

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)

|                         |
|-------------------------|
| SOUTH LAKE TAXI II, LLC |
|-------------------------|

PSC Number

|      |                             |
|------|-----------------------------|
| 9479 | See General Instruction # 5 |
|------|-----------------------------|

See General Instruction # 1

Reporting Year

|      |
|------|
| 2016 |
|------|

Reporting Period (if other than calendar year)

|  |   |  |    |  |   |  |
|--|---|--|----|--|---|--|
|  | / |  | to |  | / |  |
|--|---|--|----|--|---|--|

mm/yyyy to mm/yyyy format

CARRIER ADDRESS

|                   |        |       |    |     |       |
|-------------------|--------|-------|----|-----|-------|
| 48901 Hwy 93 #238 |        |       |    |     |       |
| City              | Person | State | MT | Zip | 59860 |

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

|                     |          |
|---------------------|----------|
| sAmignone@gmail.com | optional |
|---------------------|----------|

Person Completing Report

Name

|                   |
|-------------------|
| Sierra L Koesland |
|-------------------|

Phone Number

|              |
|--------------|
| 425-501-4103 |
|--------------|

E-mail Address

|                     |          |
|---------------------|----------|
| sAmignone@gmail.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 #                    | 9479  |  |        |
| Year                     | 2016  |  |        |
| <b>SCHEDULE 1</b>        |   |  |        |
| <b>INCOME STATEMENT</b>  |   |  |        |
| <b>Operating Revenue</b> |   |  |        |
| 1.                       | Intrastate Revenue                              |  | 42,500 |
| 2.                       | Interstate Revenue                              |  |        |
| 3.                       | Non-Regulated Revenue                           |  |        |
| 4.                       | <b>TOTAL REVENUE</b>                            |  |        |
| <b>Expenses</b>          |   |  |        |
| 5.                       | Salaries—Officers & Supervisory Personnel       |  |        |
|                          | Salaries & Wages                                |  |        |
| 6.                       | Clerical & Administrative                       |  |        |
| 7.                       | Drivers & Helpers                               |  | 7000   |
| 8.                       | Cargo Handlers                                  |  |        |
| 9.                       | Vehicle Repair & Service                        |  | 3000   |
| 10.                      | Other Labor                                     |  |        |
|                          | Other Fringes                                   |  |        |
| 11.                      | Payroll Taxes                                   |  |        |
| 12.                      | Workman's Compensation                          |  |        |
| 13.                      | Pension & Welfare Expenses                      |  |        |
|                          | Operating Supplies & Expenses                   |  |        |
| 14.                      | Fuel for Motor Vehicles                         |  | 5000   |
| 15.                      | Vehicle Parts                                   |  | 1750   |
| 16.                      | Other Operating Supplies & Expenses             |  |        |
| 17.                      | General Supplies & Expenses                     |  | 500    |
|                          | Operating Taxes & Licenses                      |  |        |
| 18.                      | Gas, Fuel and Oil Taxes                         |  |        |
| 19.                      | Real Estate & Personal Property Taxes           |  |        |
| 20.                      | Vehicle License & Registration Fees             |  | 300    |
| 21.                      | Other Taxes                                     |  |        |
| 22.                      | Insurance                                       |  | 6657   |
| 23.                      | Communications & Utilities                      |  | 2100   |
| 24.                      | Depreciation & Amortization                     |  |        |
| 25.                      | Revenue Equipment                               |  |        |
| 26.                      | Other   |  |        |
|                          | Purchased Transportation                        |  |        |
| 27.                      | With Driver                                     |  |        |
| 28.                      | Without Driver                                  |  |        |
| 29.                      | Other Purchased Transportation                  |  |        |
| 30.                      | Building & Office Equipment Rents               |  | 9600   |
| 31.                      | Gain or Loss on Disposition of Operating Assets |  |        |
| 32.                      | Miscellaneous Expenses                          |  |        |
| 33.                      | <b>TOTAL EXPENSES</b>                           |  | 35,907 |
| 34.                      | <b>NET INCOME OR LOSS</b>                       |  | 6593   |

|                                   |   |   |      |
|-----------------------------------|---|---|------|
| PSC #                             | 9479  |   |      |
| Year                              | 2016  |   |      |
| <b>SCHEDULE 2</b>                 |   |   |      |
| <b>BALANCE SHEET</b>              |   |   |      |
| <b>(ASSETS)</b>                   |   |   |      |
| <b><u>CURRENT ASSETS</u></b>      |   |   |      |
| 1.                                | Cash & Working Funds                        |   | 1400 |
| 2.                                | Special Deposits                            |   |      |
| 3.                                | Temporary Cash Investments                  |   |      |
| 4.                                | Notes Receivable                            |   |      |
| 5.                                | Accounts Receivable                         |   | 1800 |
| 6.                                | Prepayments                                 |   |      |
| 7.                                | Materials & Supplies                        |   | 2000 |
| 8.                                | Other Current Assets                        |   |      |
| 9.                                |   | <b><u>TOTAL CURRENT ASSETS</u></b>      | 5200 |
| <b><u>TANGIBLE PROPERTY</u></b>   |   |   |      |
| 10.                               | Carrier Operating Property                  |   | 800  |
| 11.                               | Less: Reserve for Depreciation              |   |      |
| 12.                               | Carrier Operating Property Leased to Others |   |      |
| 13.                               | Less: Reserve for Depreciation              |   |      |
| 14.                               | Non-Carrier Operating Property              |   |      |
| 15.                               | Less: Reserve for Depreciation              |   |      |
| 16.                               |   | <b><u>TOTAL TANGIBLE PROPERTY</u></b>   | 800  |
| <b><u>INTANGIBLE PROPERTY</u></b> |   |   |      |
| 17.                               | Organization, Franchises & Permits          |   | 60   |
| 18.                               | Less: Reserve for Amortization              |   |      |
| 19.                               | Other Intangible Property                   |   |      |
| 20.                               | Less: Reserve for Amortization              |   |      |
| 21.                               |   | <b><u>TOTAL INTANGIBLE PROPERTY</u></b> | 60   |
| 22.                               | Total Investment Securities and Advances    |   |      |
| 23.                               | Total Special Funds                         |   |      |
| 24.                               | Total Deferred Debits                       |   |      |
| 25.                               | <b><u>TOTAL ASSETS</u></b>                  |   | 6060 |

|  |   |  |             |
|--|---|--|-------------|
| PSC #  | 9419  |  |             |
| Year   | 2010  |  |             |
| <b>SCHEDULE 2</b>  |   |  |             |
| <b>BALANCE SHEET</b>   |   |  |             |
| <b>(LIABILITIES)</b>   |   |  |             |
| <b>CURRENT LIABILITIES</b>   |   |  |             |
| 26   | Notes Payable & Matured Long Term Obligations                         |  |             |
| 27   | Accounts Payable  |  | 800         |
| 28   | Wages Payable   |  |             |
| 29   | C.O.D.'s Unremitted   |  |             |
| 30   | Taxes Accrued   |  |             |
| 31   | Interest Accrued  |  |             |
| 32   | Matured Interest  |  |             |
| 33   | Other Current Liabilities   |  | 2260        |
| 34   | <b>TOTAL CURRENT LIABILITIES</b>                                      |  | <b>3060</b> |
| <b>LONG TERM DEBT DUE WITHIN ONE YEAR</b>  |   |  |             |
| 35   | Equipment Obligations and other Debt                                  |  | 3000        |
| <b>LONG TERM DEBT DUE AFTER ONE YEAR</b>   |   |  |             |
| 36   | Advances Payable  |  |             |
| 37   | Equipment Obligations   |  |             |
| 38   | Less reacquired and nominally issued                                  |  |             |
| 39   | Other Long Term Obligations   |  |             |
| 40   | Less reacquired and nominally issued                                  |  |             |
| 41   | <b>TOTAL LONG TERM DEBT</b>   |  |             |
| 42   | Total Deferred Credits  |  |             |
| 43   | Total Reserves  |  |             |
| <b>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>  |   |  |             |
| 44   | Total Capital Stock   |  |             |
| 45   | Total Proprietors' Capital  |  |             |
| 46   | Total Retained Earnings   |  |             |
| 47   | <b>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>                   |  |             |
| 48   | <b>TOTAL LIABILITIES &amp; SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b> |  | <b>6060</b> |
| DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS |   |  |             |

PSC # 9479  
Year 2016

SCHEDULE 3

INTRASTATE OPERATING REVENUE

Complete the following Schedule reflecting intrastate operating revenue.

INTRASTATE REVENUE

|                   |        |
|-------------------|--------|
| Household Goods   |        |
| Passengers        | 42,500 |
| Class C           |        |
| Class D (Garbage) |        |

*Class D carriers NOT HAVING \$5,000 gross revenue from Class D transportation go to Schedule 4*

*Class D carriers not generating \$5,000 gross revenue From Class D transportation or serving twenty (20) customers each month, go to Schedule 5.*

TOTAL  
INTRASTATE  
REVENUE

*Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.*

PSC # 9479  
Year 2016

OATH

STATE OF MONTANA

SS.

County of LAKE

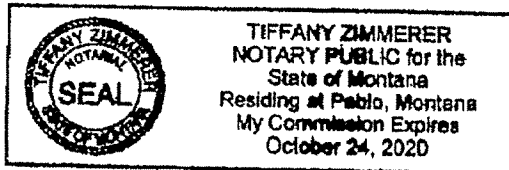
I, the undersigned \_\_\_\_\_ of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and record of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct 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.

[Signature]  
(Signature of owner/officer/authorized representative)

owner/operator  
(Title)

SUBSCRIBED AND SWORN to before me this 3 day of April, 2017.

(SEAL)



\_\_\_\_\_  
Notary Public  
In and for the State of Montana  
Residing at Pablo  
My Commission Expires 10/24/2020