

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	AIRPORT	r Shuttl	ER LL	.C				X
AUTHORITY)								
PSC Number	9384			s	ee Gener	al Inst	ruction # 5	
See Ger	neral Instruction #	1						
Reporting Year	2019	,					3-1	
			mm/yyyy to	mm/yyy	y format			
	iod (if other than dar year)	01 1	2019	to	12	ij	2019	
CARRIER ADDRESS	IIIG HA	AG LUND ULA	DR .	Мī		Zip	5980	72
YES NO	(address	dress shown a at which you i			y notice			
YES NO		nswer to the a	bove questi changed t				your offic	ial address
Carrier e-mail address	justin (a mso shutt	le. COM		optional			
	1-	son Completing	Y	-11.77				
Name	Justin	Worch	aye					
Phone Number	406 865	8 7104			3			
E-mail Address	JUSHN @	Moosh	uttle.c	OM	optional			
	Check One							
YES		THE CARRIE						
If NO See Gen instruction #	eral THI	SSENGERS, H E FILING PERI	OD?	2 10 2	2 2 8	RBAC	JE DURING	
		Montana Pu	blic Service	Comr	nission			

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.

- 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.
- All annual report filings must be signed an by owner or officer of the company and notarized by a notary public.
- 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

 Class D carriers not generating \$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:

PSC # Year			
lear	2019	SCHEDULE	1
		SCHEDULE	
		INCOME STATE	MENT
-	Operating	Revenue	
١.		rastate Revenue	
2.		erstate Revenue	
3.		n-Regulated Revenue	
4.	TOTAL F		\$ 165, 115.00
	101.101	B (B) (C)	D 1001 110.
	Expenses		AND DECEMBER OF THE PROPERTY O
5.		aries—Officers & Supervisory Personnel	
	So	aries & Wages	
5.	30	Clerical & Administrative	TOWNSHIP SHIP SELLINGS NAMES AND ADDRESS OF
7.		Drivers & Helpers	
7. 3.		Cargo Handlers	
o. 9.		Vehicle Repair & Service	
10.		Other Labor	
i,	0	ner Fringes	
11.	0	Payroll Taxes	NAME OF TAXABLE PARTY OF TAXABLE PARTY.
12.	-	Workman's Compensation	
13.		Pension & Welfare Expenses	
Э.	0	erating Supplies & Expenses	
14.		Fuel for Motor Vehicles	Enthus (1821) (1822) (1822) (1822) (1822) (1822) (1822) (1822)
15.		Vehicle Parts	
16.			
17.		Other Operating Supplies & Expenses	
17.		General Supplies & Expenses	MANUFACTURE CONTRACTOR OF THE PROPERTY OF THE
10	<u> </u>	erating Taxes & Licenses	
18. 19.		Gas, Fuel and Oil Taxes	
		Real Estate & Personal Property Taxes	
20. 21.	-	Vehicle License & Registration Fees	
	W.00	Other Taxes	
22.	2 (2.10)	urance	
23.		mmunications & Utilities	
24.	De	preciation & Amortization	DESCRIPTION OF THE PROPERTY OF
25.		Revenue Equipment	
26.		Other	THE RESERVE OF THE PROPERTY OF
27	Pt	rchased Transportation	
27.		With Driver	
28.		Without Driver	
29.		Other Purchased Transportation	
30.	Bi	ilding & Office Equipment Rents	
31.		in or Loss on Disposition of Operating Assets	
32.		scellaneous Expenses	
22	momat :	VDENGEG	200
33.	TOTAL	XPENSES	\$95,113.00
34.	NET INC	OME OR LOSS	4 50 1.67 00
J-11	BELLINE	7811 VK 11055	\$52,657.00

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Schedule 5 (Verified Statement)

PSC#	9384			
Year	2019			
		SCHEDULE 2		
		BALANCE SHEET		
		(ASSETS)		
		(ASSETS)		
	CURRENT A	ASSETS		
1.		& Working Funds	\$10,000.00	
2.		ial Deposits	φ10,000.	
3.	The second secon	porary Cash Investments		
4.		s Receivable		
5.		unts Receivable		
3. 4. 5. 6.		ayments		
7.		rials & Supplies		
8.		r Current Assets		
9.	Other	TOTAL CURRENT ASSETS	\$10,000.~	
			4 10 1000.	
	TANGIBLE	PROPERTY		
10.	Carri	er Operating Property		
11.		Less: Reserve for Depreciation		
12.	Carri	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	\$ ZO,000 "	
		LE PROPERTY		
17.	Orga	nization, Franchises & Permits		
18.		Less: Reserve for Amortization		
19.	Othe	r Intangible Property		
20.		Less: Reserve for Amortization		
21.		TOTAL INTANGIBLE PROPERTY		
22.	Total	Total Investment Securities and Advances		
23.	Total Special Funds			
24.	Total	Deferred Debits		
25.	TOTAL ASS	SETS	\$ 30,000	

PSC#	9384				
Year	2019				
		SCHEDULE 2			
		DAL ANGE OUDER			
		BALANCE SHEET			
-		(LIABILITIES)			
	CURRENT LIA	DILITIES		-108 Into	
26		able & Matured Long Term Obligations	A STATE OF THE STA	ENGINEE	
27	Accounts				
28	Wages Pa				
29		Unremitted			
30	Taxes Acc				
31	Interest A				
32	Matured I				
33	Other Cur	rent Liabilities			
34		TOTAL CURRENT LIABILITIES	()		
	LONG TERM I	DEBT DUE WITHIN ONE YEAR		Z WALL	
35	Equipmen	t Obligations and other Debt			
	LONG TERM I	DEBT DUE AFTER ONE YEAR			
36	Advances	Payable			
37	Equipment Obligations				
38		Less reacquired and nominally issued			
39	Other Lon	g Term Obligations			
40		Less reacquired and nominally issued			
41		TOTAL LONG TERM DEBT	# 14,000,0	ن	
			1	1000-	
42		erred Credits			
43	Total Res	erves			
	SHADEHOLDE	CRS' (OR PROPRIETORS') EQUITY	novalkania di Kollawija da	Sine on the	
44.	Total Cap			Called Social	
45	The state of the s	prietors' Capital			
46	The second secon	nined Earnings			
47		TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY			
48	TOTAL LIABII	LITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY			
		SETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR ETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS			

PSC#		 =
Year		

SCHEDULE 4 MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE

	January	February	March
r	April	May	June
-		7 397	
	THE SHEET STATE STATE		
	X-187-111.		
	800 M		

PSC	# 9384
Yea	
(Age-	
	SCHEDULE 3
	SCHEDULE 3
	INTRASTATE OPERATING REVENUE
Complete the follow	ring Schedule reflecting intrastate operating revenue.
	INTRASTATE REVENUE
Household Goods	
Passengers	
Class C	
Class D (Garbage	
	t generating \$5,000 gross revenue From Class D transportation or serving rs each month, go to Schedule 5.
	Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.

PSC#	
Year	

SCHEDULE 4 cont.

	July	August	September
1			
2			
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4			
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8			
9			
0			
	October	November	December
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3			
4			
5			
5			
7			
8			

PSC #			
Year	2///		

SCHEDULE 5 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:



STATE OF MONTANA	SS.			
that the foregoing return has been prepared, under my dire motor carrier; that I have carefully examined the same and	declare the same to be a complete and correct statement to each and every matter and thing therein set forth, to the er say that no deductions were made before stating the own in the foregoing accounts; and that the accounts and			
CWNER (Title) SUBSCRIBED AND SWORN to before me this 26 day of 0ct., 2020.				
SCHYLER JELMYER NOTARY PUBLIC for the State of Montana Residing at Alberton, MT My Commission Expires August 24, 2024.	Notary Public In and for the State of Residing at My Commission Expires			