# ARIZONA CORPORATION COMMISSION
# UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-03525A
C-D Oasis Water Company
1665 10th St.
Douglas, AZ 85607

RECEIVED

ACC UTILITIES DIRECTOR

# ANNUAL REPORT
# Water

## FOR YEAR ENDING

| 12 | 31 | 2010 |
|---|---|---|

FOR COMMISSION USE

| ANN 04 | 10 |
|---|---|

4-12-11

## COMPANY INFORMATION

**Company Name (Business Name)** I-D OASIS WATER CO.

Mailing Address 1665-10th (Street)

DOUGLAS (City) AZ (State) 85607 (Zip)

520-364-5140 (Telephone No. (Include Area Code)) — (Fax No. (Include Area Code)) — (Cell No. (Include Area Code))

Email Address —

**Local Office Mailing Address** SAME (Street)

(City) (State) (Zip)

Local Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address

## MANAGEMENT INFORMATION

☐ **Regulatory Contact:**

☑ **Management Contact:** VERNON CARDWELL (Name) OWNER (Title)

1665-10th (Street) DOUGLAS (City) AZ. (State) 85607 (Zip)

520-364-5140 (Telephone No. (Include Area Code)) — (Fax No. (Include Area Code)) — (Cell No. (Include Area Code))

Email Address —

**On Site Manager:** OLIVER BAKER (Name)

LA PLAYA (Street) LA PLAYA (City) AZ (State) 85606 (Zip)

Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address

**Statutory Agent:** _____
(Name)

_____
(Street) (City) (State) (Zip)

_____
Telephone No. (Include Area Code) Fax No. (Include Area Code Cell No. (Include Area Code)

**Attorney:** _____
(Name)

_____
(Street) (City) (State) (Zip)

_____
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Email Address** _____

## OWNERSHIP INFORMATION

Check the following box that applies to your company:

- ☑ **Sole Proprietor (S)**
- ☐ **C Corporation (C) (Other than Association/Co-op)**
- ☐ **Partnership (P)**
- ☐ **Subchapter S Corporation (Z)**
- ☐ **Bankruptcy (B)**
- ☐ **Association/Co-op (A)**
- ☐ **Receivership (R)**
- ☐ **Limited Liability Company**
- ☐ **Other** (Describe) _____

## COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

| | | |
|---|---|---|
| ☐ **APACHE** | ☑ **COCHISE** | ☐ **COCONINO** |
| ☐ **GILA** | ☐ **GRAHAM** | ☐ **GREENLEE** |
| ☐ **LA PAZ** | ☐ **MARICOPA** | ☐ **MOHAVE** |
| ☐ **NAVAJO** | ☐ **PIMA** | ☐ **PINAL** |
| ☐ **SANTA CRUZ** | ☐ **YAVAPAI** | ☐ **YUMA** |
| ☐ **STATEWIDE** | | |

COMPANY NAME C-D OASIS WATER CO

## UTILITY PLANT IN SERVICE

| Acct. No. | DESCRIPTION | Original Cost (OC) | Accumulated Depreciation (AD) | O.C.L.D. (OC less AD) |
|---|---|---|---|---|
| 301 | Organization | 8250 00 | — | — |
| 302 | Franchises | — | — | — |
| 303 | Land and Land Rights | INCLUDED IN 301 | — | — |
| 304 | Structures and Improvements | " | — | — |
| 307 | Wells and Springs | " | — | — |
| 311 | Pumping Equipment | " | — | — |
| 320 | Water Treatment Equipment | NONE | — | — |
| 330 | Distribution Reservoirs and Standpipes | NONE | — | — |
| 331 | Transmission and Distribution Mains | NONE | — | — |
| 333 | Services | NONE | — | — |
| 334 | Meters and Meter Installations | INCLUDED IN 301 | — | — |
| 335 | Hydrants | NONE | — | — |
| 336 | Backflow Prevention Devices | INCLUDED IN 301 | — | — |
| 339 | Other Plant and Misc. Equipment | NONE | — | — |
| 340 | Office Furniture and Equipment | NONE @ PRESENT | — | — |
| 341 | Transportation Equipment | NONE @ PRESENT | — | — |
| 343 | Tools, Shop and Garage Equipment | NONE @ PRESENT | — | — |
| 344 | Laboratory Equipment | NONE | — | — |
| 345 | Power Operated Equipment | NONE @ PRESENT | — | — |
| 346 | Communication Equipment | NONE @ PRESENT | — | — |
| 347 | Miscellaneous Equipment | NONE | — | — |
| 348 | Other Tangible Plant | NONE | — | — |
| | **TOTALS** | 8,250 00 | — | — |

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME C-D OASIS WATER CO

## CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

| Acct. No. | DESCRIPTION | Original Cost (1) | Depreciation Percentage (2) | Depreciation Expense (1x2) |
|---|---|---|---|---|
| 301 | Organization | | | |
| 302 | Franchises | | | |
| 303 | Land and Land Rights | | | |
| 304 | Structures and Improvements | NO DEPRECIATION THIS YEAR | | |
| 307 | Wells and Springs | | | |
| 311 | Pumping Equipment | | | |
| 320 | Water Treatment Equipment | | | |
| 330 | Distribution Reservoirs and Standpipes | | | |
| 331 | Transmission and Distribution Mains | | | |
| 333 | Services | | | |
| 334 | Meters and Meter Installations | | | |
| 335 | Hydrants | | | |
| 336 | Backflow Prevention Devices | | | |
| 339 | Other Plant and Misc. Equipment | | | |
| 340 | Office Furniture and Equipment | | | |
| 341 | Transportation Equipment | | | |
| 343 | Tools, Shop and Garage Equipment | | | |
| 344 | Laboratory Equipment | | | |
| 345 | Power Operated Equipment | | | |
| 346 | Communication Equipment | | | |
| 347 | Miscellaneous Equipment | | | |
| 348 | Other Tangible Plant | | | |
| | **TOTALS** | | | |

This amount goes on the Comparative Statement of Income and Expense Acct. No. 403.

COMPANY NAME C-D OASIS WATER CO

## BALANCE SHEET

| Acct No. | ASSETS | BALANCE AT BEGINNING OF YEAR | BALANCE AT END OF YEAR |
|---|---|---|---|
| | | | |
| | **CURRENT AND ACCRUED ASSETS** | | |
| 131 | Cash | $ | $ 969.60 |
| 134 | Working Funds | NONE | NONE |
| 135 | Temporary Cash Investments | NONE | NONE |
| 141 | Customer Accounts Receivable | NONE | NONE |
| 146 | Notes/Receivables from Associated Companies | NONE | NONE |
| 151 | Plant Material and Supplies | NONE | NONE |
| 162 | Prepayments | NONE | NONE |
| 174 | Miscellaneous Current and Accrued Assets | NONE | NONE |
| | **TOTAL CURRENT AND ACCRUED ASSETS** | $ | $ 969.60 |
| | | | |
| | **FIXED ASSETS** | | |
| 101 | Utility Plant in Service | $ 8,250.00 | $ 8,250.00 |
| 103 | Property Held for Future Use | INCLUDED IN 101 | INCLUDED IN 101 |
| 105 | Construction Work in Progress | NONE | NONE |
| 108 | Accumulated Depreciation – Utility Plant | NONE | NONE |
| 121 | Non-Utility Property | NONE | NONE |
| 122 | Accumulated Depreciation – Non Utility | NONE | NONE |
| | **TOTAL FIXED ASSETS** | $ | $ |
| | | | |
| | **TOTAL ASSETS** | $ 8,250.00 | $ 8,250.00 |

**NOTE**: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

*: THIS IS NOT A TRUE PICTURE OF ASSETS AS I PAY A GOOD PART OF BILL OUT OF MY PERSONAL ACCOUT; TO KEEP IT OUT THE RED.

COMPANY NAME C-D OASIS WATER CO.

## BALANCE SHEET (CONTINUED)

| Acct. No. | LIABILITIES | BALANCE AT BEGINNING OF YEAR | BALANCE AT END OF YEAR |
|---|---|---|---|
| | | | |
| | **CURRENT LIABILITES** | | |
| 231 | Accounts Payable | $ NONE | $ NONE |
| 232 | Notes Payable (Current Portion) | NONE | NONE |
| 234 | Notes/Accounts Payable to Associated Companies | NONE | NONE |
| 235 | Customer Deposits | NONE | NONE |
| 236 | Accrued Taxes | NONE | NONE |
| 237 | Accrued Interest | NONE | NONE |
| 241 | Miscellaneous Current and Accrued Liabilities | NONE ? | NONE ? |
| | **TOTAL CURRENT LIABILITIES** | $ | $ |
| | | | |
| | **LONG-TERM DEBT (Over 12 Months)** | | |
| 224 | Long-Term Notes and Bonds | $ NONE | $ NONE |
| | | | |
| | **DEFERRED CREDITS** | | |
| 251 | Unamortized Premium on Debt | $ NONE | $ NONE |
| 252 | Advances in Aid of Construction | NONE | NONE |
| 255 | Accumulated Deferred Investment Tax Credits | NONE | NONE |
| 271 | Contributions in Aid of Construction | NONE | NONE |
| 272 | Less: Amortization of Contributions | NONE | NONE |
| 281 | Accumulated Deferred Income Tax | NONE | NONE |
| | **TOTAL DEFERRED CREDITS** | $ | $ |
| | | | |
| | **TOTAL LIABILITIES** | $ | $ |
| | | | |
| | **CAPITAL ACCOUNTS** | | |
| 201 | Common Stock Issued | $ NONE | $ NONE |
| 211 | Paid in Capital in Excess of Par Value | NONE | NONE |
| 215 | Retained Earnings | NONE | NONE |
| 218 | Proprietary Capital (Sole Props and Partnerships) | NONE ? | NONE ? |
| | **TOTAL CAPITAL** | $ | $ |
| | | | |
| | **TOTAL LIABILITIES AND CAPITAL** | $ | $ |

| COMPANY NAME | C-D OASIS WATER CO |
|---|---|

## COMPARATIVE STATEMENT OF INCOME AND EXPENSE

| Acct. No. | OPERATING REVENUES | PRIOR YEAR | CURRENT YEAR |
|---|---|---|---|
| 461 | Metered Water Revenue | $ 2,057.88 | $ 2,523.95 |
| 460 | Unmetered Water Revenue | NONE | NONE |
| 474 | Other Water Revenues | NONE | NONE |
| | **TOTAL REVENUES** | $ 2,057.88 | $ 2,523.95 |
| | | | |
| | **OPERATING EXPENSES** | | |
| 601 | Salaries and Wages | $ NONE | $ NONE |
| 610 | Purchased Water | 0 | 0 |
| 615 | Purchased Power | 590.38 | 603.32 |
| 618 | Chemicals | 57.25 | 44.01 |
| 620 | Repairs and Maintenance | 160.98 | 609.81 |
| 621 | Office Supplies and Expense | 143.31 | 916.60 |
| 630 | Outside Services | 0 | 0 |
| 635 | Water Testing | 200.00 | 150.00 |
| 641 | Rents | NONE | NONE |
| 650 | Transportation Expenses | 2926.06 | 3,150.00 |
| 657 | Insurance – General Liability | 254.09 | 1403.00 |
| 659 | Insurance - Health and Life | NONE | NONE |
| 666 | Regulatory Commission Expense – Rate Case | 0 | 0 |
| 675 | Miscellaneous Expense | 46.94 | 0 |
| 403 | Depreciation Expense | NONE | NONE |
| 408 | Taxes Other Than Income | 0 | 0 |
| 408.11 | Property Taxes | 161.18 | 132.22 |
| 409 | Income Tax | NONE | NONE |
| | **TOTAL OPERATING EXPENSES** | $ 7,440.15 | $ 7,009.46 |
| | | | |
| | **OPERATING INCOME/(LOSS)** | $ -5382.21 | $ -4485.51 |
| | | | |
| | **OTHER INCOME/(EXPENSE)** | | |
| 419 | Interest and Dividend Income | $ NONE | $ NONE |
| 421 | Non-Utility Income | NONE | NONE |
| 426 | Miscellaneous Non-Utility Expenses | NONE | NONE |
| 427 | Interest Expense | NONE | NONE |
| | **TOTAL OTHER INCOME/(EXPENSE)** | $ 0 | $ 0 |
| | | | |
| | **NET INCOME/(LOSS)** | $ -5,382.21 | $ -4485.51 |

COMPANY NAME C-D Oasis Water Co

## SUPPLEMENTAL FINANCIAL DATA
### Long-Term Debt

| | LOAN #1 | LOAN #2 | LOAN #3 | LOAN #4 |
|---|---|---|---|---|
| Date Issued | | | | |
| Source of Loan | | | | |
| ACC Decision No. | | | | |
| Reason for Loan | | | | |
| Dollar Amount Issued | $ | $ | $ | $ |
| Amount Outstanding | $ | $ | $ | $ |
| Date of Maturity | | | | |
| Interest Rate | % | % | % | % |
| Current Year Interest | $ | $ | $ | $ |
| Current Year Principle | $ | $ | $ | $ |

Meter Deposit Balance at Test Year End $ _____

Meter Deposits Refunded During the Test Year $ _____

| COMPANY NAME | (-D) OASIS WATER CO |
|---|---|
| Name of System: | ADEQ Public Water System Number: |

## WATER COMPANY PLANT DESCRIPTION

### WELLS

| ADWR ID Number* | Pump Horsepower | Pump Yield (gpm) | Casing Depth (Feet) | Casing Diameter (Inches) | Meter Size (inches) | Year Drilled |
|---|---|---|---|---|---|---|
| 621-401 | 2 | 25 | APPR 165' | 14" | ? | ? |
| 621-402 | 1/2 | 10 | SHALLOW | 16" | ? | ? |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* Arizona Department of Water Resources Identification Number

### OTHER WATER SOURCES

| Name or Description | Capacity (gpm) | Gallons Purchased or Obtained (in thousands) |
|---|---|---|
| N/A | | |
| | | |

| BOOSTER PUMPS | | FIRE HYDRANTS | |
|---|---|---|---|
| Horsepower | Quantity | Quantity Standard | Quantity Other |
| NONE | | | |
| | | | |
| | | | |
| | | | |

| STORAGE TANKS | | PRESSURE TANKS | |
|---|---|---|---|
| Capacity | Quantity | Capacity | Quantity |
| NONE | | | |
| | | | |
| | | | |

*Note: If you are filing for more than one system, please provide separate sheets for each system.*

| COMPANY NAME C-D ODSIS WATER CO | |
|---|---|
| Name of System: | ADEQ Public Water System Number: |

## WATER COMPANY PLANT DESCRIPTION (CONTINUED)

**MAINS**

| Size (in inches) | Material | Length (in feet) |
|---|---|---|
| 2 | | |
| 3 | | |
| 4 | TRANSITE | 296' APPROX |
| 5 | | |
| 6 | TRANSITE | 286' APPROX |
| 8 | | |
| 10 | | |
| 12 | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**CUSTOMER METERS**

| Size (in inches) | Quantity |
|---|---|
| 5/8 X ¾ | |
| 3/4 | |
| 1 | |
| 1 1/2 | |
| 2 | |
| Comp. 3 | |
| Turbo 3 | |
| Comp. 4 | |
| Turbo 4 | |
| Comp. 6 | |
| Turbo 6 | |
| | |
| | |

**For the following three items, list the utility owned assets in each category for each system.**

TREATMENT EQUIPMENT:
NONE

STRUCTURES:
2 PUMP HOUSES 1. SMALL TIN BLDG.
2. FRAME CORRIGATED TIN BLDG.

OTHER: NONE

***Note: If you are filing for more than one system, please provide separate sheets for each system.***

| COMPANY NAME: C-D Cross Water Co | |
|---|---|
| Name of System: | ADEQ Public Water System Number: |

## WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2010

| MONTH | NUMBER OF CUSTOMERS | GALLONS SOLD (Thousands) | GALLONS PUMPED (Thousands) | GALLONS PURCHASED (Thousands) |
|---|---|---|---|---|
| JANUARY | 6 | 22,650 | 22,650 | |
| FEBRUARY | 6 | 16,470 | 16,470 | |
| MARCH | 6 | 16,007 | 16,007 | |
| APRIL | 6 | 22,850 | 22,850 | |
| MAY | 6 | 60,070 | 60,070 | |
| JUNE | 6 | 68,600 | 68,600 | |
| JULY | 6 | 78,470 | 78,470 | 0 |
| AUGUST | 6 | 53,206 | 53,206 | 0 |
| SEPTEMBER | 6 | 86,250 | 86,250 | 0 |
| OCTOBER | 6 | 68,124 | 68,124 | 0 |
| NOVEMBER | 7 | 30,890 | 30,890 | |
| DECEMBER | 7 | 23,270 | 23,270 | |
| | TOTALS → | 746,857 | 746,850 | |

What is the level of arsenic for each well on your system? .0061 mg/l
*(If more than one well, please list each separately.)*

If system has fire hydrants, what is the fire flow requirement? N/A GPM for ____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
( ) Yes (✓) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
( ) Yes ( ) No I DON'T KNOW

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
( ) Yes (✓) No (NOT MY KNOWLEDGE)

If yes, provide the GPCPD amount:_____

***Note: If you are filing for more than one system, please provide separate data sheets for each system.***

| COMPANY NAME: C-D Oasis Water Co. | |
|---|---|
| Name of System: | ADEQ Public Water System Number: |

## UTILITY SHUTOFFS / DISCONNECTS

| MONTH | | Termination without Notice R14-2-410.B | Termination with Notice R14-2-410.C | OTHER |
|---|---|---|---|---|
| JANUARY | | | | |
| FEBRUARY | | | | |
| MARCH | | | | |
| APRIL | | None | | |
| MAY | | | | |
| JUNE | | | | |
| JULY | | | | |
| AUGUST | | | | |
| SEPTEMBER | | | | |
| OCTOBER | | | | |
| NOVEMBER | | | | |
| DECEMBER | | | | |
| TOTALS → | | | | |

OTHER (description): 6 inactive customers for most of year

COMPANY NAME C-D Oasis Water Co YEAR ENDING 12/31/2010

## PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2010 was: $ 132.72

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why.

# VERIFICATION
# AND
# SWORN STATEMENT
## Taxes

RECEIVED
ACC UTILITIES DIRECTOR

**VERIFICATION**

**STATE OF** Ariz

**I, THE UNDERSIGNED**

**OF THE**

| | |
|---|---|
| COUNTY OF (COUNTY NAME) | Cochise |
| NAME (OWNER OR OFFICIAL) TITLE | Vernon Cordwell |
| COMPANY NAME | C-D Oasis Water Co. |

**DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

| MONTH | DAY | YEAR |
|---|---|---|
| 12 | 31 | 2010 |

**HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**SWORN STATEMENT**

**I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.**

**I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.**

SIGNATURE OF OWNER OR OFFICIAL

520-364-5740
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF** Cochise

**THIS** 11th **DAY OF** April, 20 11

(SEAL)

JOSE RUBEN ROMO
NOTARY PUBLIC - ARIZONA
COCHISE COUNTY
My Commission Expires
June 22, 2013

SIGNATURE OF NOTARY PUBLIC

**MY COMMISSION EXPIRES** 06/22/13

COMPANY NAME P-D OASIS WATER CO YEAR ENDING 12/31/2010

## INCOME TAXES

For this reporting period, provide the following:

| | |
|---|---|
| Federal Taxable Income Reported | NONE |
| Estimated or Actual Federal Tax Liability | NONE |
| State Taxable Income Reported | NONE |
| Estimated or Actual State Tax Liability | NONE |

Amount of Grossed-Up Contributions/Advances:

| | |
|---|---|
| Amount of Contributions/Advances | NONE |
| Amount of Gross-Up Tax Collected | NONE |
| Total Grossed-Up Contributions/Advances | NONE |

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship. THERE WERE NO GROSS UP TAX REFUNDS IN PRIOR YEAR OR THIS YEAR.

Vernon Cardwell — SIGNATURE

4/5/11 — DATE

VERNON CARDWELL — PRINTED NAME

OWNER — TITLE

# VERIFICATION
# AND
# SWORN STATEMENT
## Intrastate Revenues Only

RECEIVED
ACC UTILITIES DIRECTOR

**VERIFICATION**

**STATE OF** Ariz.

**I, THE UNDERSIGNED**

**OF THE**

| | |
|---|---|
| COUNTY OF (COUNTY NAME) | Cochise |
| NAME (OWNER OR OFFICIAL) TITLE | Vernon Carriker Owner |
| COMPANY NAME | C-D Oasis Water Co |

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

| MONTH | DAY | YEAR |
|---|---|---|
| 12 | 31 | 2010 |

**HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**SWORN STATEMENT**

**IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2010 WAS:**

| Arizona Intrastate Gross Operating Revenues Only ($) |
|---|
| $ 2,698.00 |

**(THE AMOUNT IN BOX ABOVE INCLUDES $ 174.05 IN SALES TAXES BILLED, OR COLLECTED)**

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

Vernon Carriker

SIGNATURE OF OWNER OR OFFICIAL

520-364-5140

TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

**THIS** 11th **DAY OF**

| | |
|---|---|
| COUNTY NAME | Cochise |
| MONTH April | 2011 |

**(SEAL)**

JOSE RUBEN ROMO
NOTARY PUBLIC - ARIZONA
COCHISE COUNTY
My Commission Expires
June 22, 2013

SIGNATURE OF NOTARY PUBLIC

**MY COMMISSION EXPIRES** 06/22/13

# VERIFICATION
# AND
# SWORN STATEMENT
## RESIDENTIAL REVENUE
### Intrastate Revenues Only

RECEIVED
APR 18 2011
ACC UTILITIES DIRECTOR

**VERIFICATION**

**STATE OF ARIZONA**

**I, THE UNDERSIGNED**

**OF THE**

| | |
|---|---|
| COUNTY OF (COUNTY NAME) | COCHISE |
| NAME (OWNER OR OFFICIAL) VERNON GROOT | TITLE OWNER |
| COMPANY NAME | |

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

| MONTH | DAY | YEAR |
|---|---|---|
| 12 | 31 | 2010 |

**HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

## SWORN STATEMENT

**IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2010 WAS:**

ARIZONA INTRASTATE GROSS OPERATING REVENUES

$ 2,698.00

**THE AMOUNT IN BOX AT LEFT INCLUDES $** 174.08 **IN SALES TAXES BILLED, OR COLLECTED)**

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.**

Vernon Groot
SIGNATURE OF OWNER OR OFFICIAL

520-364-5740
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

**THIS** 11th **DAY OF**

**(SEAL)**

JOSE RUBEN ROMO
NOTARY PUBLIC - ARIZONA
COCHISE COUNTY
My Commission Expires
June 22, 2013

**MY COMMISSION EXPIRES** 06/22/13

| | |
|---|---|
| NOTARY PUBLIC NAME | Ruben Romo |
| COUNTY NAME | Cochise |
| MONTH April | 20 11 |

SIGNATURE OF NOTARY PUBLIC