

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

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

**G-02308A**  
**COPPER MARKET INC**  
**Attn. Accounting Dept**  
**PO Box 245**  
**Bagdad, AZ 86321**

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APR 01 2014

ACC UTILITIES DIRECTOR

**ANNUAL REPORT**  
**Gas**

FOR YEAR ENDING

12	31	2013
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FOR COMMISSION USE

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4-2-14

## COMPANY INFORMATION

<b>Company Name (Business Name)</b> _____ <u>COPPER MARKET INC.</u> _____		
Mailing Address _____ <u>PO BOX 245</u> _____		
(Street)		
<u>BAGDAD</u> _____	<u>AZ</u> _____	<u>86321</u> _____
(City)	(State)	(Zip)
<u>(928) 633-3348</u> _____	_____	_____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address _____ <u>SARA_DELCURTO@FMI.COM</u> _____		
<b>Local Office Mailing Address</b> _____		
(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

<input type="checkbox"/> <b>Regulatory Contact:</b>		
<input checked="" type="checkbox"/> <b>Management Contact:</b> _____ <u>MARCUS MIDDLETON</u> _____ <u>ENVIRONMENTAL MANAGER</u> _____		
(Name) (Title)		
<u>PO BOX</u> _____	<u>BAGDAD</u> _____	<u>AZ</u> _____ <u>86321</u> _____
245 _____	(City)	(State) (Zip)
(Street)		
<u>(928) 633-3263</u> _____	<u>(928) 633-3217</u> _____	_____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address _____		
<b>On Site Manager:</b> _____ <u>SAME AS ABOVE</u> _____		
(Name)		
_____	_____	_____
(Street)	(City)	(State) (Zip)
_____	_____	_____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address: _____		

**Statutory Agent:** \_\_\_\_\_ **CORPORATION SERVICE COMPANY** \_\_\_\_\_

(Name)

\_\_\_\_\_ 23388 W ROYAL PALM RD, SITE J \_\_\_\_\_ PHOENIX \_\_\_\_\_ AZ \_\_\_\_\_ 85021 \_\_\_\_\_  
(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 type="checkbox"/> Sole Proprietor (S) | <input checked="" 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 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 type="checkbox"/> PINAL    |
| <input type="checkbox"/> SANTA CRUZ | <input checked="" type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA     |
| <input type="checkbox"/> STATEWIDE  |   |                                   |

## SERVICES AUTHORIZED TO PROVIDE

Check the following box(es) for the services that you are authorized to provide:

**Gas**

Natural Gas

Propane

**Other** (Specify) \_\_\_\_\_

## STATISTICAL INFORMATION

### GAS UTILITIES ONLY

Total number of customers	_____ 952 _____
Residential	_____ 826 _____
Commercial	_____ 17 _____
Industrial	_____ 109 _____
Irrigation	_____ n/a _____
Resale	_____ n/a _____
Total therms sold	_____ 172,343 _____ therms
Residential	_____ 132,721 _____
Commercial	_____ 10,919 _____
Industrial	_____ 28,703 _____
Irrigation	_____ n/a _____
Resale	_____ n/a _____

COMPANY NAME:

**UTILITY SHUTOFFS / DISCONNECTS**

MONTH	Termination without Notice R14-2-311.B	Termination with Notice R14-2-311.C	OTHER
JANUARY		3	
FEBRUARY		8	
MARCH		4	
APRIL		6	
MAY		5	
JUNE		8	
JULY		7	
AUGUST		21	
SEPTEMBER		4	
OCTOBER		9	
NOVEMBER		7	
DECEMBER		10	
<b>TOTALS →</b>		92	

OTHER (description):

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**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**

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**VERIFICATION**

STATE OF Arizona

I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME) <b>YAVAPAI</b>	<b>ACC UTILITIES DIRECTOR</b>
NAME (OWNER OR OFFICIAL) TITLE <b>MARCUS MIDDLETON, MANAGER</b>	
COMPANY NAME <b>COPPER MARKET, 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>759,571.96</u>
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**(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 51,997.34  
IN SALES TAXES BILLED, OR COLLECTED)**

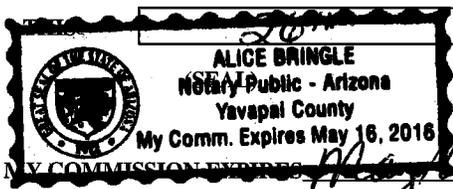
**\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

*[Handwritten Signature]*  
SIGNATURE OF OWNER OR OFFICIAL  
(928) 633-3263  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

COUNTY NAME	<u>Yavapai</u>
MONTH	<u>March</u> .2014



DAY OF

*Alice Bringle*  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES May 16, 2016

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

RECEIVED

APR 01 2014

ACC UTILITIES DIRECTOR

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	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
\$ 759,571.96

(THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ 51,997.34  
IN SALES TAXES BILLED, OR COLLECTED

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

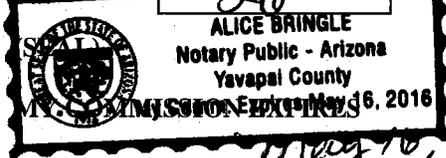
  
SIGNATURE OF OWNER OR OFFICIAL

(928) 633-3263  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME  
A NOTARY PUBLIC IN AND FOR THE COUNTY OF

NOTARY PUBLIC NAME	
Alice Bringle	
COUNTY NAME	
Yavapai	
MONTH	2014
March	

THIS 26 DAY OF



  
SIGNATURE OF NOTARY PUBLIC

May 10, 2016

## **FINANCIAL INFORMATION**

Attach to this annual report a copy of the companies' year-end (Calendar Year 2013) financial statements. If you do not compile these reports, the Utilities Division will supply you with blank financial statements for completion and filing. **ALL INFORMATION MUST BE ARIZONA-SPECIFIC AND REFLECT OPERATING RESULTS IN ARIZONA.**

Copper Market Inc.  
Income Statement  
12/31/2013

**Revenues**

Propane Sales	\$759,571.96
Total Revenues	<u>\$759,571.96</u>

**Expenses**

Outside Services	\$16,466.03
Supplies	\$604,272.27
Taxes	\$51,997.34
Depreciation & Amortization	\$87,213.37
Total Expenses	<u>\$759,949.01</u>

<b><u>Total Net Income/(Loss)</u></b>	<b><u>(\$377.05)</u></b>
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**Copper Market Inc  
Balance Sheet  
12/31/2013**

**Assets**

Accounts Receivable-Other \$68,009.32

Buildings/Machinery & \$205,234.65

**Total Assets** \$ 273,243.97

**Liabilities & Equity**

Capital Stock \$1,331,014.85

Retained Earnings \$2,685,117.50

Payable to associated (\$4,289,376.32)

**Total Liabilities & Equity** \$ (273,243.97)