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MONT. P.S. COMMISSION

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

MONTANA ADVENTURE SHUTTLE, LLC

PSC Number

9529 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)

2819 S. 3rd St. West, Missoula, MT 59804

Carrier e-mail
address

keepa.ridin@gmail.com

Person Completing Report

Name Sheila Cornwell
Phone Number 406-529-8294
E-mail Address keepa.ridin@gmail.com

Check One

YES
NO X

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

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MONT. P.S. COMMISSION

Name	SHEILA CORNWELL
PSC#	9529
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.

Sheila Cornwell
 (Signature of owner/officer/authorized representative)

OWNER / OPERATOR
 (Title)

SUBSCRIBED AND SWORN to before me this

6 day of February 20 18 by Sheila Cornwell

(SEAL)

[Signature]
 Notary Public
 In and for the State of _____
 Residing at _____
 My Commission Expires _____

