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 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.



Affiliated Interest Annual Report for Water Utilities

OAR 860-036-2360

This form must be electronically filed with the OPUC at: PUC.FilingCenter@state.or.us on or before June 1, 2021

Utility Comp	oany Name: Shadow Wo	ood Water Service LLC			
Address: PO	Box 699, Newberg, OR	97132		View in the second	
Telephone:	503-554-8333			TO THE TOTAL STATE OF THE TAXABLE STATE OF TAX	
Email: silas(@hilandwater.com				
		tions for January 1 through Decem this format and attach additional sheets if n			
Docket & Order No.*	Name of Affiliate And Description of Affiliation	Purpose of Transaction	Hours & Current Hourly Rate (If Applicable)	Annual Dollar Amount	
UI 362 16-101 UI 362	Hiland Water	Operational, managerial, and administrative services		\$9,518.00	
16-101 UI 362	Hiland Water	Main office facility		\$5,302.00	
16-101	Hiland Water	Warehouse, equipment, vehicles		\$2,200.00	
Please do not Have any cha interest cont	t file the form with this songes occurred to the ut	ler number, please call and staff will help ection blank; if not affiliated interest exis ility, affiliate, or the affiliated relationsh	ts please use N/A.		
NO YES - Using a separate sheet, please explain the changes and provide any other pertinent information. Signature of responsible party: Date: 05/21/21					
Signature of r	esponsible party:	Dai	te: <u>05/21/21</u>		
Printed name: Silas Olson Position held in utility: General Manager					
Telephone Nu	umber: <u>503-554-8333</u>	x103 E-mail: silas@h	ilandwater.com		
The Commiss	ion may request further	information regarding any affiliated inte	rest transaction.		
If you have qu	estions about the form ca	ll Russ Beitzel at (971) 209-0533 or email: <u>r</u>	ussell.beitzel@state.or	·.us	