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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) Montana Adventure Shuttle, LLC

PSC Number 9529 See General Instruction # 5

See General Instruction # 1

Reporting Year 2018

Reporting Period (if other than calendar year) mm/yyyy to mm/yyyy format

CARRIER ADDRESS 3714 West Central Ave #3

City Missoula State MT Zip 59804

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 keepa.ridin@gmail.com optional

Person Completing Report

Name Sheila Ann Cornwell

Phone Number 406-493-2345

E-mail Address (same as above) 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

## GENERAL INSTRUCTIONS

Enclosed is the motor carrier annual report form prescribed by the Montana Public Service Commission. This report must be filed with the Montana Public Service Commission on or before MARCH 31st of each year following that which the report is made. Filing of an annual report by motor carriers is prescribed by Section 69-12-401, MCA. Failure to submit this report in full may jeopardize your operating authority.

1. Report should represent operations for the calendar year (January 1st to December 31st). If your company wishes to file on a fiscal year, a written request must be submitted to the Commission for approval. All subsequent reports must then be filed on the fiscal year end.
2. All data may be reported to the nearest whole dollar or whole number.
3. If there were no regulated intrastate moves during the filing period, a negative report may be filed. To file a negative report, complete the cover sheet and note that no regulated intrastate passengers or commodities were transported. ~~No~~ further financial information is required. **Mail the completed cover sheet and signed and notarized oath page to the public service commission.**
4. All annual report filings must be signed an by owner or officer of the company and notarized by a notary public.
5. If a company operates under more than one PSC number, registered in exactly the same company name, a combined report may be filed. However that fact should be clearly noted on the cover of the report.
6. <sup>Regulated</sup> **ALL CARRIERS MUST COMPLETE:**
  - Schedule 1 (Income Statement)
  - Schedule 2 (Balance Sheet)
  - Schedule 3 (Intrastate Revenue)
  - Oath
7. Class D carriers not generating \$5,000 gross revenue from the Class D authority during the calendar year must complete:

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  - Schedule 4 (Monthly Customer Listing)
8. Class D carriers NOT MEETING reporting requirements listed in the above schedules must complete:

PSC # 9529  
Year 2018

OATH

STATE OF Montana

SS.

County of Missoula

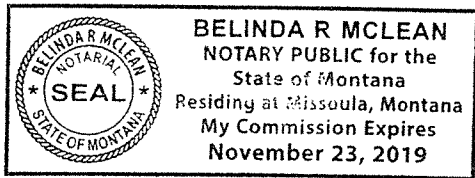
I, the undersigned Sheila Cornwell of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and record of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct 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 these 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 5 day of March, 2019.

(SEAL)



Belinda R McLean  
Notary Public

In and for the State of Montana

Residing at Missoula

My Commission Expires 11.23.2019

PSC #
Year

**SCHEDULE 5  
VERIFIED STATEMENT**

Schedule 5 must be completed by Class D carriers who did not generate \$5,000 gross revenue from Class D operations and did not serve twenty (20) customers for each month of the calendar year.

The verified statement will be reviewed by the Commission and a determination made whether the certificate should be cancelled.

**STATEMENT:**

*[Faint, illegible text, possibly a stamp or signature area]*