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MONT. P.S. COMMISSION

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

L&L Site Services, Inc.

PSC Number

9464

See General Instruction # 5

See General Instruction # 1

Reporting Year

2020

Reporting Period (If other than
calendar year)

mm/yyyy to mm/yyyy format

/

to

/

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

100 Russell Lane Belgrade, MT 59714

Carrier e-mail
address

ljohnson@ltsiteservices.com

Person Completing Report

Name

Lance Johnson

Phone Number

406 388 7171

E-mail Address

ljohnson@ltsiteservices.com

Check One

YES

X

NO

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

Name	L&L Site Services, Inc.	
PSC #	9464	
Year	2020	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	\$9,592,954
	TOTAL INTRASTATE REVENUE	\$9,592,954
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$9,592,954
	Interstate Revenue	
	Non-Regulated Revenue	\$912,631
	TOTAL REVENUE	\$10,505,585
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	\$374,552
	Clerical & Administrative	\$240,128
	Drivers & Helpers	\$1,276,411
	Cargo Handlers	
	Vehicle Repair & Service	\$203,194
	Other Labor	
Fringes		
	Payroll Taxes	\$176,253
	Workman's Compensation	\$76,586
	Pension & Welfare Expenses	\$241,669
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$464,437
	Vehicle Parts	\$389,242
	Other Operating Supplies & Expenses	\$2,011,899
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	\$25,514
	Vehicle License & Registration Fees	\$33,209
	Other Taxes	\$18,974
Depreciation & Amortization		
	Revenue Equipment	\$1,700,511
	Other	\$22,878
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$208,268
	Communications & Utilities	\$24,299
	Building & Office Equipment Rents	\$186,340
	General Supplies & Expenses	\$450,336
	Miscellaneous Expenses	
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	\$25,759
	TOTAL EXPENSES	\$8,098,941
	NET INCOME OR (LOSS)	\$2,406,644

Name	L&L Site Services, Inc.	
PSC #	9464	
Year	2020	
	BALANCE SHEET	
	(ASSETS)	
	<u>CURRENT ASSETS</u>	
	Cash & Working Funds	\$2,751,984
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	\$369,072
	Accounts Receivable	\$816,585
	Prepayments	
	Materials & Supplies	
	Other Current Assets	\$27,488
	TOTAL CURRENT ASSETS	<u>\$3,965,129</u>
	<u>TANGIBLE PROPERTY</u>	
	Carrier Operating Property	\$12,007,477
	Less: Reserve for Depreciation (enter positive numbers only)	\$6,006,236
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	\$124,668
	Less: Reserve for Depreciation (enter positive numbers only)	\$67,001
	TOTAL TANGIBLE PROPERTY	<u>\$6,058,908</u>
	<u>INTANGIBLE PROPERTY</u>	
	Organization, Franchises & Permits	\$11,668
	Less: Reserve for Amortization (enter positive numbers only)	\$8,804
	Other Intangible Property	\$8,080
	Less: Reserve for Amortization (enter positive numbers only)	\$3,083
	TOTAL INTANGIBLE PROPERTY	<u>\$7,861</u>
	Other Accounts	
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	\$10,031,898

Name	L&L Site Services, Inc.	
PSC #	9464	
Year	2020	
	BALANCE SHEET	
	(LIABILITIES)	
	<u>CURRENT LIABILITIES</u>	
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	\$451,118
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	\$3,186
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
	TOTAL CURRENT LIABILITIES	\$454,304
	<u>LONG TERM DEBT DUE WITHIN ONE YEAR</u>	
	Equipment Obligations and other Debt	\$423,300
	<u>LONG TERM DEBT DUE AFTER ONE YEAR</u>	
	Advances Payable	
	Equipment Obligations	\$2,984,938
	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	\$3,408,238
	<u>Other</u>	
	Total Deferred Credits	
	Total Reserves	
	TOTAL OTHER	
	<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	
	Capital Stock	(\$784,000)
	Proprietors' Capital	\$42,962
	Retained Earnings	\$6,910,394
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$6,169,356
	TOTAL LIABILITIES & SHAREHOLDERS'	
	<u>(OR PROPRIETORS') EQUITY</u>	\$10,031,898
	TOTAL ASSETS	
		\$10,031,898
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	L&L Site Services, Inc.		
PSC#	9464		
YEAR	2020		
MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	JANUARY	FEBRUARY	MARCH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	APRIL	MAY	JUNE
1			
2			
3			
4			
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7			
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13			
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15			
16			
17			
18			
19			
20			

Name	L&L Site Services, Inc.		
PSC#	9464		
Year			
MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	JULY	AUGUST	SEPTEMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	OCTOBER	NOVEMBER	DECEMBER
1			
2			
3			
4			
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16			
17			
18			
19			
20			

Name	L&L Site Services, Inc.
PSC#	9464
YEAR	2020

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:

Name	L&L Site Services, Inc.
PSC#	9464
YEAR	2020

OATH

STATE OF Montana

SS.

County of Gallatin

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]
(Signature of owner/officer/authorized representative)
President
(Title)

SUBSCRIBED AND SWORN to before me this

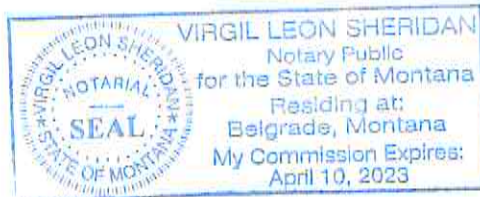
31ST day of MARCH 2021

(SEAL)

[Signature]
Notary Public
In and for the State of Montana

Residing at 51 SKPPER ST Belgrade MT 59714

My Commission Expires April 10, 2023





L&LSITE-01

MOLSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bozeman Office PayneWest Insurance, Inc. 1105 E. Main Bozeman, MT 59715	CONTACT NAME:	
	PHONE (A/C, No, Ext): (406) 586-3351	FAX (A/C, No): (406) 586-0437
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Pioneer Specialty Insurance Company	NAIC # 40312
INSURED L&L Site Services, Inc. 100 Russell Lane Belgrade, MT 59714	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD & BI Ded: \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP124767300	9/28/2020	9/28/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP124617100	9/28/2020	9/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$ 1,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB104189300	9/28/2020	9/28/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

L&L Site Services, Inc. For Insurance Purposes only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Maygan Olson</i>