## Oregon Public Utility Commission

## e-FILING REPORT COVER SHEET

COMPANY NAME: SHADOW WOOD WATER SERVICE LLC
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 Yes, report docket number:
Report is required by:  Statute SHADOW WOOD AFFILIATED INTEREST ANNUAL REPORT  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: Ul 362
List Key Words for this report. We use these to improve search results.
UI 362 ORDER 16-101 SHADOW WOOD
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.



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

OAR 860-036-2360

This form must be electronically filed with the OPUC at: <a href="PUC.FilingCenter@puc.oregon.gov">PUC.FilingCenter@puc.oregon.gov</a> on or before June 1, of each year.

Utility Company Name: Shadow Wood Water Service, LLC	
Address: PO Box 699, Newberg, OR 97132	
Telephone: 503-554-8333	
Email: silas@hilandwater.com	

## Annual Transactions for January 1 through December 31, of each year

(Please use this format and attach additional sheets if needed.)

Docket & Order No.*	Name of Affiliate And Description of Affiliation	Purpose of Transaction	Hours & Current Hourly Rate (If Applicable)	Annual Dollar Amount
UI 362		Operational, managerial, and		
16-101	Hiland Water	administrative services		\$13,301.00
UI 362	,			
16-101	Hiland Water	Main office facility		\$5,116.00
UI 362				
16-101	Hiland Water	Warehouse, equipment, vehicles		\$2,800.00

<sup>\*</sup>If you do not know the docket or order number, please call and staff will help you with that information. Please **do not** file the form with this section blank; if not affiliated interest exists please use N/A.

Have any changes occurred to the utility, affiliate, or the affiliated relationships that affect any affiliated interest contracts?

NO  YES - Using a separate sheet, please explain the changes and provide any other pertinent information.  Signature of responsible party: Signature of respon							
Printed name:	Silas Olson	Position held in utility:	General	Manager			
Telephone Number:	503-554-8333 x103	E-mail:	silas@hilar	ndwater.com			
The Commission may	request further informat	ion regarding any affiliat	ed interest	transaction.			

If you have questions about the form call Russ Beitzel at (971) 209-0533 or email: russell.beitzel@puc.oregon.gov