

RECEIVED

MAR 31 2021

MONT. P.S. COMMISSION

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  
AUTHORITY)

DEB D-LIVERY

PSC Number

9521 See General Instruction # 5

See General Instruction # 1

Reporting Year	2020					
Reporting Period (if other than calendar year)		/		to	/	

CARRIER  
ADDRESS

CHOTEAU MT 59422

Check YES <input checked="" type="checkbox"/>	Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?
NO <input type="checkbox"/>	

Check YES <input type="checkbox"/>	If the answer to the above question is NO do you want your official address changed to that shown above?
NO <input type="checkbox"/>	

Carrier e-mail  
address

dkdeshaw@3rivers.net optional

Person Completing Report

Name	DEBRA K DESHAW	
Phone Number	406-590-2967	
E-mail Address		

Check One YES <input checked="" type="checkbox"/>	DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?
NO <input type="checkbox"/>	
If NO See General instruction #3	

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

PSC #	9521	Year	2020
SCHEDULE 1			
INCOME STATEMENT			
1.	Operating Revenue		4255
2.	Intrastate Revenue		
3.	Non-Regulated Revenue		4855
4.	TOTAL REVENUE		
5.	Salaries—Officers & Supervisory Personnel		
	Salaries & Wages		
6.	Clerical & Administrative		
7.	Drivers & Helpers		
8.	Cargo Handlers		
9.	Vehicle Repair & Service		
10.	Other Labor		
	Other Fringes		
11.	Payroll Taxes		
12.	Workman's Compensation		
13.	Pension & Welfare Expenses		
	Operating Supplies & Expenses		
14.	Fuel for Motor Vehicles		887-
15.	Vehicle Parts		590
16.	Other Operating Supplies & Expenses		270
17.	General Supplies & Expenses		247
	Operating Taxes & Licenses		
18.	Gas, Fuel and Oil Taxes		
19.	Real Estate & Personal Property Taxes		1435-
20.	Vehicle License & Registration Fees		31
21.	Other Taxes		
22.	Insurance		2963
23.	Communications & Utilities		1397
24.	Depreciation & Amortization		
25.	Revenue Equipment		
26.	Other		
	Purchased Transportation		
27.	With Driver		
28.	Without Driver		
29.	Other Purchased Transportation		
30.	Building & Office Equipment Rents		
31.	Gain or Loss on Disposition of Operating Assets		
32.	Miscellaneous Expenses		
33.	TOTAL EXPENSES		7319
34.	NET INCOME OR LOSS		-3064

PSC #	9521	Deb D-Livery	
Year	2020		
<b>SCHEDULE 2</b>			
<b>BALANCE SHEET</b>			
<b>(LIABILITIES)</b>			
<b>CURRENT LIABILITIES</b>			
26	Notes Payable & Matured Long Term Obligations		
27	Accounts Payable		
28	Wages Payable		
29	C.O.D.'s Unremitted		
30	Taxes Accrued		
31	Interest Accrued		
32	Matured Interest		
33	Other Current Liabilities		
34		<b>TOTAL CURRENT LIABILITIES</b>	
<b>LONG TERM DEBT DUE WITHIN ONE YEAR</b>			
35	Equipment Obligations and other Debt		
<b>LONG TERM DEBT DUE AFTER ONE YEAR</b>			
36	Advances Payable		
37	Equipment Obligations		
38	Less reacquired and nominally issued		
39	Other Long Term Obligations		
40	Less reacquired and nominally issued		
41		<b>TOTAL LONG TERM DEBT</b>	
42	Total Deferred Credits		
43	Total Reserves		
<b>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>			
44	Total Capital Stock		
45	Total Proprietors' Capital		\$ 20,565
46	Total Retained Earnings		< 15,740 >
47		<b>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>	\$ 4,825
48	<b>TOTAL LIABILITIES &amp; SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>		\$ 4,825
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS			

PSC# 9521  
 Year 2020

**SCHEDULE 4**

**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
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2			
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4			
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6			
7			
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10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

PSC# 9521  
 Year 2020

**SCHEDULE 4 cont.**

	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			
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16			
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19			



[illegible]

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Year	2020

### 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:

I consider myself a longer distance transport, which is a fairly new concept for the state of Montana. And as such am still building a client base. Some services I provide include:

- Patients, majority are senior citizens, to & from medical treatments STATEWIDE.
- Customers to/from airports/train stations STATEWIDE.
- Tourists to/from hiking, packing, hunting trip destinations.
- I also rescue stranded motorists on occasion.

I have been told many times I provide a valuable service with reasonable rates. I am "not quite UBER"

Covid did have a negative impact last year, especially with lack of airport travel. I did NOT apply for gov't assist, (over)

**FORM F****UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. CA 03888386-4 issued by United Financial Cas Co, herein called Company, of PO BOX 94739, CLEVELAND, OH 44101 to DEBRA K DESHAW, DEB D-LIVERY of PO BOX 562, CHOTEAU, MT 59422

Dated at MAYFIELD VILLAGE, OH 44143 this 11 th day of August, 2020

Countersigned by



Authorized Representative

X - - INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED							
ALABAMA		ILLINOIS		MONTANA	X	RHODE ISLAND	
ALASKA		INDIANA		NEBRASKA		SOUTH CAROLINA	
ARIZONA		IOWA		NEVADA		SOUTH DAKOTA	
ARKANSAS		KANSAS		NEW HAMPSHIRE		TENNESSEE	
CALIFORNIA		KENTUCKY		NEW JERSEY		TEXAS	
COLORADO		LOUISIANA		NEW MEXICO		UTAH	
CONNECTICUT		MAINE		NEW YORK		VERMONT	
DELAWARE		MARYLAND		NORTH CAROLINA		VIRGINIA	
DISTRICT OF COLUMBIA		MASSACHUSETTS		NORTH DAKOTA		WASHINGTON	
FLORIDA		MICHIGAN		OHIO		WEST VIRGINIA	
GEORGIA		MINNESOTA		OKLAHOMA		WISCONSIN	
HAWAII		MISSISSIPPI		OREGON		WYOMING	
IDAHO		MISSOURI		PENNSYLVANIA			



PSC # 9521  
Year 2020

# OATH

STATE OF MONTANA

SS.

County of TETON

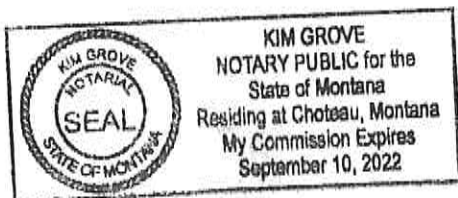
I, the undersigned DEBRA DESHAU of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and record of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct 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 the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

Debra Deshaeu  
(Signature of owner/officer/authorized representative)

Driver  
(Title)

SUBSCRIBED AND SWORN to before me this 29 day of March, 2021.

(SEAL)



Kim Grove  
Notary Public

In and for the State of MT

Residing at Choteau, Teton County

My Commission Expires 9-10-22