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APR 05 2019

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 AUTHORITY) Chris McIntosh Chris McIntosh Carbiner Carbage Service
PSC Number 3834 See General Instruction #5
See General Instruction # 1
Reporting Year 2018
mm/yyyy to mm/yyyy format Reporting Period (if other than calendar year) / to /
CARRIER ADDRESS Gordiner Gorbage Scruce City Gardiner State mt zip 59030
Check Is the address shown above the carriers official address now on file at the PSC YES (address at which you now receive monthly notice and other materials from the PSC)?
YES If the answer to the above question is NO do you want your official address changed to that shown above?
Carrier e-mail optional address
Person Completing Report Name Chris McTn+osh Phone Number HO6-848-7945 E-mail Address optional
Check Qne
YES DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING If NO See General THE FILING PERIOD?
instruction #3 Montana Public Service Commission
Montana i abile del vice dominiosion

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

GENERAL INSTRUCTIONS

Enclosed is the motor carrier annual report form prescribed by the Montana Public Service Commission. This report must be filed with the Montana Public Service Commission on or before MARCH 31st of each year following that which the report is made. Filing of an annual report by motor carriers is prescribed by Section 69-12-401, MCA. Failure to submit this report in full may jeopardize your operating authority.

- 1. Report should represent operations for the calendar year (January 1st to December 31st). If your company wishes to file on a fiscal year, a written request must be submitted to the Commission for approval. All subsequent reports must then be filed on the fiscal year end.
- 2. All data may be reported to the nearest whole dollar or whole number.
- 3. If there were no regulated intrastate moves during the filing period, a negative report may be filed. To file a negative report, complete the cover sheet and note that no regulated intrastate passengers or commodities were transported. No further financial information is required. Mail the completed cover sheet and signed and notarized oath page to the public service commission.
- 4. All annual report filings must be signed an by owner or officer of the company and notarized by a notary public.
- 5. If a company operates under more than one PSC number, <u>registered in exactly the same</u> <u>company name</u>, a combined report may be filed. However that fact should be clearly noted on the cover of the report.

6. ALL CARRIERS MUST COMPLETE:

Schedule 1 (Income Statement)

Schedule 2 (Balance Sheet)

Schedule 3 (Intrastate Revenue)

Oath

7. Class D carriers <u>not generating</u> \$5,000 gross revenue from the Class D authority during the calendar year must complete:

Schedule 4 (Monthly Customer Listing)

8 Class D carriers NOT MEETING reporting requirements listed in the above schedules must complete:

Schedule 5 (Verified Statement)

PSC#	138	34		
Year	20	18		
			SCHEDULE 1	
	<u> </u>			
			INCOME STATEMENT	.
		<u> </u>		
	Operat	ing Rev		7/0/2
1	<u> </u>		ate Revenue	<u> </u>
2.			ate Revenue	
3.			egulated Revenue	- 1 31 2/2 -
4.	TOTA	LREVI	ENUE	α_{1},α_{0}
	ļ			
	Expens			
5			s—Officers & Supervisory Personnel	
		Salarie	s & Wages	
5.	_		Clerical & Administrative	
7.			Drivers & Helpers	
8.			Cargo Handlers	10//00 =
9.			Vehicle Repair & Service	12702
10.		<u> </u>	Other Labor	
		Other F		
11.			Payroll Taxes	
12.	ļ		Workman's Compensation	
13.			Pension & Welfare Expenses	
	 	Operati	ing Supplies & Expenses	
14.	<u> </u>		Fuel for Motor Vehicles	1415
15.	ļ		Vehicle Parts	
16.			Other Operating Supplies & Expenses	982 -
17.			General Supplies & Expenses	
		Operati	ing Taxes & Licenses	
18.	 		Gas, Fuel and Oil Taxes	421 =
19.			Real Estate & Personal Property Taxes	
20.			Vehicle License & Registration Fees	4.13
21.	 	·	Other Taxes	10011=
22.	 	Insuran		1094
23.	-		unications & Utilities	
24.		Deprec	iation & Amortization	
25.	ļ		Revenue Equipment	
26.	ļ	<u> </u>	Other	wat an eval ya Areye' ta an yan a san a san a san a
	-	Purcha:	sed Transportation	
27.	ļ		With Driver	
28.	 		Without Driver	
29.	_	 	Other Purchased Transportation	
20	-	D.::1-1:	a % Office Faviement Parts	
30.	-	Building & Office Equipment Rents		
31.	<u> </u>		Loss on Disposition of Operating Assets	
32.	<u> </u>	Miscell	aneous Expenses	
	momit	L	NOEC	OCAF
33.	TOTA	LEXPE	INOFO I	12 405
	<u> </u>	<u></u>		1 11011
4.	NET I	ICOMI	E OR LOSS	1 1d 405

PSC#	38	34		***************************************
Year	20	18		
		<u> </u>	SCHEDULE 2	
			BALANCE SHEET	
			(ASSETS)	
	CURR	 ENT AS	SETS	
1.	CORR	· , · · · · · · · · · · · · · · · · · ·	Working Funds	2////-
2.			Deposits Deposits	Q79/
3.			ary Cash Investments	
1 .			eceivable	
5.		<u> </u>	ts Receivable	901-
5.		Prepayn		706
7.			ls & Supplies	276-
8.	 		urrent Assets	A16
9.		ouner c	TOTAL CURRENT ASSETS	2017-
			TOTAL CONCENT ASSETS	2000
	TANG	BLE PR	ROPERTY	
0.		Carrier (Operating Property	15000
11.			Less: Reserve for Depreciation	
2.			Operating Property Leased to Others	
13.			Less: Reserve for Depreciation	
14.			rrier Operating Property	
5.			Less: Reserve for Depreciation	
16.			TOTAL TANGIBLE PROPERTY	15,000
	INTAN		PROPERTY	
7.			ation, Franchises & Permits	38.000
8.			Less: Reserve for Amortization	/
9.			tangible Property	
0.			Less: Reserve for Amortization	
1.			TOTAL INTANGIBLE PROPERTY	38,000°
2.		Total Inv	vestment Securities and Advances	•
3.		Total Sp	ecial Funds	***************************************
4.			ferred Debits	
5.	TOTAL	ASSET	S	6(-132-
	~ ~ 2431	LICUMI	~	56,623

PSC#	383	7 1	
Year	12018		
·		SCHEDULE 2	
		BALANCE SHEET	
		(LIABILITIES)	
			арының қырықтық жарының далында жарды жарды жарының түрінің жүйі көрімерінің жүйі жарында жарында жарды үлемде
***************************************		<u> LIABILITIES</u>	
26	Not	es Payable & Matured Long Term Obligations	
27	Acc	ounts Payable	
28		es Payable	
29	C.0	D.'s Unremitted	
30	Tax	es Accrued	
31	Inte	rest Accrued	
32		ured Interest	
33	Oth	er Current Liabilities	
34		TOTAL CURRENT LIABILITIES	
	LONG TE	RM DEBT DUE WITHIN ONE YEAR	
35		pment Obligations and other Debt	
	 		
	LONG TE	RM DEBT DUE AFTER ONE YEAR	
36		ances Payable	
37		pment Obligations	
38		Less reacquired and nominally issued	
39	Oth	er Long Term Obligations	
40		Less reacquired and nominally issued	
41	1	TOTAL LONG TERM DEBT	
••	-		
42	Tota	l Deferred Credits	
43		l Reserves	
TJ	100	120001700	
	SHAREHO	OLDERS' (OR PROPRIETORS') EQUITY	
44.		! Capital Stock	
45		l Proprietors' Capital	56.623-
46		l Retained Earnings	
47	+ + + + + + + + + + + + + + + + + + + +	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	56.623-
• •	-		J
48	TOTAL.	ABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	56,623
	121711	WALLEST OF THE PARTY OF THE PAR	
	-		
	DO TOTA	L ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR	
		OPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE	
	1	CORRECTIONS	
	1	Contaborion	
	1		

PSC :	# 3834
Yea	r
· · · · · · · · · · · · · · · · · · ·	
	SCHEDULE 3
	INTRASTATE OPERATING REVENUE
Complete the follow	ing Schedule reflecting intrastate operating revenue.
	INTRASTATE REVENUE
Household Goods	INTRASTATE REVENUE
Household Goods	
Passengers	
Class C	
Class D (Garbage)	21,010
wenty (20) customer	generating \$5,000 gross revenue From Class D transportation or serving seach month, go to Schedule 5.
twenty (20) customer TOTAL INTRASTATE	s each month, go to Schedule 5.
twenty (20) customer FOTAL INTRASTATE	es each month, go to Schedule 5.
twenty (20) customer TOTAL INTRASTATE	Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.
twenty (20) customer TOTAL INTRASTATE	Note: Total Intrastate Revenue must equal the intrastate revenue amount
twenty (20) customer FOTAL INTRASTATE	Note: Total Intrastate Revenue must equal the intrastate revenue amount
twenty (20) customer TOTAL INTRASTATE	Note: Total Intrastate Revenue must equal the intrastate revenue amount
twenty (20) customer TOTAL INTRASTATE	Note: Total Intrastate Revenue must equal the intrastate revenue amount
twenty (20) customer TOTAL INTRASTATE REVENUE	Note: Total Intrastate Revenue must equal the intrastate revenue amount
twenty (20) customer TOTAL INTRASTATE	Note: Total Intrastate Revenue must equal the intrastate revenue amount

PSC#	
Year	

SCHEDULE 4

MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE

Customer listing must include at least 20 customers per month during each month of the calendar year

	January	February	March
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	. •:	M	June
	April	May	June
1	April	May	June
1 2	Aprii	May	June
	Aprii	May	June
2	Aprii	IMay	June
2 3 4	Aprii	IVIAY	June
2 3 4 5	April	May	June
2 3 4 5 6	Aprii	May	June
2 3 4 5 6 7	April	May	June
2 3 4 5 6 7 8 E	April	May	
2 3 4 5 6 7 8 9	April	May	June
2	April		June
2 3 4 5 6 7 8 9 10 11	April		
2 3 4 5 6 7 8 9 10 11 12	April		
2	April		Jule
2 3 4 5 6 7 8 9 10 11 12 13	April		Jule
2 3 4 5 6 7 8 9 10 11 12 13 14	April		June
2	April		June
2	April		
2	April		

PSC#	
Year	

SCHEDULE 4 cont.

	July	August	September
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
20	October	November	December
1	October	November	December
1 2	October	November	December
1	October	November	December
1 2 3 4	October	November	December
1 2 3	October	November	December
1 2 3 4 5 6	October	November	December
1 2 3 4 5	October	November	December
1 2 3 4 5 6	October	November	December
1 2 3 4 5 6 7	October	November	December
1 2 3 4 5 6 7 8 9 10	October	November	December
1 2 3 4 5 6 7 8 9	October	November	December
1 2 3 4 5 5 6 7 8 9 9 10 11 12 12	October	November	December
1 2 3 4 4 5 6 6 7 8 8 9 9 10 11 12 13 3	October	November	December
1 2 3 4 5 5 6 7 8 9 9 10 11 12 12	October	November	December
1 2 3 4 4 5 6 6 7 8 8 9 9 10 11 12 13 3	October	November	December
1 2 3 4 5 5 6 6 7 7 8 8 9 9 10 11 12 13 3 14 4 5 5	October	November	December
1 2 3 4 5 5 6 6 7 8 8 9 9 10 11 122 133 44	October	November	December

~~		
2U		

PSC#	
Year	

SCHEDULE 5 VERIFIED STATEMENT

Schedule 5 must be completed by Class D carriers who did not generate \$5,000 gross revenue from Class D operations and did not serve twenty (20) customers for each month of the calendar year.

The verified statement will be reviewed by the Commission and a determination made whether the certificate should be cancelled.

STATEMENT:

PSC# <u>3834</u> Year <u>2018</u>	ОАТН
STATE OF MI	
County of Park	SS.
that the foregoing return has been prepared, under my motor carrier; that I have carefully examined the same of the business and affairs of said motor carrier in respect of my knowledge, information and belief; and I for gross earnings or receipts herein set forth except those	of the motor carrier, above named, on my oath say direction, from the original books, papers and record of said and declare the same to be a complete and correct statement pect to each and every matter and thing therein set forth, to the further say that no deductions were made before stating the eshown in the foregoing accounts; and that the accounts and of the financial operations of said motor carrier during the
	(Title)
SUBSCRIBED AND SWORN to before me	e this 2nd day of April, 2019.
(SEAL)	Cherel Loppe,
CHERYL HOPPE Notary Public for the State of Montana Residing at: Gardiner, Montana My Commission Expires: September 18, 2020	In and for the State of