



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 company and notarized by a notary public. (oath page)

Carrier Name (EXACTLY AS SHOWN ON PSC	Calvin L Wood	d D/B/A J	ohnso	n Air Lan	d Express	5					
AUTHORITY)											
PSC Number	6422	6422				See General Instruction # 5					
Son Con	eral Instruction #	4									
See Ger	2016	1							~~~		
Reporting Year	2016										
Reporting Period (if other than			•	mm/yyyy to mm/yyyy format							
calenc	lar year)	<u></u>		10	to	12		16			
CARRIER ADDRESS	904 Yale Ave	nue									
	City Butte			State	Mt		Zip	5970	11		
Check YES X NO Sthe 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)?											
Check YES NO Check If the answer to the above question is NO do you want your official address changed to that shown above?											
Carrier e-mail address	johnsonairland@yahoo.com										
Person Completing Report											
Name	Carol Wood										
Phone Number	406 723 5102										
E-mail Address	johnsonairland@yahoo.com					optional					
4	Check One										
YES	DID	DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE									
NO		PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING				;	ı				
If NO See Gene instruction #3	1	THE FILING PERIOD?									
	<u> </u>	Montana	Publ	ic Servic	e Comm	ission					

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

PSC # <u>6422</u> Year 2016						
	ОАТН					
STATE OF Montana						
	SS.					
County of Silver Bow						
of the business and affairs of said motor carrier in responses of my knowledge, information and belief; and I full gross earnings or receipts herein set forth except those	of the motor carrier, above named, on my oath say direction, from the original books, papers and record of said and declare the same to be a complete and correct statement ect to each and every matter and thing therein set forth, to the orther say that no deductions were made before stating the shown in the foregoing accounts; and that the accounts and of the financial operations of said motor carrier during the of the financial operations of said motor carrier during the owner/officer/authorized representative)					
	(Title)					
SUBSCRIBED AND SWORN to before me this day of April, 20_/7						
COLLEEN RALPH NOTABLAZ NOTABLAZ NOTABLAZ	Callen Reigh Notary Public					
SEAL * State of Montana Residing at Butte, Montana My Commission is Septem	In and for the State of Markena					
	Residing at Butte					
	My Commission Expires 9/15/17					