FORM **QFR** (3-25-99)

OMB No.:2126-0033 Approval Expires : 1-31-2006

U.S. Department of Transportation
Federal Motor Carrier Safety Admin.

Class I — Motor Carriers of Property and Household Goods

Quarterly Report

Calendar/Fiscal Year

QUARTER – *Mark (X) ONE*

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IDENTIFICATION

MOTOR CARRIER NO.	U.S. DOT NO.

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 *(Sum of lines 1 through 3)*	$

Operating Expenses

5. Freight operating expenses	$
6. Household goods carrier operating expenses	$
7. Total Operating Expenses *(Sum of lines 5 and 6)*	$

Net Income (Loss) Calculation

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

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 ADMIN.
OFFICE OF INFORMATION MANAGEMENT
ROOM 8214
400 7TH STREET, SW
WASHINGTON, D.C. 20590

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