Montana Public Service Commission

		Motor Car	rier Annual Report
Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)		E DISPOSAL	
PSC Number		3904	See General Instruction # 5
See Gen	eral Instruc	tion # 1	
Reporting Year	2021		
Reporting Per	iod (if othe dar year)		lyyyy to mm/yyyy format to /
CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)	PO BOX 2	276,DRUMMOND MT 598	332
Carrier e-mail address	rncrobins	son@yahoo.com	
	P	erson Completing Repo	ort
Name	RICHAR	D ROBINSON	
Phone Numbe	406 288	3348	
		son@yahoo.com	
	Check On	7-1-1	
YES NO			ATED INTRASTATE MOVEMENTS D DURING THE FILING PERIOD?
If NO See G		***************************************	

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

SC#	3904	
'ear	#NAME?	
-	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
4	Interstate Revenue	
	Non-Regulated Revenue	
	TOTAL REVENUE	\$259,545
	Operating Expenses	755775
	Salaries & Wages	
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
	Fringes	1860 700
	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	ΨΣΤΙ
-	Revenue Equipment	\$45,000
	Other	Ψ-0,000
	Purchased Transportation	
	With Driver	
	Without Driver	
_	Other Purchased Transportation	
	Office/General	
	Insurance	£19.24E
	Communications & Utilities	\$18,245
	Building & Office Equipment Rents	\$18,179
		\$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

NET INCOME OR (LOSS)	\$62,503

intrastate revenue income statement page 2

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PSC#	3904	
Year	#NAME?	
	BALANCE SHEET	
	(ASSETS)	
	CURRENT ASSETS	
	Cash & Working Funds	\$39,159
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	(\$17,382
	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	Va-14-
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	\$162,576
	Less: Reserve for Depreciation (enter positive numbers only)	***************************************
	TOTAL TANGIBLE PROPERTY	\$314,406
	INTANGIBLE PROPERTY	
	Organization, Franchises & Permits	\$125,000
	Less: Reserve for Amortization (enter positive numbers only)	
	Other Intangible Property	
	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

PSC#	3904					
ear	#NAME?					
	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					
	Less reacquired and nominally issued (enter positive number only)					
	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				

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Name	GRANITE DISPOSAL		
PSC#	3904		
YEAR	#NAME?		
	MONTHLY CUSTO	MER LISTING FOR CLASS	S D SERVICE
Cu		east 20 customers per month durin year,	
	JANUARY	FEBRUARY	MARCH
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Name	GRANITE DISPOSAL		
PSC#	3904		
Year	0304		
	MONTHLY CUSTO	MER LISTING FOR CLAS	SS D SERVICE
Cu	stomer listing must include at le	east 20 customers per month duri	ng each month of the calendar
		year.	
	JULY	AUGUST	SEPTEMBER
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	OCTOBER	NOVEWBER	DECEMBER
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Name	GRANITE DISPOSAL	A Allendon de La Participa de La Companya de La Com
PSC#	3904	
YEAR	#NAME?	

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.

TATEMENT:	
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Name	GRANITE DISPOSAL	
PSC#	3904	
YEAR	#NAME?	

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STATE OF	MONTANA		-
			SS.
County of .	GRANITE		-
foregoing ret records of sa be a complet each and eve belief; and I receipts here figures conta	urn has been prepared, id motor carrier; that I he and correct statement ry matter and thing ther further say that no deduin set forth except those	under ave of of the ein se etions shov turn e	otor carrier, above named, on my oath say that the my direction, from the original books, papers and carefully examined the same and declare the same to business and affairs of said motor carrier in respect to the forth, to the best of my knowledge, information and swere made before stating the gross earnings or within the foregoing accounts; and that the accounts and embrace all of the financial operations of said motor sturn is filed.
			Richard robinson
			(Signature of owner/officer/authorized representative
			OWNER
			(Title)
SUBSCRIE	EED AND SWORN to da	befor y of	e me this 20
((SEAL)	It	Notary Public n and for the State of
		Resid	ling at

My Commission Expires



JUL 20 2022

Montana Public Service Commission

MONT. P.S. COMMISSION

		Wc	otor Carri	er Annual	керо	rt					
	GRANITE	DISPOSA	AL.			O.		11 - 13 - 1			
Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)											
SC Number	3904		See General Instruction # 5								
See Gen	eral Instruct	ion # 1									
eporting Year	2021									***************************************	
Reporting Per	riod (if other dar year)	than	mm/y	yy to mm/yyy to		i , [
CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)		6,DRUMMO	ND MT 5983	2							
Carrier e-mail address	rncrobinson@yahoo.com										
	Pe	rson Comp	letina Repor								
Nam		Person Completing Report RICHARD ROBINSON									
Phone Numbe	406 288 3	3348									
E-mail Addres	rncrobins	on@yahoo	o.com								
	Check One										-
YE	s x			ATED INTR							1
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If NO See C					-412-0	-	2				

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

Name	GRANITE DISPOSAL		
PSC#	3904		
YEAR	#NAME?	 	

		OATH
STATE OF	MONTANA	1
		SS.
County of	GRANITE	
foregoing return records of said to be a complete a cach and every belief; and I fur receipts herein s figures containe	n has been prepare motor carrier; that nd correct statement matter and thing to ther say that no de set forth except the ed in the foregoing	of the motor carrier, above named, on my oath say that the ed, under my direction, from the original books, papers and t I have carefully examined the same and declare the same to ent of the business and affairs of said motor carrier in respect to therein set forth, to the best of my knowledge, information and eductions were made before stating the gross earnings or lose shown in the foregoing accounts; and that the accounts and g return embrace all of the financial operations of said motor ch said return is filed.
\ ,		Richard robinson (Signature of owner/officer/authorized representative)
		OWNER (Title)
(S	EAL) THERESALOOBEY TARY PUBLIC for the	to before me this day of Suly 20 22 Rotary Public In and for the State of Montang
SEAL * Residi	State of Montana ng at Philipsburg, Montana Commission Expires February 8, 2025	Residing at Philipsburg, mt My Commission Expires 2/7(2035)