

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

W-01896A
Holiday Enterprises, Inc
Holiday Water Company
PO Box 309
Tombstone, AZ 85638

RECEIVED

APR 17 2013

AZ CORP COMM
Director - Utilities

ANNUAL REPORT
Water

FOR YEAR ENDING

12	31	2012
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FOR COMMISSION USE

ANN 04	12
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4-23-13

COMPANY INFORMATION

Company Name (Business Name) Holiday Enterprises, Inc

Mailing Address PO Box 309
Tombstone (Street) AZ (State) 85638 (Zip)

520-508-9037 (Telephone No. (Include Area Code)) NA (Fax No. (Include Area Code)) 520-508-9037 (Cell No. (Include Area Code))

Email Address holidaywtr@gmail.com

Local Office Mailing Address _____

SAME AS ABOVE (Street) (City) (State) (Zip)

520-508-9037 (Telephone No. (Include Area Code)) NA (Fax No. (Include Area Code)) 520-508-9037 (Cell No. (Include Area Code))

Email Address _____

MANAGEMENT INFORMATION

Regulatory Contact:

Management Contact: CAROL E COWAN (Name) PRES/MGR (Title)

PO Box 1251 (Street) Tombstone (City) AZ (State) 85638 (Zip)

520-508-9037 (Telephone No. (Include Area Code)) NA (Fax No. (Include Area Code)) 520-508-9037 (Cell No. (Include Area Code))

Email Address ibelievecc@gmail.com

On Site Manager: _____

SAME AS ABOVE (Name) (Street) (City) (State) (Zip)

520-508-9037 (Telephone No. (Include Area Code)) NA (Fax No. (Include Area Code)) 520-508-9037 (Cell No. (Include Area Code))

Email Address _____

Statutory Agent: CAROL E COWAN
(Name)
PO Box 1251 2428 E Coltr Rd Tombstone AZ 85638
(Street) (City) (State) (Zip)
520-508-9037
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)
Attorney: Robert Struse
(Name)
6750 N Oracle Rd Tucson AZ 85704
(Street) (City) (State) (Zip)
520-575-5555 520-575-5599
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)
Email Address RSTRUSE@TUCSONTRUSTS.COM

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor (S) | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input checked="" type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

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

- | | | |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> APACHE | <input checked="" type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

COMPANY NAME

Holiday Enterprises, Inc

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises	370	370	0
303	Land and Land Rights	750		750
304	Structures and Improvements	2252	582	1670
307	Wells and Springs	4435	4435	0
311	Pumping Equipment	30,191	13,412	16,779
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains	64,100	60,687	3413
333	Services	6082	4437	1645
334	Meters and Meter Installations	22,286	11,207	11,079
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	130,466	95,130	35,336

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

COMPANY NAME

*Holiday Enterprises, Inc***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	1,173	5%	89
307	Wells and Springs	718	5%	36
311	Pumping Equipment	24,468	4.95%	1212
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains	14,676	5%	734
333	Services	3,632	5%	182
334	Meters and Meter Installations	19,386	4.26%	826
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	64,653	4.76%	3,019

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

COMPANY NAME *Holiday Enterprises, Inc*

BALANCE SHEET

Acct No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
CURRENT AND ACCRUED ASSETS			
131	Cash	\$ 7340	\$ 4028
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	8007	5656
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies	4043	4715
162	Prepayments	1815	
174	Miscellaneous Current and Accrued Assets	325	494
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 21,530	\$ 14,893
FIXED ASSETS			
101	Utility Plant in Service	\$ 141,461	\$ 130,466
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	<96,148>	<95,130>
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 45,313	\$ 35,336
	TOTAL ASSETS	\$ 66,843	\$ 50,229

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

COMPANY NAME Holiday Enterprises, Inc

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
LIABILITIES			
CURRENT LIABILITIES			
231	Accounts Payable	\$ 21,258	\$ 26,037
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	5,711	3,848
236	Accrued Taxes	39,717	43,169
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$ 66,686	\$ 73,054
LONG-TERM DEBT (Over 12 Months)			
224	Long-Term Notes and Bonds	\$ 0	\$ 0
DEFERRED CREDITS			
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction	10,989	10,989
272	Less: Amortization of Contributions	(5,783)	(7,983)
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$ 5206	\$ 3006
	TOTAL LIABILITIES	\$ 71,892	\$ 76,060
CAPITAL ACCOUNTS			
201	Common Stock Issued	\$ 4000	\$ 4000
211	Paid in Capital in Excess of Par Value	46,399	48,588
215	Retained Earnings	(55,448)	(78,419)
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$ (5049)	\$ (25,831)
	TOTAL LIABILITIES AND CAPITAL	\$ 66,843	\$ 50,229

COMPANY NAME Holiday Enterprises, Inc

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 53,877	\$ 54,953
460	Unmetered Water Revenue		
474	Other Water Revenues	264	722
	TOTAL REVENUES	\$ 54,141	\$ 55,675
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 32,385	\$ 6,146
610	Purchased Water		
615	Purchased Power	7,500	9,830
618	Chemicals		
620	Repairs and Maintenance	6,449	2,801
621	Office Supplies and Expense	808	1,058
630	Outside Services	5,412	13,030
635	Water Testing	1,433	1,554
641	Rents	3,563	2,552
650	Transportation Expenses	3,596	2,476
657	Insurance - General Liability		
659	Insurance - Health and Life		
666	Regulatory Commission Expense - Rate Case		
675	Miscellaneous Expense	1,609	1,145
403	Depreciation Expense	3,583	1,249
408	Taxes Other Than Income	5,091	470
408.11	Property Taxes	2,014	4,516
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 73,443	\$ 46,827
	OPERATING INCOME/(LOSS)	\$ 49,302	\$ 8,848
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses PENALTIES	3,230	26,944 *
427	Interest Expense	995	5,245
	TOTAL OTHER INCOME/(EXPENSE)	\$ 4,225	\$ 32,189
	NET INCOME/(LOSS)	\$ 23,527	\$ 23,341

* PENALTIES - TAX 13,251
 Bad Debt 1,282
 Loss-Disposal Assets 12,411
 # 26,944

COMPANY NAME Holiday Enterprises, INC

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	\$	\$	\$	\$

N/A

Meter Deposit Balance at Test Year End \$ _____

Meter Deposits Refunded During the Test Year \$ _____

COMPANY NAME	Holiday Enterprises, Inc		
Name of System:	Holiday Water Co	ADEQ Public Water System Number:	02-018

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-603454	10	30-35	505	8	1 1/2	1963

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
City of Tombstone	80* Pressure	35.7
	120-275 GPM	Per City of Tombstone

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
Grundfos 7.5 HP	1		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
20,000	1	2000	1
5,000	1		

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

COMPANY NAME	Holiday Enterprises Inc	
Name of System:	Holiday Water Co	ADEQ Public Water System Number: 02-018

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2	PVC	4430
3	PVC	3100
4	PVC	7460
5		
6	PVC	1800
8		
10		
12		
1 1/2"	GAIV	2374

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	158
3/4	
1	2
1 1/2	
2	1
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:

STRUCTURES:

OTHER:

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

COMPANY NAME: Holiday Enterprises, Inc
 Name of System: Holiday Water Co ADEQ Public Water System Number: 02-018

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	151	741.6	741.6	
FEBRUARY	158	1258.5	1258.5	
MARCH	153	1131.1	1131.1	
APRIL	152	971.1	971.1	
MAY	152	1619.3	1619.3	
JUNE	151	1678.4	1678.4	
JULY	152	1492.5	1492.5	
AUGUST	153	1405.7	1372.8	32.9
SEPTEMBER	153	1138.3	1135.5	2.8
OCTOBER	154	1401.3	1401.3	
NOVEMBER	156	1072.3	1072.3	
DECEMBER	153	982.4	982.4	
TOTALS →		14,892.5	14,856.8	35.7

What is the level of arsenic for each well on your system? .0068 mg/l 3/16/12 MAP TEST
(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

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
 Yes No

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: *Holiday Enterprises Inc*
 Name of System: *Holiday Water Co* ADEQ Public Water System Number: *02-018*

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY		/	
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTALS →		/	

OTHER (description):

COMPANY NAME Holiday Enterprises Inc YEAR ENDING 12/31/2012

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2012 was: \$ 3390³³

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

APR 17 2013

AZ CORP COMM
Director Utilities

VERIFICATION

STATE OF ARIZONA
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	<u>Cochise</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Carol E Cowan, President</u>
COMPANY NAME	<u>Holiday Enterprises, Inc</u>

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2012</u>

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.

All have been Filed, PMT PLAN will be PAID IN Full 8/2013

Carol E Cowan

SIGNATURE OF OWNER OR OFFICIAL

520-508-9037

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 15th DAY OF

COUNTY NAME	<u>Cochise</u>	
MONTH	<u>Apr</u>	<u>2013</u>

(SEAL)

Carolyn C Stober

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 25 Jul 2014



COMPANY NAME Holiday Enterprises, Inc YEAR ENDING 12/31/2012

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported 9601
Estimated or Actual Federal Tax Liability 0 S Corp

State Taxable Income Reported 9601
Estimated or Actual State Tax Liability 0 S Corp

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances 0
Amount of Gross-Up Tax Collected 0
Total Grossed-Up Contributions/Advances 0

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.

Carol E Cowan 4/15/13
SIGNATURE DATE
CAROL E COWAN President
PRINTED NAME TITLE

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED
APR 17 2013
AZ CORP COMM
Director Utilities

VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<u>Cochise</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>CAROL E COWAN - President</u>
COMPANY NAME	<u>Holiday Enterprises, Inc</u>

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2012

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 2012 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ <u>59,736</u>

(THE AMOUNT IN BOX ABOVE INCLUDES \$ 4061 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)**

Carol E Cowan
SIGNATURE OF OWNER OR OFFICIAL
520-508-9037
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 15th DAY OF

COUNTY NAME	<u>Cochise</u>	
MONTH	<u>Apr</u>	<u>2013</u>

(SEAL)

Carolyn C Stober
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 25 Jul 2014



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

RECEIVED

APR 17 2013

AZ CORP COMM
Director - Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <i>Cochise</i>	
NAME (OWNER OR OFFICIAL) <i>Carol E Cowan</i>	TITLE <i>President</i>
COMPANY NAME <i>Holiday Enterprises Inc</i>	

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FOR THE YEAR ENDING

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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 2012 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ <u>59,736</u>

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 4061
IN SALES TAXES BILLED, OR COLLECTED)

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

Carol E Cowan

SIGNATURE OF OWNER OR OFFICIAL

520-508-9037

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

15th

DAY OF

NOTARY PUBLIC NAME <i>CAROLYN C STOBER</i>	
COUNTY NAME <i>Cochise</i>	
MONTH <i>Apr</i>	YEAR <i>2013</i>

(SEAL)



MY COMMISSION EXPIRES

Carolyn C Stober
SIGNATURE OF NOTARY PUBLIC