

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

W-03476A

BN Leasing Corporation
dba Aubrey Water Company
PO Box 961050
Ft. Worth, TX 76161

RECEIVED

APR 11 2017

ARIZONA CORP COMMISSION
UTILITIES DIVISION - DIRECTOR'S OFFICE

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	2016
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FOR COMMISSION USE

ANN 04	16
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4-12-17

COMPANY INFORMATION

Company Name (Business Name) <u>BN Leasing d/b/a Aubrey Water Company</u>			
Mailing Address <u>2301 Lou Menk Drive</u>			
(Street)			
<u>Fort Worth</u>	<u>Texas</u>	<u>76131</u>	
(City)	(State)	(Zip)	
<u>817-352-6461</u>	<u>817-352-7797</u>	<u>817-313-4785</u>	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address <u>blaine.bilderback@bnsf.com</u>			
Local Office Mailing Address <u>P.O. Box 85160</u>			
(Street)			
<u>Tucson</u>	<u>AZ</u>	<u>85754</u>	
(City)	(State)	(Zip)	
<u>520-623-5172</u>	<u>520-792-0377</u>		
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address <u>swumgmt@aol.com</u>			

MANAGEMENT INFORMATION

<input type="checkbox"/> Management Contact: <u>Blaine Bilderback</u>			
(Name)			
<u>Director Corporate Facilities</u>			
(Title)			
<u>2301 Lou Menk Drive</u>			
(Street)			
<u>Ft Worth</u>	<u>Texas</u>	<u>76131</u>	
(City)	(State)	(Zip)	
<u>817-352-6461</u>	<u>817-352-7797</u>	<u>817-313-4785</u>	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address <u>blaine.bilderback@bnsf.com</u>			
On Site Manager: <u>John Kennedy</u>			
(Name)			
<u>P.O. Box 416</u>			
(Street)			
<u>Seligman</u>	<u>AZ</u>	<u>86337</u>	
(City)	(State)	(Zip)	
<u>928-422-3242</u>	<u>928-422-3242</u>		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address <u>kennedy@tabletoptelephone.com</u>			

Statutory Agent:		<u>CT Corporation</u>	
		(Name)	
<u>3225 N. Central Ave</u>	<u>Phoenix</u>	<u>AZ</u>	<u>85012</u>
(Street)	(City)	(State)	(Zip)
<u>602-277-4792</u>			
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Attorney:		<u>Fennemore Craig, P.C - Patrick Black</u>	
		(Name)	
<u>2394 E. Camelback Rd., Suite 600</u>	<u>Phoenix</u>	<u>AZ</u>	<u>85016</u>
(Street)	(City)	(State)	(Zip)
<u>602-916-5400</u>	<u>602-916-5600</u>		
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

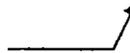
Check the box below for the county/ies in which you are certificated to provide service:

<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		

COMPANY NAME Aubrey Water Company

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	\$		
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements	23,793	14,744	9,049
307	Wells and Springs	104,563	63,503	41,060
311	Pumping Equipment	1,650,615	1,327,086	323,529
320	Water Treatment Equipment			
320.1	Water Treatment Plants	1,055	654	401
320.2	Solution Chemical Feeders			
330	Distribution Reservoirs and Standpipes			
330.1	Storage Tanks	23,980	8,706	15,274
330.2	Pressure Tanks			
331	Transmission and Distribution Mains	9,934	2,129	7,805
333	Services	8,802	2,885	5,917
334	Meters and Meter Installations	68,386	22,206	46,180
335	Hydrants	1,872	251	1,621
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	2,906	1,120	1,786
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	1,895,906	1,443,284	452,622

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

COMPANY NAME Aubrey Water Company

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	23,793	3.33%	793
307	Wells and Springs	104,563	3.33%	3,482
311	Pumping Equipment	1,650,615	12.50%	201,579
320	Water Treatment Equipment			
320.1	Water Treatment Plants	1,055	3.33%	35
320.2	Solution Chemical Feeders			
330	Distribution Reservoirs and Standpipes			
330.1	Storage Tanks	23,980	2.22%	532
330.2	Pressure Tanks			
331	Transmission and Distribution Mains	9,934	2.00%	199
333	Services	8,802	3.33%	278
334	Meters and Meter Installations	68,386	8.33%	4,885
335	Hydrants	1,872	2.00%	37
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	2,906	5.00%	145
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	SUBTOTAL			211,965
	LESS CIAC Amortization			(202)
	TOTALS *			211,763

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

COMPANY NAME Aubrey Water Company

WATER UTILITY BALANCE SHEET

Acct No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
CURRENT AND ACCRUED ASSETS			
131	Cash	\$ 93,057	\$ 28,980
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		46
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments	2,116	2,012
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 95,173	\$ 31,038
FIXED ASSETS			
101	Utility Plant in Service	\$ 1,870,551	\$ 1,895,906
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	(1,231,320)	(1,443,284)
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 639,231	\$ 452,622
	TOTAL ASSETS	\$ 734,404	\$ 483,660

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

WATER UTILITY BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITES		
231	Accounts Payable	\$ 2,372	\$ 1006
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies	1,995,477	1,939,394
235	Customer Deposits	8,001	7,745
236	Accrued Taxes	576	767
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities	3,867	10,591
	TOTAL CURRENT LIABILITIES	\$ 2,010,293	\$ 1,959,503
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction	6,046	6,046
272	Less: Amortization of Contributions	(1,267)	(1,469)
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$ 4,779	\$ 4,577
	TOTAL LIABILITIES	\$ 2,015,072	\$ 1,964,080
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	(1,280,668)	(1,480,420)
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$ (1,280,668)	\$ (1,480,420)
	TOTAL LIABILITIES AND CAPITAL	\$ 734,404	\$483,660

COMPANY NAME **Aubrey Water Company**

WATER UTILITY COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 154,577	\$ 184,711
460	Unmetered Water Revenue		
474	Other Water Revenues	975	1,275
	TOTAL REVENUES	\$ 155,552	\$ 185,986
	OPERATING EXPENSES		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power	27,577	29,446
618	Chemicals	915	936
620	Repairs and Maintenance	9,232	23,271
621	Office Supplies and Expense	3,022	2,863
630	Outside Services	78,592	74,956
635	Water Testing	3,084	1,436
641	Rents		
650	Transportation Expenses	5,128	5,331
657	Insurance – General Liability	3,316	3,122
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case	50,267	25,265
675	Miscellaneous Expense	8,777	922
403	Depreciation Expense	211,482	211,763
408	Taxes Other Than Income		
408.11	Property Taxes	7,912	6,725
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 409,304	\$ 386,036
	OPERATING INCOME/(LOSS)	\$ (253,752)	\$ (200,050)
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income	86	584
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense	(146)	(286)
	TOTAL OTHER INCOME/(EXPENSE)	\$ (60)	\$ 298
	NET INCOME/(LOSS)	\$ (253,812)	\$ (199,752)

COMPANY NAME Aubrey Water Company	
Name of System:	ADEQ Public Water System Number: 13-010

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-627275	30	150	400	16	4	1940
55-627276	30	150	400	16	4	1940

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
25	2	22	
2	1		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
282,000	1		

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

COMPANY NAME Aubrey Water Company
Name of System: ADEQ Public Water System Number: 13-010

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2	PVC	3560
3		
4	PVC	9600
5		
6	PVC	4800
8		
10		
12		
2	GALV	14580
6	CIP	15600
4	PVC	220

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	275
3/4	
1	11
1 1/2	7
2	19
Comp. 3	2
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	3
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

TWO CHLORINATORS -

STRUCTURES:

20 FOOT STORAGE CONTAINER AND ONE 8 X 12 ONE PUMP HOUSE -

OTHER:

-TRANSMISSION MAIN; CANYON MOUTH TO TOWN OF SELIGMAN (39,375 8" CIP) -

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

COMPANY NAME: Aubrey Water Company	
Name of System:	ADEQ Public Water System Number: 13-010

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2016

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	276	1838	2262	
FEBRUARY	277	1573	2359	
MARCH	279	2099	2403	
APRIL	279	2466	3089	
MAY	280	2591	2892	
JUNE	281	2948	3498	
JULY	281	4725	7252	
AUGUST	279	4429	2968	
SEPTEMBER	282	3565	4134	
OCTOBER	280	3614	3838	
NOVEMBER	280	2840	2990	
DECEMBER	279	2100	2849	
TOTALS →		34,788	40,534	

What is the level of arsenic for each well on your system? 0.004 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

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: Aubrey Water Company	
Name of System:	ADEQ Public Water System Number: 13-010

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY		1	
FEBRUARY		1	
MARCH		2	
APRIL		1	
MAY		4	
JUNE		3	
JULY		3	
AUGUST		2	
SEPTEMBER		1	
OCTOBER		5	
NOVEMBER		2	
DECEMBER		1	
TOTALS →		26	

OTHER (description):

COMPANY NAME Aubrey Water Company

YEAR ENDING 12/31/2016

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2016 was: \$ 7,648.92

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. Property taxes are paid electronically. As such, no cancelled check is
available.

RECEIVED

VERIFICATION AND SWORN STATEMENT Taxes

APR 11 2017

ARIZONA CORP COMMISSION UTILITIES DIVISION - DIRECTOR'S OFFICE

VERIFICATION

STATE OF Arizona I, THE UNDERSIGNED OF THE

Form with fields for County of (Yavapai), Name (Mark Ude, Vice President and Assistant Secretary), and Company Name (BN Leasing Corporation d/b/a Aubrey Water Company).

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

FOR THE YEAR ENDING

Table with columns for Month (12), Day (31), and Year (2016).

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.

Handwritten signature of Mark Ude.

SIGNATURE OF OWNER OR OFFICIAL

817-352-6470

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 6th DAY OF

Form with fields for County Name (TARRANT), Month (April), and Year (2017).

(SEAL)

Handwritten signature of Joyia E. Simmons.

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 3/7/2020



RECEIVED

APR 11 2017

ARIZONA CORP COMMISSION
UTILITIES DIVISION - DIRECTOR'S OFFICE

VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only

VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) Yavapai
NAME (OWNER OR OFFICIAL) TITLE Mark Ude, Vice President and Assistant Secretary
COMPANY NAME BN Leasing Corporation d/b/a Aubrey Water Company

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2016

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 2016 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ <u>198,566.20</u>

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 12,001.04
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

817-352-6470

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

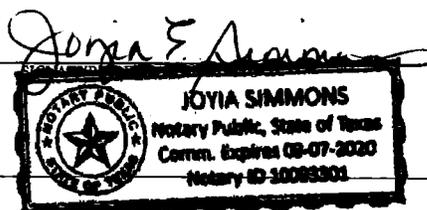
A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 6th DAY OF

COUNTY NAME	<u>Tarrant</u>	
MONTH	<u>April</u>	<u>.2017</u>

(SEAL)

MY COMMISSION EXPIRES 3/7/2020



RECEIVED

APR 11 2017

ARIZONA CORP COMMISSION
UTILITIES DIVISION - DIRECTOR'S OFFICE

VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE

Intrastate Revenues Only

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

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

FOR THE YEAR ENDING

COUNTY OF (COUNTY NAME) Yavapai	
NAME (OWNER OR OFFICIAL) Mark Ude	TITLE VP and Assistant Secretary
COMPANY NAME BN Leasing Corporation d/b/a Aubrey Water Company	

MONTH	DAY	YEAR
12	31	2016

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 2016 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ <u>107,499.29</u>

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 6,984.61
IN SALES TAXES BILLED, OR COLLECTED)

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

Mark Ude
SIGNATURE OF OWNER OR OFFICIAL

817-352-6470
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 6th DAY OF

NOTARY PUBLIC NAME	Joyia E. Simmons	
COUNTY NAME	Tarrant	
MONTH	April	, 2017

(SEAL)

MY COMMISSION EXPIRES 3/7/2020

Joyia E. Simmons
SIGNATURE OF NOTARY PUBLIC

