RÉCEÍVED

MAR 25 2019

	MONT. P.S. COMMISSION
ar yayan asa ka da ka da	Dear Public Service Commission,
at a page a part a part a part a page and a	
accinication (special transition) de la conference de la	this is my first time
angles a file of the transfer of the grant plane and analysis and consider an extension of the state of the s	Sibmitting this form to your
net et primi intilizza più digranda na susta anno anno anno anno dell'esta intilizza dell'esta dell'esta dell'	organization. Not Sure it
	organization. Not sure it half of this form pertains
	to me and my business.
	to me and my business. I know that the business
ng phones and the last states a tricipation of the light states were transcent transcent and transcent	brought in \$ 9245,00 for the
engage om klassmannskar og kvar fri skrift for klassing er har i forkkalle flere klassing.	year My numbers probably will
and the second seco	not make sense. I don not
	understand most of what the
and action to the spiritual of the spiritual s	form is asking. I owe
	approx \$18,500 on the van my expenses definately are
	my expenses definately are
	over what I made the
	If you need to talk
	to me please call
	(406) 299 6816
aga karing siyapan di gigidada karing da pada da	Over what I made to talk If you need to talk to me please call (46) 249 6816 Thanks Bryan Batchelle
	pageneral.
	P.S. The business
	is just myself and
	my van. So not sure What avestions pertain to
	What Questions pertain to
	me.

If NO See General instruction

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)	Let's Go Adventure Tours and Transportation	5
PSC Number	9546 See General Instruction # 5	
S S		
See Gene	neral Instruction #1	
Reporting Year	2018	
ye	if other than calendar / to /	
CARRIER OFFICIAL	P.O. Box 4833	
ADDRESS (SHOW	1,0. DOX 1000	
COMMISSION RECORDS)	Bozeman, MT 59772	
Carrier e-mail address	Bebatchelder @hatmail.com	
г	Person Completing Report	
Name	Bryan a Batchelder	
Phone Number	(406) 249 6816	
E-mail Address	B. I the Dar Blant May Com	
(Check One	
YES	WERE REGULATED INTRASTATE MOVEMENTS	

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

CONDUCTED DURING THE FILING PERIOD?

RECEIVED

MAR 25 2019

MONT. P.S. COMMISSION

structions Cover Sheet Income Stater	nent Assets	Liabilities Customer L
" Lets 60 Adventure Tour	s and Trai	- or to tish
C# 0 950%	sand fran	rsportuoion
par 0 20/8		•
INTRASTATE REVENUES		
Household Goods	η	7
Passengers		24
Class C		4
Class D (Garbage)		
TOTAL INTRASTATE REVENU		4
TOTAL INTRASTATE REVEN	UE SO	<u>]</u>
INCOME STATEMENT Operating Revenue	#	
Intrastate Revenue	7 46/0 so	CW7000:
Interstate Revenue	#8/35	T
Non-Regulated Revenue	170000	† <u> </u>
Operating Expenses Salaries & Wages	E # 9245 \$0]_
Salaries—Officers & Supervisory Personnel		1
Clerical & Administrative	 	 -
Drivers & Helpers		} -
Cargo Handlers		ŀ
Vehicle Repair & Service	#=:==	 -
Other Labor	19 710	} -
Fringes		<u>J</u> -
Payroll Taxes	T	1
Workman's Compensation		 -
Pension & Welfare Expenses		 -
Operating Supplies & Expenses		l-
Fuel for Motor Vehicles	161070	1
Vehicle Parts	HICK	-
Other Operating Supplies & Expenses	1 \$ 350	-
Operating Taxes & Licenses		-
Gas, Fuel and Oil Taxes	114070	!
Real Estate & Personal Property Taxes	17070	-
Vehicle License & Registration Fees	18290	
Other Taxes	1 11 11 11	•
Depreciation & Amortization		-
Revenue Equipment	T	-
Other		-
Purchased Transportation		-
With Driver		
Without Driver		-
Other Purchased Transportation	T	•
Office/General		
Insurance	\$ 4.150 so	Annual
Communications & Utilities	1" 7	
Building & Office Equipment Rents		
General Supplies & Expenses	18200	
Miscellaneous Expenses	\$ 1000	
Gain on Disposition of Operating Assets		
Loss on Disposition of Operating Asset (enter as positive number)	\$0	
TOTAL EXPENSES	# 7360 so	
NET INCOME OR (LOSS)	# 1884 \$0	
	, ,	

Verified Statement | Oath

\$0

\$0

000

Cash & Working Funds \$500.00 Special Deposits Temporary Cash Investments Notes Receivable Accounts Receivable Prepayments Materials & Supplies 2014 GM Other Current Assets TOTAL CURRENT ASSETS 19, 500 \$0__ TANGIBLE PROPERTY Carrier Operating Property Less: Reserve for Depreciation (enter positive numbers only) Carrier Operating Property Leased to Others Less: Reserve for Depreciation (enter positive numbers only) Non-Carrier Operating Property Less: Reserve for Depreciation (enter positive numbers only) TOTAL TANGIBLE PROPERTY INTANGIBLE PROPERTY Organization, Franchises & Permits Less: Reserve for Amortization (enter positive numbers only) Other Intangible Property Less: Reserve for Amortization (enter positive numbers only)
TOTAL INTANGIBLE PROPERTY \$0 Other Accounts Investment Securities and Advances Special Funds Deferred Debits

Total Other

TOTAL ASSETS # 19

Instructions Cover Sheet Income Statement	ent Assets Liabilities Customer List. Verified Statement
Name 0 / 0/ - C 0 0	Customer List Verified Statement
_ Lets GO Adventing To	account to
7596	ors and Transportation
Year 0 20/8	<u> </u>
BALANCE SHEET	
(LIABILITIES)	
CURRENT LIABILITIES	θ
Notes Payable & Matured Long Term Obligations	vehide toan (still ove Approx 18,500)
Accounts Payable	Tremate 1001 (Still Due Approx' 10,500)
Wages Payable	
C.O.D.'s Unremitted	
Taxes Accrued	
Interest Accrued	9675
Matured Interest	
Other Current Liabilities	
TOTAL CURRENT LIABILITIES	ES \$0
LONG TERM DEBT DUE WITHIN ONE YEAR	
Equipment Obligations and other Debt	Tratification.
LONG TERM DEBT DUE AFTER ONE YEAR	IVENICIE TOgin
Advances Payable	-
. Equipment Obligations	
Less reacquired and nominally issued (enter positive number only)	-
Other Long Term Obligations	
Less reacquired and nominally issued (enter positive number only)	
TOTAL LONG TERM DEBT	\$0
Out	•
Other Total Deferred Credits	
Total Reserves	
TOTAL OTHER	
	C \$0
SHAREHOLDERS' (OR PROPRIETORS') EQUITY	
Capital Stock	
Proprietors' Capital	
Retained Earnings	
TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	17,7 \$0
TOTAL LIABILITIES & SHAREHOLDERS'	17,775
(OR PROPRIETORS') EQUITY	1000
TOTAL ASSETS	
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR	14 000 50
IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.	R PROPRIETORS) EQUITY?

Cath

I, the undersigned representative of 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.

> elde Bryan e Batchelden When

(Title)

SUBSCRIBED AND SWORN to before me this

(SEAL)

County of

Residing at

couring Bank

My Commission Expires



MARY PAYNE Notary Public for the State of Montana Residing at: Bozeman, Montana My Commission Expires: March 05, 2023

	Let <	60	Adventure	Tours	and The	244 - 000-	t Aia
0	9546		1	70013	- 1.0		194704
t	MONI	HLY CUST	TOMER LISTING FOR CLASS	D SERVICE			
			ast 20 customers per month during ea				
	JANUAR	Y	FEBRUARY	MARCH	····		
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•	MONTH	LY CUSTO	OMER LISTING FOR CLASS I	SERVICE			
(Justomer listing must in	ILY CUSTO	t 20 customers per month during each	month of the calendar year			
	MONTH Customer listing must in JULY	ILY CUSTO	OMER LISTING FOR CLASS I at 20 customers per month during each	SERVICE month of the calendar year SEPTEMBER			
	ustomer listing must ir	ILY CUSTO	t 20 customers per month during each	month of the calendar year			
	Justomer listing must in	ILY CUSTO	t 20 customers per month during each	month of the calendar year			
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	Justomer listing must in	ILY CUSTC nelude at leas	t 20 customers per month during each	month of the calendar year			
	Justomer listing must in	ILY CUSTO	t 20 customers per month during each	month of the calendar year			
(Justomer listing must in	ILY CUSTO	t 20 customers per month during each	month of the calendar year			
(JULY JULY	ILY CUSTC nelude at leas	AUGUST AUGUST	SEPTEMBER			
	Justomer listing must in	ILY CUSTO	t 20 customers per month during each	month of the calendar year			
	JULY JULY	ILY CUSTO nelude at leas	AUGUST AUGUST	SEPTEMBER			
	JULY JULY	ILY CUST nelude at leas	AUGUST AUGUST	SEPTEMBER			
	JULY JULY	ILY CUSTO nelude at leas	AUGUST AUGUST	SEPTEMBER			
	JULY JULY	ILY CUSTO nelude at leas	AUGUST AUGUST	SEPTEMBER			
	JULY JULY	ILY CUST nelude at leas	AUGUST AUGUST	SEPTEMBER			
	JULY JULY	ILY CUSTO nelude at leas	AUGUST AUGUST	SEPTEMBER			

Instructions Cover Sheet Income Statement Assets Liabilities Customer List Verified Statement Oath

Name 0 let's GO Adventure Tours and Transportation
PSC# 0 9546
YEAR 0 2018
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: