A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0031. Public reporting for this collection of information is estimated to be approximately 1.5 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information of information are mandatory. Send comments regarding this burden are any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

MP-1

Annual report to the Federal Motor Carrier Safety Administration

Annual Report Form Motor Carriers of Passengers

Approved by OMB: 2126-0031

Expires:

Calendar/Fiscal Year

	rrier name and address	MC Number:				
		1 Period covered (check one):				
		_ 1	2	3	4	A
		_	0	0	0	O
	-	2. Type of sources				-
			Regula			
		3	Charter	service	e	
3.	If respondent is a consolidated greconsolidation.	oup, list and describe all er	itities m	naking u	up the	
4.	If a merger, consolidation, or change in the company or consolidated group occurred during the year, please describe.					
Ins	structions - please see the following pa	nge for instructions and footnotes	on indiv	idual iter	ns.	
[n:	structions - please see the following pa	nge for instructions and footnotes Respondent or			^{ns.} onsolic	dated
	structions - please see the following pa Number of Passengers:					lated
						lated
	Number of Passengers:					dated
	Number of Passengers: (a) Intercity regular route					dated

Signature	Date
City, State, Zip	Telephone No. (including area code)
Address	
Your name (print or type)	Official title
	or under my supervision, that I have examined imy knowledge and belief are correctly shown.
Certification:	
16. Operating Ratio	
15. Shareholders' Equity	
14. Total Liabilities	
13. Total Assets	
12. Net Income (Loss)	
11. Total Provision for Income Taxes	
10. Extraordinary Items, Net of Taxes	
9. Other Income (Deductions)	
8. Net Operating Income (Loss)	
7. Total Operating Expenses	
(e) Total operating revenue	
(d) Express and other revenue	
(c) Local or suburban	
(b) Charter or special	
(a) Intercity regular route	
6. Revenue:	