## Oregon Public Utility Commission

## e-FILING REPORT COVER SHEET

COMPANY NAME: Clearwater Source LLC
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:  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  By Staff  (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.
No Affiliated interest this year
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: PUC.FilingCenter@state.or.us

on or before May 31, 2018

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 Compa	any Name: Clearwater S	ource LLC		
Address: 212	21 via Rivera Palos Verd	es Estates CA 90274		
Telephone: 4	480 322-7924			
Email: amico	ompany@gmail.com			
ē		ions for January 1 through Decemb		
Docket	Name of Affiliate	Purpose	Hours & Current	Annual
&	And Description of	of	Hourly Rate	Dollar
Order No.*	Affiliation	Transaction  No affiliated interest transactions this year	(If Applicable)	Amount
interest contr	-	ility, affiliate, or the affiliated relationshi	ps that affect any a	ffiliated
NO YES - Using	1	explain the changes and provide any other p	pertinent information	
Signature of re	esponsible party:	n 1/1/19 Date:04/04/20	19	
Printed name:	:Alain Cailler	Position held in utility:Manager_		-
Telephone Nu	ımber: 480 322-7924 E	-mail: amicompany@gmail.com		
_the Commiss	sion may request furthe	r information regarding any affiliated inte	rest transaction.	
	t know the docket or order to the things to the things	der number, please call and I will help you blank.	with that informati	on. Please

Al template Revised 2/20/2018