Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
GRANITE DISPOSAL

Carrier Name
(EXACTLY
AS SHOWN
ON PSC
AUTHORITY)

PSC Number
3904
See General Instruction # 5

See General Instruction # 1

Reporting Year
2021

Reporting Period (if other than calendar year)

mm/yyyy to mm/yyyy format

/ to /

CARRIER OFFICIAL ADDRESS
PO BOX 275, DRUMMOND MT 59832

(SHOW AS ON FILE IN COMMISSION RECORDS)

Carrier e-mail address
mrobinson@yahoo.com

Person Completing Report

Name
RICHARD ROBINSON

Phone Number
406 288 3348

E-mail Address
mrobinson@yahoo.com

Check One

YES  X  NO

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?

Montana Public Service Commission
Transportation Division
1701 Prospect Avenue / PO Box 202601
Helena, MT 59620-2601
<table>
<thead>
<tr>
<th>Name</th>
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### INTRASTATE REVENUES

- Household Goods
- Passengers
- Class C
- Class D (Garbage) **$259,545**

**TOTAL INTRASTATE REVENUE** **$259,545**

### INCOME STATEMENT

#### Operating Revenue

- Intrastate Revenue **$259,545**
- Interstate Revenue
- Non-Regulated Revenue

**TOTAL REVENUE** **$259,545**

#### Operating Expenses

- **Salaries & Wages**
  - Salaries—Officers & Supervisory Personnel
  - Clerical & Administrative
  - Drivers & Helpers
  - Cargo Handlers
  - Vehicle Repair & Service
  - Other Labor

- **Fringes**
  - Payroll Taxes
  - Workman’s Compensation
  - Pension & Welfare Expenses

- **Operating Supplies & Expenses**
  - Fuel for Motor Vehicles **$41,598**
  - Vehicle Parts **$22,898**
  - Other Operating Supplies & Expenses **$3,200**

- **Operating Taxes & Licenses**
  - Gas, Fuel and Oil Taxes
  - Real Estate & Personal Property Taxes **$4,123**
  - Vehicle License & Registration Fees **$2,369**
  - Other Taxes **$271**

- **Depreciation & Amortization**
  - Revenue Equipment **$45,000**

- **Purchased Transportation**
  - With Driver
  - Without Driver
  - Other Purchased Transportation

- **Office/General**
  - Insurance **$18,245**
  - Communications & Utilities **$18,179**
  - Building & Office Equipment Rents **$12,000**
  - General Supplies & Expenses **$15,300**
  - Miscellaneous Expenses **$13,859**

**Gain on Disposition of Operating Assets**

**Loss on Disposition of Operating Asset** (enter as positive number)

**TOTAL EXPENSES** **$197,042**
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**BALANCE SHEET**  
(ASSETS)

**CURRENT ASSETS**
- Cash & Working Funds: $39,159
- Special Deposits
- Temporary Cash Investments
  - Notes Receivable
  - Accounts Receivable: ($17,362)
  - Prepayments
  - Materials & Supplies
  - Other Current Assets: $1,787

**TOTAL CURRENT ASSETS**: $23,564

**TANGIBLE PROPERTY**
- Carrier Operating Property: $151,830

  Less: Reserve for Depreciation (enter positive numbers only)

  - Carrier Operating Property Leased to Others
    - Less: Reserve for Depreciation (enter positive numbers only)
      - Non-Carrier Operating Property: $162,576

**TOTAL TANGIBLE PROPERTY**: $314,406

**INTANGIBLE PROPERTY**
- Organization, Franchises & Permits: $125,000

  Less: Reserve for Amortization (enter positive numbers only)

**TOTAL INTANGIBLE PROPERTY**: $125,000

**Other Accounts**
- Investment Securities and Advances
- Special Funds
- Deferred Debits

**Total Other**

**TOTAL ASSETS**: $462,970
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**Balance Sheet**

**Liabilities**

**Current Liabilities**

- Notes Payable & Matured Long Term Obligations
- Accounts Payable
- Wages Payable
- C.O.D.'s Unremitted
- Taxes Accrued
- Interest Accrued
- Matured Interest
- Other Current Liabilities

**Total Current Liabilities**

**Long Term Debt Due Within One Year**

- Equipment Obligations and other Debt

**Long Term Debt Due After One Year**

- Advances Payable
- Equipment Obligations

**Less reacquired and nominally issued (enter positive number only)**

- Other Long Term Obligations

**Total Long Term Debt**

**Other**

- Total Deferred Credits
- Total Reserves

**Total Other**

**Shareholders' (or Proprietors') Equity**

- Capital Stock
- Proprietors' Capital
- Retained Earnings $462,970

**Total Shareholders' (or Proprietors') Equity** $462,970

**Total Liabilities & Shareholders' (or Proprietors') Equity** $462,970

**Total Assets** $462,970

Do total assets equal total liabilities & shareholders' (or proprietors') equity? If not please review and make corrections.
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**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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<th>JANUARY</th>
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Class D Carrier
Customer listing
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**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:**
OATH

STATE OF MONTANA

County of GRANITE

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.

Richard robinson
(Signature of owner/officer/authorized representative)

OWNER
(Title)

SUBSCRIBED AND SWORN to before me this
________ day of _______________ 20_____

(SEAL)

Notary Public
In and for the State of _______________________

Residing at ________________________________

My Commission Expires _____________________
Motor Carrier Annual Report

Carrier Name: GRANITE DISPOSAL

PSC Number: 3904

Reporting Period (if other than calendar year)

CARRIER OFFICIAL ADDRESS
PO BOX 276, DRUMMOND MT 59832

Carrier e-mail address: mcrobinson@yahoo.com

Person Completing Report

Name: RICHARD ROBINSON
Phone Number: 406 288 3348
E-mail Address: mcrobinson@yahoo.com

Check One

YES X
NO

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?

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

STATE OF MONTANA

SS.

County of GRANITE

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.

Richard Robinson
(Signature of owner/officer/authorized representative)

OWNER
(Title)

SUBSCRIBED AND SWORN to before me this
13 day of July, 2022

(Seal)

Theresa Looby
Notary Public
In and for the State of Montana
Residing at Philipsburg, MT
My Commission Expires 2/7/2023
My Commission Expires 2/7/2023