Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
Wibaux County Nursing Home

PSC Number
8993

See General Instruction # 1

Reporting Year
2018

mm/yyyy to mm/yyyy format

Reporting Period (if other than calendar year)
1 / 2018 to 12 / 2018

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 202601
Helena, MT  59620-2601
OATH

STATE OF Montana

County of Wibaux

I, the undersigned representative or 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)

Administrator

Title

SUBSCRIBED AND SWORN to before me this 21st day of March 2019

(SEAL)

TWILA LUNDE

Notary Public

In and for the State of Montana

Residing at Wibaux

My Commission Expires 12-5-22