

RECEIVED

FEB 14 2020

MONT. P.S. COMMISSION

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

MEDICAB LLC

PSC Number

9199

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)

1945 Orille Dr. Missoula MT 59808

Carrier e-mail
address

medcabmissoula@gmail.com

Person Completing Report

Name

SALLY HENSEL

Phone Number

406-542-7001

E-mail Address

SALLY@SMH-CPA.NET

Check One

YES

X

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	MEDICAB LLC	
PSC #	9199	
Year	2019	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	
	Interstate Revenue	\$69,608
	Non-Regulated Revenue	
	TOTAL REVENUE	\$69,608
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	\$16,807
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
Fringes		
	Payroll Taxes	\$1,563
	Workman's Compensation	\$1,118
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$6,704
	Vehicle Parts	\$1,450
	Other Operating Supplies & Expenses	\$3,855
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	\$122
	Other Taxes	\$76
Depreciation & Amortization		
	Revenue Equipment	
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$1,369
	Communications & Utilities	\$3,548
	Building & Office Equipment Rents	\$2,631
	General Supplies & Expenses	\$2,917
	Miscellaneous Expenses	\$932
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$43,092
	NET INCOME OR (LOSS)	\$26,516

Name	MEDICAB LLC	
PSC #	9199	
Year	2019	
	BALANCE SHEET	
	(ASSETS)	
	<u>CURRENT ASSETS</u>	
	Cash & Working Funds	\$1,202
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	
	Prepayments	
	Materials & Supplies	
	Other Current Assets	
	TOTAL CURRENT ASSETS	<u>\$1,202</u>
	<u>TANGIBLE PROPERTY</u>	
	Carrier Operating Property	\$20,368
	Less: Reserve for Depreciation (enter positive numbers only)	\$20,368
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	\$2,998
	Less: Reserve for Depreciation (enter positive numbers only)	\$2,998
	TOTAL TANGIBLE PROPERTY	
	<u>INTANGIBLE PROPERTY</u>	
	Organization, Franchises & Permits	\$90,221
	Less: Reserve for Amortization (enter positive numbers only)	\$90,221
	Other Intangible Property	
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	
	Other Accounts	
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	\$1,202

Name	MEDICAB LLC	
PSC #	9199	
Year	2019	
	BALANCE SHEET	
	(LIABILITIES)	
	<u>CURRENT LIABILITIES</u>	
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	\$756
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
	TOTAL CURRENT LIABILITIES	\$756
	<u>LONG TERM DEBT DUE WITHIN ONE YEAR</u>	
	Equipment Obligations and other Debt	
	<u>LONG TERM DEBT DUE AFTER ONE YEAR</u>	
	Advances Payable	
	Equipment Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	Other Long Term Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	
	<u>Other</u>	
	Total Deferred Credits	
	Total Reserves	
	TOTAL OTHER	
	<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	\$446
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$446
	TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$1,202
	TOTAL ASSETS	\$1,202
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	MEDICAB LLC		
PSC#	9199		
YEAR	2019		
MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	JANUARY	FEBRUARY	MARCH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	APRIL	MAY	JUNE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Name	MEDICAB LLC		
PSC#	9199		
Year			
MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	JULY	AUGUST	SEPTEMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	OCTOBER	NOVEMBER	DECEMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Name	MEDICAB LLC
PSC#	9199
YEAR	2019

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:

Name	MEDICAB LLC
PSC#	9199
YEAR	2019

OATH

STATE OF MT

SS.

County of Missoula

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.

Brian David Park
(Signature of owner/officer/authorized representative)

owner
(Title)

SUBSCRIBED AND SWORN to before me this

29 day of January 20 20

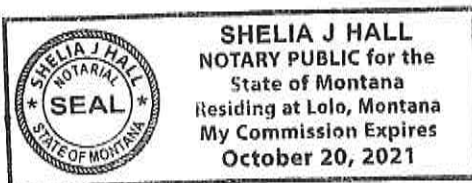
(SEAL)

Shelia J Hall
Notary Public

In and for the State of MT

Residing at Lolo

My Commission Expires 10/20/2021



WORKSHEET INSTRUCTIONS

- 1 Fill in required information on cover sheet. Information will carry forward to other worksheets.
- 2 Enter financial information, worksheet will calculate totals.
- 3 **Always enter positive numbers.**
- 4 Print Workbook by selecting that option on the Excel print menu or print each sheet.
- 5 **Sign report and have report notarized.**
- 6 Mail report to Public Service Commission.
- 7 **Completed report can only be saved to your local computer.**

RECEIVED

FEB 14 2020

MONT. P.S. COMMISSION

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, 'Check **no** in the appropriate box on Cover Sheet'. No further financial information is required. **However, the report must be signed and notarized.**
4. All annual report filings must be signed by an 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. ALL CARRIERS MUST COMPLETE:

Cover Sheet
Intrastate Revenue
Income Statement
Balance Sheet
Oath

Class D Carriers

7. Class D carriers not generating \$5,000 gross revenue from the Class D authority during the calendar year must complete: (Monthly Customer Listing)
8. Class D carriers NOT MEETING reporting requirements (\$5,000 in revenue or 20 customers per month) must complete: (Verified Statement)