## Montana Public Service Commission

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MAY 19 2017

Motor Carrier Annual Report									, ,, ,,	2011					
Carrier Name (EXACTLY AS SHOWN ON PSC	DENNIS F ORR, SR DBA SOUTH LAKE MEDI-CAB								MONT. P.	s. Commissic	ИC				
AUTHORITY)				•											
								***							
PSC Number		92	18			s	ee Gene	ral Ins	tru	ction # 5					
See Gene	eral Instruc	ion#1													
Reporting Year	2016														
				m	m/yyy\	/ to mm	/yyyy fo	rmat							
Reporting Period (if other than				1					ſ			i.			
Cateno	lar year)	1				to					·*····································				
CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)	300 MONT	ANA AVE	NUE PO	BOX	638 PA	ABLO M	T 59855				Wood to the control of the control o				
Carrier e-mail			······································				7								
address															
	p	erson Co	mnlatin	a Pan	ort										
					OIL		7								
Name	CANDI H	ENDRIC	KSON				4								
Phone Number	406-544-5514														
E-mail Address	canj52@h	otmail.c	om												
	Ohanb C														
YES	Check One		DEE	EGI	II AT	ED IN	ITDAG	T A T		MOVEME	ALTO	_			
NO										INOVEINE					
If NO See Ge	eneral			<u> </u>		- CIVIIV	3 111	ITIL	.11V		U!				
instruction	#3														

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

ear [	2016	
ſ	INTED A CT A TE DEVENHER	
	INTRASTATE REVENUES	<u>,</u>
f	Household Goods	Φ20
ŀ	Passengers Class C	\$39,
ŀ	Class C Class D (Garbage)	
- Insuran	TOTAL INTRASTATE REVENUE	\$39,
	TOTAL INTRASTATE REVENUE	937,
	INCOME STATEMENT Operating Revenue	
T T		
	Intrastate Revenue	\$39,8
	Interstate Revenue	
L	Non-Regulated Revenue	
	Operating Expenses TOTAL REVENUE	\$39,8
	Salaries & Wages	
ī		
+	Salaries—Officers & Supervisory Personnel  Clerical & Administrative	<u>, , , , , , , , , , , , , , , , , , , </u>
	Drivers & Helpers	
	Cargo Handlers  Vehicle Repair & Service	
┢	Other Labor	
L		
Г	Fringes  Powell Towns	
╌├	Payroll Taxes Workman's Compensation	***************************************
	Pension & Welfare Expenses	
Ļ	Operating Supplies & Expenses	
Г	Fuel for Motor Vehicles	
+	Vehicle Parts	\$14,3
+	Other Operating Supplies & Expenses	\$1,
L	Operating Taxes & Licenses  Operating Taxes & Licenses	\$1,3
Γ	Gas. Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
+	Vehicle License & Registration Fees	
+	Other Taxes	\$1
L	Depreciation & Amortization	· · · · · · · · · · · · · · · · · · ·
Г	Revenue Equipment	**
+	Other	\$1,2
L	Purchased Transportation	
T	With Driver	
H	With Driver Without Driver	
	Other Purchased Transportation	
L	Office/General	
Г	Insurance	en =
-	Communications & Utilities	\$2,7 \$2,6
-	Building & Office Equipment Rents	\$∠,0
t	General Supplies & Expenses	\$2,1
t	Miscellaneous Expenses	\$4,3
+	Gain on Disposition of Operating Assets	Φ4,3
T <sub>I</sub>	Loss on Disposition of Operating Asset (enter as positive number)	***************************************
<u> </u>	TOTAL EXPENSES	\$30,1
	TOTAL BAT ETIGES	Ψ30, Ι
	NET INCOME OR (LOSS) Income statement	\$9,74

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Name I	DENNIS F ORR, SR DBA SOUTH LAKE MEDI-CAB	***************************************
PSC#	9218	
Year	2016	
	DAY ANCE CHIEDE	
	BALANCE SHEET	
	(ASSETS)	
	CURRENT ASSETS	
	Cash & Working Funds	\$3,927
	Special Deposits	
<u>L</u>	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	***************************************
	Prepayments	
L	Materials & Supplies	
L	Other Current Assets	
	TOTAL CURRENT ASSETS	\$3,927
	TANGIBLE PROPERTY	
	Carrier Operating Property	\$40,700
	Less: Reserve for Depreciation (enter positive numbers only)	\$38,861
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	\$12,428
	Less: Reserve for Depreciation (enter positive numbers only)	\$12,428
	TOTAL TANGIBLE PROPERTY	\$1,839
	INTANGIBLE PROPERTY	
	Organization, Franchises & Permits	\$71,000
	Less: Reserve for Amortization (enter positive numbers only)	\$71,000
	Other Intangible Property	
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	
	Other Accounts	
	Investment Securities and Advances	
	Special Funds	
<u>L</u>	Deferred Debits	
	Total Other	
	TOTAL ASSETS	\$5,766

Name	DENNIS F ORR, SR DBA SOUTH LAKE MEDI-CAB	
PSC#	9218	
'ear	2016	
	BALANCE SHEET	
	(LIABILITIES)	
	CURRENT LIABILITIES	
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
	TOTAL CURRENT LIABILITIES	
	LONG TERM DEBT DUE WITHIN ONE YEAR	
	Equipment Obligations and other Debt	
	LONG TERM DEBT DUE AFTER ONE YEAR	
	Advances Payable	
	Equipment Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	Other Long Term Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	
	<u>Other</u>	
	Total Deferred Credits	
	Total Reserves	
	TOTAL OTHER	
		## ## ## ## ## ## ## ## ## ## ## ## ##
· · · · · · · · · · · · · · · · ·	SHAREHOLDERS' (OR PROPRIETORS') EQUITY	
	Capital Stock	
	Proprietors' Capital	(\$360,419
	Retained Earnings	\$366,185
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$5,766
	TOTAL LIABILITIES & SHAREHOLDERS'	
	(OR PROPRIETORS') EQUITY	\$5,766
	<u> </u>	φο,700
	TOTAL ASSETS	\$5,766
	DO TOTAL ASSETS <b>EQUAL</b> TOTAL LIABILITIES & SHAREHOLDERS' (O	
·	EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.	r proprietors)

Name	DENNIS F ORR, SR DBA SOUTH LAKE MEDI-CAB
PSC#	9218
YEAR	2016

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STATE OF MONTA	NA					
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County of LAKE	THE STANISH MEN AND AND AND AND AND AND AND AND AND AN					
foregoing return has been prepared of said motor carrier; that I have and correct statement of the bust matter and thing therein set fort say that no deductions were made those shown in the foregoing ac	e carefully examined the same and siness and affairs of said motor car h, to the best of my knowledge, in	original books, papers and records declare the same to be a complete rier in respect to each and every formation and belief; and I further s or receipts herein set forth except figures contained in the foregoing				
	(Signature of owner/o	officer/authorized representative)				
	×	OWNER				
	Manage of the second se	(Title)				
SUBSCRIBED AND SWOF	day of MAY	2017_				
(SEAL)	Notary Public In and for the State of MONTANA					
CANDI HENDRICKSON NOTARY PUBLIC for the State of Montana Residing at Charlo, Montana	Residing at	CHARLO				
My Commission Expires February 12, 2019	My Commission Expires	2/11/2019				