7 7 8 8 9 9 0 1 1 2 2 3 3 4 4 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
3 4 5 6 7 8 8 9 0 0 1 1 2 2 3 4 5			
3 4 4 5 5 6 6 7 7 8 8 9 9 0 0 1 1 1 1 2 2 3 3 4 4 5 5 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
3 4 4 5 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
3 4 5 6 7 8 9 0 1 1 2 3 4 4 5 6 6 7 8 9			