## e-FILING REPORT COVER SHEET



COMPANY NAME: Seventh Mountain Golf Village Water Co

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  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.
Affiliated Interest 2016
Send the completed Cover Sheet and the Report in an email addressed to <a href="PUC.FilingCenter@state.or.us">PUC.FilingCenter@state.or.us</a>
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.

This form must be electronically filed with the Public Utility Commission of Oregon at: <a href="PUC.FilingCenter@state.or.us">PUC.FilingCenter@state.or.us</a>

on or before May 31, 2017

If you have questions about the form call Joan Grindeland at (503) 373-1003 or email: <a href="mailto:joan.grindeland@state.or.us">joan.grindeland@state.or.us</a>

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

OAR 860-036-2360

Utility Comp	any Name: Seventh Mo	untain Golf Village Water Co			
Address: PC	Box 25487 Portland, Or	egon 97298			
Telephone:	503-701-4000				
Email: daleb	pernards@gmail.com				
		ions for January 1 through Decemb	OF TABLE SAME DESCRIPTION OF SHARE		
(Please use this format and attach additional sheets if needed.)  Docket Name of Affiliate Purpose Hours & Current Annual					
&	And Description of	of	Hourly Rate	Dollar	
Order No.*	Affiliation	Transaction	(If Applicable)	Amount	
	Braber Properties,				
257	LLC	Land Lease		\$850	
	Canterbury				
217 (1)	Commercial, LLC	Management		\$22,424	
	man control		L		
Have any cha	nges occurred to the uti	lity, affiliate, or the affiliated relationship	ps that affect any a	ffiliated	
interest contracts?					
V NO					
X NO  YES - Using a separate sheet, please explain the changes and provide any other pertinent information.					
Tes osing a separate sheet, prease expant the changes and provide any other pertinent information.					
Signature of re	esponsible party:	Date:	5/1/1/8		
Printed name:	Data Berrow	Position held in utility:	Presi Lel		
Telephone Nu	mber: 503-7	01-4000 E-mail: Date	Bernding,	rAil.co	
		nformation regarding any affiliated intere			

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

Al template Revised 2/20/2018

do not file the form with this section blank.