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# Montana Public Service Commission

## Motor Carrier Annual Report

Carrier Name  
(EXACTLY AS  
SHOWN ON  
PSC  
AUTHORITY)

Kindred Nursing Centers West, LLC dba Kindred Nursing & Rehab- Parkview

PSC Number

8924/1B

See General Instruction # 5

See General Instruction # 1

Reporting Year

2016

Reporting Period (if other than  
calendar year)

mm/yyyy to mm/yyyy format  
/ to /

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

680 South Fourth Street; Louisville, KY 40202

Carrier e-mail  
address

beth.payton@kindred.com

### Person Completing Report

Name  
Phone Number  
E-mail Address

Michael Bean  
502-596-7300  
beth.payton@kindred.com

Check One  
YES   
NO

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	Kindred Nursing Centers West, LLC dba Kindred Nursing & Rehab- Parkview
PSC#	8924/1B
YEAR	2016

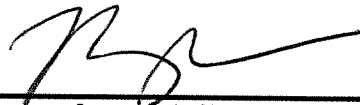
# OATH

STATE OF           Kentucky          

SS.

County of           Jefferson          

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)

VP- Tax  
 \_\_\_\_\_  
 (Title)

**SUBSCRIBED AND SWORN** to before me this  
          26th           day of           January           20          17          

(SEAL)           A. Jayne Thorne            
 \_\_\_\_\_  
 Notary Public  
 In and for the State of           Kentucky          

Residing at \_\_\_\_\_

My Commission Expires           3/26/2017