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MONT. P.S. COMMISSION

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 PSC AUTHORITY)

DICK IRVIN INC

PSC Number

1649	See General Instruction # 5
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See General Instruction # 1

Reporting Year	2015						
Reporting Period (if other than calendar year)		/		to		/	

mm/yyyy to mm/yyyy format

CARRIER ADDRESS

PO Box 950			
Shelby MT 59474			
City	State	Zip	

Check YES NO 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)?

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 address optional

Person Completing Report

Name	JEAN PERRIE
Phone Number	406-434-5583
E-mail Address	

optional

Check One

YES <input type="checkbox"/>	DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?
NO <input checked="" type="checkbox"/>	

If NO See General instruction #3

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

PSC # 1649
Year 2015

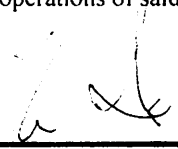
OATH

STATE OF MONTANA

SS.

County of Toole

I, the undersigned Michael IRVIN 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 the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

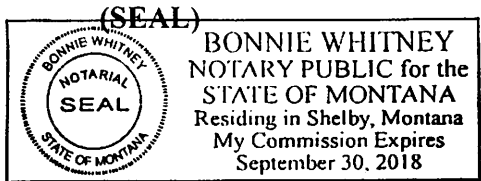


(Signature of owner/officer/authorized representative)

SECRETARY / TREASURER

(Title)

SUBSCRIBED AND SWORN to before me this 16 day of February, 2016.



Bonnie Whitney

Notary Public

In and for the State of _____
Residing at _____
My Commission Expires _____