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MONT. P.S. COMMISSION

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS SHOWN ON PSC AUTHORITY)

MEDICAB LLC

PSC Number

9199

See General Instruction # 5

See General Instruction # 1

Reporting Year

2017

Reporting Period (if other than calendar year)

mm/yyyy to mm/yyyy format

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

2650 EATON STREET..... MISSOULA, MT 59802

1945 Oriole Dr.
Missoula, MT 59808

Carrier e-mail address

NONE

Person Completing Report

Name

SALLY HENSEL

Phone Number

406-542-7001

E-mail Address

SALLY@SMHCPA.NET

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	MEDICAB LLC	
PSC #	9199	
Year	2017	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	
	Interstate Revenue	\$72,191
	Non-Regulated Revenue	
	TOTAL REVENUE	\$72,191
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	\$12,802
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
Fringes		
	Payroll Taxes	\$1,226
	Workman's Compensation	\$731
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$6,474
	Vehicle Parts	\$6,023
	Other Operating Supplies & Expenses	\$151
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	\$194
	Other Taxes	\$110
Depreciation & Amortization		
	Revenue Equipment	
	Other	\$6,015
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$1,857
	Communications & Utilities	\$4,095
	Building & Office Equipment Rents	\$2,451
	General Supplies & Expenses	\$3,123
	Miscellaneous Expenses	\$1,524
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$46,776
	NET INCOME OR (LOSS)	\$25,415

Name	MEDICAB LLC	
PSC #	9199	
Year	2017	
	BALANCE SHEET (ASSETS)	
	<u>CURRENT ASSETS</u>	
	Cash & Working Funds	\$1,106
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	
	Prepayments	
	Materials & Supplies	
	Other Current Assets	
	TOTAL CURRENT ASSETS	<u>\$1,106</u>
	<u>TANGIBLE PROPERTY</u>	
	Carrier Operating Property	\$20,368
	Less: Reserve for Depreciation (enter positive numbers only)	\$17,165
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	\$2,998
	Less: Reserve for Depreciation (enter positive numbers only)	\$2,998
	TOTAL TANGIBLE PROPERTY	<u>\$3,203</u>
	<u>INTANGIBLE PROPERTY</u>	
	Organization, Franchises & Permits	\$90,221
	Less: Reserve for Amortization (enter positive numbers only)	\$81,198
	Other Intangible Property	
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	<u>\$9,023</u>
	Other Accounts	
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	<u>\$13,332</u>

Name	MEDICAB LLC	
PSC #	9199	
Year	2017	
BALANCE SHEET		
(LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
Notes Payable & Matured Long Term Obligations		
Accounts Payable		\$4,176
Wages Payable		
C.O.D.'s Unremitted		
Taxes Accrued		\$484
Interest Accrued		
Matured Interest		
Other Current Liabilities		
TOTAL CURRENT LIABILITIES		\$4,660
<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		
Retained Earnings		\$8,672
TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY		\$8,672
TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY		
		\$13,332
TOTAL ASSETS		
		\$13,332
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	MEDICAB LLC
PSC#	9199
YEAR	2017

OATH

STATE OF Montana

SS.

County of Missoula

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.

Brian Parks
(Signature of owner/officer/authorized representative)

owner
(Title)

SUBSCRIBED AND SWORN to before me this

4th day of May 20 18

(SEAL)

Melissa Mckirdy
Notary Public

In and for the State of Montana

Residing at Missoula

My Commission Expires 3/11/20

