

MP-1

Quarterly and annual report to the
Federal Motor Carrier Safety Administration

Quarterly and Annual Report Form Motor Carriers of Passengers

Approved by OMB: 2126-0031

Expires: 9-30-2009

Calendar/Fiscal Year

Carrier name and address

MC Number: _____

1. _____ Period covered (check one):

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. Type of operation based on major sources of revenues (check one):

- Regular route service
 Charter service

3. If respondent is a consolidated group, list and describe all entities making up the consolidation.

4. If a merger, consolidation, or change in the company or consolidated group occurred during the year, please describe.

Instructions - please see the following page for instructions and footnotes on individual items.

Respondent only

Consolidated

5. Number of Passengers:

(a) Intercity regular route

(b) Charter or special

(c) Local or commuter

(d) Total passengers

6. Revenue:

(a) Intercity regular route

(b) Charter or special

(c) Local or suburban

(d) Express and other revenue

(e) Total operating revenue

7. Total Operating Expenses

8. Net Operating Income (Loss)

9. Other Income (Deductions)

10. Extraordinary Items, Net of Taxes

11. Total Provision for Income Taxes

12. Net Income (Loss)

13. Total Assets

14. Total Liabilities

15. Shareholders' Equity

16. Operating Ratio

Certification:

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

Your name (print or type)

Official title

Address

City, State, Zip

Telephone No. (including area code)

Signature

Date