## Montana Public Service Commission **Motor Carrier Annual Report**

## 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         |  |                          | - VIA       |   |          |         |                                       |          |         |
|----------------------------------|--|--------------------------|-------------|---|----------|---------|---------------------------------------|----------|---------|
| SHOWN ON                         | m Kin  | ghorn                    | and         | N. a. a                                 | (. )i    | f       | ه م الم                               | 1 1 R -  | CVI     |
| PSC ()<br>AUTHORITY)             | <u>//                                   </u> | ) nom                    | aria -      | HAN (O'W.                               | 10 H     | Wt_     | <u>qba</u> r                          | 170      | I OVX I |
| PSC Number                       | 498  |                          |             | Se                                      | ee Gener | al Inst | ruction # 5                           |          |         |
| See General I                    | nstruction # 1                               |                          |             |   |          |         |                                       |          |         |
| Reporting Year 20                | 16   |                          |             |   |          |         |                                       |          |         |
| Daniello Dale 176                |  |                          | mm/yyyy     | to mm/yyyy                              | format   |         | <b>****</b>                           | •        |         |
| Reporting Period (if o           | 3  | 1                        |             | to                                      |          | 1       |                                       |          |         |
| CARRIER ADDRESS                  | 27 E   | Front                    | <del></del> | *************************************** |          |         | · · · · · · · · · · · · · · · · · · · |          |         |
| City                             | Butte  |                          | State       | mT                                      |          | Zip     | 5970                                  | ì        |         |
| YES X                            | Is the addre<br>(address at                  |                          |             |   | notice   |         |                                       |          |         |
| YES NO                           | If the answ                                  | ver to the ab            | -           | tion is NC<br>to that sh                | -        |         | your offic                            | ial addr | ess     |
| Carrier e-mail address           |  |                          |             |   | optional |         |                                       |          |         |
| <b></b>                          | Person                                       | Completing R             | eport       | ·                                       | ı        |         |                                       |          |         |
| Name                             | Jody :                                       | Perino                   |             | *************************************** |          |         |                                       |          |         |
| Phone Number 40(                 | 6-490-63                                     | 30.2                     | ·····       |   |          |         |                                       |          |         |
| E-mail Address                   |  |                          |             |   | optional |         |                                       |          |         |
| Check                            | One  |                          |             |   |          |         |                                       |          |         |
| YES NO X                         | DID TH                                       | IE CARRIER<br>INGERS, HO |             |   |          |         |                                       |          |         |
| If NO See General instruction #3 | 7  | LING PERIO               |             |   | OR GAI   | NDAG    | L DOMING                              |          |         |

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

| PSC# |   | 1  |       |
|------|---|--|-------|
| Year | 2016                                    |  |       |
|      |   | SCHEDULE 1                                 |       |
|      |   |  |       |
|      |   | INCOME STATEMENT                           |       |
|      | Operating R                             | evenue                                     |       |
| 1.   | *************************************** | state Revenue                              | 22018 |
| 2.   | Inters                                  | state Revenue                              |       |
| 3.   | Non-                                    | Regulated Revenue                          |       |
| 4.   | TOTAL RE                                |  |       |
|      |   |  |       |
|      | Expenses                                |  |       |
| 5.   | Salar                                   | ies—Officers & Supervisory Personnel       |       |
|      |   | ies & Wages                                |       |
| 6.   |   | Clerical & Administrative                  |       |
| 7.   |   | Drivers & Helpers                          |       |
| 8.   |   | Cargo Handlers                             |       |
| 9.   |   | Vehicle Repair & Service                   |       |
| 10.  |   | Other Labor                                |       |
|      | Other                                   | r Fringes                                  |       |
| 11.  |   | Payroll Taxes                              |       |
| 12.  |   | Workman's Compensation                     |       |
| 13.  |   | Pension & Welfare Expenses                 |       |
|      | Oper                                    | ating Supplies & Expenses                  |       |
| 14.  |   | Fuel for Motor Vehicles                    | 2400  |
| 15.  |   | Vehicle Parts                              | 1351  |
| 16.  |   | Other Operating Supplies & Expenses        |       |
| 17.  |   | General Supplies & Expenses                | 4477  |
|      | Oper                                    | ating Taxes & Licenses                     |       |
| 18.  |   | Gas, Fuel and Oil Taxes                    |       |
| 19.  |   | Real Estate & Personal Property Taxes      |       |
| 20.  |   | Vehicle License & Registration Fees        | 276   |
| 21.  |   | Other Taxes                                |       |
| 22.  | Insur                                   | ance                                       | 2211  |
| 23.  | Com                                     | munications & Utilities                    | 3 (5  |
| 24.  |   | eciation & Amortization                    |       |
| 25.  |   | Revenue Equipment                          |       |
| 26.  |   | Other                                      |       |
|      | Purcl                                   | nased Transportation                       |       |
| 27.  |   | With Driver                                |       |
| 28.  |   | Without Driver                             |       |
| 29.  |   | Other Purchased Transportation             |       |
| 30.  | Build                                   | ling & Office Equipment Rents              |       |
| 31.  |   | or Loss on Disposition of Operating Assets |       |
| 32.  |   | ellaneous Expenses                         |       |
| 33.  | TOTAL EXI                               | PENSES                                     |       |
|      |   |  |       |
| 34.  | NET INCOM                               | 1E OR LOSS                                 | 8048  |

| PSC#   |   |                                     |  |
|--------|---|-------------------------------------|--|
| Year   | 2016                                    |                                     |  |
|        |   | SCHEDULE 2                          |  |
| ***    |   |                                     |  |
|        |   | BALANCE SHEET                       |  |
|        |   | (ASSETS)                            |  |
|        |   |                                     | Contraction to the Contraction of the Contraction o |
|        | CURRENT A                               |                                     |  |
| 1.     |   | k Working Funds                     | 346  |
| 2.     |   | l Deposits                          |  |
| 3.     |   | orary Cash Investments              |  |
| 4.     |   | Receivable                          |  |
| 5.     | ·                                       | nts Receivable                      |  |
| 6.     | Prepay                                  |                                     |  |
| 7.     |   | als & Supplies                      |  |
| 8.     | Other                                   | Current Assets                      |  |
| 9.     | *************************************** | TOTAL CURRENT ASSETS                |  |
|        |   |                                     |  |
|        | TANGIBLE P                              |                                     |  |
| 10.    | Carrie                                  | Operating Property                  | 18599  |
| 11.    |   | Less: Reserve for Depreciation      | ***************************************  |
| 12.    | Carrie                                  | Operating Property Leased to Others |  |
| 13.    |   | Less: Reserve for Depreciation      |  |
| 14.    | Non-C                                   | arrier Operating Property           |  |
| 15.    |   | Less: Reserve for Depreciation      |  |
| 16.    |   | TOTAL TANGIBLE PROPERTY             |  |
|        |   |                                     | The same with the same state of the same state o |
|        | INTANGIBLI                              | PROPERTY                            |  |
| 17.    | Organi                                  | zation, Franchises & Permits        |  |
| 18.    |   | Less: Reserve for Amortization      |  |
| 19.    | Other 1                                 | Intangible Property                 |  |
| 20.    |   | Less: Reserve for Amortization      |  |
| 21.    |   | TOTAL INTANGIBLE PROPERTY           |  |
| 22.    | Total I                                 | nvestment Securities and Advances   |  |
| 23.    |   | Special Funds                       |  |
| 24.    |   | Deferred Debits                     |  |
| 44 1 1 | Total I                                 | 70101104 200115                     |  |
| 25.    | TOTAL ASSE                              | ETS .                               | 19045  |

| PSC#     |   |   |         |  |
|----------|---|---|---------|--|
| Year     | 2016                                    |   |         |  |
| ·        |   | SCHEDULE 2  |         |  |
|          |   |   |         |  |
|          |   | BALANCE SHEET   |         |  |
|          |   | (LIABILITIES)   |         |  |
|          |   |   |         |  |
| 2.6      | CURRENT LL                              |   |         |  |
| 26       |   | yable & Matured Long Term Obligations                   |         |  |
| 27       | Accounts                                |   |         |  |
| 28<br>29 | Wages P                                 | Unremitted  |         |  |
| 30       |   |   |         |  |
| 31       | Taxes Ac                                |   |         |  |
| 32       | Interest A Matured                      |   |         |  |
| 33       |   | rrent Liabilities                                       |         |  |
| 34       | Other Cu                                | TOTAL CURRENT LIABILITIES                               | 6368    |  |
| 34       |   | TOTAL CURRENT LIABILITIES                               |         |  |
|          | LONG TERM                               | DEBT DUE WITHIN ONE YEAR                                |         |  |
| 35       |   | nt Obligations and other Debt                           |         |  |
| 22       | Equipme                                 | in Congations and other Debt                            |         |  |
|          | LONGTERM                                | DEBT DUE AFTER ONE YEAR                                 |         |  |
| 36       | Advance                                 |   |         |  |
| 37       | ~ | nt Obligations  |         |  |
| 38       | Equipmo                                 | Less reacquired and nominally issued                    | 17171   |  |
| 39       | Other Lo                                | ng Term Obligations                                     |         |  |
| 40       | Other Lo                                | Less reacquired and nominally issued                    |         |  |
| 41       |   | TOTAL LONG TERM DEBT                                    |         |  |
|          |   |   |         |  |
| 42       | Total De                                | Ferred Credits  |         |  |
| 43       | Total Reserves                          |   |         |  |
|          |   |   |         |  |
|          | SHAREHOLD                               | ERS' (OR PROPRIETORS' ) EQUITY                          |         |  |
| 44.      |   | oital Stock   | (12000) |  |
| 45       |   | prietors' Capital                                       | 5213    |  |
| 46       | Total Ret                               | ained Earnings  | 3613    |  |
| 47       |   | TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY            |         |  |
|          |   |   |         |  |
| 48       | TOTAL LIABI                             | LITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY         | 19042   |  |
|          |   |   |         |  |
|          |   |   |         |  |
|          | DO TOTAL AS                             | SETS <b>EQUAL</b> TOTAL LIABILITIES & SHAREHOLDERS' (OR |         |  |
|          | i e                                     | ETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE            |         |  |
|          | PROPRI                                  | CORRECTIONS   |         |  |
|          |   | CORRECTIONS   |         |  |
|          |   |   |         |  |

| PSC #                          |   |
|--------------------------------|---|
| Year                           |   |
| 7 Parameter and Viga           |   |
|                                | SCHEDULE 3  |
|                                | SCHEDULE 5  |
|                                | INTRASTATE OPERATING REVENUE  |
|                                |   |
| Complete the followi           | ng Schedule reflecting intrastate operating revenue.  |
|                                |   |
|                                | INTRASTATE REVENUE  |
| Household Goods                |   |
| Passengers                     |   |
| Class C                        |   |
| Class D (Garbage)              |   |
| Class D carriers not           | T HAVING \$5,000 gross revenue from Class D transportation go to Schedule 4 generating \$5,000 gross revenue From Class D transportation or serving s each month, go to Schedule 5. |
| TOTAL<br>INTRASTATE<br>REVENUE |   |
|                                | Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.  |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
| 4 - 7                          |   |

| PSC #<br>Year  |
|--|
| OATH   |
| STATE OF MAHALLE   |
| SS.  |
| County of Silver Bar   |
| I, the undersigned AWAWA HAF 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.  (Signature of owner/officer/authorized representative) |
| Color  |
| (Title)  |
| SUBSCRIBED AND SWORN to before me this   |
| (SEAL) Notary Public   |
| TYLER WARREN NOTARY PUBLIC for the State of Montana Residing at Butte, Montana My Commission Expires March 06, 2018  TYLER WARREN In and for the State of MWHAW Residing at Butte of MWHAW Residing at Butte, Montana My Commission Expires March 06, 2018  My Commission Expires MW Commission Expires  |