

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

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

**W-03525A**

C-D Oasis Water Co.  
1665 10<sup>th</sup> St.  
Douglas, AZ 85607

RECEIVED  
APR 10 2013  
ACC UTILITIES DIRECTOR

**ANNUAL REPORT**  
**Water**

**FOR YEAR ENDING**

<b>12</b>	<b>31</b>	<b>2012</b>
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FOR COMMISSION USE

<b>ANN 04</b>	<b>12</b>
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4-11-13

4-25-13

**COMPANY INFORMATION**

**Company Name (Business Name)** C-D OASIS WARE Co.

**Mailing Address** 1665-10<sup>th</sup>  
(Street)  
DOUGLAS Az. 85607  
(City) (State) (Zip)

364-5150 (520) — —  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Email Address** —

**Local Office Mailing Address** SAME  
(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:** VERNON CARROW ELL OWNER  
(Name) (Title)

1665-10<sup>th</sup> DOUGLAS Az. 85607  
(Street) (City) (State) (Zip)

520-364-5140 — —  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Email Address** —

**On Site Manager:** OLIVER BAKER  
(Name)

LA PUYA LA PUYA Az. 85606  
(Street) (City) (State) (Zip)

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

**Email Address** —

**Statutory Agent:** \_\_\_\_\_  
 \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
 Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Attorney:** \_\_\_\_\_  
 \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
 Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

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

**OWNERSHIP INFORMATION**

Check the following box that applies to your company:

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

**COUNTIES SERVED**

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

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

COMPANY NAME C-D OASIS WATER CO.

**UTILITY PLANT IN SERVICE**

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	8250 <sup>00</sup>	—	—
302	Franchises	—	—	—
303	Land and Land Rights	INCLUDED IN 301	—	—
304	Structures and Improvements	"	—	—
307	Wells and Springs	"	—	—
311	Pumping Equipment	"	—	—
320	Water Treatment Equipment	NONE	—	—
330	Distribution Reservoirs and Standpipes	NONE	—	—
331	Transmission and Distribution Mains	NONE	—	—
333	Services	NONE	—	—
334	Meters and Meter Installations	INCLUDED IN 301	—	—
335	Hydrants	NONE	—	—
336	Backflow Prevention Devices	INCLUDED IN 301	—	—
339	Other Plant and Misc. Equipment	NONE	—	—
340	Office Furniture and Equipment	NONE @ PRESENT	—	—
341	Transportation Equipment	NONE @ PRESENT	—	—
343	Tools, Shop and Garage Equipment	NONE @ PRESENT	—	—
344	Laboratory Equipment	NONE	—	—
345	Power Operated Equipment	INCLUDED IN 301	—	—
346	Communication Equipment	NOT @ PRESENT	—	—
347	Miscellaneous Equipment	NONE	—	—
348	Other Tangible Plant	NONE	—	—
	<b>TOTALS</b>	8250 <sup>00</sup>	—	—

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

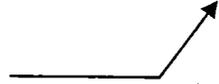
COMPANY NAME *C-D OASIS WATER Co.*

**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			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
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			
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>			

THIS YEAR  
 DEPRECIATION  
 NO

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



COMPANY NAME C-D OASIS WATER CO

**BALANCE SHEET**

Acct No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
<b>CURRENT AND ACCRUED ASSETS</b>			
131	Cash	\$ 66.04	\$ 475.60
134	Working Funds	NONE	NONE
135	Temporary Cash Investments	NONE	NONE
141	Customer Accounts Receivable	NONE	NONE
146	Notes/Receivables from Associated Companies	NONE	NONE
151	Plant Material and Supplies	NONE	NONE
162	Prepayments	NONE	NONE
174	Miscellaneous Current and Accrued Assets	NONE	NONE
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$ 66.64	\$ 475.60
<b>FIXED ASSETS</b>			
101	Utility Plant in Service	\$ 8250 <sup>00</sup>	\$ 8250 <sup>00</sup>
103	Property Held for Future Use	INCLUDED IN 101	INCLUDED IN 101
105	Construction Work in Progress	NONE	NONE
108	Accumulated Depreciation - Utility Plant	NONE	NONE
121	Non-Utility Property	NONE	NONE
122	Accumulated Depreciation - Non Utility	NONE	NONE
	<b>TOTAL FIXED ASSETS</b>	\$	\$
	<b>TOTAL ASSETS</b>	\$ 8250 <sup>00</sup>	\$ 8250 <sup>00</sup>

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

\* THIS IS NOT A TRUE PICTURE OF ASSETS AS IT IS NOT SELF SUPPORTING & I HAVE TO SUBSIDIZE IT BY PAYING BILLS OUT OF MY POCKET.

COMPANY NAME C-D OASIS WATER CO.

**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	\$ NONE	\$ NONE
232	Notes Payable (Current Portion)	NONE	NONE
234	Notes/Accounts Payable to Associated Companies	NONE	NONE
235	Customer Deposits	NONE	NONE
236	Accrued Taxes	NONE	NONE
237	Accrued Interest	NONE	NONE
241	Miscellaneous Current and Acerued Liabilities	NONE	NONE
	<b>TOTAL CURRENT LIABILITIES</b>	\$	\$
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$ NONE	\$ NONE
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$ NONE	\$ NONE
252	Advances in Aid of Construction	NONE	NONE
255	Accumulated Deferred Investment Tax Credits	NONE	NONE
271	Contributions in Aid of Construction	NONE	NONE
272	Less: Amortization of Contributions	NONE	NONE
281	Accumulated Deferred Income Tax	NONE	NONE
	<b>TOTAL DEFERRED CREDITS</b>	\$	\$
	<b>TOTAL LIABILITIES</b>	\$	\$
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$ NONE	\$ NONE
211	Paid in Capital in Excess of Par Value	NONE	NONE
215	Retained Earnings	NONE	NONE
218	Proprietary Capital (Sole Props and Partnerships)	NONE	NONE
	<b>TOTAL CAPITAL</b>	\$	\$
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$	\$

COMPANY NAME

C-D OASIS WATER Co

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 2308.78	\$ 1283.49
460	Unmetered Water Revenue	NONE	NONE
474	Other Water Revenues	NONE	NONE
	<b>TOTAL REVENUES</b>	\$ 2308.78	\$ 1283.49
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ 300.00	\$ NONE
610	Purchased Water	0	0
615	Purchased Power	581.55	598.22
618	Chemicals	97.03	47.39
620	Repairs and Maintenance	3,999.88	394.01
621	Office Supplies and Expense	149.80	185.86
630	Outside Services	?	?
635	Water Testing	150.00	125.00
641	Rents	NONE	NONE
650	Transportation Expenses	2,776.11	3,919.55
657	Insurance - General Liability	1,375.00	1,375.00
659	Insurance - Health and Life	NONE	NONE
666	Regulatory Commission Expense - Rate Case	?	?
675	Miscellaneous Expense	696.00	824.00
403	Depreciation Expense	NONE	NONE
408	Taxes Other Than Income	?	?
408.11	Property Taxes	120.06	1,429.60
409	Income Tax	NONE	NONE
	<b>TOTAL OPERATING EXPENSES</b>	\$ 10,245.43	\$ 7,608.99
	<b>OPERATING INCOME/(LOSS)</b>	\$ -7,936.64	\$ -5825.50
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$ NONE	\$ NONE
421	Non-Utility Income	NONE	NONE
426	Miscellaneous Non-Utility Expenses	NONE	NONE
427	Interest Expense	NONE	NONE
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$ 0	\$
	<b>NET INCOME/(LOSS)</b>	\$ -7,936.64	\$ -5825.50

COMPANY NAME C-D ONSB WARD Co

**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	\$	\$	\$	\$

Meter Deposit Balance at Test Year End \$ \_\_\_\_\_

Meter Deposits Refunded During the Test Year \$ \_\_\_\_\_

<b>COMPANY NAME</b> <i>C-D OASIS WATER</i>
<b>Name of System:</b> _____ <b>ADEQ Public Water System Number:</b> _____

**WATER COMPANY PLANT DESCRIPTION**

**WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
<i>621-401</i>	<i>2 1/2</i>	<i>25</i>	<i>746.5</i>	<i>14"</i>	<i>3</i>	<i>2</i>
<i>621-402</i>	<i>1/2</i>	<i>10</i>	<i>82'</i>	<i>16"</i>	<i>?</i>	<i>2</i>

\* Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
<i>N</i>		
<i>A</i>		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
<i>NONE</i>			

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
<i>NONE</i>			

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

COMPANY NAME CD OASIS WATER CO.

Name of System: \_\_\_\_\_ ADEQ Public Water System Number: \_\_\_\_\_

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)**

**MAINS**

Size (in inches)	Material	Length (in feet)
2		
3		
4		296' APPROP
5	TRANSITE	1
6	TRANSITE	256' APPROP
8		
10		
12		

**CUSTOMER METERS**

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

NONE

STRUCTURES:

2 PUMP HOUSES 1 SMALL TIN BLDG.  
2 FRAME CORRUGATED TIN BLDG.

OTHER:

NONE

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

COMPANY NAME: <u>C-D OSTS WATER CO</u>
Name of System: _____ ADEQ Public Water System Number: _____

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	7	27	27	0
FEBRUARY	7	29	29	0
MARCH	7	25	25	0
APRIL	7	33	33	0
MAY	7	27	27	0
JUNE	7	57	57	0
JULY	7	75	75	0
AUGUST	7	62	62	0
SEPTEMBER	7	52	52	0
OCTOBER	7	56	56	0
NOVEMBER	7	44	44	0
DECEMBER	7	30	30	0
<b>TOTALS →</b>		<b>517</b>	<b>517</b>	<b>0</b>

What is the level of arsenic for each well on your system? .0061 mg/l  
*(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                      I DO NOT KNOW

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?  
 Yes                       No                      NOT TO MY KNOWLEDGE

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: C-D OASIS WATER Co  
 Name of System: \_\_\_\_\_ ADEQ Public Water System Number: \_\_\_\_\_

**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 →			

~~NO ONE~~

OTHER (description):

NOT SURE WHAT THIS IS.

I HAVE 7 ACTIVE CUSTOMERS THRU YEAR

COMPANY NAME C-D Oasis Water Co YEAR ENDING 12/31/2012

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2012 was: \$ 142.26

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 2013**  
ACC UTILITIES DIRECTOR

VERIFICATION  
STATE OF \_\_\_\_\_  
I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME)	COCHISE
NAME (OWNER OR OFFICIAL) TITLE	VERNON CARDULLI
COMPANY NAME	C-D COSTUME CO.

**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**

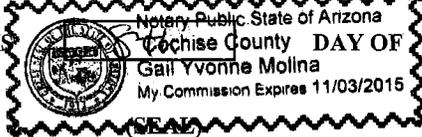
I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

*Vernon Cardulli*  
\_\_\_\_\_  
SIGNATURE OF OWNER OR OFFICIAL  
  
50-364-5140  
\_\_\_\_\_  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS  DAY OF APRIL

COUNTY NAME	
Cochise	
MONTH	2013
04	

*Gail Yvonne Molina*  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 11/03/2015

COMPANY NAME C-D OASIS WATER CO

YEAR ENDING 12/31/2012

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported	<u>NONE</u>
Estimated or Actual Federal Tax Liability	<u>NONE</u>
State Taxable Income Reported	<u>NONE</u>
Estimated or Actual State Tax Liability	<u>NONE</u>

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances	<u>NONE</u>
Amount of Gross-Up Tax Collected	<u>NONE</u>
Total Grossed-Up Contributions/Advances	<u>NONE</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

\_\_\_\_\_  
DATE

VERNON CARDWELL  
PRINTED NAME

OWNER  
TITLE

RECEIVED

JUL 11 2013

AZ CORP COMM  
Director - Utilities

VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only

RECEIVED  
APR 10 2013  
ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF \_\_\_\_\_

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <u>COCHISE</u>
NAME (OWNER OR OFFICIAL) TITLE <u>VERNON CARROLL</u>
COMPANY NAME <u>C-D OVER WATER CO</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:

*I hope this is what you need. I am having slits in my eyes and can't see properly.*

Arizona Intrastate Gross Operating Revenues Only (\$) <u>\$ 1880.19</u>
--

(THE AMOUNT IN BOX ABOVE INCLUDES \$ 98.70 IN SALES TAXES BILLED, OR COLLECTED)

*ATTACHED*

\*\*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)

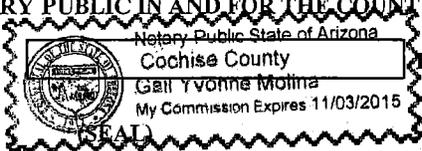
*Vernon Carroll*  
SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS



DAY OF

COUNTY NAME <u>Cochise</u>
MONTH <u>04</u> YEAR <u>2013</u>

MY COMMISSION EXPIRES 11/03/2015

*Gail Yvonne Molina*  
SIGNATURE OF NOTARY PUBLIC

AZ CORP COMM  
Director - Utilities

JUN 14 2013

RECEIVED

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

**RECEIVED  
APR 10 2013  
ACC UTILITIES DIRECTOR**

**VERIFICATION**

**STATE OF ARIZONA**

**I, THE UNDERSIGNED**

**OF THE**

COUNTY OF (COUNTY NAME)	
NAME (OWNER OR OFFICIAL)	TITLE
COMPANY NAME	

**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 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>1,783.49</u>
---

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

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

*[Handwritten Signature]*  
SIGNATURE OF OWNER OR OFFICIAL

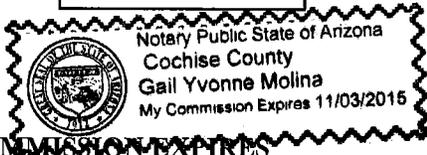
\_\_\_\_\_  
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

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

**THIS \_\_\_\_\_ DAY OF**

**(SEAL)**



**MY COMMISSION EXPIRES**

NOTARY PUBLIC NAME <u>Gail Yvonne Molina</u>	
COUNTY NAME <u>Cochise</u>	
MONTH <u>4</u>	.20 <u>13</u>

*[Handwritten Signature]*  
SIGNATURE OF NOTARY PUBLIC