Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
Wibaux County Nursing Home

PSC Number
PSC No. 8993

Reporting Year
2017

Reporting Period (if other than calendar year) mm/yyyy to mm/yyyy format
1/2017 to 12/2017

CARRIER OFFICIAL ADDRESS
712 S. Wibaux ST. Wibaux MT 59353

Carrier e-mail address

Person Completing Report
Name Lisa Roberts
Phone Number 406-796-2429
E-mail Address lroberts@hmsmt.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 202801
Helena, MT 59620-2601
OATH

STATE OF Montana

SS.

County of Wibaux

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]
(Signature of owner/officer/authorized representative)

[Title]

SUBSCRIBED AND SWORN to before me this 27 day of March 2018

[Signature]
(Notary Public)

In and for the State of Montana
Residing at Wibaux, MT
My Commission Expires July 7, 2019