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## **Montana Public Service Commission**

## RECEIVED

	Motor Carrier Annual Report					R 07 2011
Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)	Black Hills Trud	12	s. Commission			
PSC Number	2215		See General Instruction # 5			
See Gen	eral Instruction # 1					
Reporting Year	2016					
	iod (if other than dar year)	mm/yy	yy to mm/yyyy fo	rmat /		
CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)						
Carrier e-mail address						
	Person C	ompleting Report				
Name	Shannan N Cole	man	,			
	(307)237-9301					
E-mail Address	shannan.colema	n@truecos.com				
YES	Check One	EDE DECL!! A	TED INTO A	STATE MOVEMEN	VITO.	
NO NO	**			STATE MOVEME		
CONDUCTED DURING THE FILING PERIOD?						

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

instruction #3

Name	Black Hills Trucking, Inc, PO Drawer 2360, Casper, Wyoming 82602
PSC#	2215
YEAR	2016

## **OATH**

STATE OF	Wyoming						
		SS.					
County of	Natrona						
I, the undersigned representative 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 records 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.							
		Shanan M. Coleman (Signature of owner/officer/authorized representative)					
		Account Coordinator					
		(Title)					
SUBSCRI	BED AND SWORN to before	me this 20 17					
	(SEAL)	Notary Public, () and for the State of () yoming					
	Residi	ng at Natrona Caunty					
	My Comn	nission Expires /0/1/2020					

