

Montana Public Service Commission Motor Carrier Annual Report

Report must be filed on or before March 31st each year MONT. P.S. CONTINISSION

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 | AL | LU | ANE | SM | 10 | VIN | 3 45 | STOR | AG | E IN | <u> </u> | |
|--|---|----------------|----------|----------|------|--------------------------------|---|---|---|------|-------------|---|
| AUTHORITY) | L | ************** | | | | | *************************************** | | | | | J |
| PSC Number | 1790 | | | | | | See General Instruction # 5 | | | | | |
| See General Instruction # 1 | | | | | | | | | | | | |
| Reporting Year | 20 | 16 | | | | ****************************** | | *************************************** | | | | |
| | | | p | | | mm/yyyy | to mm/yyy | y format | | | | |
| Reporting Peri | iod (if ot lar year) | | | | 1 | | to | | 1 | | ļ | |
| CARRIER ADDRESS | | | 30X | 19 | 51 | b | | | *************************************** | | | |
| | City | MIS | 550L | LA | | State | MT | | Zip | 598 | 106 | 1 |
| Check YES (address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)? Check Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)? | | | | | | | | | | | | |
| YES NO | YES changed to that shown above? | | | | | | | | | | | |
| Carrier e-mail address | I DVAIE OF ALL LANGER MANY INTER TO BE | | | | | | | | | | | |
| | | | Person (| Completi | ng R | Report | | _ | | | | |
| Name | LANGE UNIDED | | | | | | | | | | | |
| Phone Number 406.251.7198 | | | | | | | | | | | | |
| E-mail Address LAYNE@ALLLANESMOVING.COM optional | | | | | | | | | | | | |
| Check One YES DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE | | | | | | | | | | | | |
| YES NO | | | | | | | | | | | | |
| If NO See Gene | NO PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING If NO See General instruction #3 THE FILING PERIOD? | | | | | | | | | | | |
| | | | | | | olic Servi | ce Comm | ission | | | | |

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

| PSC# | | | | | | |
|------------|---------------|---|---|--|--|--|
| ear/ | 2016 | | | | | |
| | | SCHEDULE 1 | | | | |
| | | | | | | |
| | T | INCOME STATEMENT | | | | |
| | Operating Re | | | | | |
| 1 | | ate Revenue | 7.000 | | | |
| <u>1</u> | | | 30808 | | | |
| 2. | | ate Revenue | 185987 | | | |
| 3. 4. | TOTAL REV | egulated Revenue | 331518 | | | |
| t. | TOTAL REV | ENUE | 548313 | | | |
| | | | A CASSACT RESIDENCE ARE AREA AND AREA AREA. | | | |
| | Expenses | 005 00 1 | | | | |
| 5. | | s—Officers & Supervisory Personnel | 42000 | | | |
| | Salarie | s & Wages | | | | |
| <u>5.</u> | - | Clerical & Administrative | 13068 | | | |
| 7. | - | Drivers & Helpers | 137670 | | | |
| 3. | | Cargo Handlers | | | | |
|). | | Vehicle Repair & Service | 66345 | | | |
| 10. | | Other Labor | 23807 | | | |
| | Other | Fringes | | | | |
| 11. | - | Payroll Taxes | 17631 | | | |
| 12. | | Workman's Compensation | | | | |
| 13. | | Pension & Welfare Expenses | | | | |
| | Operat | ing Supplies & Expenses | | | | |
| 14. | | Fuel for Motor Vehicles | 54108 | | | |
| 15. | | Vehicle Parts | 23927 | | | |
| 16. | | Other Operating Supplies & Expenses | 21736 | | | |
| 17. | | General Supplies & Expenses | 11740 | | | |
| | Operat | ing Taxes & Licenses | | | | |
| 18. | | Gas, Fuel and Oil Taxes | 4329 | | | |
| 19. | | Real Estate & Personal Property Taxes | | | | |
| 20. | | Vehicle License & Registration Fees | 1211 | | | |
| 21. | | Other Taxes | | | | |
| 22. | Insurar | | 39094 | | | |
| 23. | | unications & Utilities | 18828 | | | |
| 24. | Deprec | ciation & Amortization | | | | |
| 25. | | Revenue Equipment | | | | |
| 26. | | Other | | | | |
| | Purcha | sed Transportation | | | | |
| 27. | | With Driver | | | | |
| 28. | | Without Driver | *************************************** | | | |
| 29. | ļ | Other Purchased Transportation | *************************************** | | | |
| 30. | D21.4:- | ng & Office Equipment Ponts | 37378 | | | |
| 31. | | ng & Office Equipment Rents | 33329 | | | |
| 31. 32. | | r Loss on Disposition of Operating Assets | | | | |
| 34. | Miscel | laneous Expenses | | | | |
| 33. | TOTAL EXPI | PNSES | EMOUSE 2 | | | |
| | IUIAL EAPI | | 500653 | | | |
| 2.4 | NET INCOM | F OB LOSS | 1 17172 | | | |
| 34. | METHICAM | C UK LUND | 47660 | | | |

| PSC# | 1790 | | | ************************************** | |
|--------------------------------|--|--|---|---|--|
| Year | 2016 | | | | |
| | | | SCHEDULE 2 | | |
| | | | BALANCE SHEET | | |
| | | | (ASSETS) | | |
| | | | (ABBETS) | | |
| | CURR | ENT A | SSETS | | |
| 1. | Corde | , | & Working Funds | 560 | |
| 2. | - | | l Deposits | 200 | |
| 3. | | | orary Cash Investments | | |
| 4. | | | Receivable | · | |
| 5. | | | nts Receivable | | |
| 6. | | Prepay | | | |
| 7. | | | als & Supplies | | |
| 8. | | | Current Assets | | |
| 9. | | Other | TOTAL CURRENT ASSETS | 560 | |
| <i></i> | | | TOTAL CURRENT ASSETS | 300 | |
| To accommodified accommodition | TANG | I IBLE P | PROPERTY | | |
| 10. | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | r Operating Property | 3142 | |
| 11. | | | Less: Reserve for Depreciation | | |
| 12. | | Carrier Operating Property Leased to Others | | | |
| 13. | | Less: Reserve for Depreciation | | | |
| 14. | <u> </u> | Non-Carrier Operating Property | | | |
| 15. | | | | | |
| 16. | | | Less: Reserve for Depreciation TOTAL TANGIBLE PROPERTY | 3142 | |
| | | | | | |
| | INTAN | CIRL | E PROPERTY | | |
| 17. | 21112121 | | | | |
| 18. | | Organization, Franchises & Permits Less: Reserve for Amortization | | | |
| 19. | | Other Intangible Property | | | |
| 20. | | Less: Reserve for Amortization | | | |
| 21. | | | TOTAL INTANGIBLE PROPERTY | *************************************** | |
| | 1 | | | | |
| 22. | Total Investment Securities and Advances | | | | |
| 23. | Total Special Funds | | | | |
| 24. | | Total Deferred Debits | | | |
| 0.5 | | | | | |
| 25. | TOTAL | L ASSI | <u>CTS</u> | <u> 3702</u> | |

| PSC# | 1790 | | | | | | |
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| Year | 2016 | | | | | | |
| | | SCHEDULE 2 | | | | | |
| *************************************** | | | | | | | |
| | | BALANCE SHEET | | | | | |
| | | (LIABILITIES) | Province Province County in the Price of Additional grands and price to the state of the state of the price of the state o | | | | |
| | | | | | | | |
| | CURRENT LIA | BILITIES | | | | | |
| 26 | Notes Pay | able & Matured Long Term Obligations | | | | | |
| 27 | Accounts | Payable | | | | | |
| 28 | Wages Pa | yable | | | | | |
| 29 | C.O.D.'s U | Unremitted | | | | | |
| 30 | Taxes Acc | rued | | | | | |
| 31 | Interest A | ccrued | | | | | |
| 32 | Matured In | nterest | | | | | |
| 33 | Other Cur | rent Liabilities | | | | | |
| 34 | | TOTAL CURRENT LIABILITIES | 4809 | | | | |
| | | | | | | | |
| | LONG TERM D | EBT DUE WITHIN ONE YEAR | | | | | |
| 35 | Equipmen | t Obligations and other Debt | | | | | |
| | | | | | | | |
| | LONG TERM D | EBT DUE AFTER ONE YEAR | | | | | |
| 36 | Advances | Payable | | | | | |
| 37 | Equipmen | t Obligations | | | | | |
| 38 | | Less reacquired and nominally issued | | | | | |
| 39 | | g Term Obligations | | | | | |
| 40 | | Less reacquired and nominally issued | | | | | |
| 41 | | TOTAL LONG TERM DEBT | 3761 | | | | |
| | | | | | | | |
| 42 | Total Defe | erred Credits | | | | | |
| 43 | Total Rese | erves | | | | | |
| | | | 25. 300 Sept. 5. 10 1 20 Sept. 5. 10 Sept. 6. 30 Sept. | | | | |
| | | RS' (OR PROPRIETORS') EQUITY | | | | | |
| 44. | Total Capi | | | | | | |
| 45 | | rietors' Capital | | | | | |
| 46 | Total Reta | ined Earnings | (48687 | | | | |
| 47 | | TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY | | | | | |
| 40 | TOTAL EXAPE | THE CONTRENO DEDGY OF PROPRIETORS TO STATE | | | | | |
| 48 | TOTAL LIABIL | LITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY | 3702 | | | | |
| | | | | | | | |
| | | | | | | | |
| | DO TOTAL ASS | SETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR | F10, 404 A 1944 A | | | | |
| | 1 | ETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE | | | | | |
| *************************************** | rkorkie | CORRECTIONS | | | | | |
| | | CORRECTIONS | | | | | |
| | | | | | | | |

| PSC # | 1790 |
|--|---|
| Year | |
| [Address of the control of the cont | |
| | SCHEDULE 3 |
| | SCHEDULE 5 |
| | INTRASTATE OPERATING REVENUE |
| | |
| Complete the following | ng Schedule reflecting intrastate operating revenue. |
| | INTRASTATE REVENUE |
| TY | |
| Household Goods | 30808 |
| Passengers | |
| | |
| Class C | |
| Class D (Garbage) | |
| | |
| Class D carriers NO | T HAVING \$5,000 gross revenue from Class D transportation go to Schedule 4 |
| | |
| | 4 45 000 T GI D |
| | generating \$5,000 gross revenue From Class D transportation or serving |
| twenty (20) customers | s each month, go to Schedule 5. |
| TOTAL | |
| INTRASTATE | 30808 |
| REVENUE | |
| | |
| 2.00.200.00.00.00.00.00.00.00.00.00.00.0 | Note: Total Intrastate Revenue must equal the intrastate revenue amount |
| | shown on Line 1, Schedule 1, Income Statement. |
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| PSC# 1790 | | | | | | |
|---|---|--|--|--|--|--|
| Year <u>30110</u> Oz | ATH | | | | | |
| STATE OF MONTANA | | | | | | |
| | SS. | | | | | |
| County of MISSOULA | | | | | | |
| I, the undersigned PRESIDENT that the foregoing return has been prepared, under my dirmotor carrier; that I have carefully examined the same and of the business and affairs of said motor carrier in respect best of my knowledge, information and belief; and I furth gross earnings or receipts herein set forth except those she figures contained in thee foregoing return embrace all of the period for which said return is filed. | ection, from the original books, papers and record of said d declare the same to be a complete and correct statement to each and every matter and thing therein set forth, to the er say that no deductions were made before stating the own in the foregoing accounts; and that the accounts and | | | | | |
| | (Signature of owner/officer/authorized representative) | | | | | |
| | | | | | | |
| | PRESIDENT (Title) | | | | | |
| SUBSCRIBED AND SWORN to before me th | is <u>39</u> day of March, 20/1. | | | | | |
| (SEAL) | Barban a Dellengie | | | | | |
| BARBARA A. DELLINGER NOTARY PUBLIC for the STATE OF MONTANA SEAL SHOW Residing in Missoula, Montana My Commission Expires | In and for the State of | | | | | |
| March 27, 2019 | Residing at | | | | | |
| | My Commission Expires | | | | | |