Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
Kindred Nursing Centers West, LLC dba Kindred Nursing & Rehab- Parkview

PSC Number
8924/1B

See General Instruction # 1

Reporting Year
2017

Reporting Period (if other than calendar year)

mm/yyyy to mm/yyyy format

CARRIER OFFICIAL ADDRESS
680 South Fourth Street; Louisville, KY 40202

Carrier e-mail address
beth.payton@kindred.com

Person Completing Report

Name
Michael Bean

Phone Number
502-596-7300

E-mail Address
beth.payton@kindred.com

Check One

YES
NO X

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?

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

SS.

County of Jefferson

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)

VP- Tax

(Title)

SUBSCRIBED AND SWORN to before me this 26th day of Feb 20 18

(SEAL)

Notary Public

In and for the State of Kentucky

Residing at Jefferson

My Commission Expires 3/16/2021