



e-FILING REPORT COVER SHEET

Send completed Cover Sheet and the Report in an email addressed to: PUC.FilingCenter@state.or.us

REPORT NAME: Water Annual Affiliated Interest Report

COMPANY NAME: South Hills Water Systems, Inc.

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? No Yes

If yes, please submit only the cover letter electronically. Submit confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order.

If known, please select designation: RE (Electric) RG (Gas) RW (Water) RO (Other)

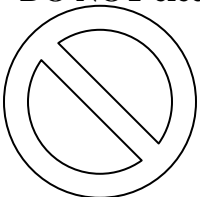
Report is required by: OAR 860-036-0816
Statute Enter statute number
Order Enter PUC Order No
Other Enter reason

Is this report associated with a specific docket/case? No Yes

If yes, enter docket number: Enter Docket number

List applicable Key Words for this report to facilitate electronic search:
Enter Key Words

DO NOT electronically file with the PUC Filing Center:



- Annual Fee Statement form and payment remittance or
- OUS or RSPF Surcharge form or surcharge remittance or
- Any other Telecommunications Reporting or
- Any daily safety or safety incident reports or
- Accident reports required by ORS 654.715

Please file the above reports according to their individual instructions.

Must be electronically filed with the Public Utility Commission of Oregon
 at: http://www.puc.state.or.us/Pages/water/forms_notices/annualreports.aspx
 on or before May 31, 2014.

If you have questions about
 the form call Celeste Hari
 at (503)378-6628
 email: celeste.hari@state.or.us

Mail the original to:
 Public Utility Commission of Oregon
 PO Box 1088
 Salem, OR 97308-1088

Affiliated Interest Annual Report for Water Utilities

OAR 860-036-0816

Utility Company Name: South Hills Water System, Inc.
Address: P.O. Box 98, Hillsboro, OR 97123
Telephone: 503-318-4587 /503-318-4434/ 503-317-8551
Email: cityborn22@yahoo.com

Annual Transactions for Jan. 1 through Dec. 31, 2013

Please use this format and attach additional sheets if needed.

Docket and Order No.*	Name of Affiliate And <u>Description</u> of Affiliation	Purpose of Transaction	Hours and Current Hourly Rate If Applicable	Annual Dollar Amount
N/A	N/A	N/A	N/A	N/A

Have any changes occurred to the utility, affiliate, or the affiliated relationships that affect any affiliated interest contracts?

NO

YES Using a separate sheet, please explain the changes and provide any other pertinent information.

Signature of responsible party: /s/ _____ Date: 4/28/14

Printed name: Patricia L. Thompson Position held in utility: Office Manager

Telephone Number: 503-317-8551 email: cityborn22@yahoo.com

The Commission may request further information regarding any affiliated interest transaction. This form **must** be filed electronically via the PUC Filing Center as indicated at the top of the page. *If you do not know the docket or order number, please call and I will help you with that information. Please **do not** file the form with this section blank. Keep a copy for your records.