

Class I — Motor Carriers of Property and Household Goods

Quarterly Report Calendar/Fiscal Year

QUARTER – Mark (X) ONE

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

IDENTIFICATION

| | | | |
|-----------------------------|-------|----------------------|---|
| MOTOR CARRIER NO. | | U.S. DOT NO. | |
| <input type="text"/> | | <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) () |
|--------------|-------|---|

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:

U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
 OFFICE OF INFORMATION MANAGEMENT
 c/o VISTRONIX, INC.
 8401 GREENSBORO DRIVE, SUITE 500
 MCLEAN, VA 22102

Phone: (202) 366-4383
 Fax: (703) 749-8480
 Email: fos@fmcsa.dot.gov
 Web site: www.fmcsa.dot.gov