

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

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-03525A

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

RECEIVED

APR 15 2015

ACC UTILITIES DIRECTOR

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**  
**Water**

FOR YEAR ENDING

12	31	2014
----	----	------

FOR COMMISSION USE

ANN 04	14
--------	----

4-16-15

**COMPANY INFORMATION**

Company Name (Business Name) L-D-OASIS WATER CO

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

520-364-5120 — —  
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 Customer Service Phone No. (Include Area Code) (1-800 or other long distance Customer Service Phone No.)

Email Address \_\_\_\_\_ Website address \_\_\_\_\_

**MANAGEMENT INFORMATION**

Regulatory Contact:

Management Contact: VERNON CARDWELL OWNER  
(Name) (Title)

1665-10<sup>th</sup> DOUGLAS ARIZ 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 PLAYA LA PLAYA ARIZ 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"/> Sole Proprietor (S)	<input 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 checked="" 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 type="checkbox"/> YAVAPAI	<input type="checkbox"/> YUMA
<input type="checkbox"/> STATEWIDE		

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		
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		
320.1	Water Treatment Plants	NONE		
320.2	Solution Chemical Feeders	NONE?		
330	Distribution Reservoirs and Standpipes	NONE?		
330.1	Storage Tanks 2 PRESSURE TANK	INCLUDED IN 301		
330.2	Pressure Tanks	INCLUDED IN 301		
331	Transmission and Distribution Mains	NONE		
333	Services	NONE		
334	Meters and Meter Installations	INCLUDED IN 301		
335	Hydrants	NONE		
336	Backflow Prevention Devices	NONE		
339	Other Plant and Misc. Equipment	NONE		
340	Office Furniture and Equipment	NONE @ PRESENT		
340.1	Computers & Software	INCLUDED IN 301		
341	Transportation Equipment	NONE @ PRESENT		
343	Tools, Shop and Garage Equipment	NONE @ PRESENT		
344	Laboratory Equipment	NONE		
345	Power Operated Equipment	NONE @ PRESENT		
346	Communication Equipment	NONE @ PRESENT		
347	Miscellaneous Equipment	NONE		
348	Other Tangible Plant	NONE		
	<b>TOTALS</b>	8250	0	

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



COMPANY NAME C-D OASIS WATER

**WATER UTILITY CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1 x 2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
320.1	Water Treatment Plants			
320.2	Solution Chemical Feeders			
330	Distribution Reservoirs and Standpipes			
330.1	Storage Tanks			
330.2	Pressure Tanks			
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			
340.1	Computers & Software			
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>SUBTOTAL</b>			
	<b>LESS CIAC Amortization</b>			
	<b>TOTALS *</b>			

WELLS  
 TANKS  
 MAINS  
 RESERVOIRS  
 NO

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

COMPANY NAME C-1 OAKS W A M S

**WATER UTILITY BALANCE SHEET**

Acct No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
		1278.34	1379.89
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$	\$
134	Working Funds	NONE	NONE
135	Temporary Cash Investments	NONE	NONE
141	Customer Accounts Receivable	NONE	9.00
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>	\$ 1258.34	\$ 1379.89
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$ 8250.00	\$ 8250.00
103	Property Held for Future Use	INCLUDED FOR	INCLUDED FOR
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>	\$ 8250.00	\$ 8250.00

\*

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

\* This is not a valid amount as I have to pay bills out of my personal account

COMPANY NAME C-D CASS WATER Co

**WATER UTILITY 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 Accrued 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>	\$ None	\$ None
	<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	N/A	N/A
218	Proprietary Capital (Sole Props and Partnerships)	?	?
	<b>TOTAL CAPITAL</b>	\$	\$
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$	\$

COMPANY NAME C-D OASIS WATER CO

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

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 2,436.17	\$ 2280.63
460	Unmetered Water Revenue	NONE	NONE
474	Other Water Revenues	NONE	NONE
	<b>TOTAL REVENUES</b>	\$ 2,436.17	\$ 2280.63
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ NONE	\$ NONE
610	Purchased Water	0	0
615	Purchased Power	511.36	537.89
618	Chemicals	52.79	54.23
620	Repairs and Maintenance	42.29	184.93
621	Office Supplies and Expense	179.52	264.59
630	Outside Services <i>TELEPHONE</i>	804.17	803.29
635	Water Testing	150.00	150.00
641	Rents	NONE	NONE
650	Transportation Expenses <i>MILEAGE</i>	NONE	3,329.00
657	Insurance - General Liability	1,375.00	1,365.00
659	Insurance - Health and Life	NONE	NONE
666	Regulatory Commission Expense - Rate Case	?	?
675	Miscellaneous Expense	491.3	368.46
403	Depreciation Expense	NONE	NONE
408	Taxes Other Than Income	?	?
408.11	Property Taxes	132.48	157.66
409	Income Tax	NONE	NONE
	<b>TOTAL OPERATING EXPENSES</b>	\$ 6,681.34	\$ -73,42.44
	<b>OPERATING INCOME/(LOSS)</b>	\$ -4,245.17	\$ -5062.02
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$ NONE	\$ NONE
421	Non-Utility Income	"	"
426	Miscellaneous Non-Utility Expenses	"	"
427	Interest Expense	"	"
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$ -	\$ -
	<b>NET INCOME/(LOSS)</b>	\$ 4245.51	\$ -5062.02

\* THIS DOES NOT INCLUDE TRAVEL TIME AND LABOR

COMPANY NAME

C-D OREGON WAIVER 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

\$ 0

Meter Deposits Refunded During the Test Year

\$ 0

COMPANY NAME	C-D. OASIS WATER CO
Name of System:	ADEQ Public Water System Number:

**WATER UTILITY PLANT DESCRIPTION**

**WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
621-401	2 1/2	30		14"	2	?
621-402	1 1/2	10		8"	1	?

\* Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

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

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
<del>N</del>			
<del>A</del>			

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
None		1,000	2

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

COMPANY NAME C-D OASIS WATER Co

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

**WATER UTILITY PLANT DESCRIPTION (CONTINUED)**

**MAINS**

Size (in inches)	Material	Length (in feet)
2		
3		
4	TRANSITE	296' APPROX
5		
6	TRANSITE	250' APPROX
8		
10		
12		

**CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X 3/4	
3/4	11
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: SMALL TIN SHED } 2 PROX. MOUNTAINS  
CORROATED METAL BUILDINGS

---

---

---

---

---

OTHER: None

---

---

---

---

---

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

COMPANY NAME: C-D OASIS WATER CO  
 Name of System: \_\_\_\_\_ ADEQ Public Water System Number: \_\_\_\_\_

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2014**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	7	25,330		
FEBRUARY	7	46,010		
MARCH	7	32,390	DND	/
APRIL	7	28,060		
MAY	7	51,340	AS	0
JUNE	7	45,950		
JULY	7	40,310	AS	0
AUGUST	7	45,770		
SEPTEMBER	7	24,230	AS	2
OCTOBER	7	31,260		
NOVEMBER	7	27,420	AS	
DECEMBER	7	27,520		
TOTALS →		421,070		

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

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?  
 Yes  No DO NOT KNOW  
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.**

<b>COMPANY NAME:</b>	C-D Ouse Water Co
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**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			
<b>TOTALS →</b>	0	0	0

OTHER (description):

---

---

---

---

---

---

---

---

COMPANY NAME C-D OASIS WARE CO YEAR ENDING 12/31/2014

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2014 was: \$ 152,66

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 2015

ACC UTILITIES DIRECTOR

VERIFICATION

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

COUNTY OF (COUNTY NAME)	COCHISE
NAME (OWNER OR OFFICIAL) TITLE	PERSON CARDWELL
COMPANY NAME	C-D CASH WORK 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	2014

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 Cabrell*  
SIGNATURE OF OWNER OR OFFICIAL

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

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

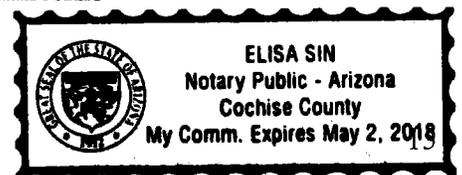
THIS 2nd DAY OF

COUNTY NAME	Cochise	
MONTH	April	2015

(SEAL)

*Elisa Sin*  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 5/2/2018



VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only

RECEIVED

APR 15 2015

VERIFICATION

ACC UTILITIES DIRECTOR

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

COUNTY OF (COUNTY NAME)	Cochise
NAME (OWNER OR OFFICIAL) TITLE	VERNON CARROLL
COMPANY NAME	C-D OASIS WPPG

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2014

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 2014 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ 2,219.25

(THE AMOUNT IN BOX ABOVE INCLUDES \$ 139.12 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)

*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 2nd DAY OF

COUNTY NAME	Cochise	
MONTH	April	.2015

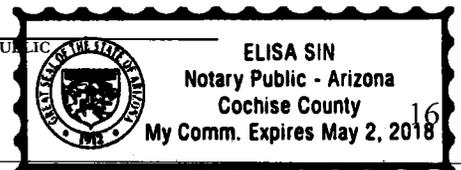
(SEAL)

MY COMMISSION EXPIRES

5/2/2018

SIGNATURE OF NOTARY PUBLIC

*Elisa Sin*



VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
Intrastate Revenues Only

RECEIVED

APR 15 2015

ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	COCHISE	
NAME (OWNER OR OFFICIAL)	VERNON CARROLL	TITLE OWNER
COMPANY NAME	C-D OASIS WATER CO	

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2014

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.

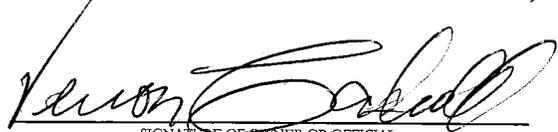
SWORN STATEMENT

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 2014 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ 2,419.75

THE AMOUNT IN BOX AT LEFT INCLUDES \$ 159.12 IN SALES TAXES BILLED, OR COLLECTED)

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

  
SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

2nd

DAY OF

NOTARY PUBLIC NAME	Elisa Sin	
COUNTY NAME	Cochise	
MONTH	April	2015

(SEAL)

MY COMMISSION EXPIRES 5/2/2018

  
SIGNATURE OF NOTARY PUBLIC

