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MAY 26 2016

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)

Wibaux County Nursing Home

PSC Number

PSC No. 8993

See General Instruction # 5

See General Instruction # 1

Reporting Year 2015

Reporting Period (if other than calendar year) 01 / 2015 to 12 / 2015

mm/yyyy to mm/yyyy format

CARRIER ADDRESS

712 S. Wibaux St

City Wibaux State MT Zip 59353

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 Lisa Roberts

Phone Number 406-796-2429

E-mail Address lroberts@hmsmt.com optional

Check One

YES NO DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE 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

PSC # 8993
Year 2015

OATH

STATE OF Montana

SS.

County of Wibaux

I, the undersigned Lisa Roberts 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.

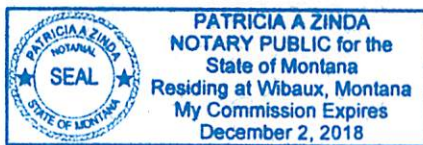
Lisa Roberts
(Signature of owner/officer/authorized representative)

Nursing Home Administrator
(Title)

SUBSCRIBED AND SWORN to before me this 23 day of May, 2016

(SEAL)

Patricia A. Zinda
Notary Public



In and for the State of Montana

Residing at Wibaux, MT

My Commission Expires 12-02-2018