

RECEIVED
MAR 31 2016
MONT. P.S. COMMISSION

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS SHOWN ON PSC AUTHORITY)

Medicab LLC

PSC Number

9199	See General Instruction # 5
------	-----------------------------

See General Instruction # 1

Reporting Year

2015

Reporting Period (if other than calendar year)

mm/yyyy to mm/yyyy format

	/		to		/	
--	---	--	----	--	---	--

CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)

424 King ...Missoula, MT 59801

Carrier e-mail address

nonw

Person Completing Report

Name

Irene Waara

Phone Number

406-542-7001

E-mail Address

taxcutters@bresnan.net

Check One

YES	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?

--

If NO See General instruction #3

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

Name	Medicab LLC	
PSC #	9199	
Year	2015	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	
	Interstate Revenue	\$58,979
	Non-Regulated Revenue	
	TOTAL REVENUE	\$58,979
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	\$7,547
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
Fringes		
	Payroll Taxes	\$770
	Workman's Compensation	\$771
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$5,363
	Vehicle Parts	\$1,693
	Other Operating Supplies & Expenses	
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	\$594
	Other Taxes	\$38
Depreciation & Amortization		
	Revenue Equipment	
	Other	\$6,015
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$784
	Communications & Utilities	\$4,676
	Building & Office Equipment Rents	\$2,451
	General Supplies & Expenses	\$5,010
	Miscellaneous Expenses	
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$35,712
	NET INCOME OR (LOSS)	\$23,267

Name	Medicab LLC	
PSC #	9199	
Year	2015	
BALANCE SHEET (ASSETS)		
<u>CURRENT ASSETS</u>		
Cash & Working Funds		\$1,727
Special Deposits		
Temporary Cash Investments		
Notes Receivable		
Accounts Receivable		
Prepayments		
Materials & Supplies		
Other Current Assets		
TOTAL CURRENT ASSETS		<u>\$1,727</u>
<u>TANGIBLE PROPERTY</u>		
Carrier Operating Property		\$17,871
Less: Reserve for Depreciation (enter positive numbers only)		\$14,669
Carrier Operating Property Leased to Others		
Less: Reserve for Depreciation (enter positive numbers only)		
Non-Carrier Operating Property		\$2,998
Less: Reserve for Depreciation (enter positive numbers only)		\$2,998
TOTAL TANGIBLE PROPERTY		<u>\$3,202</u>
<u>INTANGIBLE PROPERTY</u>		
Organization, Franchises & Permits		\$90,221
Less: Reserve for Amortization (enter positive numbers only)		\$75,183
Other Intangible Property		
Less: Reserve for Amortization (enter positive numbers only)		
TOTAL INTANGIBLE PROPERTY		<u>\$15,038</u>
Other Accounts		
Investment Securities and Advances		
Special Funds		
Deferred Debits		
Total Other		
TOTAL ASSETS		<u>\$19,967</u>

Name	Medicab LLC	
PSC #	9199	
Year	2015	
BALANCE SHEET (LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
Notes Payable & Matured Long Term Obligations		
Accounts Payable		\$233
Wages Payable		
C.O.D.'s Unremitted		
Taxes Accrued		\$365
Interest Accrued		
Matured Interest		
Other Current Liabilities		
TOTAL CURRENT LIABILITIES		\$598
<u>LONG TERM DEBT DUE WITHIN ONE YEAR</u>		
Equipment Obligations and other Debt		
<u>LONG TERM DEBT DUE AFTER ONE YEAR</u>		
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		
<u>Other</u>		
Total Deferred Credits		
Total Reserves		
TOTAL OTHER		
<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>		
Capital Stock		
Proprietors' Capital		
Retained Earnings		\$19,369
TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY		\$19,369
TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY		\$19,967
TOTAL ASSETS		\$19,967
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	Medicab LLC
PSC#	9199
YEAR	2015

OATH

STATE OF Montana

SS.

County of Missoula

I, the undersigned representative 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 records 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.

Brian David Tarkenton
 (Signature of owner/officer/authorized representative)

Owner
 (Title)

SUBSCRIBED AND SWORN to before me this 28 day of March 2016

(SEAL)

Heather Hastings
 Notary Public

In and for the State of Montana

Residing at Missoula

My Commission Expires February 28, 2020

