

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

SW-20422A
Hassayampa Utility Company, Inc.
c/o Global Water Resources, Inc.
21410 N. 19th Ave. Ste 201
Phoenix, AZ 85027

RECEIVED

APR 16 2014

ACC UTILITIES DIRECTOR

ANNUAL REPORT
Sewer

FOR YEAR ENDING

12	31	2013
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FOR COMMISSION USE

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4-23-14

COMPANY INFORMATION

Company Name (Business Name) <u>Hassayampa Utility Company, Inc.</u>		
Mailing Address <u>21410 N 19th Ave. Ste. 201</u>		
	(Street)	
<u>Phoenix</u>	<u>AZ</u>	<u>85027</u>
(City)	(State)	(Zip)
<u>623-580-9600</u>	<u>623-580-9659</u>	<u>NA</u>
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address <u>ron.fleming@gwresources.com</u>		
Local Office Mailing Address <u>Same as above</u>		
	(Street)	
<u></u>	<u></u>	<u></u>
(City)	(State)	(Zip)
<u></u>	<u></u>	<u></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:	<u>Joanne Ellsworth</u>		
<input type="checkbox"/> Management Contact:	<u>Ron Fleming</u>	<u>President</u>	
	(Name)	(Title)	
<u>21410 N. 19th Ave. Ste. 201</u>	<u>Phoenix</u>	<u>AZ</u>	<u>85027</u>
(Street)	(City)	(State)	(Zip)
<u>623-580-9600</u>	<u>623-580-9659</u>	<u>602-550-2717</u>	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address <u>ron.fleming@gwresources.com</u>			
On Site Manager: <u>Jon Corwin, General Manager</u>			
	(Name)		
<u>201 East Coronado Street</u>	<u>Buckeye</u>	<u>AZ</u>	<u>85326</u>
(Street)	(City)	(State)	(Zip)
<u>520-233-2906</u>	<u>520-568-6367</u>	<u>602-885-2791</u>	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address <u>jon.corwin@gwresources.com</u>			

Statutory Agent: Cindy M. Bowers
(Name)

21410 N. 19th Avenue, Suite 201 Phoenix AZ 85027
(Street) (City) (State) (Zip)

623-580-9600 623-580-9659
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Attorney: Timothy J. Sabo, Roshka DeWulf & Patten, PLC
(Name)

400 E. Van Buren, Ste. 800 Phoenix AZ 85004
(Street) (City) (State) (Zip)

602-256-6100 602-256-6800
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address tsabo@rdp-law.com

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

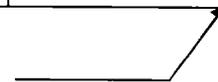
Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|-------------------------------------|--|-----------------------------------|
| <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 checked="" 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 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)
351	Organization	0	0	0
352	Franchises	0	0	0
353	Land and Land Rights	1,577	0	1,577
354	Structures and Improvements	0	0	0
355	Power Generation Equipment	0	0	0
360	Collection Sewers – Force	0	0	0
361	Collection Sewers – Gravity	0	0	0
362	Special Collecting Structures	0	0	0
363	Services to Customers	0	0	0
364	Flow Measuring Devices	0	0	0
365	Flow Measuring Installations	0	0	0
370	Receiving Wells	0	0	0
380	Treatment and Disposal Equip.	0	0	0
381	Plant Sewers	0	0	0
382	Outfall Sewer Lines	0	0	0
389	Other Plant and Misc. Equipment	0	0	0
390	Office Furniture and Equipment	0	0	0
391	Transportation Equipment	0	0	0
393	Tools, Shop and Garage Equip.	0	0	0
394	Laboratory Equipment	0	0	0
395	Power Operated Equipment	0	0	0
398	Other Tangible Plant	0	0	0
	TOTALS	\$1,577	\$0	\$1,577

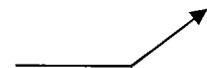
This amount goes on the Balance Sheet Acct. No. 108



CALCULATION OF DEPRECIATION EXPENSE

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
351	Organization	0	0	0
352	Franchises	0	0	0
353	Land and Land Rights	1,577	0%	0
354	Structures and Improvements	0	0	0
355	Power Generation Equipment	0	0	0
360	Collection Sewers – Force	0	0	0
361	Collection Sewers – Gravity	0	0	0
362	Special Collecting Structures	0	0	0
363	Services to Customers	0	0	0
364	Flow Measuring Devices	0	0	0
365	Flow Measuring Installations	0	0	0
370	Receiving Wells	0	0	0
380	Treatment and Disposal Equip.	0	0	0
381	Plant Sewers	0	0	0
382	Outfall Sewer Lines	0	0	0
389	Other Plant and Misc. Equipment	0	0	0
390	Office Furniture and Equipment	0	0	0
391	Transportation Equipment	0	0	0
393	Tools, Shop and Garage Equip.	0	0	0
394	Laboratory Equipment	0	0	0
395	Power Operated Equipment	0	0	0
398	Other Tangible Plant	0	0	0
	TOTALS	\$1,577	-	\$0

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



BALANCE SHEET

Acct No.	ASSETS	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$0	\$0
132	Special Deposits	0	0
135	Temporary Cash Investments	0	0
141	Customer Accounts Receivable	0	0
146	Notes/Receivables from Associated Companies	0	0
151	Plant Material and Supplies	0	0
162	Prepayments	938	2,335
174	Miscellaneous Current and Accrued Assets	0	0
	TOTAL CURRENT AND ACCRUED ASSETS	\$938	\$2,335
	FIXED ASSETS		
101	Utility Plant in Service	\$0	\$0
103	Property Held for Future Use	\$1,577	\$1,577
105	Construction Work in Progress	1,606,294	1,719,953
108	Accumulated Depreciation – Utility Plant	0	0
121	Non-Utility Property	0	0
122	Accumulated Depreciation – Non Utility	0	0
	TOTAL FIXED ASSETS	\$1,577	\$1,721,530
	TOTAL ASSETS	\$1,608,809	\$1,723,865

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

COMPANY NAME: HASSAYAMPA UTILITY COMPANY, INC.

BALANCE SHEET (CONTINUED)

Acct No.	LIABILITIES	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
CURRENT LIABILITIES			
231	Accounts Payable	\$24,771	\$30,272
232	Notes Payable (Current Portion)	0	0
234	Notes/Accounts Payable to Associated Companies	0	0
235	Customer Deposits	0	0
236	Accrued Taxes	1,914	1,140
237	Accrued Interest	0	0
241	Miscellaneous Current and Accrued Liabilities	0	0
	TOTAL CURRENT LIABILITIES	\$26,685	\$31,412
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	0	0
255	Accumulated Deferred Investment Tax Credits	0	0
271	Contributions in Aid of Construction	2,624,458	2,624,458
272	Less: Amortization of Contributions	0	0
281	Accumulated Deferred Income Tax	0	0
	TOTAL DEFERRED CREDITS	\$2,624,458	\$2,624,458
	TOTAL LIABILITIES	\$2,651,143	\$2,655,870
CAPITAL ACCOUNTS			
201	Common Stock Issued	\$100	\$100
211	Other Paid in Capital	(120,261)	(3,224)
215	Retained Earnings	(922,173)	(928,881)
218	Proprietary Capital (Sole Props and Partnerships)	0	0
	TOTAL CAPITAL	(\$1,042,334)	(\$932,005)
	TOTAL LIABILITIES AND CAPITAL	\$1,608,809	\$1,723,865

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
521	Flat Rate Revenues	\$0	\$0
522	Measured Revenues	0	0
536	Other Wastewater Revenues	0	0
	TOTAL REVENUES	\$0	\$0
	OPERATING EXPENSES		
701	Salaries and Wages	\$0	\$0
710	Purchased Wastewater Treatment	0	0
711	Sludge Removal Expense	0	0
715	Purchased Power	0	0
716	Fuel for Power Production	0	0
718	Chemicals	0	0
720	Materials and Supplies	0	0
721	Office Expense	0	0
731	Contractual Services – Professional	0	0
735	Contractual Services – Testing	0	0
736	Contractual Services – Other	110	1,103
740	Rents	0	0
750	Transportation Expense	0	0
755	Insurance Expense	0	0
765	Regulatory Commission Expense	0	0
775	Miscellaneous Expense	1,563	2,939
403	Depreciation Expense	0	0
403	Depreciation Expense – CIAC Expense	0	0
408	Taxes Other Than Income	0	0
408.11	Property Taxes	3,881	2,665
409	Income Taxes	902,187	0
	TOTAL OPERATING EXPENSES	(\$907,741)	(6,707)
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$0	\$0
421	Non-Utility Income	0	0
426	Miscellaneous Non-Utility Expenses	0	0
427	Interest Expense	0	0
	TOTAL OTHER INCOME/EXPENSE	\$0	\$0
	NET INCOME/(LOSS)	\$(907,741)	(6,707)

COMPANY NAME: HASSAYAMPA UTILITY COMPANY, INC.

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	\$	\$	\$	\$

COMPANY NAME: HASSAYAMPA UTILITY COMPANY, INC.		
Name of System:	N/A	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)	

LIFT STATION FACILITIES

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

FORCE MAINS

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

MANHOLES

Type	Quantity
Standard	
Drop	

CLEANOUTS

Quantity

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

COMPANY NAME: HASSAYAMPA UTILITY COMPANY, INC.		
Name of System:	N/A	Wastewater Inventory Number (if applicable):

WASTEWATER COMPANY PLANT DESCRIPTION (CONTINUED)

COLLECTION MAINS

SERVICES

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

Size (in inches)	Material	Quantity
4		
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: HASSAYAMPA UTILITY COMPANY, INC.		
Name of System:	N/A	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.)	
Groundwater Permit Number	
ADEQ Aquifer Protection Permit Number	
ADEQ Reuse Permit Number	
EPA NPDES Permit Number	

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

COMPANY NAME: HASSAYAMPA UTILITY COMPANY, INC.

Name of System:

N/A

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	
FEBRUARY	0	0	
MARCH	0	0	
APRIL	0	0	
MAY	0	0	
JUNE	0	0	
JULY	0	0	
AUGUST	0	0	
SEPTEMBER	0	0	
OCTOBER	0	0	
NOVEMBER	0	0	
DECEMBER	0	0	
TOTALS →	0	0	

OTHER (description):

There are currently no customers within this system.

COMPANY NAME: HASSAYAMPA UTILITY COMPANY, INC.
YEAR ENDING 12/31/2013

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported	<u>\$(6,708)</u>
Estimated or Actual Federal Tax Liability	<u>\$5,552</u>

State Taxable Income Reported	<u>\$(6,708)</u>
Estimated or Actual State Tax Liability	<u>\$704</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

April 15, 2014

DATE

Ron Fleming

PRINTED NAME

President

TITLE

**COMPANY NAME: HASSAYAMPA UTILITY COMPANY, INC.
YEAR ENDING 12/31/2013**

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2013 was: **\$3,439.41**

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 16 2014

VERIFICATION

ACC UTILITIES DIRECTOR

STATE OF ARIZONA COUNTY OF MARICOPA
I, THE UNDERSIGNED RON FLEMING, PRESIDENT
OF THE HASSAYAMPA UTILITY COMPANY, INC.

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

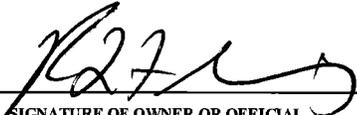
MONTH	DAY	YEAR
12	31	2013

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

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.

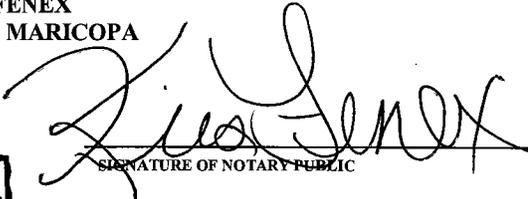


SIGNATURE OF OWNER OR OFFICIAL

623-580-9600

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME KRIS FENEX
A NOTARY PUBLIC IN AND FOR THE COUNTY OF MARICOPA
THIS 15th DAY OF APRIL, 2014.



SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES


**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED

APR 16 2014

VERIFICATION

STATE OF ARIZONA COUNTY OF MARICOPA
I, THE UNDERSIGNED RON FLEMING, PRESIDENT
OF THE HASSAYAMPA UTILITY COMPANY, INC.

ACC UTILITIES DIRECTOR

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 (\$)
\$0 _____

(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)**

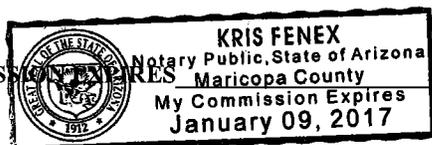


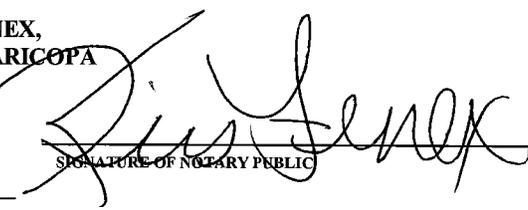
SIGNATURE OF OWNER OR OFFICIAL
623-580-9600

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME, KRIS FENEX,
A NOTARY PUBLIC IN AND FOR THE COUNTY OF MARICOPA
THIS 15th DAY OF APRIL, 2014.

MY COMMISSION





SIGNATURE OF NOTARY PUBLIC

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

RECEIVED

APR 16 2014

VERIFICATION

STATE OF ARIZONA COUNTY OF MARICOPA ACC UTILITIES DIRECTOR

I, THE UNDERSIGNED RON FLEMING, PRESIDENT

OF THE HASSAYAMPA UTILITY COMPANY, INC.

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

MONTH	DAY	YEAR
12	31	2013

FOR THE YEAR ENDING

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
\$0 _____

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

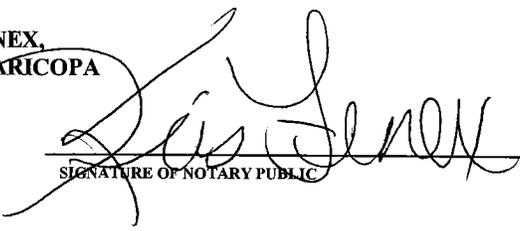
*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.


SIGNATURE OF OWNER OR OFFICIAL

623-580-9600

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME, KRIS FENEX, A NOTARY PUBLIC IN AND FOR THE COUNTY OF MARICOPA THIS 15th DAY OF APRIL, 2014.


SIGNATURE OF NOTARY PUBLIC



MY COMMISSION