Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)
IRVIN INC. & MICO, INC. DBA I & T TRANSFER

PSC Number
9392

See General Instruction # 5

See General Instruction # 1

Reporting Year
2019

Reporting Period (if other than calendar year) mm/yyyy to mm/yyyy format

P.O. BOX 950 SHELBY, MT 59474

CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)

Carrier e-mail address

Person Completing Report

Name
MICHAEL R. IRVIN

Phone Number
406-434-5583

E-mail Address

Check One

YES
NO X

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?

If NO See General Instruction #3

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

STATE OF MONTANA

County of TOOLE

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.

(Signature of owner/officer/authorized representative)

PART-OWNER

(Title)

SUBSCRIBED AND SWORN to before me this 13 day of MARCH 20 20

(SEAL)

Notary Public

In and for the State of MONTANA

Residing at SHELBY

My Commission Expires 9/30/2022