## **Montana Public Service Commission**

|  |                         | Mot  | or Car   | rier | <u>Annu</u>                 | al Rep | ort   |              |            |
|--|-------------------------|--|----------|------|-----------------------------|--------|-------|--------------|------------|
| Carrier Name                                     | Dick Irvir              | ı İnc.   |          |      |                             |        |       |              |            |
| Carrier Name<br>(EXACTLY AS                      |                         |  |          |      |                             |        |       |              | ×:         |
| SHOWN ON   |                         |  |          |      |                             |        |       |              |            |
| PSC  |                         |  |          |      |                             |        |       |              |            |
| AUTHORITY)                                       |                         |  |          |      |                             |        |       |              |            |
| Admidiant  |                         |  |          |      |                             |        |       |              |            |
|  |                         |  |          |      |                             |        |       |              |            |
|  |                         |  |          | -    |                             |        |       | ———          |            |
| PSC Number                                       | 1649                    |  |          |      | See General Instruction # 5 |        |       |              |            |
| 1 00 Hamber                                      | <del></del>             |  |          |      |                             |        |       |              |            |
|  |                         |  | 1        |      |                             |        |       |              |            |
| See Gen  | eral Instruct           | ion # 1  |          |      |                             |        |       |              | 1          |
| Reporting Year                                   | 2021                    |  |          |      |                             |        |       |              |            |
| reporting rour                                   |                         |  |          |      |                             | 97     |       |              |            |
| mm/yyyy to mm/yyyy format                        |                         |  |          |      |                             |        |       |              |            |
| Reporting Period (if other than calendar year) 3 |                         |  | ,        | 2021 | to                          | 3      | ,     | 2022         |            |
| Calend   | uai yeaij               |  |          |      |                             |        |       | 1            |            |
|  |                         |  |          |      |                             |        |       |              |            |
| CARRIER  | PO Box 950              | Shelby MT 594  | 174      |      |                             |        |       | E .          |            |
| OFFICIAL<br>ADDRESS                              |                         |  |          |      |                             |        |       |              |            |
| (SHOW AS ON                                      |                         |  |          |      |                             |        |       |              |            |
| FILE IN  |                         |  |          |      |                             |        |       |              |            |
| COMMISSION                                       |                         |  |          |      |                             |        |       |              |            |
| RECORDS)   |                         |  |          |      |                             | 9.5    |       |              |            |
| Carrier e-mail                                   | D.CR. 5577              | 0 00 000 m   |          |      |                             | 1      |       |              |            |
| address  | safety@dickirvininc.com |  |          |      |                             |        |       |              |            |
|  | Р                       | erson Complet  | ing Repo | ort  |                             | 4      |       |              |            |
| Nama   | Josh Con                | ahe  |          |      |                             |        |       |              |            |
|  | Josh Combs              |  |          |      |                             |        |       |              |            |
| Phone Number                                     | 406-434-5583            |  |          |      |                             |        |       |              |            |
| E-mail Address safety@dickirvininc.com           |                         |  |          |      |                             |        |       |              |            |
|  |                         |  |          |      |                             |        |       |              |            |
| المسامات   | Check One               | 10/202   | DE0:     |      | ED !!                       | TDAG   | TAT:  | E NAOVEMENTS | 1          |
| YES  |                         | WERE REGULATED INTRASTATE MOVEMENTS  CONDUCTED DURING THE FILING PERIOD? |          |      |                             |        |       |              |            |
| NO<br>See C                                      |                         | CON  | DUCT     | ED D | URIN                        | G THE  | = FIL | ING PERIOD?  |            |
| If NO See General<br>instruction #3              |                         |  |          |      |                             |        |       |              | <b>=</b> 0 |

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

| PSC # 1649<br>Year 2071  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
| STATE OF Montana   |  |  |  |  |  |  |  |
| SS.  |  |  |  |  |  |  |  |
| County of Taple.   |  |  |  |  |  |  |  |
| I, the undersigned Michael Run 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 thee 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)   |  |  |  |  |  |  |  |
| (Title)  |  |  |  |  |  |  |  |
| SUBSCRIBED AND SWORN to before me this <u>34</u> day of <u>February</u> , 20 <u>22</u> .   |  |  |  |  |  |  |  |
| (SEAL) Sanarsha Pare Clark Notary Public   |  |  |  |  |  |  |  |
| SAMANTHA JANE CLARK In and for the State of Montana  |  |  |  |  |  |  |  |

Residing at Shelly

My Commission Expires 02/01/2026

SAMANTHA JANE CLARK NOTARY PUBLIC for the State of Montana Residing at Shelby, Montana My Commission Expires February 01, 2026