## **Montana Public Service Commission**

MONT. P.S	PR 03 2017
	COMMISSION

			or Carrie					
Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)	DIVERSIFI	ED TRANSI	ER & STO	RAGE I	NC. DBA [	DTS		
	L							
PSC Number	7920			Se	e General In	struction # 5		
			İ					
See Gene	eral Instructio	n # 1						7
Reporting Year	2016							
Reporting Per	iod (if other th	an 🗆	mm/yyy	y to miniy	yyy format			
	lar year)		1	to		/		
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CARRIER	4640 MONAD	RD BILLINGS	NAT FOADA			·		
OFFICIAL	1040 WICHAD	KD BILLINGS	5 WII 39 IUI					
ADDRESS								1
(SHOW AS ON								
FILE IN								
COMMISSION								
RECORDS)								
0					1			
Carrier e-mail address	mikeo@dts	b com						
audiess	i i i i i i i i i i i i i i i i i i i	D.00			1			
	Per	son Completi	ng Report		_			
	A ET L. OID							
Name	Mike O'Dor	<u>e</u>						
Phone Number	406-896-34	15						
E-mail Address	mikeo@dts	b.com						
	Check One							<b>-</b>
YES	<b></b>	WERE	REGULA <sup>-</sup>	<b>TED IN</b>	TRASTA	TE MOVE	MENTS	
NO	X	CONE	DUCTED I	DURIN	G THE FI	LING PER	RIOD?	
If NO See G	eneral						•	

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

instruction #3

Name	DIVERSIFIED TRANSFER & STORAGE INC. DBA DTS
PSC#	7920
YEAR	2016

## **OATH**

STATE OF	Montana	<del></del>		
		SS.		
County of	Yellowstone			
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.				
		(Signature of owner/officer/authorized representative)		
		Secretary / Treasurer		
		(Title)		
SUBSCRI	BED AND SWORN  31st	day ofMarch 2017		
		Jo Z Balduin Jin L Balduan		
SEAL * F	( S EIM LEALDWIN NOTARY PUBLIC for the STATE OF MONTANA Residing at Billings, Montana My Commission Expires September 28, 2017	Notary Public  In and for the State of Montan A  Residing at Billings, Montan A		
	N	y Commission Expires September 28 2017		