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

Oregon at: PUC.FilingCenter@state.or.us

on or before May 31, 2019

If you have questions about the form call Joan Grindeland at (503) 373-1003 or email: joan.grindeland@state.or.us

Affiliated Interest Annual Report for Water Utilities

OAR 860-036-2360

Utility Comp	any Name: ANGLERS CO	OVE SHADY COVE HEIGHTS WATER COMP.	ANY	
Address: PO	BOX 412 SHADY COVE,	OREGON 97539		
Telephone:	541-878-2498			
Email: eckes	ssler@embarqmail.com			
	Annual Transac (Please use	tions for January 1 through Decem	ber 31, 2018 eeded.)	
Docket	Name of Affiliate	Purpose	Hours & Current	Annual
& Order No.*	And Description of Affiliation	of	Hourly Rate	Dollar
	Ailliation	Transaction	(If Applicable)	Amount
N/A	N/A	N/A	N/A	N/A
Have any cha	anges occurred to the u	tility, affiliate, or the affiliated relationsh	ips that affect any a	ıffiliated
X - NO YES - Usin	g a separate sheet, please	explain the changes and provide any other	pertinent information	ı.
Signature of	responsible party:	Dat	e: <u>1/25/2019</u>	
Printed name	e: <u>Edward Kessler</u>	Position held in utility: President	dent / Treasurer	
Telephone N	umber: <u>541-878-2498</u>	E-mail: eckessler@	embarqmail.com	
The Commiss	ion may request further	information regarding any affiliated inte	rest transaction.	
*If you do no	t know the docket or or	der number, please call and I will help you	u with that informati	on. Please
do not file th	e form with this section	blank.	The same control to the same state of the same s	

Al template Revised 8/7/2017