

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

RECEIVED
APR 15 2013
ACC UTILITIES DIRECTOR

ANNUAL REPORT
Sewer

FOR YEAR ENDING

| | | |
|----|----|------|
| 12 | 31 | 2012 |
|----|----|------|

FOR COMMISSION USE

| | |
|-------|----|
| ANN05 | 12 |
|-------|----|

4-19-13

COMPANY INFORMATION

| | | | |
|---|-----------------------------|--|------------------------------|
| Company Name (Business Name) <u>Santa Rosa Utility Company</u> | | | |
| Mailing Address <u>9532 E. Riggs Rd.</u> | | | |
| | (Street) | | |
| <u>Sun Lakes</u> | <u>AZ</u> | | <u>85248</u> |
| (City) | (State) | | (Zip) |
| <u>(480) 895-4200</u> | <u>(480) 895-5455</u> | | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | | Cell No. (Include Area Code) |
| Email Address _____ | | | |
| Local Office Mailing Address <u>24607 S. Price Rd.</u> | | | |
| | (Street) | | |
| <u>Sun Lakes</u> | <u>AZ</u> | | <u>85248</u> |
| (City) | (State) | | (Zip) |
| <u>(480) 895-5009</u> | <u>(480) 802-9463</u> | | |
| Local Office Telephone No. (Include Area Code) | Fax No. (Include Area Code) | | Cell No. (Include Area Code) |
| Email Address _____ | | | |

MANAGEMENT INFORMATION

| | | | |
|---|-----------------------------|-----------|------------------------------|
| <input type="checkbox"/> Regulatory Contact: | | | |
| <input checked="" type="checkbox"/> Management Contact: <u>Steve Soriano</u> <u>Vice President/General Manager</u> | | | |
| | (Name) | | (Title) |
| <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) 895-5455</u> | | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | | Cell No. (Include Area Code) |
| Email Address _____ | | | |
| On Site Manager: <u>Dave Voorhees</u> | | | |
| | (Name) | | |
| <u>24607 S. Price Rd.</u> | <u>Sun Lakes</u> | <u>AZ</u> | <u>85248</u> |
| (Street) | (City) | (State) | (Zip) |
| <u>(480) 895-5009</u> | <u>(480) 895-9463</u> | | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | | Cell No. (Include Area Code) |
| Email Address <u>dave.voorhees@robson.com</u> | | | |

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

COMPANY NAME Santa Rosa Utility Company

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 Sewers – Force | | | |
| 361 | Collection Sewers – 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 Sewers | | | |
| 382 | Outfall Sewer Lines | | | |
| 389 | Other Plant and Misc. Equipment | | | |
| 390 | Office Furniture and Equipment | | | |
| 391 | Transportation Equipment | | | |
| 393 | Tools, Shop and Garage Equip. | | | |
| 394 | Laboratory Equipment | | | |
| 395 | Power Operated Equipment | | | |
| 398 | Other Tangible Plant | | | |
| | TOTALS | 0 | 0 | 0 |

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

COMPANY NAME Santa Rosa Utility Company

CALCULATION OF DEPRECIATION EXPENSE

| Acct. No. | DESCRIPTION | Original Cost (1) | Depreciation Percentage (2) | Depreciation Expense (1x2) |
|------------------|---------------------------------|--------------------------|------------------------------------|-----------------------------------|
| 351 | Organization | | | |
| 352 | Franchises | | | |
| 353 | Land and Land Rights | | | |
| 354 | Structures and Improvements | | | |
| 355 | Power Generation Equipment | | | |
| 360 | Collection Sewers – Force | | | |
| 361 | Collection Sewers – 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 Sewers | | | |
| 382 | Outfall Sewer Lines | | | |
| 389 | Other Plant and Misc. Equipment | | | |
| 390 | Office Furniture and Equipment | | | |
| 391 | Transportation Equipment | | | |
| 393 | Tools, Shop and Garage Equip. | | | |
| 394 | Laboratory Equipment | | | |
| 395 | Power Operated Equipment | | | |
| 398 | Other Tangible Plant | | | |
| | TOTALS | 0 | 0 | 0 |

This amount goes on the Comparative Statement of Income and Expense Acct. 403

COMPANY NAME Santa Rosa Utility Company

BALANCE SHEET

| Acct No. | | BALANCE AT BEGINNING OF TEST YEAR | BALANCE AT END OF YEAR |
|-----------------|---|--|-------------------------------|
| | ASSETS | | |
| | CURRENT AND ACCRUED ASSETS | | |
| 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 | | |
| | TOTAL CURRENT AND ACCRUED ASSETS | \$0 | \$0 |
| | FIXED ASSETS | | |
| 101 | Utility Plant in Service | \$0 | \$00 |
| 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 | | |
| | TOTAL FIXED ASSETS | \$0 | \$0 |
| | TOTAL ASSETS | \$0 | \$0 |

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

COMPANY NAME Santa Rosa Utility Company

BALANCE SHEET (CONTINUED)

| Acct No. | LIABILITIES | BALANCE AT BEGINNING OF TEST YEAR | BALANCE AT END OF YEAR |
|----------|---|-----------------------------------|------------------------|
| | CURRENT LIABILITES | | |
| 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 | | |
| | TOTAL CURRENT LIABILITIES | \$0 | \$0 |
| | LONG-TERM DEBT (Over 12 Months) | | |
| 224 | Long-Term Notes and Bonds | \$0 | \$0 |
| | DEFERRED CREDITS | | |
| 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 | | |
| | TOTAL DEFERRED CREDITS | \$0 | \$0 |
| | TOTAL LIABILITIES | \$0 | \$0 |
| | CAPITAL ACCOUNTS | | |
| 201 | Common Stock Issued | \$0 | \$0 |
| 211 | Other Paid in Capital | | |
| 215 | Retained Earnings | | |
| 218 | Proprietary Capital (Sole Props and Partnerships) | | |
| | TOTAL CAPITAL | \$0 | \$0 |
| | TOTAL LIABILITIES AND CAPITAL | \$0 | \$0 |

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 | | |
| | TOTAL REVENUES | \$0 | \$0 |
| | | | |
| | OPERATING EXPENSES | | |
| 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 | | |
| | TOTAL OPERATING EXPENSES | \$0 | \$0 |
| | | | |
| | OTHER INCOME/EXPENSE | | |
| 419 | Interest and Dividend Income | \$0 | \$0 |
| 421 | Non-Utility Income | | |
| 426 | Miscellaneous Non-Utility Expenses | | |
| 427 | Interest Expense | | |
| | TOTAL OTHER INCOME/EXPENSE | \$0 | \$0 |
| | | | |
| | NET INCOME/(LOSS) | \$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 | \$ | \$ | \$ |

| | |
|--|---|
| COMPANY NAME Santa Rosa Utility Company | |
| Name of System: | Wastewater Inventory Number (if applicable): |

WASTEWATER COMPANY PLANT DESCRIPTION
TREATMENT FACILITY

| | |
|---|-----|
| TYPE OF TREATMENT (Extended Aeration, Step Aeration, Oxidation Ditch, Aerobic Lagoon, Anaerobic Lagoon, Trickling Filter, Septic Tank, Wetland, Etc.) | N/A |
| DESIGN CAPACITY OF PLANT (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 COMPANY 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**

| | |
|---|-----|
| SOLIDS PROCESSING AND HANDLING FACILITIES | N/A |
| DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.) | N/A |
| FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.) | N/A |
| STRUCTURES (Buildings, Fences, Etc.) | N/A |
| OTHER (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.

| | |
|--|---|
| COMPANY NAME Santa Rosa Utility Company | |
| Name of System: | Wastewater Inventory Number (if applicable): |

WASTEWATER FLOWS

| MONTH/YEAR (Most Recent 12 Months) | NUMBER OF SERVICES | TOTAL MONTHLY SEWAGE FLOW | SEWAGE FLOW ON PEAK DAY |
|---|-------------------------------|--------------------------------------|------------------------------------|
| 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**

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

COMPANY NAME Santa Rosa Utility Company

YEAR ENDING 12/31/2012

INCOME TAXES

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

4-15-13

DATE

Steve Soriano
PRINTED NAME

Vice President/General Manager
TITLE

COMPANY NAME Santa Rosa Utility Company YEAR ENDING 12/31/2012

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2012 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



RECEIVED

APR 15 2013

VERIFICATION

STATE OF Arizona

**I, THE UNDERSIGNED
OF THE**

| | |
|---|------------------------|
| COUNTY OF (COUNTY NAME) Maricopa | ACC UTILITIES DIRECTOR |
| NAME (OWNER OR OFFICIAL) TITLE Steve Soriano – Vice President/General Manager | |
| COMPANY NAME Santa Rosa 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 | 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

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

| | |
|-------------------------|--------------|
| 15 | DAY OF, TILL |
| NOTARY PUBLIC - ARIZONA | |
| MARICOPA COUNTY | |
| My Commission Expires | |
| December 31, 2013 | |

(SEAL)

| | |
|-------------|-------|
| COUNTY NAME | |
| Maricopa | |
| MONTH | .2013 |
| April | |

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 12/31/13

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED
APR 15 2013

VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED
OF THE

| | |
|--|------------------------|
| COUNTY OF (COUNTY NAME) <u>Maricopa</u> | ACC UTILITIES DIRECTOR |
| 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 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>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)**



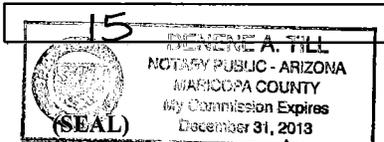
SIGNATURE OF OWNER OR OFFICIAL
(480) 895-4200

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

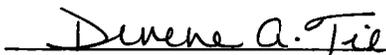
A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS



DAY OF

| | |
|-----------------------------|----------------|
| COUNTY NAME <u>Maricopa</u> | |
| MONTH <u>April</u> | , 20 <u>13</u> |


SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 12/31/13

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

RECEIVED
APR 15 2013
ACC UTILITIES DIRECTOR

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 <u>12</u> | DAY <u>31</u> | YEAR <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

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>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.**

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

15 DAY OF
Denene A. Till
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
My Commission Expires
December 31, 2013
MY COMMISSION EXPIRES 12/31/13

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|--|
| NOTARY PUBLIC NAME <u>Denene A. Till</u> |
| COUNTY NAME <u>Maricopa</u> |
| MONTH <u>April</u> <u>2013</u> |

Denene A. Till
SIGNATURE OF NOTARY PUBLIC