

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

Wibaux County Nursing Home

PSC Number

8993 See General Instruction # 5

See General Instruction # 1

Reporting Year

2018

Reporting Period (if other than
calendar year)

mm/yyyy to mm/yyyy format
1 / 2018 to 12 / 2018

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

712 S. Wibaux ST, Wibaux MT 59353

Carrier e-mail
address

Person Completing Report

Name Lisa Roberts

Phone Number (406) 796-2429

E-mail Address lroberts@hmsmt.com

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	Wibaux County Nursing Home
PSC#	8993
YEAR	2018

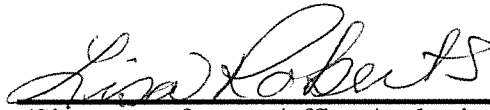
OATH

STATE OF Montana

SS.

County of Wibaux

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)

Administrator

 (Title)

SUBSCRIBED AND SWORN to before me this 21st day of March 20 19

(SEAL)



 Notary Public
 In and for the State of Montana

 Residing at Wibaux

 My Commission Expires 12-5-22

