

MAR 18 2019

MONT. P.S. COMMISSION

## **Montana Public Service Commission**

			Mot	or C	arrie	<u>r Annu</u>	al Re	port						
Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)	Winter S	ports, I	nc. db	a Wh	itefisl	h Mount	ain Re	esort						
	A													
PSC Number	9387					See General Instruction # 5								
See Gen	eral Instruc	tion # 1												
Reporting Year	2018			I					.,					
					mhaa	y to mm/y	nnnı fo	rmat						
Reporting Period (if other than					,,,,yyy		yyy io			7				
calendar year) / to /														
CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)	3812 Big M PO Box 14 Whitefish, I	00												
Carrier e-mail address	randyw@	andyw@skiwhitefish.com												
	P	erson Co	ompleti	ng Rep	ort									
Name	Randy W													
Phone Number	(406) 862	406) 862-1939												
E-mail Address	randyw@	skiwhite	fish.c	om										
	Check One	)												
YES			ERE	REG	ULA.	TED IN	TRAS	TAT	EM	OVE	MEN	NTS		
NO	Х	WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?												
If NO See Go														

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

Name	Winter Sports, Inc. dba Whitefish Mountain Resort
PSC#	9387
YEAR	2018

	OATH
STATE OF MONTANA	
	SS.
County of FLATHEAD	
foregoing return has been prepart of said motor carrier; that I have and correct statement of the busin matter and thing therein set forth say that no deductions were mad- those shown in the foregoing acc	of the motor carrier, above named, on my oath say that the ed, under my direction, from the original books, papers and records carefully examined the same and declare the same to be a complete ness and affairs of said motor carrier in respect to each and every, to the best of my knowledge, information and belief; and I further e before stating the gross earnings or receipts herein set forth except ounts; and that the accounts and figures contained in the foregoing all operations of said motor carrier during the period for which said
	(Signature of owner/officer/authorized representative)
	Controller
	(Title)
SUBSCRIBED AND SWOR	N to before me this day of MARCH 20 19
	amanda & West
(SEAL)  AMANDA L WEST	Notary Public In and for the State of MONTANA
NOTARY PUBLIC for the State of Montana Residing at Whitefish, Montana My Commission Expires	Residing at WHITEFISH, MONTANA
June 12, 2022	My Commission Expires JUNE 12, 2022