Transportation
CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAN
OF

_____

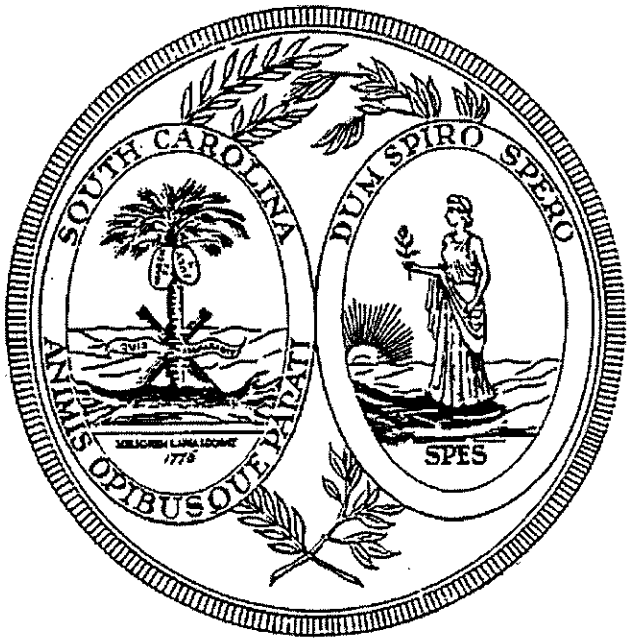
Exact Legal Name of Respondent

_____

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2010

[ ] Calendar Year Ending December 31, 2010
or
[ ] Fiscal Year Ending _____



Company Officers

Title of Officer	Name of Person Holding Office
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ E-mail: _____

GENERAL INSTRUCTIONS

1. All Transportation Companies are required by state law to complete and file an annual report. **Two copies should be mailed** to the South Carolina Office of Regulatory Staff, 1401 Main Street, Ste 900, Columbia, SC 29201 by April 1, 2011. A third copy should be retained by the company for reference. Upon receipt, the Office of Regulatory Staff will forward one copy to the Public Service Commission of South Carolina. **Filing two copies** with the Office of Regulatory Staff will satisfy the utility's responsibility for submitting an annual report as required pursuant to Commission regulations. Pencil entries will not be permitted on the hard copy.

2. All forms are available in MS Excel on the Office of Regulatory Staff web site at www.regulatorystaff.sc.gov.

3. Where no information is available for an item in the report, "0," None, or Not applicable are appropriate responses.

4. Throughout this report, money items will be rounded to the nearest dollar.

5. Failure to comply with the submission of the annual report may result in fines and/or revocation of Certificate of Public Convenience and Necessity.

6. Separate notification is required for changes in company information -- i.e. name, address, telephone number, contact names, sale or purchase of Company, corporate structure.

7. Contact the Office of Regulatory Staff at (803) 737-0800 if you have questions about this form or the requirements for a Transportation Company.

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For Class C - Taxi, Charter, & Non-Emergency, Stretcher Van)
FOR YEAR ENDING DECEMBER 31, 2010 OR FISCAL YEAR ENDING

CARRIER NAME_____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____ _____

TELEPHONE NUMBER (AREA CODE)_____

FEDERAL IDENTIFICATION NUMBER_____

Operating Revenues:

1. **Total Revenues $**_____

Operating Expenses:

2. **Salaries and Wages $**_____**(Money paid to employees)**

3. **Rent $**_____**(vehicles, office)**

4. **Other $**_____**(expenses that are not included in the other categories)**

5. **Total Expenses $** _____

6. **Net Operating Income (Loss)$**_____**(line #1 minus line #5)**

7. **Insurance Co. Name**_____ **Policy No.**_____
   No. of Vehicles Insured:_____

8. **Decal Fees Paid YES ( ) No ( ) No. of Vehicles**_____
   (through June of Current Year)

Certification

State of _____

County of _____

I, _____ of the

_____ Company

hereby certify that the foregoing Annual 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.

_____ Signature

_____ Date