This form must be electronically filed with the Public Utility Commission of

Oregon at: <a href="mailto:PUC.FilingCenter@state.or.us">PUC.FilingCenter@state.or.us</a>

on or before May 31, 20XX

If you have questions about the form call Greg Miller at (503) 373-7867 or email: <a href="mailto:greg.miller@state.or.us">greg.miller@state.or.us</a>

## **Affiliated Interest Annual Report for Water Utilities**

OAR 860-036-2360

Utility Compa	any Name: ANGLERS CO	VE SHADY COVE HEIGHTS WATER CO	MPANY	
Address: PO	BOX 412 SHADY COVE,	OREGON 97539		
Telephone: !	541-878-2498			
Email: eckes	sler@embarqmail.com			
		tions for January 1 through Dec		
	(Please use	this format and attach additional sheets		
Docket	Name of Affiliate	Purpose	Hours & Current	Annual
&	And Description of	of	Hourly Rate	Dollar
Order No.*	Affiliation	Transaction	(If Applicable)	Amount
N/A	N/A	N/A	N/A	N/A
		· · · · · · · · · · · · · · · · · · ·		
Have any cha		tility, affiliate, or the affiliated relation	onships that affect any a	affiliated
X - NO YES - Usin	ng a separate sheet, please	e explain the changes and provide any o	ther pertinent information	n.
Signature of	responsible party:		Date: <u>2/04/2018</u>	
Printed name	e: <u>Edward Kessler</u>	Position held in utility: P	resident / Treasurer	
Telephone Number: 541-878-2498 E-mail: eckessler@embargmail.com				
The Commiss	sion may request further	r information regarding any affiliated	interest transaction.	
	ot know the docket or or ne form with this section	der number, please call and I will help blank.	ງ you with that informat	ion. Please