

Montana Public Service Commission Motor Carrier Annual Report

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)

Carrier Name (EXACTLY AS SHOWN ON PSC	THE .	NAGO	SONE	25 T	Ruci	KINC				
AUTHORITY)										
PSC Number	7	See General Instruction # 5								
See Gen	eral Instru	ction # 1								
Reporting Year	201	-								
Reporting Peri	od (if other lar year)	than		mm/yyyy	to mm/yyy to	y format	,			
CARRIER ADDRESS	P.O. 7	ox 3	1357	BILL	NGS	MT	591	07		
	City 61	LLING	S	State	MT		Zip	5910	7	
YES NO	12.763					y notice			ile at the PS rials from th	1000
YES NO	Check	f the answ	er to the a		tion is No to that sl			your offic	cial address	
Carrier e-mail address	acctgo	laptar	vaggoner	strucki	ig.com	optional				
		Person	Completing	Report		-				
Name	CARO	LANI	V PHIL	LIPS						
Phone Number	406	. 869	. 151							
E-mail Address	aphilli	ps a way	gonarsti	rucking.	com	optional				
	Check One									
YES		DID TH	E CARRIE	R TRANS	PORT AN	Y REGU	LATED	INTRAS1	ATE	\neg
NO	V		NGERS, H							
If NO See Gene Instruction #	Statem III	1.1407.4	LING PERI						=======================================	
		Mo	ontana Pu	blic Serv	ce Comr	nission				

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

PSC #	
Year 2019	OATH
	OAIN
STATE OF MONTANA	
	SS.

County of YELLOW STONE

I, the undersigned CHIEF FINANCIAL DEFICES 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 record 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 thee 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)

CHIEF FINANCIALOFFICER
(Title)

SUBSCRIBED AND SWORN to before me this ______ day of _____, 20_____

(SEAL)



VALORY SEELY
NOTARY PUBLIC for the
State of Montana
Residing at Billings, MT
My Commission Expires
July 31, 2020

In and for the State of Montana

Residing at Billings

My Commission Expires 07 31 2020