



e-FILING REPORT COVER SHEET

COMPANY NAME: Salmon Valley Water Company

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION?  No  Yes If yes, submit a redacted public version (or a cover letter) by email. Submit the confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order.

Select report type:  RE (Electric)  RG (Gas)  RW (Water)  RT (Telecommunications)  
 RO (Other, for example, industry safety information)

Did you previously file a similar report?  No  Yes, report docket number:

Report is required by:  OAR 860-036-0816  
 Statute  
 Order

Note: A one-time submission required by an order is a compliance filing and not a report (file compliance in the applicable docket)

Other  
(For example, federal regulations, or requested by Staff)

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

List Key Words for this report. We use these to improve search results.

Water Affiliated Interest Report, Salmon Valley Water

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

Send confidential information, voluminous reports, or energy utility Results of Operations Reports to PUC Filing Center, PO Box 1088, Salem, OR 97308-1088 or by delivery service to 3930 Fairview Industrial Drive SE, Salem, OR 97302.

Both the report and the cover sheet must be filed electronically with the Public Utility Commission at: [PUC.FilingCenter@state.or.us](mailto:PUC.FilingCenter@state.or.us) on or before May 31.

If you have questions about the form call Greg Miller at: (503)373-7867 or email: [Greg.Miller@state.or.us](mailto:Greg.Miller@state.or.us)

## Affiliated Interest Annual Report for Water Utilities

OAR 860-036-0816

Utility Company Name: Salmon Valley Water Company
Address: PO Box 205 Welches, OR 97067
Telephone: 503.622.4083
Email: thesvwco@frontier.com

### Annual Transactions for Jan. 1 through Dec. 31.

Please use this format and attach additional sheets if needed.

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

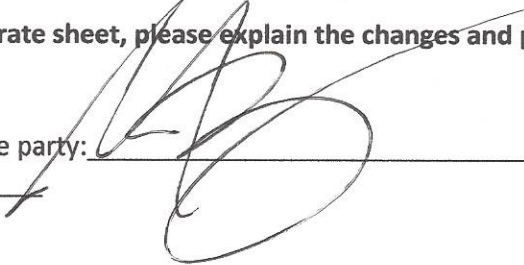
\*If you do not know the docket or order number, please call and I will help you with that information. Please **do not** file the form with this section blank.

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**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:  \_\_\_\_\_ Date: 5/4/2016

Printed name: Michael Bowman \_\_\_\_\_ Position held in utility: President

Telephone Number: 503.887.0991 \_\_\_\_\_ email: bowman.michael@frontier.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.