## RECEIVED

APR 10 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)

See General Instruction # 1  Reporting Period (if other than calendar year)  CARRIER ADDRESS  City 1 1 9 50 12 1 8  Check Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?  Check If the answer to the above question is NO do you want your official address changed to that shown above?  Carrier e-mail address  Person Completing Report  Name Scott K, Miler  Phone Number 406 223 5344  Phone Number 406 223 5344  Check One  YES NO  CH	Carrier Name	Scott R. Miller dbs Amazina Taxi		
See General Instruction # 1  Reporting Year		Scott Killiller and finalities took		
See General Instruction # 1  Reporting Year				
See General Instruction # 1  Reporting Year	•			
See General Instruction # 1  Reporting Year				
See General Instruction # 1  Reporting Year	PSC Number	9466 See General Instruction # 5		
Reporting Period (if other than calendar year)  CARRIER ADDRESS  City VINGSTON State W Zip SGDUT  Check Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?  Check If the answer to the above question is NO do you want your official address changed to that shown above?  Carrier e-mail address  Person Completing Report  Name Scott R. Miller  Phone Number 406 223 5344  E-mail Address Check One  YES NO  DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?				
Reporting Period (if other than calendar year)  CARRIER ADDRESS  City VINGSTON State W Zip SGDUT  Check Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?  Check If the answer to the above question is NO do you want your official address changed to that shown above?  Carrier e-mail address  Person Completing Report  Name Scott R. Miller  Phone Number 406 223 5344  E-mail Address Check One  YES NO  DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?	See Ger	neral Instruction # 1		
Reporting Period (if other than calendar year)  CARRIER ADDRESS  City VINGSON State M Zip 59047  Check State Address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?  Check State M Zip 59047  Check State M Zip 59047  Check State M Sta		2018		
CARRIER ADDRESS  City VIN State W Zip Sq.U.7  Check Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?  Check If the answer to the above question is NO do you want your official address changed to that shown above?  Carrier e-mail address  NO  Carrier e-mail address  Person Completing Report  Name Scott K. Miler  Phone Number 406 223 5344  Phone Number 406 223 5344  Check One  YES NO  DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  If NO See General instruction #3  If NO See General instruction #3	Reporting Year	2010		
CARRIER ADDRESS  City   VI   SDD   State   M   Zip   Sq D4   T    Check   Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?  Check   If the answer to the above question is NO do you want your official address changed to that shown above?  Carrier e-mail   Address   Address   Cot   R. M   Lev    Phone Number   ADG 223 5344    Phone Number   ADG 223 5344    E-mail Address   Cackie at pure west properties   Com    Check One   YES   DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE    PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING   THE FILING PERIOD?		mm/yyyy to mm/yyyy format		
CARRIER ADDRESS    City   VINGSDN   State   M   Zip   Sq.047				
Check Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?  Check If the answer to the above question is NO do you want your official address changed to that shown above?  Carrier e-mail address  Carrier e-mail address  Person Completing Report  Scott R, Miler  Phone Number  E-mail Address  Check One  YES Did THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  If NO See General instruction #3  If NO See General instruction #3	calend			
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Check VES X (address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?  Check If the answer to the above question is NO do you want your official address changed to that shown above?  Carrier e-mail address Cott R. Miller  Phone Number Scott R. Miller  Phone Number 406 223 5344  Person Completing Report  E-mail Address Check One  YES A DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  If NO See General instruction #3	ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Check one  YES   (address at which you now receive monthly notice and other materials from the PSC)?  Check   If the answer to the above question is NO do you want your official address changed to that shown above?  Carrier e-mail		City / (VIII) Story		
Carrier e-mail address  Name  Person Completing Report  Name  Phone Number  E-mail Address  Check One  YES  NO  DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE  PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  If NO See General instruction #3  THE FILING PERIOD?		Check Is the address shown above the carriers official address now on file at the PSC		
Check If the answer to the above question is NO do you want your official address changed to that shown above?  Carrier e-mail address    Jackie at queewst properties   Optional optio	YES			
Carrier e-mail address  Jackie at purewest properties  Person Completing Report  Name  Phone Number  E-mail Address  Check One  YES  NO  DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE  PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  THE FILING PERIOD?	NO	PSC)?		
Carrier e-mail address  Jackie at purewest properties  Person Completing Report  Name  Phone Number  E-mail Address  Check One  YES  NO  DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE  PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  THE FILING PERIOD?		Check If the answer to the above question is NO do you want your official address		
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Person Completing Report  Name  Scott R, Miller  Phone Number  E-mail Address  Check One  YES  NO  DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE  PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  THE FILING PERIOD?	NC			
Person Completing Report    Scott R, Miller				
Phone Number  E-mail Address  Check One  YES  NO  DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE  PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  THE FILING PERIOD?	address			
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E-mail Address Check One  YES DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE  PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  If NO See General instruction #3	Name	Scott R. Miller		
E-mail Address Check One  YES DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE  PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  If NO See General instruction #3	Dhono Numbe	Phone Number 406 2Z3 5344		
Check One YES DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE NO PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING If NO See General instruction #3	olicat aux west properties optional			
PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  If NO See General instruction #3  DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING  THE FILING PERIOD?	E-mail Address	5 Jackie at parties		
PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?  If NO See General instruction #3		Check One		
If NO See General THE FILING PERIOD?	YES NO DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE			
instruction #3		THE THING DEDICES		
Montana Public Service Commission		#3		
Transportation Division		Montana Public Service Commission		

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)

Year	70	110		
	· · · · · · · ·	***************************************	SCHEDULE 1	· · · · · · · · · · · · · · · · · · ·
	<u></u>		INCOME STATEMENT	
		**		
1	Operati			7761
1.	<del> </del>		ate Revenue	4,356
2.	<del></del>	Interstate Revenue		
3. 4.			egulated Revenue	
4.	TOTAL	REVI	ENUE	2,356
	177			
5.	Expense		000000000000000000000000000000000000000	
٥.			s—Officers & Supervisory Personnel s & Wages	
6.		Salarie	Clerical & Administrative	
7.				636
8.			Drivers & Helpers Cargo Handlers	
8. 9.			Vehicle Repair & Service	1837
9. 10.	<del>  -</del>		Other Labor	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10.	<del>                                     </del>	Other F		
11.		Omei I	Payroll Taxes	
12.			Workman's Compensation	
13.			Pension & Welfare Expenses	
1.5.		Onerati	ing Supplies & Expenses	
14.		Operan	Fuel for Motor Vehicles	1 227
15.			Vehicle Parts	<u> </u>
16.			Other Operating Supplies & Expenses Advert.	787)
17.			General Supplies & Expenses  General Supplies & Expenses	<u> </u>
		Onerati	ng Taxes & Licenses	
18.		<u> </u>	Gas, Fuel and Oil Taxes	
19.			Real Estate & Personal Property Taxes	
20.			Vehicle License & Registration Fees	134
21.		****	Other Taxes	
22.	1	nsuran	<u> </u>	1000
23.	(	Communications & Utilities		
24.		Depreciation & Amortization		
24. 25.			Revenue Equipment	
26.	Other			
	<u>I</u>	urchas	ed Transportation	
27.			With Driver	
28.			Without Driver	
29.			Other Purchased Transportation	
30.	F	Buildin	g & Office Equipment Rents	
31.		Gain or Loss on Disposition of Operating Assets		
32.			aneous Expenses	
	TOT: Y		MONG	
33.	TOTAL	EXPE	NSES	43.12
34.	NET INC	COME	OR LOSS	1916

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PSC#	9466		
Year	2018		
		SCHEDULE 2	
		BALANCE SHEET	
		(ASSETS)	
		(ADDLIS)	
	CURRENT AS	SSETS	
1.		Working Funds	7500
2.		Deposits	
3.		rary Cash Investments	
4.		Receivable	
5.		nts Receivable	
6.	Prepay		
7.		als & Supplies	
8.		Current Assets	
9.		TOTAL CURRENT ASSETS	
	TANGIBLE P	ROPERTY	
10.	Carrier	Operating Property	2000,00
11.		Less: Reserve for Depreciation	
12.	Carrier	Operating Property Leased to Others	
13.	Less: Reserve for Depreciation		
14.	Non-Carrier Operating Property		
15.	Less: Reserve for Depreciation		
16.		TOTAL TANGIBLE PROPERTY	
	INTANGIBLE PROPERTY		
17.	Organization, Franchises & Permits		
18.	Less: Reserve for Amortization		
19.	Other Intangible Property		
20.		Less: Reserve for Amortization	
21.		TOTAL INTANGIBLE PROPERTY	
22.	Total Investment Securities and Advances		
23.	Total Special Funds		
24.	Total Deferred Debits		
A C	TOTAL 188		0.07.0
25.	TOTAL ASSE	<u>18</u>	2015 DU

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PSC#	(11	t la la		
Year		018		
-	-	,/1.0	SCHEDULE 2	
		T		
		1	BALANCE SHEET	
			(LIABILITIES)	
	CURI	RENT LIA	BILITIES	
26			vable & Matured Long Term Obligations	······································
27		Accounts		
28		Wages Pa	yable	
29		C.O.D.'s	Unremitted	
30		Taxes Acc	crued	
31		Interest A	ccrued	
32		Matured I	nterest	
33		Other Cur	rent Liabilities	
34			TOTAL CURRENT LIABILITIES	$\bigcirc$
····				
	LONG	TERM D	DEBT DUE WITHIN ONE YEAR	
35		Equipmen	t Obligations and other Debt	
	LONG	TERM D	DEBT DUE AFTER ONE YEAR	
36		Advances	Payable	
37		Equipmen	t Obligations	
38			Less reacquired and nominally issued	
39			g Term Obligations	
40			Less reacquired and nominally issued	
41			TOTAL LONG TERM DEBT	$\bigcirc$
42		Total Defe	erred Credits	
43		Total Rese	erves	
4.4	SHAREHOLDERS' (OR PROPRIETORS') EQUITY			
<u>44.</u>				
45		Total Proprietors' Capital		
46		1 otal Reta	ined Earnings	AME
47			TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	2010
48	TOTA	I K K V D K K	THES & SHADEHOI DEDS! (OR READDLE TORON FOLLOWS)	7075
48	101A	L LIABIL	LITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	201)
	<b> </b>			
	DO TO	OTAL ASS	SETS <b>EQUAL</b> TOTAL LIABILITIES & SHAREHOLDERS' (OR	
			TORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE	
	1	ANOINE	CORRECTIONS	
		I	COMMOTIONS	

P 46

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PSC #	9460
Year	
	COMPANIE 2
	SCHEDULE 3
<b> </b>	INTRASTATE OPERATING REVENUE
Complete the followi	ng Schedule reflecting intrastate operating revenue.
	INTRASTATE REVENUE
Household Goods	
Passengers	2,356
Class C	
Class D (Garbage)	
	generating \$5,000 gross revenue From Class D transportation or serving s each month, go to Schedule 5.
TOTAL INTRASTATE REVENUE	
	Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.
1	

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PSC # <u>946</u> Year <u>2018</u>	
C	DATH
STATE OF MONTANO	
	SS.
County of Park	
that the foregoing return has been prepared, under my d motor carrier; that I have carefully examined the same a of the business and affairs of said motor carrier in respe best of my knowledge, information and belief; and I fur gross earnings or receipts herein set forth except those s	of the motor carrier, above named, on my oath say irection, from the original books, papers and record of said and declare the same to be a complete and correct statement of the each and every matter and thing therein set forth, to the ther say that no deductions were made before stating the shown in the foregoing accounts; and that the accounts and f the financial operations of said motor carrier during the  (Signature of owner/officer/authorized representative)
SUBSCRIBED AND SWORN to before me	Oth n
CASSANDRA V KOKO  ORA V TO CASSANDRA V KOKO  Notary Public  Notary	In and for the State of