

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

RECEIVED

APR 10 2015

AZ CORP COMM  
Director - Utilities

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

W-03861A

Ridgeview Utility Company  
9532 E. Riggs Rd.  
Sun Lakes, AZ 85248

Please click here if pre-printed Company name on this form is not your current Company name or dba name is not included.

Please list current Company name including dba here:

**ANNUAL REPORT**  
**Water**

FOR YEAR ENDING

12	31	2014
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FOR COMMISSION USE

ANN 04	14
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4-13-15

## COMPANY INFORMATION

<b>Company Name (Business Name)</b> <u>Ridgeview Utility Company</u>			
<b>Mailing Address</b> <u>9532 E. Riggs Rd.</u> (Street)			
<u>Sun Lakes</u> (City)	<u>AZ</u> (State)	<u>85248</u> (Zip)	
<u>(480) 895-4200</u> Telephone No. (Include Area Code)	<u>(480) 895-5455</u> Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address</b> _____			
<b>Local Office Mailing Address</b> <u>40004 S. Ridgeview Blvd.</u> (Street)			
<u>Tucson</u> (City)	<u>AZ</u> (State)	<u>85739</u> (Zip)	
<u>(520) 825-3423</u> Local Office Telephone No. (Include Area Code)	<u>(520) 825-0712</u> Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address</b> _____			

## MANAGEMENT INFORMATION

<input type="checkbox"/> <b>Regulatory Contact:</b>			
<input type="checkbox"/> <b>Management Contact:</b> _____			
<u>Steve Soriano</u> (Name)		<u>Vice President / General Manager</u> (Title)	
<u>9532 E. Riggs Rd.</u> (Street)	<u>Sun Lakes</u> (City)	<u>AZ</u> (State)	<u>85248</u> (Zip)
<u>(480) 895-4200</u> Telephone No. (Include Area Code)	<u>(480) 895-5455</u> Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address</b> <u>steve.soriano@robson.com</u>			
<b>On Site Manager:</b> _____			
<u>Ed MacMeans</u> (Name)			
<u>40004 S. Ridgeview Blvd.</u> (Street)	<u>Tucson</u> (City)	<u>AZ</u> (State)	<u>85739</u> (Zip)
<u>(520) 825-3423</u> Telephone No. (Include Area Code)	<u>(520) 825-0712</u> Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address</b> <u>ed.macmeans@robson.com</u>			

<b>Statutory Agent:</b> <u>James Hubbard</u>			
(Name)			
<u>9532 E. Riggs Rd.</u>	<u>Sun Lakes</u>	<u>AZ</u>	<u>85248</u>
(Street)	(City)	(State)	(Zip)
<u>(480) 895-4200</u>	<u>(480) 895-0136</u>		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Attorney:</b> <u>Jay L. Shapiro</u>			
(Name)			
<u>3003 N. Central Ave., Ste 2600</u>	<u>Phoenix</u>	<u>AZ</u>	<u>85012-2913</u>
(Street)	(City)	(State)	(Zip)
<u>(602) 916-5366</u>			
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>EmailAddress</b> <u>jshapiro@fclaw.com</u>			

### 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 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 checked="" type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI  | <input type="checkbox"/> YUMA             |
| <input type="checkbox"/> STATEWIDE  |                                   |   |

**UTILITY PLANT IN SERVICE**

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises	55,315		55,315
303	Land and Land Rights			
304	Structures and Improvements	26,717	1,517	25,200
307	Wells and Springs	1,054,418	327,497	726,921
311	Pumping Equipment	635,682	166,827	468,855
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	170,207	35,216	134,991
331	Transmission and Distribution Mains	566,421	162,175	404,246
333	Services	67,430	17,800	49,630
334	Meters and Meter Installations	22,747	6,684	16,063
335	Hydrants	99,178	30,142	69,036
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	1,463	315	1,148
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment	6,813	231	6,582
347	Miscellaneous Equipment	3,896	185	3,711
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>2,710,288</b>	<b>748,590</b>	<b>1,961,698</b>

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

**CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

Acct. No.	DESCRIPTION	OriginalB Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises	55,315		
303	Land and Land Rights			
304	Structures and Improvements	26,717	2.99	798
307	Wells and Springs	1,054,418	2.95	31,142
311	Pumping Equipment	635,682	2.76	17,528
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	170,207	3.00	5,106
331	Transmission and Distribution Mains	566,421	3.00	16,993
333	Services	67,430	3.00	2,020
334	Meters and Meter Installations	22,747	2.98	678
335	Hydrants	99,178	3.00	2,975
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	1,463	3.00	44
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment	6,813	3.00	204
347	Miscellaneous Equipment	3,896	2.99	117
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>2,710,288</b>	<b>2.86</b>	<b>77,604</b>

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

**BALANCE SHEET**

Acct No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$52,188	\$51,499
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	15,081	16,538
146	Notes/Receivables from Associated Companies	262,185	235,400
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$329,454	\$303,437
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$2,551,221	\$2,710,288
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	(670,985)	(748,590)
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$1,880,236	\$1,961,698
	<b>TOTAL ASSETS</b>	<b>\$2,209,690</b>	<b>\$2,265,135</b>

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

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITES</b>		
231	Accounts Payable	\$1,262	\$57,964
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes	8,603	8,649
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities	300	331
	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$10,165</b>	<b>\$66,944</b>
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$0	\$0
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$0	\$0
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>\$0</b>	<b>\$0</b>
	<b>TOTAL LIABILITIES</b>	<b>\$10,165</b>	<b>\$66,944</b>
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$2,400,000	\$2,400,000
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	(200,475)	(201,809)
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	<b>\$2,199,525</b>	<b>\$2,198,191</b>
	<b>TOTAL LIABILITIES AND CAPITAL</b>	<b>\$2,209,690</b>	<b>\$2,265,135</b>

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$251,034	\$273,332
460	Unmetered Water Revenue		
474	Other Water Revenues	520	754
	<b>TOTAL REVENUES</b>	<b>\$251,554</b>	<b>\$274,086</b>
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$45,388	\$45,946
610	Purchased Water		
615	Purchased Power	104,654	117,147
618	Chemicals	585	728
620	Repairs and Maintenance	7,915	3,374
621	Office Supplies and Expense	4,036	3,483
630	Outside Services	8,404	13,391
635	Water Testing	23	25
641	Rents		
650	Transportation Expenses	2,560	895
657	Insurance – General Liability	7,619	8,018
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	2,387	2,395
403	Depreciation Expense	73,853	77,604
408	Taxes Other Than Income		
408.11	Property Taxes	11,042	11,016
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$268,466</b>	<b>\$284,022</b>
	<b>OPERATING INCOME/(LOSS)</b>	<b>(\$16,912)</b>	<b>(\$9,936)</b>
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$7,543	\$7,506
421	Non-Utility Income	1,461	1,096
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	<b>\$9,004</b>	<b>\$8,602</b>
	<b>NET INCOME/(LOSS)</b>	<b>(\$7,908)</b>	<b>(\$1,334)</b>

COMPANY NAME Ridgeview Utility Company

**SUPPLEMENTAL FINANCIAL DATA**  
**Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	N/A			
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$ 0	\$	\$	\$
Amount Outstanding	\$ 0	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$ 0	\$	\$	\$
Current Year Principle	\$ 0	\$	\$	\$

Meter Deposit Balance at Test Year End \$ 0

Meter Deposits Refunded During the Test Year \$ 0

**COMPANY NAME** Ridgeview Utility Company

**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
55-583154	150	430	1,210	16	6	2000
55-586722	250	850	800	16	6	2001

\* Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
		34	

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
250,000	2		

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

**COMPANY NAME** Ridgeview Utility Company

**Name of System:** **ADEQ Public Water System Number:**

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)**

**MAINS**

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6	PVC	5,536
6	DIP	48
8	PVC	13,177
8	DIP	40
12	PVC	4,503

**CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X 3/4	194
3/4	9
1	2
1 1/2	
2	5
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:

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STRUCTURES:

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OTHER:

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

<b>COMPANY NAME:</b> Ridgeview Utility Company	
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2014**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	200	5,210	5,515	0
FEBRUARY	203	8,033	8,712	0
MARCH	204	12,605	12,486	0
APRIL	204	12,172	12,527	0
MAY	203	32,149	32,838	0
JUNE	205	25,162	24,583	0
JULY	205	22,616	23,073	0
AUGUST	204	11,884	11,853	0
SEPTEMBER	206	11,068	11,421	0
OCTOBER	208	14,416	14,426	0
NOVEMBER	209	11,757	12,077	0
DECEMBER	210	4,427	4,621	0
<b>TOTALS →</b>		<b>171,499</b>	<b>174,132</b>	<b>0</b>

What is the level of arsenic for each well on your system? All Wells <0.002 mg/l  
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? 1,250 GPM for 2 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:** Ridgeview Utility Company

**Name of System:**

**ADEQ Public Water System Number:**

**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>	0	0	0
<b>FEBRUARY</b>	0	0	0
<b>MARCH</b>	0	0	0
<b>APRIL</b>	0	0	0
<b>MAY</b>	0	0	0
<b>JUNE</b>	0	0	0
<b>JULY</b>	0	0	0
<b>AUGUST</b>	0	0	0
<b>SEPTEMBER</b>	0	0	0
<b>OCTOBER</b>	0	0	0
<b>NOVEMBER</b>	0	0	0
<b>DECEMBER</b>	0	0	0
<b>TOTALS →</b>	<b>0</b>	<b>0</b>	<b>0</b>

OTHER (description):

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**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2014 was: \$ 11,029.79

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 10 2015

**VERIFICATION**

STATE OF Arizona

**I, THE UNDERSIGNED  
OF THE**

COUNTY OF (COUNTY NAME) Maricopa	AZ CORP COM/11/1 Director - Utilities
NAME (OWNER OR OFFICIAL) TITLE Steve Soriano – Vice President/General Manager	
COMPANY NAME Ridgeview Utility Company	

**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	2014

**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.**

*Steve Soriano*

SIGNATURE OF OWNER OR OFFICIAL

(480) 895-4200

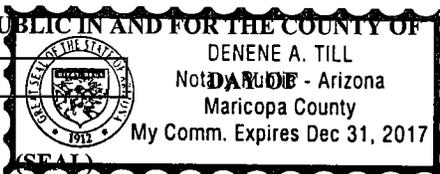
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

3



COUNTY NAME

Maricopa

MONTH

April

2015

*Denene A. Till*

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 12/31/17

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported	<u>0</u>
Estimated or Actual Federal Tax Liability	<u>0</u>

State Taxable Income Reported	<u>0</u>
Estimated or Actual State Tax Liability	<u>0</u>

Amount of Grossed-Up Contributions/Advances:

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

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**

4-3-15  
 \_\_\_\_\_  
**DATE**

Steve Soriano  
 \_\_\_\_\_  
**PRINTED NAME**

Vice President/General Manager  
 \_\_\_\_\_  
**TITLE**

**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**

**RECEIVED**

APR 10 2015

VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME)	Maricopa
NAME (OWNER OR OFFICIAL) TITLE	Steve Soriano – Vice President/General Manager
COMPANY NAME	Ridgeview Utility Company

AZ CORP COMM  
Director - Utilities

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2014

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 2014 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ <u>293,622</u>

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 19,536  
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)

*Steve Soriano*

SIGNATURE OF OWNER OR OFFICIAL  
(480) 895-4200

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

3



DENENE A. TILL OF  
Notary Public - Arizona  
Maricopa County  
My Comm. Expires Dec 31, 2017

COUNTY NAME	Maricopa	
MONTH	April	.2015

*Denene A. Till*

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 12/31/17

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

**RECEIVED**

APR 10 2015

AZ CORP COMM  
Director - Utilities

**VERIFICATION**

**STATE OF ARIZONA**

**I, THE UNDERSIGNED**

**OF THE**

COUNTY OF (COUNTY NAME) Maricopa	
NAME (OWNER OR OFFICIAL) Steve Soriano	TITLE Vice President/General Manager
COMPANY NAME Ridgeview Utility Company	

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

**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 2014 WAS:**

ARIZONA INTRASTATE GROSS OPERATING REVENUES  \$ <u>122,396</u>
--

**THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ 7,635  
IN SALES TAXES BILLED, OR COLLECTED)**

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



SIGNATURE OF OWNER OR OFFICIAL

(480) 895-4200  
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

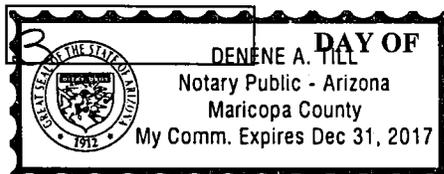
**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

**THIS**

**(SEAL)**

**MY COMMISSION EXPIRES**

12/31/17



NOTARY PUBLIC NAME <u>Denene A. Till</u>	
COUNTY NAME <u>Maricopa</u>	
MONTH <u>April</u>	YEAR <u>2015</u>

  
SIGNATURE OF NOTARY PUBLIC