RECEIVED

APR 09 2018

MONT. P.S. COMMISSION

## **Montana Public Service Commission**

			Mot	tor Ca	arrie	r Annu	ıal Re	port					
	The Wag	goners	Truc	king									
Carrier Name	1												
(EXACTLY AS	8												
SHOWN ON													
PSC													
AUTHORITY)													
PSC Number		772			00								
rac Number	L					See General Instruction # 5							
See Gen	eral Instruc	tion # 1		]									
	2017												]
Reporting Year	2017												
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Reporting Per	rind (if other	r than	r	m 1	ım/yyy	y to mm/	yyyy for	rmat T		1			
1	dar year)	· ·····		1		to		1					
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CARRIER	P.O. Box 3	1357 Rill	linas M	T 5910	17	······································		····					
OFFICIAL	.G. GG# G	1001, 5	migo, in										
ADDRESS													
(SHOW AS ON													
FILE IN													
COMMISSION RECORDS)													
RECORDS)	L					·		·					
Carrier e-mail						***************************************	1						
address	acctgdep	t@wagg	goners	truckir	ng.co	<u>m</u>	j						
	F	Person C	ompleti	ina Rer	ort								
Person Completing Report													
Name Carol Ann Phillips													
Phone Number 406.248.1919													
E-mail Address same as above													
termination of the state of the													
Check One													
YES WERE REGULATED INTRASTATE MOVEMENTS						3							
NO	X		CON	DUCT	ED I	DURIN	G THI	E FILII	NG P	ERIC	D?		
If NO See General CONDUCTED DURING THE FILING PERIOD?							]						
instructio	J												

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

Name	The Waggoners Trucking
PSC#	772
YEAR	2017

## **OATH**

STATE OF	Montana	t.	
			SS.
County of	Yellowston	ne	
foregoing ret of said motor and correct s matter and th say that no d those shown	turn has been prepare r carrier; that I have tatement of the busin ning therein set forth eductions were made in the foregoing acc ce all of the financia	ed, under my direction, from carefully examined the sam ness and affairs of said moto , to the best of my knowled e before stating the gross ea ounts; and that the accounts	named, on my oath say that the in the original books, papers and records e and declare the same to be a complete or carrier in respect to each and every ge, information and belief; and I further rnings or receipts herein set forth except and figures contained in the foregoing carrier during the period for which said
		(Signature of ov	vner/officer/authorized representative)
		(	Chief Financial Officer
			(Title)
SEAL *	JENNIFER KLINE NOTARY PUBLIC for the State of Montana Residing/artilicative, MT	day of April	20 18 Notary Public
P OF NOTIFE	April 14, 2020	In and for the Sta	
		Residing at	Laurel, MT
		My Commission Expires	4/14/2020