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Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

AARON KUEFFLER
dba GREAT FALLS TROLLEY

PSC Number See General Instruction # 5

See General Instruction # 1

Reporting Year

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

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

Carrier e-mail address

Person Completing Report

Name

Phone Number

E-mail Address

Check One

YES	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>

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	AARON KUEFFLER dba GREAT FALLS TROLLEY	
PSC #	9550	
Year	2020	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	\$98
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	\$98
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$98
	Interstate Revenue	
	Non-Regulated Revenue	\$7,877
	TOTAL REVENUE	\$7,975
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	\$1,356
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
Fringes		
	Payroll Taxes	\$417
	Workman's Compensation	\$383
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$422
	Vehicle Parts	\$80
	Other Operating Supplies & Expenses	
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	\$188
	Other Taxes	
Depreciation & Amortization		
	Revenue Equipment	
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$4,598
	Communications & Utilities	\$1,824
	Building & Office Equipment Rents	
	General Supplies & Expenses	\$2,056
	Miscellaneous Expenses	\$950
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$12,274
	NET INCOME OR (LOSS)	(\$4,299)

Name	AARON KUEFFLER dba GREAT FALLS TROLLEY	
PSC #	9550	
Year	2020	
BALANCE SHEET (ASSETS)		
<u>CURRENT ASSETS</u>		
Cash & Working Funds		\$1,053
Special Deposits		
Temporary Cash Investments		
Notes Receivable		
Accounts Receivable		
Prepayments		
Materials & Supplies		
Other Current Assets		
TOTAL CURRENT ASSETS		<u>\$1,053</u>
<u>TANGIBLE PROPERTY</u>		
Carrier Operating Property		\$6,000
Less: Reserve for Depreciation (enter positive numbers only)		
Carrier Operating Property Leased to Others		
Less: Reserve for Depreciation (enter positive numbers only)		
Non-Carrier Operating Property		
Less: Reserve for Depreciation (enter positive numbers only)		
TOTAL TANGIBLE PROPERTY		<u>\$6,000</u>
<u>INTANGIBLE PROPERTY</u>		
Organization, Franchises & Permits		\$2,000
Less: Reserve for Amortization (enter positive numbers only)		
Other Intangible Property		
Less: Reserve for Amortization (enter positive numbers only)		
TOTAL INTANGIBLE PROPERTY		<u>\$2,000</u>
Other Accounts		
Investment Securities and Advances		
Special Funds		
Deferred Debits		
Total Other		
TOTAL ASSETS		<u>\$9,053</u>

Name	AARON KUEFFLER dba GREAT FALLS TROLLEY	
PSC #	9550	
Year	2020	
BALANCE SHEET (LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
	Notes Payable & Matured Long Term Obligations	\$1,400
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
	TOTAL CURRENT LIABILITIES	\$1,400
<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	\$2,000
	Retained Earnings	
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$2,000
	TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$3,400
	TOTAL ASSETS	\$9,053
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	AARON KUEFFLER dba GREAT FALLS TROLLEY
PSC#	9550
YEAR	2020

OATH

STATE OF MONTANA

SS.

County of CASCADE

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.

Aaron Kueffler
(Signature of owner/officer/authorized representative)

OWNER
(Title)

SUBSCRIBED AND SWORN to before me this 9th day of March 20 21

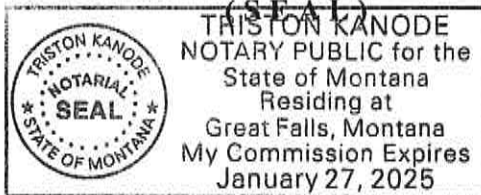
Triston Kanode

Notary Public

In and for the State of Montana

Residing at _____

My Commission Expires _____





AAROKUE-01

RTYLINSKI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER License # 0696870 HUB International Mountain States Limited 100 Park Drive S Great Falls, MT 59401	CONTACT NAME: Rhonda Tylinski PHONE (A/C, No, Ext): (406) 453-1464 FAX (A/C, No): (866) 801-0495 E-MAIL ADDRESS: rhonda.tylinski@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : Nationwide Indemnity Company	NAIC # 10070
INSURED Aaron Kueffler dba Great Falls Trolley PO Box 6103 Great Falls, MT 59406	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			70APR386802	4/25/2020	4/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Proof of coverage on 1984 Transicorp Trolley #1GBJP37M3B33118310

CERTIFICATE HOLDER State of Montana Public Service Commission PO Box 202601 Helena, MT 59620-2601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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