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) mm/yyyy to mm/yyyy format

CARRIER ADDRESS
CHOTEAU MT 59422
City State Zip

Check Is the address shown above the carrier's official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?
YES x NO

Check If the answer to the above question is NO do you want your official address changed to that shown above?
YES NO

Carrier e-mail address dkdeshaw@3rivers.net optional

Person Completing Report
Name DEBRA K DESHAW
Phone Number 406-590-2967

Check One DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARbage DURING THE FILING PERIOD?
YES x NO

If NO See General instruction #3

Montana Public Service Commission Transportation Division 1701 Prospect Avenue / PO Box 202801 Helena, MT 59620-2601
<table>
<thead>
<tr>
<th>Year</th>
<th>Net Income Or Loss</th>
<th>Total Expenses</th>
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</thead>
<tbody>
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<td>Building &amp; Office Equipment Rents</td>
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<td>Telephone &amp; Internet</td>
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<td>Purchased Transportation</td>
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<td>Other Transportation</td>
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<td>Real Estate &amp; Personal Property Taxes</td>
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<td>Gas, Heat and Oil Taxes</td>
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<td>Operation Taxes &amp; Licenses</td>
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<td>General Supplies &amp; Expenses</td>
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<td></td>
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<td>Other Office Supplies &amp; Expenses</td>
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<td>Rent</td>
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<td></td>
<td>Pension &amp; Welfare Expenses</td>
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<td>Workmen's Compensation</td>
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<td>Payroll Taxes</td>
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<td>Other Payroll</td>
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<td>Salary—Office &amp; Support Personnel</td>
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**Income Statement**

**Schedule I**

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<tr>
<td>PSC #</td>
<td>9521</td>
</tr>
<tr>
<td>Year</td>
<td>2020</td>
</tr>
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**SCHEDULE 2**

**BALANCE SHEET**

**LIABILITIES**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Notes Payable &amp; Matured Long Term Obligations</td>
</tr>
<tr>
<td>27</td>
<td>Accounts Payable</td>
</tr>
<tr>
<td>28</td>
<td>Wages Payable</td>
</tr>
<tr>
<td>29</td>
<td>C.O.D.'s Unremitted</td>
</tr>
<tr>
<td>30</td>
<td>Taxes Accrued</td>
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<tr>
<td>31</td>
<td>Interest Accrued</td>
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<tr>
<td>32</td>
<td>Matured Interest</td>
</tr>
<tr>
<td>33</td>
<td>Other Current Liabilities</td>
</tr>
<tr>
<td>34</td>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
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<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>LONG TERM DEBT DUE WITHIN ONE YEAR</strong></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Equipment Obligations and other Debt</td>
</tr>
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<p>| | |</p>
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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>LONG TERM DEBT DUE AFTER ONE YEAR</strong></td>
<td></td>
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<tr>
<td>36</td>
<td>Advances Payable</td>
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<tr>
<td>37</td>
<td>Equipment Obligations</td>
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<tr>
<td>38</td>
<td>Less reacquired and nominally issued</td>
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<tr>
<td>39</td>
<td>Other Long Term Obligations</td>
</tr>
<tr>
<td>40</td>
<td>Less reacquired and nominally issued</td>
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<tr>
<td>41</td>
<td><strong>TOTAL LONG TERM DEBT</strong></td>
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<tbody>
<tr>
<td>42</td>
<td>Total Deferred Credits</td>
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<td>43</td>
<td>Total Reserves</td>
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**SHAREHOLDERS' (OR PROPRIETORS') EQUITY**

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<tr>
<td>44</td>
<td>Total Capital Stock</td>
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<tr>
<td>45</td>
<td>Total Proprietors' Capital</td>
</tr>
<tr>
<td>46</td>
<td>Total Retained Earnings</td>
</tr>
<tr>
<td>47</td>
<td><strong>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</strong></td>
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<tbody>
<tr>
<td>48</td>
<td><strong>TOTAL LIABILITIES &amp; SHAREHOLDERS' (OR PROPRIETORS') EQUITY</strong></td>
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<tbody>
<tr>
<td></td>
<td><strong>DO TOTAL ASSETS EQUAL TOTAL LIABILITIES &amp; SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS</strong></td>
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## 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.

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<thead>
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<th>January</th>
<th>February</th>
<th>March</th>
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PSC# 9521
Year 2020
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</table>
**SCHEDULE 3**

**INTRASTATE OPERATING REVENUE**

Complete the following Schedule reflecting intrastate operating revenue.

<table>
<thead>
<tr>
<th>INTRASTATE REVENUE</th>
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<tbody>
<tr>
<td>Household Goods</td>
</tr>
<tr>
<td>Passengers</td>
</tr>
<tr>
<td>Class C</td>
</tr>
<tr>
<td>Class D (Garbage)</td>
</tr>
</tbody>
</table>

*Class D carriers NOT HAVING $5,000 gross revenue from Class D transportation go to Schedule 4*

*Class D carriers not generating $5,000 gross revenue from Class D transportation or serving twenty (20) customers each month, go to Schedule 5.*

<table>
<thead>
<tr>
<th>TOTAL INTRASTATE REVENUE</th>
</tr>
</thead>
</table>

*Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.*
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 long-distance transport, which is a fairly new concept for the State of Montana. And you are 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 skiing, fishing, 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 govt. assist.
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, DBA D-ILIVERY of PO BOX 562, CHOTEAU, MT 59422

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

Countersigned by

Authorized Representative

<table>
<thead>
<tr>
<th>X - - INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
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<tr>
<td>ALASKA</td>
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<tr>
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<td>ARKANSAS</td>
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<tr>
<td>WYOMING</td>
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<tr>
<td>PENNSYLVANIA</td>
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</tbody>
</table>
OATH

STATE OF MONTANA

SS.

County of TETON

I, the undersigned (DEBRA DESTAB) 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.

(Signature of owner/officer/authorized representative)

(DRIVER)

Title

SUBSCRIBED AND SWORN to before me this 29 day of March, 2031.

(SEAL)

Notary Public

In and for the State of MT

Residing at Choteau, Teton County

My Commission Expires 9-10-22