

Montana Public Service Commission

RECEIVED  
SEP 05 2017  
MONT. P.S. COMMISSION

Motor Carrier Annual Report

Carrier Name  
(EXACTLY AS  
SHOWN ON  
PSC  
AUTHORITY)

DBA LAME DEER HEALTH CENTER

PSC Number

9413 See General Instruction # 5

See General Instruction # 1

Reporting Year 2016  
Reporting Period (if other than calendar year) 10 / 2015 to 9 / 2016  
mm/yyyy to mm/yyyy format

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

PO BOX 70, 240 CHEYENNE AVENUE, LAME DEER, MT 59043-0070

Carrier e-mail  
address

roberta.whiteman@ihs.gov

Person Completing Report

Name Roberta Whiteman

Phone Number (406) 477-4433

E-mail Address roberta.whiteman@ihs.gov

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	DBA LAME DEER HEALTH CENTER	
PSC #	9413	
Year	2016	
<b>INTRASTATE REVENUES</b>		
	Household Goods	
	Passengers	\$75,144
	Class C	
	Class D (Garbage)	
	<b>TOTAL INTRASTATE REVENUE</b>	<b>\$75,144</b>
<b>INCOME STATEMENT</b>		
<b>Operating Revenue</b>		
	Intrastate Revenue	\$75,144
	Interstate Revenue	
	Non-Regulated Revenue	
	<b>TOTAL REVENUE</b>	<b>\$75,144</b>
<b>Operating Expenses</b>		
<b>Salaries &amp; Wages</b>		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	\$364,370
	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	Gov't issued 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	Gov't issued Vehicles
	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	Gov't issued Vehicles
	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>\$364,370</b>
	<b>NET INCOME OR (LOSS)</b>	<b>(\$289,226)</b>

Name	DBA LAME DEER HEALTH CENTER
PSC#	9413
YEAR	2016

# OATH

STATE OF Montana

SS.

County of Rosebud

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.

Rosette Williams  
 (Signature of owner/officer/authorized representative)  
Supervisor Health System Specialist  
 (Title)

SUBSCRIBED AND SWORN to before me this 01 day of September 2017

Sharron J. Kane

(SEAL)

Notary Public

In and for the State of Montana

Residing at Lame Deer

My Commission Expires June 01, 2021

