



## COMPANY NAME:

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: AR
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.

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.

Received Time Jun. 5. 2017 7:14AM No. 0347

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Both the report and the cover sheet must be filed electronically with the Public Utility Commission at: <u>PUC.FilingCenter@state.or.us</u> on or before May 31. If you have questions about the form call Greg Miller at: (503)373-7867 or email: <u>Greg.Miller@state.or.us</u>

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

OAR 860-036-0816

**Utility Company Name** Address: Telephone ╫ Email? 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
Na	nia	-N/a	N/	a
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\*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?

FAX NO. :

KNO YES - Using a separate sheet, please explain the changes and provide any other pertinent information. Signature of responsible party Position held in utility: Printed name: nail: Telephone Number:

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.