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)
Montana Adventure Shuttle, LLC

PSC Number
9529
See General Instruction # 5

See General Instruction # 1

Reporting Year
2020

Reporting Period (if other than calendar year)
01 1 2020 to 12 1 2020

mm/yyyy to mm/yyyy format

CARRIER ADDRESS
5250 Karen Ct., Missoula, MT 59803

City State Zip

Check [X] 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)?

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

Carrier e-mail address
optional

Person Completing Report

Name
Sheila Cornwall

Phone Number
406-493-2345

E-mail Address
optional

Check One

YES
If NO See General Instruction #3

DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?

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

STATE OF Montana

County of Missoula

I, the undersigned, Sheila Cornell 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)

Owner/Operator

(Title)

SUBSCRIBED AND SWORN to before me this 13th day of March, 2021.

by Sheila Cornell

Notary Public

In and for the State of

Residing at

My Commission Expires ___________________________