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MONT. P.S. COMMISSION

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)

Signature Limousines, Inc

PSC Number 9433 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 ADDRESS 295 Road 403 N.

City Havre State MT Zip 59501

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 cncinc@cncexcavation.com optional

Person Completing Report

Name C. Wood

Phone Number 406-808-5466

E-mail Address cncinc@cncexcavation.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 #	9433	
Year	2017	

**SCHEDULE 1**

**INCOME STATEMENT**

<b>Operating Revenue</b>			
1.	Intrastate Revenue		165.00
2.	Interstate Revenue		0
3.	Non-Regulated Revenue		16
4.	<b>TOTAL REVENUE</b>		<b>181-</b>
<b>Expenses</b>			
5.	Salaries—Officers & Supervisory Personnel		
	<u>Salaries &amp; Wages</u>		
6.	Clerical & Administrative		
7.	Drivers & Helpers		
8.	Cargo Handlers		
9.	Vehicle Repair & Service		
10.	Other Labor		
	<u>Other Fringes</u>		
11.	Payroll Taxes		
12.	Workman's Compensation		
13.	Pension & Welfare Expenses		
	<u>Operating Supplies &amp; Expenses</u>		
14.	Fuel for Motor Vehicles		18
15.	Vehicle Parts		
16.	Other Operating Supplies & Expenses		
17.	General Supplies & Expenses		1
	<u>Operating Taxes &amp; Licenses</u>		
18.	Gas, Fuel and Oil Taxes		
19.	Real Estate & Personal Property Taxes		
20.	Vehicle License & Registration Fees		21
21.	Other Taxes		
22.	Insurance		854
23.	Communications & Utilities		
24.	<u>Depreciation &amp; Amortization</u>		
25.	Revenue Equipment		
26.	Other		
	<u>Purchased Transportation</u>		
27.	With Driver		
28.	Without Driver		
29.	Other Purchased Transportation		
30.	Building & Office Equipment Rents		
31.	Gain or Loss on Disposition of Operating Assets		
32.	Miscellaneous Expenses		
33.	<b>TOTAL EXPENSES</b>		<b>894-</b>
34.	<b>NET INCOME OR LOSS</b>		<b>27147</b>

<b>PSC #</b>	9433		
<b>Year</b>	2017		
		<b>SCHEDULE 2</b>	
		<b>BALANCE SHEET</b>	
		<b>(ASSETS)</b>	
		<b><u>CURRENT ASSETS</u></b>	
1.	Cash & Working Funds		4910
2.	Special Deposits		
3.	Temporary Cash Investments		
4.	Notes Receivable		
5.	Accounts Receivable		
6.	Prepayments		
7.	Materials & Supplies		
8.	Other Current Assets		
9.		<b><u>TOTAL CURRENT ASSETS</u></b>	4910
		<b><u>TANGIBLE PROPERTY</u></b>	
10.	Carrier Operating Property		7500
11.	Less: Reserve for Depreciation		7500
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>	0
		<b><u>INTANGIBLE PROPERTY</u></b>	
17.	Organization, Franchises & Permits		
18.	Less: Reserve for Amortization		
19.	Other Intangible Property		
20.	Less: Reserve for Amortization		
21.		<b><u>TOTAL INTANGIBLE PROPERTY</u></b>	0
22.	Total Investment Securities and Advances		
23.	Total Special Funds		
24.	Total Deferred Debits		
25.		<b><u>TOTAL ASSETS</u></b>	4910

PSC #	9433		
Year	2017		
<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		
28	Wages Payable		
29	C.O.D.'s Unremitted		
30	Taxes Accrued		
31	Interest Accrued		
32	Matured Interest		
33	Other Current Liabilities		
34	<b>TOTAL CURRENT LIABILITIES</b>		0
<b>LONG TERM DEBT DUE WITHIN ONE YEAR</b>			
35	Equipment Obligations and other Debt		
<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>		0
42	Total Deferred Credits		
43	Total Reserves		
<b>SHAREHOLDERS' (OR PROPRIETORS' ) EQUITY</b>			
44.	Total Capital Stock		
45	Total Proprietors' Capital		12929
46	Total Retained Earnings		280197
47	<b>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>		4910
48	<b>TOTAL LIABILITIES &amp; SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>		4910
DO TOTAL ASSETS <b>EQUAL</b> TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS			

PSC # 9433  
Year 2017

**SCHEDULE 3**

**INTRASTATE OPERATING REVENUE**

Complete the following Schedule reflecting intrastate operating revenue.

**INTRASTATE REVENUE**

Household Goods

Passengers

165.00

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**

165<sup>00</sup>

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

PSC # 9433  
Year 2017

OATH

STATE OF Montana

SS.

County of Hill

I, the undersigned Officer/C. Wood 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)

OFFICER  
(Title)

SUBSCRIBED AND SWORN to before me this 26 day of MARCH, 2018.

(SEAL)

Eileen Richardson  
Notary Public

In and for the State of MONTANA

Residing at HAVRE MT

My Commission Expires 1/19/20

