This form must be electronically filed with the Public Utility Commission of Oregon at: PUC.FilingCenter@state.or.us

on or before May 31, 2019

If you have questions about the form call Joan Grindeland at (503) 373-1003 or email: joan.grindeland@state.or.us

Affiliated Interest Annual Report for Water Utilities

OAR 860-036-2360

Utility Comp	any Name: Salmon Valley Wa	ter Company		
Address: PO) Box 205			
Telephone:	503-622-4083			
Email: mich	ael@thesvwc.com			
				(H. 76.8)
		for January 1 through Dec	•	
Docket	(Please use this for Name of Affiliate	mat and attach additional sheets Purpose	if needed.) Hours & Current	Annual
&	And Description of	of	Hourly Rate	Dollar
Order No.*	Affiliation	Transaction	(If Applicable)	Amount
	No affiliat	ed interest transactions this ye	ear.	
Have any cha interest conti	-	ffiliate, or the affiliated relatio	onships that affect any a	ffiliated
NO YES - Using	g a separate sheet, please explai	n the changes and provide any of	ther pertinent information	•
Signature of r	esponsible party:		Date: 04/23/2019	
Printed name	: _Brody Wilson	Position held in utility:	_CFO/Treasurer	
Telephone Nu	ımber: _503-226-4211	E-mail: _brody.v	vilson@nwnatural.com_	
The Commissi	ion may request further inforn	nation regarding any affiliated	interest transaction.	
*	t know the docket or order nu e form with this section blank.	mber, please call and I will help	you with that informati	on. Please

Al template Revised 2/20/2018