### ANNUAL REPORT TO THE

### INTERSTATE COMMERCE COMMISSION

MAR 2 7 1980

Freight Forwarders (Class B)

1979

Date Due, March 31, 1980

Annual Report Form F-2

> Approved by GAO B-180230 (R0253) Expires 12-31-81

131221

1. CORRECT NAME AND ADDRESS IF DIFFERENT THAN SHOWN (See instructions)

NAME AND ADDRESS OF REPORTING CARRIER (Attach label from front cover on original, copy in full on duplicate)

KYFI, Incorporated P. O. Box 4097 Louisville, KY 40203

2 State whether respondent is an individual owner.	partnership, corporation, association, etc. Co	orporation
3. If a partnership, state the names and addresses of	f each partner including silent or limited, and the	neir interests
Name	Address	Proportion of Interes
4 If a corporation, association or other similar form	of enterprise, give the date and State of incornate of Kentucky	poration or organization

Name Donald G. Farris President Name Secretary Treasurer Brigette G. Farris Catherine M. Hegewald Name

5. If respondent is a corporation or association, give for each of its five largest stockholders at close of year the following information.

Name	Address	Number of votes to which entitled	
Donald G. Farris	1101 Rowan St. Louisville, KY	100%	

6. Disclose fully any affiliation or connection of the forwarder with any rail, motor, or water carrier, or with any shipper that commonly uses the services of a freight forwarder

(Origin) Ohio (Origin) Kentucky (Termination) Maryland

7. Give the names of States in which traffic is originated and/or terminated Termination (Louisiana) Termination (New York) Termination (Virginia)

Termination (California)

# Schedule 13 .- SUMMARY OF FREIGHT LOSS AND DAMAGE CLAIMS

This schedule was adopted by the Commission in No. 35345 (Sub-No. 2) July 1, 1977.

## Approved by GAO Effective 12-23-77

Exclude from this schedule the revenues and claims incurred in connection with freight forwarder services aild shipments which have a prior or subsequent movement by air 1 me 1 should show all freight forwarder revenue in Account 501. Line 2 should show the number of claims paid during the year for robbet, theft and pilferage, and other shortage as defined below.

Robbery - Failure to deliver all or part of a shipment as the result of stealing, including hijacking, with the use of force or threat of force against Claims for physical damage to freight in the same or their shipments resulting from robbery should be reported under a person or persons.

Theft and Pilferage - Failure to deliver all or part of a shipment as the result of known stealing, or under circumstances indicating the probable Robbery cause was stealing, without use of force or threat of force against a person or persons, when it is known the freight was in the carrier's custody (Note: Claims for physical damage to freight in the same or other shipments resulting directly from theft or pilferage should be reported under

Other Shortage - Failure to deliver all or part of a shipment for unknown reasons. This includes the unexplained disappearance of all or part of a shipment for reasons other than robbery or theft and pillerage as defined above

Line 3 should show the number of all other claims paid in full or in part during the year not reported on line 2

Line 4 should include the net dollar amount of claims paid during the year. This includes claims paid in full or paid in part, less amounts recovered from underlying carriers, salvage, insurance, and claim refund cancellations.

Line 5 show the ratio in percentage form (two decimal places).

ine	Item	
40.	(a)	
		, 150,093
1   Freight revenue (Acc	ount 501)	5
2   Number of theft relat	ed claims paid	3
3 Number of other class	ms paid	154
4 Net dollars paid (See		.103
5 Claims expense/reven	ue ratio (line 4 = 1)	The state of the s

8. Balance close of year:	Total ***** 3591	150 ; Tota	I liabilities \$	192,053
Capital stock 5 3	,296			Surplus \$ 163,801
		ses of forwarder operation		
Revenue: From				
		rchased		
		revenue		-5
Expenses	Total expenses including	g taxes other than incom	e taxes	57,571
		ularly employed during t		
11. Give a concise stateme years, such as transfe	ent of important changes r of ownership, leasing	during the year affecting co of property and equipmen	emparisons of return nt, location of ope	ns in this report with report of previou rations, financial arrangements, etc.
12. Name, title, telephone	e number and address o	f the person to be conta	cted concerning th	nis report:
Donald G.	. Farris	TITLE—	President	
MANIE	502	mee	589-6210	
TELEPHONE NUMBER	MATERIAL PROPERTY AND ADDRESS OF THE PROPERTY	code)	(Telephone nur	mber)
OFFICE ADDRESS -	1101 Rowan Str	eet Louisville,	Kentucky	40217
OFFICE ADDRESS —		(Street and number)		(City, State, and ZIP Code)
	(To be made by office	r having control of the a	ccounting of the r	eśpondent)
State of Kentucky	—)			
Jeffers	ss:			
County of			Presi	dent
Donald G. Farr		makes oath and says that	he is	rt here the official title of the *Tiant)
	CORPORATED			
of All'1 114		the exact legal title or name	of the respondent)	
that he has carefully exam so far as they relate to mat that he believes that all of	ined the said report and iters of account, been acc ther statements of fact coi- ness and affairs of	to the best of his knowledg urately taken from the said ntained in the said report a the above-named respo	te and belief the end the books of account are true, and that the andent during the	tries contained in the said report have and are in exact accordance therewith e raid report is a correct and complete e period of time from and in
cluding January 1	, 19	to and including	ecember 31	, 19—.
		X	1.5	Farris
	7	Patrice Pullar	(Sign	nature of affiant) he State and county above named
this day of	and some	-, 19 80. My Commis	sion expires	20,195
Use an L.S.			(Supramore of 18	willy L. Dred 12 authorized to administer cathe)
Impression Seal			organica in oricer	A STATE OF THE STA

#### FOLLOW ALL INSTRUCTIONS CAREFULLY

- 1. Remove the mailing label from the cover and attach the label to the top of page 1 of the report form to be filed. The mailing label should NOT be altered. If the name and address on the mailing label are incorrect, insert your correct name, address, and FF number in the space provided to the left. The carrier mailing address is the company address where correspondence regarding accounting and reporting matters is to be directed, but not the address of any independent auditor or CPA.
- 2. All freight forwarders having average annual gross operating revenues of less than \$100,000 are required to file Form F-2. Three copies of this form should be filled out and two copies, the original of which must be the copy containing the mailing label, returned to the Bureau of Accounts, Interstate Commerce Commission, Washington, D. C. 20423, by March 31 of the year following the year for which the report is made. The remaining copy should be retained by the carrier for reference
- 3. Unless otherwise explained, the carrier should report its entire operations for the year of the report. If operations are for less than a year, the report should so indicate under remarks.
- 4. Full and accurate replies should be made to all items and schedules. Money items should be shown in units of dollars.
- 5. Annual report form F-1 is prescribed for freight forwarders having average annual gross operating revenues of \$100,000 or more.
- 6. Inquiries concerning the reporting requirements or preparation of the report should be addressed to the Bureau of Accounts at the above address.