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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 2018  
Reporting Period (if other than calendar year) mm/yyyy to mm/yyyy format

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@SMHCPA.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	2018	
<b>INTRASTATE REVENUES</b>		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	
	<b>TOTAL INTRASTATE REVENUE</b>	
<b>INCOME STATEMENT</b>		
<b>Operating Revenue</b>		
	Intrastate Revenue	
	Interstate Revenue	\$71,199
	Non-Regulated Revenue	
	<b>TOTAL REVENUE</b>	<b>\$71,199</b>
<b>Operating Expenses</b>		
<b>Salaries &amp; Wages</b>		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	\$13,468
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
<b>Fringes</b>		
	Payroll Taxes	\$1,288
	Workman's Compensation	\$1,810
	Pension & Welfare Expenses	
<b>Operating Supplies &amp; Expenses</b>		
	Fuel for Motor Vehicles	\$6,707
	Vehicle Parts	\$785
	Other Operating Supplies & Expenses	\$5,279
<b>Operating Taxes &amp; Licenses</b>		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	\$129
	Other Taxes	\$30
<b>Depreciation &amp; Amortization</b>		
	Revenue Equipment	
	Other	\$3,007
<b>Purchased Transportation</b>		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
<b>Office/General</b>		
	Insurance	\$659
	Communications & Utilities	\$3,622
	Building & Office Equipment Rents	\$2,451
	General Supplies & Expenses	\$3,633
	Miscellaneous Expenses	\$500
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	<b>TOTAL EXPENSES</b>	<b>\$43,368</b>
	<b>NET INCOME OR (LOSS)</b>	<b>\$27,831</b>

Name	MEDICAB LLC	
PSC #	9199	
Year	2018	
	<b>BALANCE SHEET</b>	
	<b>(ASSETS)</b>	
	<b><u>CURRENT ASSETS</u></b>	
	Cash & Working Funds	\$2,251
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	
	Prepayments	
	Materials & Supplies	
	Other Current Assets	
	<b>TOTAL CURRENT ASSETS</b>	<b><u>\$2,251</u></b>
	<b><u>TANGIBLE PROPERTY</u></b>	
	Carrier Operating Property	\$20,368
	<b>Less: Reserve for Depreciation (enter positive numbers only)</b>	\$20,368
	Carrier Operating Property Leased to Others	
	<b>Less: Reserve for Depreciation (enter positive numbers only)</b>	
	Non-Carrier Operating Property	\$2,998
	<b>Less: Reserve for Depreciation (enter positive numbers only)</b>	\$2,998
	<b>TOTAL TANGIBLE PROPERTY</b>	
	<b><u>INTANGIBLE PROPERTY</u></b>	
	Organization, Franchises & Permits	\$90,221
	<b>Less: Reserve for Amortization (enter positive numbers only)</b>	\$90,221
	Other Intangible Property	
	<b>Less: Reserve for Amortization (enter positive numbers only)</b>	
	<b>TOTAL INTANGIBLE PROPERTY</b>	
	<b>Other Accounts</b>	
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	<b>Total Other</b>	
	<b>TOTAL ASSETS</b>	<b>\$2,251</b>

Name	MEDICAB LLC	
PSC #	9199	
Year	2018	
<b>BALANCE SHEET</b>		
<b>(LIABILITIES)</b>		
<b><u>CURRENT LIABILITIES</u></b>		
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	\$264
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$264</b>
<b><u>LONG TERM DEBT DUE WITHIN ONE YEAR</u></b>		
	Equipment Obligations and other Debt	
<b><u>LONG TERM DEBT DUE AFTER ONE YEAR</u></b>		
	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)	
	<b>TOTAL LONG TERM DEBT</b>	
<b><u>Other</u></b>		
	Total Deferred Credits	
	Total Reserves	
	<b>TOTAL OTHER</b>	
<b><u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u></b>		
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	\$1,987
	<b>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>	<b>\$1,987</b>
	<b>TOTAL LIABILITIES &amp; SHAREHOLDERS'</b>	
	<b><u>(OR PROPRIETORS') EQUITY</u></b>	<b>\$2,251</b>
	<b>TOTAL ASSETS</b>	<b>\$2,251</b>
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

<b>Name</b>	MEDICAB LLC		
<b>PSC#</b>	9199		
<b>YEAR</b>	2018		

**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			
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16			
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19			
20			
	APRIL	MAY	JUNE
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2			
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20			

<b>Name</b>	MEDICAB LLC		
<b>PSC#</b>	9199		
<b>Year</b>			
<b>MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE</b>			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	<b>JULY</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>
1			
2			
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16			
17			
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19			
20			
	<b>OCTOBER</b>	<b>NOVEMBER</b>	<b>DECEMBER</b>
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16			
17			
18			
19			
20			

Name	MEDICAB LLC
PSC#	9199
YEAR	2018

**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	2018

# OATH

STATE OF Montana

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 D. Parks  
 (Signature of owner/officer/authorized representative)

owner  
 (Title)

SUBSCRIBED AND SWORN to before me this 22<sup>nd</sup> day of March 20 19

Nikki Adair  
 Notary Public  
 In and for the State of Montana

Residing at Lolo

My Commission Expires 7/22/2022

