

MAR 21 2019

## MONT. P.S. COMMISSION

## **Montana Public Service Commission**

			Moto	or C	arrie	r Annւ	ıal Re	eport						
	The Wag	goners	Truck	ing										
Carrier Name														
(EXACTLY AS	9													
SHOWN ON														
PSC														
AUTHORITY)														
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PSC Number	SC Number 7		72			See General Instruction # 5								
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See Gen	eral Instruc	tion # 1										····		
	2018													
Reporting Year	L													
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Reporting Per	riod (if other	rthan [		***	Пиууу	y 10 1111111	yyyy io			٦				
	dar year)			1		to		1						
CARRIER	P.O. Box 3	1357. Billir	nas. MT	5910	7									
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ADDRESS														
(SHOW AS ON														
FILE IN														
COMMISSION RECORDS)														
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Carrier e-mail					<del></del>	<del></del>	1							
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Name	Carol Anı	n Phillips												
DI 406 249 1010														
Phone Number 406.248.1919														
E-mail Address same as above														
t														
	Check One	)												
YES		WE	RER	REGI	JLAT	ED IN	TRAS	STAT	E MC	VEN	IENT	rs	1	
NO	Х	1				URIN								
If NO See Ge	eneral		12		to		_ '''			-: ''				
instruction	n #3													

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

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Name	The Waggoners Trucking
PSC#	772
YEAR	2018

## **OATH**

STATE OF Montana	
	SS.
County of <u>Velloustone</u>	
foregoing return has been prepared of said motor carrier; that I have and correct statement of the bust matter and thing therein set fort say that no deductions were matthose shown in the foregoing ac	e of the motor carrier, above named, on my oath say that the red, under my direction, from the original books, papers and records e carefully examined the same and declare the same to be a complete iness and affairs of said motor carrier in respect to each and every h, to the best of my knowledge, information and belief; and I further de before stating the gross earnings or receipts herein set forth except counts; and that the accounts and figures contained in the foregoing ial operations of said motor carrier during the period for which said
	(Signature of owner/officer/authorized representative)
	CHIEF FINANCIAL OFFICEL (Title)
SUBSCRIBED AND SWOI	RN to before me this day of March 20 19
(SEAL)	Notary Public In and for the State of Montana
VALORY SEELY NOTARY PUBLIC for the State of Montana	Residing at Billings
Residing at Billings, MT My Commission Expires	My Commission Expires \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\