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MONT. P.S. COMMISSION

### Montana Public Service Commission

#### Motor Carrier Annual Report

<b>Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)</b>	<b>BAYSIDE DISPOSAL INC dba Disposal Service of Montana</b>
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<b>PSC Number</b>	<b>9412</b>	See General Instruction # 5
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See General Instruction # 1		
<b>Reporting Year</b>	<b>2016</b>	
<b>Reporting Period (if other than calendar year)</b>	mm/yyyy to mm/yyyy format	
	/	to /

<b>CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)</b>	<b>PO BOX 3508, LEWISTOWN, MT 59457</b>
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<b>Carrier e-mail address</b>	<b>VickieF@MontanaWasteSystems.com</b>
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<b>Person Completing Report</b>	
<b>Name</b>	<b>Vickie Forbes, Controller</b>
<b>Phone Number</b>	<b>406-761-3863</b>
<b>E-mail Address</b>	<b>VickieF@MontanaWasteSystems.com</b>

<b>Check One</b>	<b>WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?</b>
YES <input type="checkbox"/>	
NO <input type="checkbox"/>	
If NO See General instruction #3	

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

Name	BAYSIDE DISPOSAL INC dba Disposal Service of Montana	
PSC #	9412	
Year	2016	
<b>INTRASTATE REVENUES</b>		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	
	<b>TOTAL INTRASTATE REVENUE</b>	
<b>INCOME STATEMENT</b>		
<b>Operating Revenue</b>		
	Intrastate Revenue	
	Interstate Revenue	
	Non-Regulated Revenue	\$250
	<b>TOTAL REVENUE</b>	<b>\$250</b>
<b>Operating Expenses</b>		
<b>Salaries &amp; Wages</b>		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
<b>Fringes</b>		
	Payroll Taxes	
	Workman's Compensation	
	Pension & Welfare Expenses	
<b>Operating Supplies &amp; Expenses</b>		
	Fuel for Motor Vehicles	
	Vehicle Parts	
	Other Operating Supplies & Expenses	
<b>Operating Taxes &amp; Licenses</b>		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	
	Other Taxes	
<b>Depreciation &amp; Amortization</b>		
	Revenue Equipment	
	Other	
<b>Purchased Transportation</b>		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
<b>Office/General</b>		
	Insurance	
	Communications & Utilities	
	Building & Office Equipment Rents	
	General Supplies & Expenses	
	Miscellaneous Expenses	
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	<b>TOTAL EXPENSES</b>	
	<b>NET INCOME OR (LOSS)</b>	<b>\$250</b>

Name	BAYSIDE DISPOSAL INC dba Disposal Service of Montana
PSC#	9412
YEAR	2016

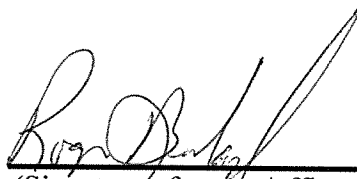
# OATH

STATE OF Montana

SS.

County of Cascade

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.



(Signature of owner/officer/authorized representative)

General Manager

(Title)

**SUBSCRIBED AND SWORN** to before me this

27<sup>th</sup> day of March 2017



Notary Public

In and for the State of Montana

Residing at Black Eagle

My Commission Expires Jan 9 2019

