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MONT. P.S. COMMISSION

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

ROYAL LIMOUSINE SERVICE LLC

PSC Number

9445/3 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)

245 North Second Street
Hamilton MT 59840

Carrier e-mail
address

ALLEN@ROYALLIMO.MT.COM

Person Completing Report

Name

ALLEN CARTER

Phone Number

406-363-3040

E-mail Address

ALLEN@ROYALLIMO.MT.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 | ROYAL LIMOUSINE SERVICE LLC | |
| PSC # | 9445 | |
| Year | 2016 | |
| INTRASTATE REVENUES | | |
| | Household Goods | 54635. |
| | Passengers | |
| | Class C | |
| | Class D (Garbage) | |
| | TOTAL INTRASTATE REVENUE | 54635. |
| INCOME STATEMENT | | |
| Operating Revenue | | |
| | Intrastate Revenue | 54635. |
| | Interstate Revenue | |
| | Non-Regulated Revenue | |
| | TOTAL REVENUE | 54635. |
| Operating Expenses | | |
| Salaries & Wages | | |
| | Salaries—Officers & Supervisory Personnel | |
| | Clerical & Administrative | |
| | Drivers & Helpers | |
| | Cargo Handlers | |
| | Vehicle Repair & Service | |
| | Other Labor | |
| Fringes | | |
| | Payroll Taxes | |
| | Workman's Compensation | |
| | Pension & Welfare Expenses | |
| Operating Supplies & Expenses | | |
| | Fuel for Motor Vehicles | 8584 |
| | Vehicle Parts | 8435 |
| | Other Operating Supplies & Expenses | 1251 |
| Operating Taxes & Licenses | | |
| | Gas, Fuel and Oil Taxes | |
| | Real Estate & Personal Property Taxes | |
| | Vehicle License & Registration Fees | 429 |
| | Other Taxes | |
| Depreciation & Amortization | | |
| | Revenue Equipment | |
| | Other | |
| Purchased Transportation | | |
| | With Driver | |
| | Without Driver | |
| | Other Purchased Transportation | |
| Office/General | | |
| | Insurance | 6240 |
| | Communications & Utilities | 3960 |
| | Building & Office Equipment Rents | 8400 |
| | General Supplies & Expenses | 20670 |
| | Miscellaneous Expenses | 10679 |
| | Gain on Disposition of Operating Assets | |
| | Loss on Disposition of Operating Asset (enter as positive number) | |
| | TOTAL EXPENSES | 47978 |
| | NET INCOME OR (LOSS) | 6657 |

| | | |
|--------------|---|-------|
| Name | Loyal Amusement Service LLC | |
| PSC # | 9445 | |
| Year | 2016 | |
| | BALANCE SHEET (ASSETS) | |
| | <u>CURRENT ASSETS</u> | |
| | Cash & Working Funds | 4953 |
| | Special Deposits | |
| | Temporary Cash Investments | |
| | Notes Receivable | |
| | Accounts Receivable | |
| | Prepayments | |
| | Materials & Supplies | |
| | Other Current Assets | 4953 |
| | TOTAL CURRENT ASSETS | |
| | <u>TANGIBLE PROPERTY</u> | |
| | Carrier Operating Property | 6500 |
| | Less: Reserve for Depreciation (enter positive numbers only) | |
| | Carrier Operating Property Leased to Others | |
| | Less: Reserve for Depreciation (enter positive numbers only) | |
| | Non-Carrier Operating Property | |
| | Less: Reserve for Depreciation (enter positive numbers only) | |
| | TOTAL TANGIBLE PROPERTY | |
| | <u>INTANGIBLE PROPERTY</u> | |
| | Organization, Franchises & Permits | 10900 |
| | Less: Reserve for Amortization (enter positive numbers only) | 800 |
| | Other Intangible Property | |
| | Less: Reserve for Amortization (enter positive numbers only) | |
| | TOTAL INTANGIBLE PROPERTY | |
| | Other Accounts | |
| | Investment Securities and Advances | |
| | Special Funds | |
| | Deferred Debits | |
| | Total Other | |
| | TOTAL ASSETS | |
| | | 21553 |

| | | |
|---|---|-------|
| Name | Royal Lemonade Service LLC | |
| PSC # | 9445 | |
| Year | 2016 | |
| BALANCE SHEET | | |
| (LIABILITIES) | | |
| <u>CURRENT LIABILITIES</u> | | |
| | Notes Payable & Matured Long Term Obligations | |
| | Accounts Payable | |
| | Wages Payable | |
| | C.O.D.'s Unremitted | |
| | Taxes Accrued | |
| | Interest Accrued | |
| | Matured Interest | |
| | Other Current Liabilities | |
| | TOTAL CURRENT LIABILITIES | |
| | <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 | 21553 |
| | Retained Earnings | |
| | TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY | 21553 |
| | TOTAL LIABILITIES & SHAREHOLDERS' | |
| | <u>(OR PROPRIETORS') EQUITY</u> | 21553 |
| | TOTAL ASSETS | 21553 |
| DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS. | | |

| | |
|------|---------------------------------|
| Name | <u>Royal Unionswe Seure LLC</u> |
| PSC# | <u>9445</u> |
| YEAR | <u>2016</u> |

OATH

STATE OF Montana

SS.

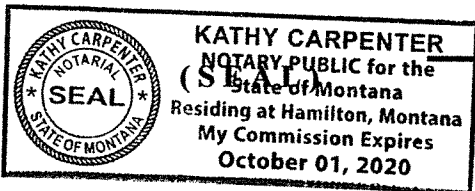
County of avalli

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]
(Signature of owner/officer/authorized representative)

Man
(Title)

SUBSCRIBED AND SWORN to before me this 12 day of July 2017



Kathy Carpenter
Notary Public

In and for the State of Montana

Residing at Hamilton, MT

My Commission Expires 10-01-2020