## **Montana Public Service Commission**

|  |              | 74        |          |       |       |         | ual Re    |          |           |        |     |  |  |
|--|--------------|-----------|----------|-------|-------|---------|-----------|----------|-----------|--------|-----|--|--|
| Carrier Name<br>(EXACTLY AS<br>SHOWN ON<br>PSC<br>AUTHORITY)     |              | ills Truc | king, In | ic, P | PO Dr | awer 2  | 360, Ca   | sper,    | Wyomi     | ng 826 | 602 |  |  |
| PSC Number   |              | 22        | 15       |       |       | s       | ee Gene   | ral Inst | ruction # | ŧ 5    |     |  |  |
| See Gen  | eral Instruc | ction # 1 |          |       |       |         |           |          |           |        |     |  |  |
| Reporting Year   | 2021         |           |          |       |       |         |           |          |           |        |     |  |  |
|  |              |           |          | m     | m/vvv | v to mm | /vvvv for | rmat     |           |        |     |  |  |
| mm/yyyy to mm/yyyy format  Reporting Period (if other than       |              |           |          |       |       |         |           |          |           |        |     |  |  |
| calend   | dar year)    |           |          | 1     |       | to      |           | 1        |           |        |     |  |  |
| CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS) |              |           |          |       |       |         |           |          |           |        |     |  |  |
| Carrier e-mail address   |              |           |          |       |       |         |           |          |           |        |     |  |  |
|  | P            | erson Cor | npletina | Rep   | ort   |         |           |          |           |        |     |  |  |
| Name   | Shannan      |           |          |       |       |         |           |          |           |        |     |  |  |
| Phone Number   | (307)237     | -9301     |          |       |       |         |           |          |           |        |     |  |  |
| E-mail Address   | shannan.     | coleman   | @trueco  | os.c  | om    |         |           |          |           |        |     |  |  |
|  | Check One    | 2         |          |       |       |         |           |          |           |        |     |  |  |
| YES  | OIR          |           | REP      | EGI   | II V. | TED IN  | ITRAS     | TATE     | = MOV     | EME    | ITC |  |  |
| NO   | Х            |           |          |       |       |         |           |          |           |        |     |  |  |
| If NO See Ge   |              |           | CNDO     |       | בט נ  | JUKIN   | G THE     | FILI     | NG PE     | :KIUL  | 11  |  |  |
| instruction  |              |           |          |       |       |         |           |          |           |        |     |  |  |

Montana Public Service Commission Transportation Division 1701 Prospect Avenue / PO Box 202601 Helena, MT 59620-2601

**RECEIVED** 

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MONT. P.S. COMMISSION

| Name | Black Hills Trucking, Inc, PO Drawer 2360, Casper, Wyoming 82602 | The second of th |
|------|--|--|
| PSC# | 2215   |  |
| YEAR | 2021   |  |

## **OATH**

| 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 record said motor carrier; that I have carefully examined the same and declare the same to be a complet 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 furth 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.   |                             |
|--|-----------------------------|
| 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 record of said motor carrier; that I have carefully examined the same and declare the same to be a complet 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 furth 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  |                             |
| foregoing return has been prepared, under my direction, from the original books, papers and record of said motor carrier; that I have carefully examined the same and declare the same to be a complet 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 furth 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   |                             |
|  | iplete<br>ery<br>rther<br>e |
| (Signature of owner/officer/authorized representative  | ve)                         |
| Chief Accountant   |                             |
| (Title)  |                             |
| SUBSCRIBED AND SWORN to before me this    State   Commission   Commiss | _                           |