

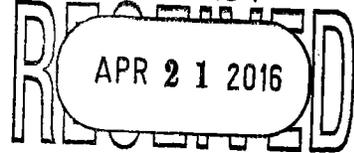
**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

SW-04136A

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

ARIZONA CORPORATION  
COMMISSION



Utilities Division

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**  
**Sewer**

**FOR YEAR ENDING**

12	31	2015
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FOR COMMISSION USE

ANN05	15
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4-25-16

## COMPANY INFORMATION

<b>Company Name (Business Name)</b> _____ <u>Santa Rosa Utility Company</u> _____		
<b>Mailing Address</b> _____ <u>9532 E. Riggs Rd.</u> _____		
_____	_____	_____
(Street)	(City)	(State)
_____	_____	_____
(City)	(State)	(Zip)
_____ <u>(480) 895-4200</u> _____		
_____	_____	_____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
<b>Email Address</b> _____		
<b>Local Office Mailing Address</b> _____ <u>24607 S. Price Rd.</u> _____		
_____	_____	_____
(Street)	(City)	(State)
_____	_____	_____
(City)	(State)	(Zip)
_____ <u>(480) 895-5009</u> _____		
_____	_____	_____
Local Customer Service Phone No. (Include Area Code)	(1-800 or other long distance Customer Service Phone No.)	
<b>Email Address</b> _____ <b>Website address</b> _____		

## MANAGEMENT INFORMATION

<input type="checkbox"/> <b>Regulatory Contact:</b>			
<input type="checkbox"/> <b>Management Contact:</b> _____ <u>Steve Soriano</u> _____ <u>Vice President/General Manager</u> _____			
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
_____ <u>9532 E. Riggs Rd.</u> _____			
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
_____ <u>(480) 895-4200</u> _____			
_____	_____	_____	_____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address</b> _____			
<b>On Site Manager:</b> _____ <u>Dave Voorhees</u> _____			
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
_____ <u>24607 S. Price Rd.</u> _____			
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
_____ <u>(480) 895-5009</u> _____			
_____	_____	_____	_____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address</b> _____ <u>dave.voorhees@robson.com</u> _____			

**Statutory Agent:** James Hubbard  
(Name)

9532 E. Riggs Rd. Sun Lakes AZ 85248  
(Street) (City) (State) (Zip)

(480) 895-4200 (480) 895-0136  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Attorney:** Jay L. Shapiro  
(Name)

3003 N. Central Ave., Ste 2600 Phoenix AZ 85012-2913  
(Street) (City) (State) (Zip)

(602) 916-5366  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Email Address** jshapiro@fclaw.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 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  |                                   |   |

COMPANY NAME Santa Rosa Utility Company

**WASTEWATER UTILITY PLANT IN SERVICE**

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Wastewaters – Force			
361	Collection Wastewaters – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Wastewaters			
382	Outfall Wastewater Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
390.1	Computers & Software			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	<b>TOTALS</b>	0	0	0

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



COMPANY NAME Santa Rosa Utility Company

**WASTEWATER UTILITY CALCULATION OF DEPRECIATION EXPENSE**

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1 x 2)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Wastewaters – Force			
361	Collection Wastewaters – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Wastewaters			
382	Outfall Wastewater Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
390.1	Computers & Software			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	<b>SUBTOTAL</b>	0	0	0
	<b>LESS CIAC Amortization</b>			
	<b>TOTALS *</b>	0	0	0

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

COMPANY NAME Santa Rosa Utility Company

**WASTEWATER UTILITY BALANCE SHEET**

Acct No.	ASSETS	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$0	\$0
132	Special Deposits		
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>	\$0	\$0
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$0	\$0
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>	\$0	\$0
	<b>TOTAL ASSETS</b>	\$0	\$0

NOTE: Total Assets on this page should equal Total Liabilities and Capital on the following page.

COMPANY NAME Santa Rosa Utility Company

**WASTEWATER UTILITY BALANCE SHEET (CONTINUED)**

Acct No.	LIABILITIES	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
	<b>CURRENT LIABILITIES</b>		
231	Accounts Payable	\$0	\$0
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>	\$0	\$0
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$0	\$0
	<b>DEFERRED CREDITS</b>		
252	Advances in Aid of Construction	\$0	\$0
253	Other Deferred Credits		
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>	\$0	\$0
	<b>TOTAL LIABILITIES</b>	\$0	\$0
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$0	\$0
211	Other Paid in Capital		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$0	\$0
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$0	\$0

COMPANY NAME Santa Rosa Utility Company

**WASTEWATER UTILITY COMPARATIVE STATEMENT OF INCOME  
AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
521	Flat Rate Revenues	\$0	\$0
522	Measured Revenues		
536	Other Wastewater Revenues		
	<b>TOTAL REVENUES</b>	\$0	\$0
	<b>OPERATING EXPENSES</b>		
701	Salaries and Wages	\$0	\$0
710	Purchased Wastewater Treatment		
711	Sludge Removal Expense		
715	Purchased Power		
716	Fuel for Power Production		
718	Chemicals		
720	Materials and Supplies		
731	Contractual Services – Professional		
735	Contractual Services – Testing		
736	Contractual Services – Other		
740	Rents		
750	Transportation Expense		
755	Insurance Expense		
765	Regulatory Commission Expense		
775	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes		
409	Income Taxes		
	<b>TOTAL OPERATING EXPENSES</b>	\$0	\$0
	<b>OTHER INCOME/EXPENSE</b>		
419	Interest and Dividend Income	\$0	\$0
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/EXPENSE</b>	\$0	\$0
	<b>NET INCOME/(LOSS)</b>	\$0	\$0

COMPANY NAME Santa Rosa 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	\$	\$	\$

<b>COMPANY NAME</b> Santa Rosa Utility Company
<b>Name of System:</b> Wastewater Inventory Number (if applicable):

**WASTEWATER UTILITY PLANT DESCRIPTION**  
**TREATMENT FACILITY**

<b>TYPE OF TREATMENT</b> (Extended Aeration, Step Aeration, Oxidation Ditch, Aerobic Lagoon, Anaerobic Lagoon, Trickling Filter, Septic Tank, Wetland, Etc.)	N/A
<b>DESIGN CAPACITY OF PLANT</b> (Gallons Per Day)	N/A

**LIFT STATION FACILITIES**

Location	Quantity of Pumps	Horsepower Per Pump	Capacity Per Pump (GPM)	Wet Well Capacity (gals)
N/A	N/A	N/A	N/A	N/A

**FORCE MAINS**

Size	Material	Length (Feet)
4-inch	N/A	N/A
6-inch	N/A	N/A

**MANHOLES**

Type	Quantity
Standard	N/A
Drop	N/A

**CLEANOUTS**

Quantity
N/A
N/A

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

**COMPANY NAME** Santa Rosa Utility Company

**Name of System:** \_\_\_\_\_ **Wastewater Inventory Number (if applicable):** \_\_\_\_\_

**WASTEWATER UTILITY PLANT DESCRIPTION (CONTINUED)**

**COLLECTION MAINS**

**SERVICES**

Size (in inches)	Material	Length (in feet)
4	N/A	N/A
6		
8		
10		
12		
15		
18		
21		
24		
30		

Size (in inches)	Material	Quantity
4	N/A	N/A
6		
8		
12		
15		

**FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY PER WASTEWATER SYSTEM**

<b>SOLIDS PROCESSING AND HANDLING FACILITIES</b>	N/A
<b>DISINFECTION EQUIPMENT</b> (Chlorinator, Ultra-Violet, Etc.)	N/A
<b>FILTRATION EQUIPMENT</b> (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	N/A
<b>STRUCTURES</b> (Buildings, Fences, Etc.)	N/A
<b>OTHER</b> (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.)	N/A

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

<b>COMPANY NAME</b>	Santa Rosa Utility Company
<b>Name of System:</b>	<b>Wastewater Inventory Number (if applicable):</b>

**WASTEWATER FLOWS**

<b>MONTH/YEAR (Most Recent 12 Months)</b>	<b>NUMBER OF SERVICES</b>	<b>TOTAL MONTHLY SEWAGE FLOW</b>	<b>SEWAGE FLOW ON PEAK DAY</b>
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

**PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE  
PER WASTEWATER SYSTEM**

<b>Method of Effluent Disposal</b> (leach field, surface water discharge, reuse, injection wells, groundwater recharge, evaporation ponds, etc.)	N/A
<b>Groundwater Permit Number</b>	N/A
<b>ADEQ Aquifer Protection Permit Number</b>	N/A
<b>ADEQ Reuse Permit Number</b>	N/A
<b>EPA NPDES Permit Number</b>	N/A

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

COMPANY NAME: Santa Rosa Utility Company

Name of System: Wastewater Inventory Number (if applicable):

**UTILITY SHUTOFFS / DISCONNECTS**

MONTH	Termination without Notice R14-2- 609.B	Termination with Notice R14-2- 609.C	OTHER
JANUARY	0	0	0
FEBRUARY	0	0	0
MARCH	0	0	0
APRIL	0	0	0
MAY	0	0	0
JUNE	0	0	0
JULY	0	0	0
AUGUST	0	0	0
SEPTEMBER	0	0	0
OCTOBER	0	0	0
NOVEMBER	0	0	0
DECEMBER	0	0	0
TOTALS →	0	0	0

OTHER (description):

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COMPANY NAME Santa Rosa Utility Company YEAR ENDING 12/31/2015

**PROPERTY TAXES**

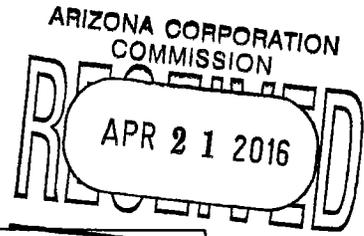
Amount of actual property taxes paid during Calendar Year 2015 was: \$ 0

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**



**VERIFICATION**

STATE OF Arizona

I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME) <u>Maricopa</u>	Utilities Division
NAME (OWNER OR OFFICIAL) TITLE <u>Steve Soriano - Vice President/General Manager</u>	
COMPANY NAME <u>Santa Rosa Utility Company</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
12	31	2015

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

(480) 895-4200

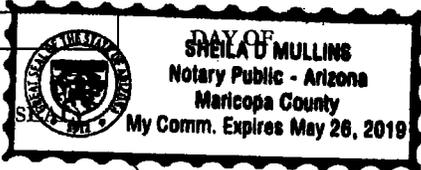
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

20

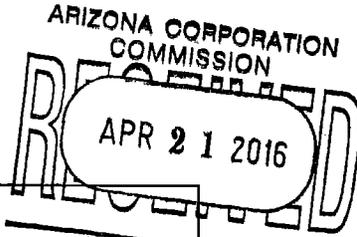


COUNTY NAME <u>Maricopa</u>	
MONTH <u>April</u>	<u>2016</u>

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES May 26, 2019

**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**



**VERIFICATION**

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <u>Maricopa</u>
NAME (OWNER OR OFFICIAL) TITLE <u>Steve Soriano - Vice President/General Manager</u> <u>Utility Division</u>
COMPANY NAME <u>Santa Rosa Utility Company</u>

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

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2015

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 2015 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ <u>0</u>

(THE AMOUNT IN BOX ABOVE INCLUDES \$ 0 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)**

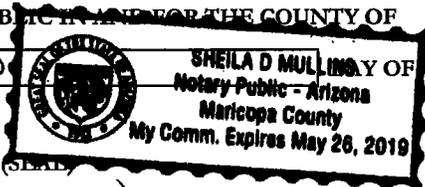
SIGNATURE OF OWNER OR OFFICIAL  
(480) 895-4200  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

20

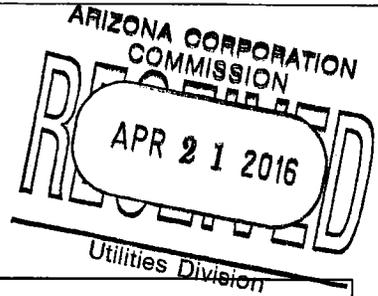


COUNTY NAME	<u>Maricopa</u>
MONTH	<u>April</u> , <u>20</u> <u>16</u>

MY COMMISSION EXPIRES May 28, 2019

SIGNATURE OF NOTARY PUBLIC

**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
INTRASTATE REVENUES ONLY**



VERIFICATION  
STATE OF Arizona

COUNTY OF (COUNTY NAME) <u>Maricopa</u>	
NAME (OWNER OR OFFICIAL) <u>Steve Soriano</u>	TITLE <u>Vice President/General Manager</u>
COMPANY NAME <u>Santa Rosa Utility Company</u>	

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	2015

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 2015 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES  \$ <u>0</u>
--

(THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ 0  
IN SALES TAXES BILLED, OR COLLECTED

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

*She 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

20

(SEAL)



MY COMMISSION EXPIRES

May 26, 2019

NOTARY PUBLIC NAME	<u>Sheila Mullins</u>
COUNTY NAME	<u>Maricopa</u>
MONTH	<u>April</u> . <u>2016</u>

*Sheila Mullins*  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC