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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>	IRVIN INC. & MICO, INC. DBA I & T TRANSFER
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<b>PSC Number</b>	9392	See General Instruction # 5
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See General Instruction # 1		
<b>Reporting Year</b>	2017	
<b>Reporting Period (if other than calendar year)</b>	mm/yyyy to mm/yyyy format <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/>	

<b>CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)</b>	P.O. BOX 950 SHELBY, MT 59474
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<b>Carrier e-mail address</b>	
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<b>Person Completing Report</b>	
<b>Name</b>	MICHAEL R. IRVIN
<b>Phone Number</b>	406-434-5583
<b>E-mail Address</b>	

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

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

Name	IRVIN INC. & MICO, INC. DBA I & T TRANSFER
PSC#	9392
YEAR	2017

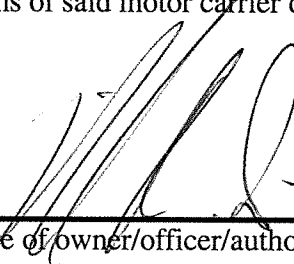
# OATH

STATE OF           MONTANA          

SS.

County of           TOOLE          

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)

PART-OWNER  
 \_\_\_\_\_  
 (Title)

**SUBSCRIBED AND SWORN** to before me this  
          15           day of           MARCH                     20                     18          

*Bonnie Whitney*  
 \_\_\_\_\_  
 Notary Public

In and for the State of           MONTANA          

Residing at           SHELBY          

My Commission Expires           9/30/2018          

