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Montana Public Service Commission

MONT. P.S. COMMISSION

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

Boyne USA, Inc dba Big Sky of Montana

PSC Number

7316 & 9090 See General Instruction # 5

See General Instruction # 1

Reporting Year

2019

Reporting Period (if other than
calendar year)

mm/yyyy to mm/yyyy format
/ to /

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

Attention: Courtney Jones PO Box 160001 Big Sky, MT 59716

Carrier e-mail
address

cjones@bigskyresort.com

Person Completing Report

Name

Courtney Jones

Phone Number

406-995-5815

E-mail Address

cjones@bigskyresort.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

Name	Boyne USA, Inc dba Big Sky of Montana
PSC#	7316 & 9090
YEAR	2019

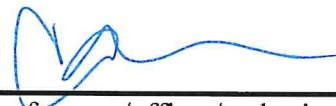
OATH

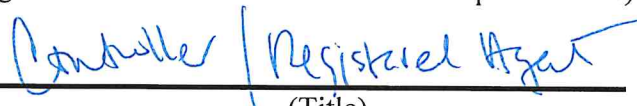
STATE OF Montana

SS.

County of Madison

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)


 (Title)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20 _____

(SEAL)

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

see attached notarial certificate

MONTANA NOTARIAL CERTIFICATE
VERIFICATION ON OATH OR AFFIRMATION (JURAT)

State of Montana
County of Madison

The attached record, Motor Carrier Annual Report, consisting of 2 pages was signed and
(Description of record)

sworn to or affirmed before me on January 14, 2020 by Courtney Jones
(Date) (Name of signer(s))

as Registered Agent
for Boyne Resorts.

Katy H. Bradford
(Notary's Signature)



[Affix stamp above]

This certificate is to be attached to the record described above. Any evidence that it has been detached or removed may render the notarization invalid or unacceptable.