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	THE WAGGONERS TRUCKING									
PSC [AUTHORITY)										
AUTHORITT)										
PSC Number	772				See General Instruction # 5					
See General Instruction # 1										
Reporting Year	202	1								
Reporting Period (if other than calendar year) /				m/yyyy	to mm/yyyy to	y format	1			
CARRIER										
ADDRESS	P.O.	Box 31	357							
ŀ	City B14	LINGS		State	MT		Zip	59107-	1357	
Sthe address shown above the carriers official address now on file at the PSC YES (address at which you now receive monthly notice and other materials from the PSC)?										
Check YES NO If the answer to the above question is NO do you want your official address changed to that shown above?										
Carrier e-mail acctg dapt awaggonars trucking .com optional										
Person Completing Report										
Name CAROL ANN PHILLIPS										
Phone Number 406. 248. 1919										
E-mail Address SAME AS ABOVE						optional				
Check One										
YES		DID THE CA	RRIER TE	RANSP	ORT ANY	REGUL	ATED	INTRAST	ATF	
NO	X	PASSENGE	RS, HOUS	SEHOL						
If NO See General Instruction #3		THE FILING	PERIOD?	•						
		Montan	a Public	Service	e Comm	iesion				

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

PSC # <u>772</u> Year <u>2021</u> OATH							
STATE OF MONTANA							
	SS.						
County of YELLOWSTONE							
that the foregoing return has been prepared, under r motor carrier; that I have carefully examined the sa of the business and affairs of said motor carrier in r best of my knowledge, information and belief; and gross earnings or receipts herein set forth except the	of the motor carrier, above named, on my oath say my direction, from the original books, papers and record of said me and declare the same to be a complete and correct statement respect to each and every matter and thing therein set forth, to the I further say that no deductions were made before stating the ose shown in the foregoing accounts; and that the accounts and all of the financial operations of said motor carrier during the						
	Carol am Philliss						
	(Signature of owner/officer/authorized representative)						
	CHIEF FINANCIAL OFFICER (Title)						
	(Title)						
SUBSCRIBED AND SWORN to before me this day of, 2022.							
(SEAL)	Wolary Public						
VALORY SEELY	In and for the State of Montan						
Notary Public for the State of Montana Residing at HUNTLEY, MT	Residing at Huntley MT						
My Commission Expires July 31, 2024	My Commission Expires 1111 31 2 024						

My Commission Expires July 31, 2024

VALORY SEELY
Notary Public for the
State of Montane
Residing of SUNILEY, MT
My Commission Expires
Suly 54, 2024

