

SEP 14 2017

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		Prin	ice, In	C.							
AUTHORITY)											
PSC Number		1711			See General Instruction # 5]
				1							
See Gen	eral In:	struction #	‡ 1	<u> </u>			····			·	
Reporting Year	201	16	_								
Reporting Period (if other than calendar year)			07	1	mm/yyyy 16	to mm/yyy to	of format 06	,	17		
CARRIER ADDRESS	PO Box 440, Forsyth, MT 59327										
	City				State			Zip			1
Check YES											
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	princeinc@princeinc.us optional										
		Pe	rson Comp	leting F	Report						
Name	Charlee Prince										
Phone Number	40	406-346-2137									
E-mail Address	cprince@princeinc.us										
·					· · · · · · · · · · · · · · · · · · ·		•				
YES	Check One DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE										
NO	PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING										
If NO See General instruction #3			IE FILING								
moducatil #			Montan	a Pul	nlic Seni	ce Comm	ieeion				
					n Divisio		11031011				

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

PSC # 1711 Year									
STATE OF Montana									
SS.									
County of Rosebud									
I, the undersigned Secretary-Treasurer 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.									
	Malu Pince								
	(Signature of owner/officer/authorized representative)								
	Secretary - Treasurer								
	(Title)								
SUBSCRIBED AND SWORN to before me this 11 day of September, 20 17.									
(SEAL)	Notary Public								
CHELLEY TO	In and for the State of Montana								
SHELLEY THOMPSON NOTARY PUBLIC for the SEAL State of Montana Residing at Forsyth, Montana	Residing at Forsyth								
My Commission Expires June 1, 2020	My Commission Expires 06-01-2020								