

RECEIVED

JAN 17 2020

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

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

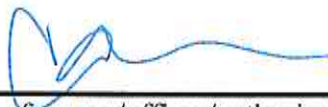
# OATH

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)  
*Controller / Registered Agent*  
 \_\_\_\_\_  
 (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)

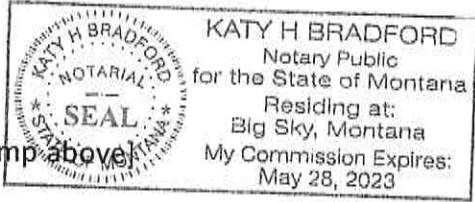
State of Montana  
County of Madison

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.