Oregon Public Utility Commission

e-FILING REPORT COVER SHEET

COMPANY NAME: ANGLERS COVE SHADY COVE HEIGHTS WATER COMPANY
DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? No See 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 See, report docket number:
Report is required by: 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 2019 Affiliated Interest Annual Report for Water Utilities (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.
Send the completed Cover Sheet and the Report in an email addressed to 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 201 High Street SE Suite 100, Salem, OR 97301.



Affiliated Interest Annual Report for Water Utilities

OAR 860-036-2360

This form must be electronically filed with the OPUC at: PUC.FilingCenter@state.or.us on or before May 31, 2019

Utility Comp	any Name: ANGLERS COV	'E SHADY COVE HEIGHTS WATER COMPA	ANY	
Address: PO	BOX 412, SHADY COVE, C	DREGON 97539	8	
Telephone:	541-944-7593		1 2 12	
Email: eckes	sler@embarqmail.com			
		ons for January 1 through Decemon his format and attach additional sheets if ne		
Docket	Name of Affiliate	Purpose	Hours & Current	Annual
& Order No.*	And Description of Affiliation	of Transaction	Hourly Rate (If Applicable)	Dollar Amount
N/A	N/A	N/A	N/A	N/A
-				
		er number, please call and staff will help ction blank; if not affiliated interest exis		nation.
	anges occurred to the uti	lity, affiliate, or the affiliated relationsh		affiliated
X - NO YES - Usi	ing a separate sheet, plea	use explain the changes and provide an	y other pertinent in	formation.
Signature of	responsible party:	Dat	e: JANUARY 25, 20	020
Printed name	e: Edward P Kessler	Position held in utility: Presiden	t / Treasurer	
Telephone N	lumber: <u>541-944-7593</u>	E-mail: eckessler@	embargmail.com	
The Commis	sion may request further	information regarding any affiliated inte	rest transaction.	

If you have questions about the form call Russ Beitzel at (503) 378-6628 or email: russell.beitzel@state.or.us

Revised 5/22/2019