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Montana Public Service Commission Motor Carrier Annual Report

APR 03 2017

Report must be filed on or before March 31st each year

MONT. P.S. COMMISSION

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 AUTHORITY) | Kelly Kugler | | | |
|---|---|---------------|--|--|
| PSC Number | Co79/C See General In | struction # 5 | | |
| See Gen | eneral Instruction # 1 | | | |
| Reporting Year | 2016 | | | |
| | eriod (if other than hadar year) / mm/yyyy to mm/yyyy format / to / | | | |
| CARRIER ADDRESS | 1865 Joslyn City Helena State Mt. Zip | 59601 | | |
| Is the 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)? | | | | |
| YES NO If the answer to the above question is NO do you want your official address changed to that shown above? | | | | |
| Carrier e-mail address | optional | | | |
| Person Completing Report Name Michael Dowzer Phone Number 406-442-4206 | | | | |
| Phone Number E-mail Address | optional | | | |
| YES NO If NO See Gene | PASSENGERS, HOUSEHOLD GOODS OR GARBA | | | |
| instruction # | #3 | | | |
| | Montana Public Service Commission | | | |

Montana Public Service Commission Transportation Division 1701 Prospect Avenue / PO Box 202601 Helena, MT 59620-2601 No Regulated Intrastate Passengers or Commodities were transporter

| PSC# | | 1 | |
|---------------------|---------------|---|--|
| Year | 2016 | | |
| | | SCHEDULE 1 | |
| | | | |
| | | INCOME STATEMENT | |
| | Operating Rev | Vanila | |
| 1. | | ate Revenue | |
| 2. | | ate Revenue | |
| 3. | | egulated Revenue | |
| 3. 4. | TOTAL REV | | |
| •• | TOTAL KEV | LINOE | |
| | Expenses | | |
| 5. | | Officers & Conservings Designed | |
| <i>J</i> . | | s—Officers & Supervisory Personnel | |
| | Salarie | | |
| 6. 7. | | Clerical & Administrative | |
| /. 8. | | Drivers & Helpers | |
| | | Cargo Handlers | |
| 9. | | Vehicle Repair & Service | |
| 10. | | Other Labor | |
| | Other I | Fringes | |
| 11. | | Payroll Taxes | |
| 12. | | Workman's Compensation | |
| 13. | | Pension & Welfare Expenses | |
| | Operat | ing Supplies & Expenses | |
| 14. | | Fuel for Motor Vehicles | |
| 15. | | Vehicle Parts | |
| 16. | | Other Operating Supplies & Expenses | |
| 17. | | General Supplies & Expenses | |
| | <u>Operat</u> | ing Taxes & Licenses | |
| 18. | | Gas, Fuel and Oil Taxes | |
| 19. | | Real Estate & Personal Property Taxes | |
| 20. | | Vehicle License & Registration Fees | |
| 21. | | Other Taxes | |
| 22. | Insurar | | |
| 23. | | unications & Utilities | |
| 24. | Deprec | ciation & Amortization | |
| 25. | | Revenue Equipment | |
| 26. | | Other | |
| | Purcha | sed Transportation | |
| 27. | | With Driver | |
| 28. | | Without Driver | |
| 29. | | Other Purchased Transportation | |
| 30. | Buildir | ng & Office Equipment Rents | |
| 31. | | r Loss on Disposition of Operating Assets | |
| 32. | | | |
| | | | |
| 33. | TOTAL EXPI | ENSES | 77.07.07.07.07.07.07.07.07.07.07.07.07.0 |
| 2.4 | NET INCORE | | |
| 34. | NET INCOM | E OK TO99 | |

| PSC # 6079C Year 2016 OATH | | | | | |
|--|--|--|--|--|--|
| STATE OF Montana | | | | | |
| SS. | | | | | |
| County of Lewis + Clark | | | | | |
| I, the undersigned Logical 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 record 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 thee foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed. | | | | | |
| Kelle Kings | | | | | |
| | (Signature of owner/officer/authorized representative) | | | | |
| Owner | | | | | |
| | Owner (Title) | | | | |
| SUBSCRIBED AND SWORN to before me this 3 rd day of April , 2017. | | | | | |
| (SEAL) | Oper Bull | | | | |
| | Notary Public | | | | |
| CAROL BREKSTAD NOTARY PUBLIC for the | In and for the State of Montara | | | | |
| SEAL SEAL State of Montana Residing at Helena, Montana | Residing at Helena | | | | |
| My Commission Expires December 29, 2019 | My Commission Expires 12-29-2019 | | | | |