

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

**ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY**

Sherman Pines Homeowners Assoc, Inc  
1203 E Pine Ridge Dr  
Prescott AZ 86303

W-01671A

RECEIVED

MAR 24 2014

AZ CORP COM  
Director Utilities

**ANNUAL REPORT**  
**Water**

**FOR YEAR ENDING**

<b>12</b>	<b>31</b>	<b>2013</b>
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FOR COMMISSION USE

3-25-14

## COMPANY INFORMATION

**Company Name (Business Name)** \_\_\_\_\_ Sherman Pines Homeowner's Assoc, Inc. \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ 1203 E Pine Ridge Dr \_\_\_\_\_  
(Street)

\_\_\_\_\_ **Prescott AZ 86303** \_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_ 928-778-5654 \_\_\_\_\_ none \_\_\_\_\_ 928-925-0807 \_\_\_\_\_  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Email Address** \_\_\_\_\_ **genealogy@cableone.net** \_\_\_\_\_

**Local Office Mailing Address** \_\_\_\_\_ **same as above** \_\_\_\_\_  
(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:** \_\_\_\_\_ Terry Hill, President \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_ 1280 E Pine Ridge Dr, Prescott AZ 86303-5939 \_\_\_\_\_  
(Street) (City) (State) (Zip)

**same as above**  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Email Address** \_\_\_\_\_

**On Site Manager:** \_\_\_\_\_ **none—emergencies handled by 5 resident board members** \_\_\_\_\_  
(Name)

\_\_\_\_\_ (Street) (City) (State) (Zip)

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

**Email Address** \_\_\_\_\_

**Statutory Agent:** L Richard Mabery  
(Name)

234 N Montezuma St, Prescott AZ 86301  
(Street) (City) (State) (Zip)

928-778-1116 unkn unkn  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Attorney:** same as above  
(Name)

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

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

**Email Address** unkn

### 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 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 checked="" type="checkbox"/> Other (Describe) <u>We are a corporation formed only to administer our member-owned water company</u> |   |

### COUNTIES SERVED

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

- |                                     |   |                                   |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> APACHE     | <input 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 checked="" type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA     |
| <input type="checkbox"/> STATEWIDE  |   |                                   |

**COMPANY NAME: Sherman Pines Homeowners Assoc, Inc**

**UTILITY PLANT IN SERVICE**

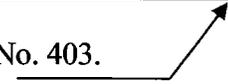
<b>Acct. No.</b>	<b>DESCRIPTION</b>	<b>Original Cost (OC)</b>	<b>Accumulated Depreciation (AD)</b>	<b>O.C.L.D. (OC less AD)</b>
301	Organization	Unkn		
302	Franchises	Unkn		
303	Land and Land Rights	Unkn		
304	Structures and Improvements	Unkn		
307	Wells and Springs	Unkn		
311	Pumping Equipment	Unkn		
320	Water Treatment Equipment	Unkn		
320.1	Water Treatment Plants	0		
320.2	Solution Chemical Feeders	0		
330	Distribution Reservoirs and Standpipes	0		
330.1	Storage Tanks	Unkn		
330.2	Pressure Tanks	Unkn		
331	Transmission and Distribution Mains	Unkn		
333	Services	Unkn		
334	Meters and Meter Installations	Unkn		
335	Hydrants	0		
336	Backflow Prevention Devices	Unkn		
339	Other Plant and Misc. Equipment	Unkn		
340	Office Furniture and Equipment	0		
340.1	Computers & Software	0		
341	Transportation Equipment	0		
343	Tools, Shop and Garage Equipment	0		
344	Laboratory Equipment	0		
345	Power Operated Equipment	0		
346	Communication Equipment	0		
347	Miscellaneous Equipment	0		
348	Other Tangible Plant	0		
	<b>TOTALS</b>	Unknown/unobtainable/acquired via court order		

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

**COMPANY NAME** Sherman Pines Homeowners Assoc, Inc

**CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR: see above**

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			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
320.1	Water Treatment Plants			
320.2	Solution Chemical Feeders			
330	Distribution Reservoirs and Standpipes			
330.1	Storage Tanks			
330.2	Pressure Tanks			
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			
340.1	Computers & Software			
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			
	<b>TOTALS</b>	See above		

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

**BALANCE SHEET**

**See attached cash flow statements—these are the only records we maintain.**

<b>Acct No.</b>		<b>BALANCE AT BEGINNING OF YEAR</b>	<b>BALANCE AT END OF YEAR</b>
	<b>ASSETS</b>		
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$	\$
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$	\$
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$	\$
	<b>TOTAL ASSETS</b>	\$	\$

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

**BALANCE SHEET (CONTINUED)**

<b>Acct. No.</b>		<b>BALANCE AT BEGINNING OF YEAR</b>	<b>BALANCE AT END OF YEAR</b>
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITES</b>		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$	\$
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$	\$
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	\$	\$
	<b>TOTAL LIABILITIES</b>	\$	\$
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$	\$
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$	\$

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

**See last two fiscal years cash flow statements.**

<b>Acct. No.</b>	<b>OPERATING REVENUES</b>	<b>PRIOR YEAR</b>	<b>CURRENT YEAR</b>
461	Metered Water Revenue	\$	\$
460	Unmetered Water Revenue		
474	Other Water Revenues		
	<b>TOTAL REVENUES</b>	\$	\$
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power		
618	Chemicals		
620	Repairs and Maintenance		
621	Office Supplies and Expense		
630	Outside Services		
635	Water Testing		
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability		
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes		
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	\$	\$
	<b>OPERATING INCOME/(LOSS)</b>	\$	\$
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$	\$
	<b>NET INCOME/(LOSS)</b>	\$	\$

**COMPANY NAME: Sherman Pines Homeowners Assoc, Inc**

**SUPPLEMENTAL FINANCIAL DATA**

**Long-Term Debt: None**

	<b>LOAN #1</b>	<b>LOAN #2</b>	<b>LOAN #3</b>	<b>LOAN #4</b>
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 \$0

Meter Deposits Refunded During the Test Year \$0

**COMPANY NAME: Sherman Pines Homeowners Assoc, Inc**

**Name of System: Sherman Pines HOA**

**ADEQ Public Water System Number: AZ04-13049**

**WATER COMPANY PLANT DESCRIPTION**

**WELLS**

<b>ADWR ID Number*</b>	<b>Pump Horsepower</b>	<b>Pump Yield (gpm)</b>	<b>Casing Depth (Feet)</b>	<b>Casing Diameter (Inches)</b>	<b>Meter Size (inches)</b>	<b>Year Drilled</b>
55-592229	1	Unkn	Abt 480'	Unkn	5/8 x 3/4	2002
55-624864	1/2	Unkn	Unkn	Unkn	5/8 x 3/4	1960's?
55-624866	Not in service—disconnected from system					

\* Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

<b>Name or Description</b>	<b>Capacity (gpm)</b>	<b>Gallons Purchased or Obtained (in thousands)</b>
none		

<b>BOOSTER PUMPS</b>		<b>FIRE HYDRANTS</b>	
<b>Horsepower</b>	<b>Quantity</b>	<b>Quantity Standard</b>	<b>Quantity Other</b>
1.5	2	None	None

<b>STORAGE TANKS</b>		<b>PRESSURE TANKS</b>	
<b>Capacity</b>	<b>Quantity</b>	<b>Capacity</b>	<b>Quantity</b>
10,000 gal	1	2000g	1

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



<b>COMPANY NAME: Sherman Pines Homeowners Assoc, Inc</b>	
<b>Name of System: Sherman Pines HOA</b>	<b>ADEQ Public Water System Number: AZ04-13049</b>

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2013**

<b>MONTH</b>	<b>NUMBER OF CUSTOMERS</b>	<b>GALLONS SOLD (Thousands)</b>	<b>GALLONS PUMPED (Thousands)</b>	<b>GALLONS PURCHASED (Thousands)</b>
JANUARY	44	65.180	84.2	
FEBRUARY	44	49.260	72.1	
MARCH	44	63.990	68.9	
APRIL	44	60.899	68.6	
MAY	44	70.211	84.1	
JUNE	44	77.450	86.8	
JULY	44	85.130	85.5	
AUGUST	44	74.680	166.8	
SEPTEMBER	44	67.350	69.5	
OCTOBER	44	72.073	75.7	
NOVEMBER	44	54.880	58.2	
DECEMBER	44	58.770	60.2	
<b>TOTALS →</b>		<b>799.873</b>	<b>980.600</b>	<b>0</b>

What is the level of arsenic for each well on your system? 0.0033 mg/l  
*(If more than one well, please list each separately.) Per our certified operator, MAP only tests the system, not each individual well.*

If system has fire hydrants, what is the fire flow requirement? \_\_\_\_\_ 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: Sherman Pines Homeowners Assoc, Inc**

**Name of System: Sherman Pines HOA**

**ADEQ Public Water System Number: AZ04-13049**

**UTILITY SHUTOFFS / DISCONNECTS**

<b>MONTH</b>	<b>Termination without Notice R14-2-410.B</b>	<b>Termination with Notice R14-2-410.C</b>	<b>OTHER</b>
<b>JANUARY</b>			
<b>FEBRUARY</b>			
<b>MARCH</b>			
<b>APRIL</b>			
<b>MAY</b>			
<b>JUNE</b>			
<b>JULY</b>			
<b>AUGUST</b>			
<b>SEPTEMBER</b>			
<b>OCTOBER</b>			
<b>NOVEMBER</b>			
<b>DECEMBER</b>			
<b>TOTALS →</b>	<b>0</b>	<b>0</b>	<b>0</b>

OTHER (description):

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COMPANY NAME Sherman Pines Homeowners Assoc, Inc YEAR ENDING 12/31/2013

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2013 was: \$ **34.20** \_\_\_\_\_

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**

RIN...

MAR 24 2014

AZ CORP COMMISSION  
Director - Utilities

**VERIFICATION**

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<b>Yavapai</b>
NAME (OWNER OR OFFICIAL) TITLE	<b>Linda Hill, Treasurer</b>
COMPANY NAME	<b>Sherman Pines Homeowners Assoc, Inc</b>

**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	2013

**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

928-778-5654

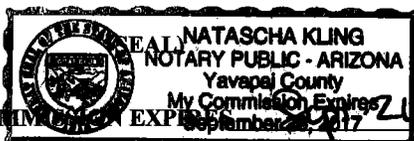
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 17 DAY OF

COUNTY NAME	<b>Yavapai</b>	
MONTH	<b>March</b>	<b>2014</b>





SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES September 24, 2017

COMPANY NAME Sherman Pines Homeowners Assoc, Inc. YEAR ENDING 12/31/2013

**INCOME TAXES**

(we are a non-profit 501c corp)

For this reporting period, provide the following:

Federal Taxable Income Reported 0  
Estimated or Actual Federal Tax Liability 0

State Taxable Income Reported 0  
Estimated or Actual State Tax Liability 0

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.

  
SIGNATURE

3/17/2014  
DATE

Terry Hill  
PRINTED NAME

President  
TITLE

**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**

RECEIVED

MAR 24 2014

AZ CORP COMM  
Director - Utilities

**VERIFICATION**

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<b>Yavapai</b>
NAME (OWNER OR OFFICIAL) TITLE	<b>Linda Hill, Treasurer</b>
COMPANY NAME	<b>Sherman Pines Homeowners Assoc, Inc</b>

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

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2013

**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 2013 WAS:**

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ <u>\$22,518.22</u>

**(THE AMOUNT IN BOX ABOVE  
INCLUDES \$1348.91  
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)**

*Linda Hill*

SIGNATURE OF OWNER OR OFFICIAL

928-778-5654

TELEPHONE NUMBER

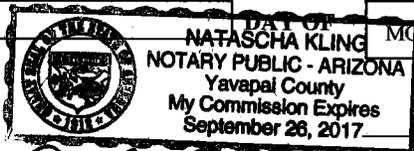
**SUBSCRIBED AND SWORN TO BEFORE ME**

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

COUNTY NAME	<b>Yavapai</b>
DAY OF	<b>March</b>
MONTH	<b>2014</b>

THIS

17  
(SEAL)



MY COMMISSION EXPIRES

Sept. 28, 2017

*Natascha Kling*  
SIGNATURE OF NOTARY PUBLIC

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

RECEIVED  
APR 01 2014  
ACC UTILITIES DIRECTOR

**VERIFICATION**

**STATE OF ARIZONA**

COUNTY OF (COUNTY NAME) <b>Yavapai</b>	
NAME (OWNER OR OFFICIAL) <b>Linda Hill</b>	<b>Treasurer</b>
COMPANY NAME <b>Sherman Pines Homeowners Assoc, Inc</b>	

**I, THE UNDERSIGNED**

**OF THE**

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

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2013

**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 2013 WAS:**

ARIZONA INTRASTATE GROSS OPERATING REVENUES  \$ <u>22,518.22</u>
--

**THE AMOUNT IN BOX AT LEFT  
INCLUDES \$1348.91  
IN SALES TAXES BILLED, OR COLLECTED)**

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

*Linda Hill*  
\_\_\_\_\_  
SIGNATURE OF OWNER OR OFFICIAL  
  
928-778-5654  
\_\_\_\_\_  
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME  
A NOTARY PUBLIC IN AND FOR THE COUNTY OF  
THIS 25 DAY OF**

NOTARY PUBLIC NAME <i>Jenifer Stanley</i>	
COUNTY NAME <i>Yavapai</i>	
MONTH <i>March</i>	.2014

**(SEAL)  
JENIFER STANLEY  
NOTARY PUBLIC - ARIZONA  
MY COMMISSION EXPIRES 11/16/2017  
My Commission Expires  
November 16, 2017**

*Jenifer Stanley*  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC