

Class I — Motor Carriers of Property and Household Goods

2002 Quarterly Report

QUARTER – Mark (X) ONE

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IDENTIFICATION

MOTOR CARRIER NO. <input type="text"/>		U.S. DOT NO. <input type="text"/>	
Name of Company			
Trade or Doing Business As:			
Street Address			
City	State	ZIP Code	Telephone No. (Include Area code) ()

CONTACT (for purposes of this report)

Contact name	Title	Telephone No. (Include Area code) ()
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MAILING ADDRESS (if different from above)

Mailing Address		
City	State	ZIP Code

AFFILIATED COMPANIES:

Name	MC number (if any)	U.S. DOT number (if any)
Parent		
Affiliates		

— GENERAL INSTRUCTIONS —

- Use Generally Accepted Accounting Principles (GAAP)
- Report dollar values in whole dollars.
- Respond to each item. Use "0," "none," or "not applicable" as appropriate.
- Explain any unusual items, such as large differences between figures reported in the current report and those for the preceding report.
- Use parentheses to indicate negative numbers.

Operating Revenues

- | | |
|---|----|
| 1. Freight operating revenue – intercity | \$ |
| 2. Household goods carrier operating revenue | \$ |
| 3. Other operating revenue | \$ |
| 4. Total Operating Revenue (<i>Sum of lines 1 through 3</i>) | \$ |

Operating Expenses

- | | |
|--|----|
| 5. Freight operating expenses | \$ |
| 6. Household goods carrier operating expenses | \$ |
| 7. Total Operating Expenses (<i>Sum of lines 5 and 6</i>) | \$ |

Net Income (Loss) Calculation

- | | |
|---|----|
| 8. Net Operating Income (Loss) (<i>Line 4 minus line 7</i>) | \$ |
| 9. Net Non-Operating Income (Loss). | \$ |
| 10. Interest expenses - show as a positive number | \$ |
| 11. Ordinary income (loss) before taxes
(<i>Sum of lines 8 and 9 minus line 10</i>) | \$ |
| 12. Total provision for income taxes, extraordinary items,
effect of accounting changes, and other items | \$ |
| 13. Net Income (Loss) (<i>Line 11 minus line 12</i>) | \$ |

Operating Statistics (all carriers)

- | | |
|--|--|
| 14. Miles – intercity: highway | |
| 15. Miles – intercity: rail, water, and air | |
| 16. Tons – intercity | |
| 17. Total freight bills (shipments and/or loads) – intercity | |

Certification – I hereby certify that this report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Name	Signature
Title	Date

Return the completed form to:

BUREAU OF TRANSPORTATION STATISTICS
 U.S. DEPARTMENT OF TRANSPORTATION
 OFFICE OF MOTOR CARRIER INFORMATION
 c/o VISTRONIX, INC.
 1970 CHAIN BRIDGE ROAD SUITE 1200
 MCLEAN, VA 22102

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 Email: mcs@bts.gov
 Web site: www.bts.gov/mcs