

**PUBLIC UTILITY COMMISSION
OF
OREGON**

STAFF EXHIBIT 100

Testimony In Support of the Stipulation

February 26, 2020

1 **Q. BY WHOM IS THIS TESTIMONY SPONSORED?**

2 A. Staff's testimony is sponsored by the Oregon Public Utility Commission
3 (Commission) Staff (Staff) by Malia Brock of Staff. All parties in
4 Docket No. UW 179 (Stipulating Parties), including Shadow Wood Water
5 Service LLC (Shadow Wood or Company), reviewed this testimony in advance
6 of its filing.

7 **Q. PLEASE STATE YOUR NAME, OCCUPATION, AND BUSINESS**
8 **ADDRESS.**

9 A. My name is Malia Brock. I am a Utility Analyst in the Telecommunications and
10 Water Division of the Utility Program for the Public Utility Commission of
11 Oregon (Commission). My business address is 201 High St SE Ste. 100,
12 Salem, Oregon 97301.

13 **Q. PLEASE DESCRIBE YOUR EDUCATIONAL BACKGROUND AND WORK**
14 **EXPERIENCE.**

15 A. My Witness Qualification Statement is found in Exhibit Staff/101, Brock/1.

16 **Q. WHAT IS THE PURPOSE OF YOUR TESTIMONY?**

17 A. The purpose of my testimony is to describe and support the Stipulation
18 entered into by the Stipulating Parties in Docket No. UW 179, Shadow
19 Wood's request for a general rate revision.

20 **Q. HOW IS YOUR TESTIMONY ORGANIZED?**

21 A. My testimony is organized as follows:

22	Issue 1 ----- Stipulating Parties Summary Recommendation	2
23	Issue 2 ----- Shadow Wood's Description and Regulatory History	3
24	Issue 3 ----- Summary of Shadow Wood's General Rate Filing.....	4

1 Issue 4 ----- Staff's Review of Shadow Woods Filing 7
2 Issue 5 ----- Summary of Staff's Adjustments 8
3 Issue 6 ----- Cost of Capital..... 12
4 Issue 7 ----- Summary of the Stipulated Agreement..... 13
5 Table 1 ---- Cost of Capital..... 13
6 Table 2 ---- Rate Design/Spread..... 15
7 Table 3 ---- Average Monthly Bill Comparison 16

8 Exhibit 101 ---- Staff Witness Qualification Statement Brock/1
9 Exhibit 102 ---- Revenue Requirement..... Brock/1
10 Exhibit 102 ---- Adjustment Summary Plant..... Brock/2
11 Exhibit 102 ---- Plant Brock/3
12 Exhibit 103 ---- Staff Data Request Responses Brock/1-75

13 **Q. WERE EXHIBITS PREPARED FOR THIS DOCKET?**

14 A. Yes. I prepared Exhibit Staff/100, consisting of 16 pages; Exhibit Staff/101,
15 consisting of 1 page; Exhibit Staff/102, consisting of 3 pages; and Exhibit
16 Staff/103, consisting of 75 pages.

17 **Q. DID THE PARTIES REACH A SETTLEMENT IN DOCKET NO. UW 179?**

18 A. Yes. The Stipulation entered into by the Company and Staff, settles all
19 issues in this docket.

20 **ISSUE 1**

21 **STIPULATING PARTIES SUMMARY RECOMMENDATION**

22 **Q. PLEASE SUMMARIZE THE STIPULATING PARTIES'**
23 **RECOMMENDATION IN THIS CASE.**

24 A. The Stipulating Parties recommend the Commission adopt in its entirety the
25 Stipulation agreed to in Docket No. UW 179. The Stipulation recommends a
26 revenue requirement of \$70,469, as compared to Shadow Wood's request of
27 \$71,196, resulting in an annual revenue increase of \$3,018 or 4.47 percent

1 above the Company's 2018 Test Year revenues, with a 9.50 percent rate of
2 return on a rate base of \$267,365. The calculation of the Stipulating Parties'
3 revenue requirement is shown in Exhibit 102, Brock/1. The Stipulating Parties
4 agree that the recommended rates are just and reasonable.

5 ISSUE 2

6 SHADOW WOOD'S DESCRIPTION AND REGULATORY HISTORY

7 **Q. PLEASE DESCRIBE SHADOW WOOD WATER SYSTEM, LLC.**

8 A. Shadow Wood is a rate and service regulated investor-owned water utility
9 located in West Linn, Oregon. The system was constructed in 1922 and began
10 providing water service in 1924. Shadow Wood currently serves a community
11 of 64 residential customers.

12 Shadow Wood is a wholly owned subsidiary of Hiland Water Corporation
13 (Hiland), and became a registered limited liability company on March 21, 2016.
14 Hiland purchased Shadow Wood in 2003, at a time when the water system was
15 in disrepair. Hiland is a privately owned corporation that owns at least 20 other
16 water systems. Hiland allocates "indirect costs", including overhead and
17 certain expenses, that benefit all systems to each water company it owns
18 based on the number of customers in each system, and allocates "direct costs"
19 that are system-specific to the appropriate system. Hiland has a Commission-
20 approved Master Service Affiliated Interest Agreement in place for the
21 administration, management, and operation of Shadow Wood.

1 **Q. PLEASE PROVIDE A SUMMARY OF SHADOW WOOD'S REGULATORY**
2 **HISTORY.**

3 A. Shadow Wood provides water service to approximately 64 residential
4 customers located in West Linn, Oregon, on either side of a ravine. It has been
5 providing service since 1924; however, it did not become a rate and service
6 regulated water utility until 1998, as reflected in Order No. 98-105, Docket
7 No. UW 57. Shadow Wood was acquired by Hiland Water Corp. in 2003, by
8 Order No. 03-052, in Docket No. UP 199. There have been three subsequent
9 general rate cases, Docket No. UW 97 in 2004, Docket No. UW 106 in 2005,
10 and Docket No. UW 165 in 2016. It has been more than three years since the
11 Company's last general rate case filing.

12 **ISSUE 3**

13 **SUMMARY OF SHADOW WOODS' GENERAL RATE FILING**

14 **Q. PLEASE DESCRIBE SHADOW WOODS' RATE APPLICATION.**

15 A. The Company filed for a general rate increase on October 18, 2019. The
16 application proposed an annual revenue increase of \$3,745, resulting in total
17 annual revenues of \$71,196, with a 10.5 percent rate of return on a rate base
18 of \$267,694. Shadow Wood's application stated its proposed increase was
19 5.55 percent above 2018 test year revenues.¹

20 **Q. WHY IS THE COMPANY REQUESTING THE GENERAL RATE**
21 **INCREASE?**

¹ Shadow Wood Water Service LLC. Rate Case Application at 4.

1 A. Shadow Wood's rate case filing is in compliance with Condition No. 4(2) in the
2 Stipulation attached to Order No. 16-334, in Docket No. UW 165, which
3 specified that Shadow Wood must file a rate case on or before
4 October 20, 2019.² The Parties in Docket No. UW 165 agreed to
5 Condition No. 4(2) to both prevent another large increase in rates going
6 forward, and to potentially reduce overall rates as the Company's capital
7 investments depreciate. The application in Docket No. UW 179 was filed timely
8 on October 18, 2019, in compliance with the order adopting that stipulation.

9 **Q. WHAT WOULD BE THE EFFECTS OF SHADOW WOOD'S PROPOSED**
10 **RATES ON THE AVERAGE CUSTOMERS?**

11 A. In its application, Shadow Wood proposed a residential base rate increase
12 from \$61.85 to \$64.53 per month along with a commodity rate of .49 per
13 100 gallons. According to the Company, this would have increased the
14 average monthly customer bill for water service from \$87.31 to \$92.19 per
15 month.

16 **Q. DID THE COMPANY REQUEST TO RECOVER THE COSTS OF ANY**
17 **ASSET INVESTMENTS OR CHANGES TO UTILITY PLANT THAT WERE**
18 **NOT INSTALLED ON OR BEFORE THE 2018 TEST YEAR?**

19 A. Yes. Shadow Woods' application proposed to include in the proposed rates an
20 Upper Well Master meter that was installed and useful as of January 31, 2019.

² Shadow Wood Water Service LLC. Rate Case Application Q11, page 4.

1 The Upper Well Master Meter adds \$2,621 to rate base, and was the only
2 capital investment made by the Company since its last rate case.³

3 **Q. WAS THE INVESTMENT IN THE UPPER WELL MASTER METER MADE IN**
4 **COMPLIANCE WITH CONDITION (4)(1) OF THE STIPULATION ADOPTED**
5 **IN UW 165, REGARDING FINANCING OF CAPITAL PROJECTS?**

6 A. As a practical matter, Staff believes the Company did not violate Condition
7 (4)(1) through its use of equity funding for the Upper Well Master Meter, as
8 opposed to debt financing. Staff notes that Condition No. 4(1) in the stipulated
9 agreement in Order No. 16-334, Docket No. UW 165, states that the Company
10 will engage a minimum of five financial institutions to attempt to obtain a loan to
11 finance future capital projects prior to using shareholder equity. However, due
12 to the smaller dollar figure attached to the single capital expenditure made
13 since the last rate case, and the difficulty small water companies experience in
14 obtaining financing, Staff agrees this use of shareholder equity was appropriate
15 and that the investment should be reflected in the Company's rates.

16 **Q. DID THE STIPULATING PARTIES PROPOSE MODIFICATIONS TO THE**
17 **ANALOGOUS PRIOR FINANCING CONDITION IN THIS STIPULATION TO**
18 **ADDRESS THE PRACTICAL DIFFICULTIES FACED BY SMALL WATER**
19 **COMPANIES IN OBTAINING FINANCING?**

20 A. Yes. The Stipulating Parties propose a financing condition with two
21 modifications when compared against the analogous condition from the last
22 rate case, both of which are reflected in Condition 6 of the Stipulation. The first

³ Shadow Wood Water Service LLC. Rate Case Application Q34, page 11.

1 is a modification to the stipulated condition that limits the requirement to seek
2 financing for capital improvement projects to only those that are greater than
3 \$10,000. The second is a modification that requires quotes or other
4 documentation from three (instead of five) financial institutions or other sources
5 of funding and documentation detailing efforts made by the Company to obtain
6 future debt financing. One of the rationales for expanding the language to
7 include “or other sources of funding” was to make it explicit that sources such
8 as Oregon’s Drinking Water State Revolving Fund would qualify as one of the
9 three sources of funding. Staff expects this to be a potential source of funding
10 as the Company needs to proceed with perfecting its water rights to its existing
11 wells, which will require drilling at least one Shadow Wood well to a greater
12 depth no later than 2024. Not obtaining these water rights would put the
13 Company at risk for losing their ability to use the water. Infrastructure
14 improvements would be necessary to perfect the water right, including
15 replacement of some of the small distribution lines and the above ground line
16 to one of the wells.

17 **ISSUE 4**

18 **STAFF’S REVIEW OF SHADOW WOOD’S FILING**

19 **Q. WHAT ISSUES DID STAFF INVESTIGATE?**

20 A. Staff’s investigation and analysis of Shadow Wood’s general rate filing included
21 a comprehensive examination of the Company’s revenues, expenses,
22 proposed adjustments, rate spread and rate design, its affiliated interest

1 relationship and the associated cost allocation method, the Master Service
2 Agreement of allocations between the companies, rate base, capital
3 improvements, cost of capital, capital structure, quality of service, and capacity.
4 Staff sent a total of 19 data requests to the Company. Staff notes that there
5 were no intervenors in this case, nor did any Shadow Wood customers express
6 concerns during this rate case. Staff's review of complaints received by
7 Consumer Services since the 2016 rate case found two complaints surrounding
8 customer concerns over the locations of fire hydrants located in the right of way
9 after Shadow Wood relocated one hydrant and placed bollards around the
10 hydrants due to vehicular hit-and-run accidents that left them damaged. There
11 are currently three fire hydrants in the Shadow Wood service territory. Staff
12 identified no issues relating to these hydrants that would need to be addressed
13 in this rate case.

14 **ISSUE 5**

15 **Summary of Stipulated Adjustments**

16 **Q. PLEASE DISCUSS STAFF'S REVIEW OF SHADOW WOODS' EXPENSES.**

17 A. Staff examined Shadow Wood's expenses with consideration of prudence and
18 reasonableness, as well as compliance with the rules and statutes applying to
19 rate-regulated water companies. The Stipulating Parties' adjustments are
20 shown in Exhibit/102, Brock/2. The following provides a brief explanation of the
21 adjustments.

Account 604, Employee Pension & Benefits

1
2 In its response to Staff Data Requests 02⁴ and 11⁵ for an explanation of the
3 projected increase to this account, the Company responded that health care
4 expenses and a three percent IRA contribution correlate to 13.5 percent of the
5 employee wages in Account 601, Salaries and Wages-Employees. The
6 Company provided documentation of these expenses and the Stipulating
7 Parties agreed the projections are reasonable in the circumstances of this case.
8 The Stipulating Parties agreed to add \$123 to this account to achieve an
9 amount (\$1,396) for this expense, which is equal to 13.5 percent of the salaries
10 in Account 601 (\$10,339).

Account 620, O & M Materials/Supplies

11
12 Staff compared these expenses to the amounts reflected in its annual reports
13 that Shadow Wood filed for the years 2016, 2017, and the test year of 2018.
14 The Stipulating Parties agreed to use the three year average of \$2,182 to
15 determine this expense, resulting in an addition of \$639 in expense to this
16 account.

Account 635, Contract Services-Testing

17
18 Staff typically averages water test expenses over a three-year time frame due
19 to the yearly variance for expenses and testing requirements. Per the
20 Company's response to Staff's Data Request 03,⁶ a three-year average of the
21 expense for the years of 2016, 2017, and 2018 is \$1,508. The Stipulating

⁴ See Exhibit Staff/103,Brock/1, Shadow Wood's response to Staff Data Request 02.

⁵ See Exhibit Staff/103,Brock/2-27, Shadow Wood's response to Staff Data Request 11.

⁶ See Exhibit Staff/103,Brock/28-42, Shadow Wood's response to Staff Data Request 03.

1 Parties agreed to use that three-year average, resulting in a downward
2 adjustment of \$307 to this account.

3 **Account 642, Rental of Equipment**

4 The Stipulating Parties agreed that, due to increasing expenses in this account,
5 a three year average should be applied using 2017, 2018, and 2019 expenses.

6 Accordingly, this adjustment represents a three year averaged expense of
7 \$1,006, resulting in a downward adjustment to this account of \$319.

8 **Account 658, Worker's Comp Insurance**

9 In response to Staff's Data Request 08,⁷ the Company responded that it
10 inadvertently omitted this expense from its application. Although the 2018 test
11 year expense for this account was \$88, the Company's response indicated this
12 amount had been offset by a credit from 2017. The Stipulating Parties agreed
13 to add the average of the 2017 expense of \$135 and the 2018 expense of \$88
14 to this account, resulting in an addition of \$112 for this expense.

15 **Account 666, Amortization Of Rate Case**

16 In response to Staff's Data Request's 06⁸ and 17,⁹ the Company provided a
17 breakdown of the \$6,293 in expenses it has incurred in connection with this rate
18 case. As I discussed earlier, the stipulation adopted by the Commission in
19 Docket No. UW 165 required Shadow Wood to file a rate case within three
20 years. As the stipulation in this case contains no similar requirement for the
21 Company to file a rate case in three years, the Stipulating Parties agreed to

⁷ See Exhibit Staff/103,Brock/43, Shadow Wood's response to Staff Data Request 08.

⁸ See Exhibit Staff/103,Brock/44, Shadow Wood's response to Staff Data Request 06.

⁹ See Exhibit Staff/103,Brock/45, Shadow Wood's response to Staff Data Request 17.

1 amortize this expense across a longer term of five years, resulting in a
2 downward adjustment of \$408.

3 **Account 675, Miscellaneous Expense**

4 After the Company's response to Staff's Data Requests 04¹⁰ and 13,¹¹ Staff
5 reviewed these expenses and the allocation method used to distribute costs to
6 Shadow Wood customers. The Stipulating Parties agreed to remove the charity
7 donation allocations resulting in a downward adjustment of \$59.

8 **Account OE2, Other Expense 2**

9 Staff requested a copy of the Master Service Agreement in Staff's Data
10 Request 14,¹² and the allocation method used to distribute expenses across the
11 Hiland Companies in Staff's Data Request 15.¹³ In its response, the Company
12 advised they mistakenly used an allocation factor of .0213 instead of the correct
13 factor of .0217. To correct this error, the Stipulating Parties agreed to add \$196
14 in expenses to this account.

15 **Account 408.12, Payroll Tax**

16 In response to Staff's Data Request 09¹⁴ and 15,¹⁵ the Company advised that
17 due to an inadvertent omission on the application, it had not included the 2018
18 payroll tax of \$1,103 in this account. The Stipulating Parties agreed to add this
19 expense.

¹⁰ See Exhibit Staff/103,Brock/46-68, Shadow Wood's response to Staff Data Request 04.

¹¹ See Exhibit Staff/103,Brock/69, Shadow Wood's response to Staff Data Request 13.

¹² See Exhibit Staff/103,Brock/70-72, Shadow Wood's response to Staff Data Request 14.

¹³ See Exhibit Staff/103,Brock/73-74, Shadow Wood's response to Staff Data Request 15.

¹⁴ See Exhibit Staff/103,Brock/75, Shadow Wood's response to Staff Data Request 09.

¹⁵ See Exhibit Staff/103,Brock/73-74, Shadow Wood's response to Staff Data Request 15.

1 **Q. PLEASE DISCUSS STAFF'S REVIEW OF SHADOW WOOD'S PROPOSED**
2 **PLANT.**

3 A. As discussed earlier, the single addition to plant since the last rate case was a
4 proposal to add a new Upper Well Master Meter installed on January 31, 2019
5 into rate base. Staff agrees adding this adjustment into rate base is prudent to
6 enable the Company to track water usage. The Company's plant records are
7 detailed in Exhibit 102/Brock 3.

8 **ISSUE 6**

9 **COST OF CAPITAL**

10 **Q. WHAT CAPITAL STRUCTURE DID STAFF RECOMMEND?**

11 A. Shadow Wood's capital structure is 100 percent shareholder equity. However,
12 Staff recognizes that a split capital structure consisting of both equity and debt
13 typically results in a lower rate of return borne by customers. As previously
14 discussed, a condition in the Stipulation requires the Company to attempt to
15 obtain other financing options before making future capital investments over
16 \$10,000. The Stipulating Parties included this condition to ensure that going
17 forward, the Company will reasonably attempt to secure least-cost financing
18 options for the benefit of its customers.

19 **Q. WHAT COST OF CAPITAL DID THE COMPANY REQUEST IN ITS**
20 **APPLICATION?**

21 A. The Company requested a 10.5 percent cost of capital based on a 10.5 percent
22 cost of equity, with no debt in its capital structure. Because the Company's

1 proposed capital structure does not include debt, its proposed cost of capital
2 (allowed rate of return) is equal to the proposed cost of equity.

3 **Q. WHAT COST OF EQUITY DID THE PARTIES AGREE TO IN THIS**
4 **PROCEEDING?**

5 A. As shown in Table 1 below, the Stipulating Parties have stipulated to a
6 9.5 percent cost of equity, in line with other recent similar cases.

7 **TABLE 1. Cost of Capital**

Cost of Capital					
	Amount	Cap Struct	Cost	Wtd. Cost	
		0.00%		0.00%	
		0.00%		0.00%	
		0.00%		0.00%	
Total Debt	-	0.00%		0.00%	
Original Plant	262,311	98.11%	9.50%	9.32%	
Material/Supplies + Working Cash	5,054	1.89%	9.50%	0.18%	
		0.00%		0.00%	
Total Equity	267,365	100.00%		9.50%	ROE
Total Debt + Equity	267,365	100.00%		9.50%	ROR

8 **ISSUE 7**

9 **SUMMARY OF THE STIPULATED AGREEMENT**

10 **Q. ARE THERE ANY STIPULATED CONDITIONS SPECIFIC TO SHADOW**
11 **WOOD IN THE STIPULATION?**

12 A. Yes. As discussed earlier, Condition 6 in the Stipulation is specific to Shadow
13 Wood as follows:

14 6. The Stipulating Parties agree that Shadow Wood shall engage a minimum of
15 three financial institutions or sources of funding to attempt to obtain debt
16 financing prior to using shareholder equity to finance future capital projects that
17 are greater than \$10,000. Shadow Wood agrees to provide indicative quotes

1 or other documentation, as necessary, to document its efforts to obtain debt
2 financing.

3 **Q. WHAT REVENUE REQUIREMENT DID THE PARTIES STIPULATE TO IN**
4 **UW 179?**

5 A. The Stipulating Parties stipulated to a revenue requirement of \$70,469,
6 reflecting a 4.47 percent or \$3,018 increase over test year revenues, compared
7 to the Company's proposed 5.55 percent increase. See Exhibit 102/Brock 1.

8 **Q. WHAT ARE THE RATE COMPONENTS?**

9 A. Rates are comprised of a base rate that is charged regardless of water
10 consumption and a commodity rate (usage rate) that is charged per 100 gallons
11 of water consumed. Under the stipulated rate design in the approved annual
12 revenue requirement, 70 percent of the rates are recovered through the non-
13 variable monthly rate. This ensures that the Company receives adequate funds
14 to operate during the winter months when water usage is lower. As the other
15 30 percent of revenue is recovered through the commodity rate, this design
16 ensures that customers are paying for their own actual water use per month. A
17 base rate plus commodity charge structure also encourages water
18 conservation, as a customer's bill will increase as consumption increases.

19 **Q. WHAT RATES DID THE PARTIES STIPULATE TO IN UW 179?**

20 A. Shadow Wood currently has one residential rate for its 64 customers. The
21 Stipulating Parties stipulated to a monthly base rate of \$63.87 per month and a
22 consumption rate of 49 cents per 100 gallons. The rate design and rate spread
23 are shown on the following page in Table 2.

TABLE 2. Rate Design/Rate Spread

Rate Design						
Revenue Allocation:						70,074
Allocated to Base Rates:						70.00%
Allocated to Commodity Rates:						30.00%
Base Rates						
Revenue Allocation:						49,051
Meter Size	Customers	Factors	Customer Equivalency	% of Total	Revenue Allocation	Base Rate
5/8"	64	1.0	64	100.00%	\$ 49,051	\$ 63.87
3/4"		1.5	-	0.00%	\$ -	\$ 95.80
1"		2.5	-	0.00%	\$ -	\$ 159.67
1 1/2"		5.0	-	0.00%	\$ -	\$ 319.35
2"		8.0	-	0.00%	\$ -	\$ 510.95
3"		15.0	-	0.00%	\$ -	\$ 958.04
4"		25.0	-	0.00%	\$ -	\$ 1,596.73
6"		50.0	-	0.00%	\$ -	\$ 3,193.46
8"		80.0	-	0.00%	\$ -	\$ 5,109.53
TOTAL	64		64	100.00%	\$ 49,051	
Commodity Rate						
Revenue Allocation:						21,022
Annual Consumption	4,333,350	Gallon				
Unit of Measurement	100	Gallon				
Annual Units of Consumption	43,334	Units				
Commodity Rate:	\$ 0.48512	per unit				

1 **Q. WHAT WILL THE EFFECTS OF THE STIPULATED RATES BE ON THE**
 2 **AVERAGE CUSTOMER BILL?**

3 A. The average residential bill will increase from \$88.93 (per Staff’s calculations)
 4 to \$91.24. Some customers’ individual bills may increase more than the
 5 average bill and some customers’ bills may increase less than the average bill;
 6 the total increase will be dependent on the customer’s individual consumption.
 7 The anticipated results are shown on the following page in Table 3.

1

TABLE 3. Average Monthly Bill Comparison

BASE RATES			COMMODITY RATES			AVERAGE BILLS			REVENUE PROOF (Staff Checker)		
Current Rate	Staff Proposed Rate	Difference %	Current Rate	Staff Proposed Rate	Difference (%)	Current Rate	Staff Proposed Rate	Difference (%)	Base Rate	Commodity Rate	Total
\$61.85	\$63.87	3.26%	\$0.48	\$0.49	1.07%	\$88.93	91.24	2.60%	\$ 49,051	\$ 21,022	\$ 70,074
									\$49,051	\$21,022	\$70,074

2

Q. ARE THE RESULTING RATES FAIR AND REASONABLE?

3

A. Yes. The stipulated rates are fair and reasonable.

4

Q. DID THE PARTIES STIPULATE TO AN EFFECTIVE DATE FOR THE NEW RATES?

5

6

A. The Stipulating Parties agreed to an effective date of April 16, 2020, or three business days after the date the Commission enters an order adopting this Stipulation, whichever is later.

7

8

9

Q. WHAT DO THE STIPULATING PARTIES RECOMMEND REGARDING THE ADOPTION OF THE STIPULATION?

10

11

A. The Stipulating Parties recommend the Commission admit the Stipulation and Staff's testimony into the Docket No. UW 179 record and adopt the Stipulation in its entirety. If possible, the Stipulating Parties support the adoption of the Stipulation prior to April 16, 2020.

12

13

14

15

Q. DOES THAT CONCLUDE YOUR TESTIMONY?

16

A. Yes.

CASE: UW 179
WITNESS: MALIA BROCK

**PUBLIC UTILITY COMMISSION
OF
OREGON**

STAFF EXHIBIT 101

Witness Qualifications Statement

February 26, 2020

WITNESS QUALIFICATION STATEMENT

NAME: Malia Brock

EMPLOYER: PUBLIC UTILITY COMMISSION OF OREGON

TITLE: Senior Utility Analyst, Retail Rates and Water Section

ADDRESS: 201 High Street SE. Suite 100
Salem, OR 97301

EXPERIENCE: I have been employed with the Public Utility Commission of Oregon since 2010 as a Senior Utility Analyst in the Telecommunications and Water Division. My current responsibilities include service quality issues, rate cases, tariffs, rulemakings, property sales, affiliated interest transactions, special contracts and technical network issues. I have seven years of experience in water issues and related dockets and a combined total of over 40 years of experience in telecommunications. I provide telecommunications technical support on a wide range of issues to the Commissioners, Consumer Services Division, and other staff members. My past experience includes Team Lead responsibilities in Network Operations for the Department of Corrections, where I managed and supervised the network and telecommunications systems that supported 21 locations and 4,300 state employees located across Oregon. My past employment with PNB/US West/Qwest provides 25 years of industry related experience in telecom network, database and systems support, as well as subject matter expertise with billing and tariffs.

CASE: UW 179
WITNESS: MALIA BROCK

**PUBLIC UTILITY COMMISSION
OF
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STAFF EXHIBIT 102

**Exhibits in Support
Of Testimony**

February 26, 2020

Company Name	Shadow Wood				Exhibit 102
Docket No.	UM 179				Brock/1
Test Year	2018				
			Company Proposed Increase		Staff Proposed Increase
Revenue Requirement			5.55%		4.47%

	Test Year	Company Adjustments	Company Proposed Totals	Staff Adjustments to Company Totals	Staff Proposed Totals
REVENUES					
460 Unmetered			\$ -		\$ -
461.1 Residential	67,056	3,745	\$ 70,801	(727)	\$ 70,074
461.2 Commercial			\$ -		\$ -
462 Fire Protection Sales			\$ -		\$ -
465 Irrigation Water Sales			\$ -		\$ -
466 Water Sales for Resale			\$ -		\$ -
471 Miscellaneous Services	395		\$ 395		\$ 395
475 Cross Connection Control			\$ -		\$ -
Other			\$ -		\$ -
			\$ -		\$ -
Total Revenue	\$ 67,451	\$ 3,745	\$ 71,196	\$ (727)	\$ 70,469

Acct .	OPERATING EXPENSES				
601 Salaries and Wages - Employees	9,399	940	\$ 10,339	\$ -	\$ 10,339
603 Salaries and Wages - Officers			\$ -	\$ -	\$ -
604 Employee Pension & Benefits	767	506	\$ 1,273	\$ 123	\$ 1,396
610 Purchased Water			\$ -	\$ -	\$ -
611 Telephone/Communications	613		\$ 613	\$ -	\$ 613
615 Purchased Power	2,048		\$ 2,048	\$ -	\$ 2,048
616 Fuel for Power Production			\$ -	\$ -	\$ -
617 Other Utilities	1		\$ 1	\$ -	\$ 1
618 Chemical / Treatment Expense			\$ -	\$ -	\$ -
619 Office Supplies			\$ -	\$ -	\$ -
619.1 Postage	224	22	\$ 246	\$ -	\$ 246
620 O&M Materials/Supplies	1,543		\$ 1,543	\$ 639	\$ 2,182
621 Repairs to Water Plant			\$ -	\$ -	\$ -
631 Contract Svcs - Engineering			\$ -	\$ -	\$ -
632 Contract Svcs - Accounting	43		\$ 43	\$ -	\$ 43
633 Contract Svcs - Legal			\$ -	\$ -	\$ -
634 Contract Svcs - Management Fees	628		\$ 628	\$ -	\$ 628
635 Contract Svcs - Testing	665	1,150	\$ 1,815	\$ (307)	\$ 1,508
636 Contract Svcs - Labor	84		\$ 84	\$ -	\$ 84
637 Contract Svcs - Billing/Collection	194		\$ 194	\$ -	\$ 194
638 Contract Svcs - Meter Reading			\$ -	\$ -	\$ -
639 Contract Svcs - Other			\$ -	\$ -	\$ -
641 Rental of Building/Real Property	645		\$ 645	\$ -	\$ 645
642 Rental of Equipment	1,325		\$ 1,325	\$ (319)	\$ 1,006
643 Small Tools			\$ -	\$ -	\$ -
648 Computer/Electronic Expenses	88		\$ 88	\$ -	\$ 88
650 Transportation	1,146		\$ 1,146	\$ -	\$ 1,146
656 Vehicle Insurance	235		\$ 235	\$ -	\$ 235
657 General Liability Insurance	257		\$ 257	\$ -	\$ 257
658 Workers' Comp Insurance			\$ -	\$ 112	\$ 112
659 Insurance - Other			\$ -	\$ -	\$ -
666 Amortz. of Rate Case	1,667		\$ 1,667	\$ (408)	\$ 1,259
667 Gross Revenue Fee (PUC)	182		\$ 182	\$ 29	\$ 211
670 Bad Debt Expense	1		\$ 1	\$ -	\$ 1
671 Cross Connection Control Program			\$ -	\$ -	\$ -
673 Training and Certification	137		\$ 137	\$ -	\$ 137
674 Consumer Confidence Report			\$ -	\$ -	\$ -
675 Miscellaneous Expense	246	175	\$ 421	\$ (59)	\$ 362
OE1 Advertising	53		\$ 53	\$ -	\$ 53
OE2 Other Expense 2			\$ -	\$ 196	\$ 196
OE3 Other Expense 3			\$ -	\$ -	\$ -
OE4 Other Expense 4			\$ -	\$ -	\$ -
OE5 Other Expense 5			\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 22,191	\$ 2,793	\$ 24,984	\$ 6	\$ 24,990

OTHER REVENUE DEDUCTIONS					
403 Depreciation Expense	9,026	131	\$ 9,157	\$ -	\$ 9,157
406 Amort of Plant Acquisition Adjustment	-		\$ -	\$ -	\$ -
407 Amortization Expense			\$ -	\$ -	\$ -
408.11 Property Tax	795		\$ 795	\$ -	\$ 795
408.12 Payroll Tax			\$ -	\$ 1,103	\$ 1,103
408.13 Other			\$ -	\$ -	\$ -
409.10 Federal Income Tax	7,210	(1,307)	\$ 5,903	\$ 849	\$ 6,752
409.11 Oregon Income Tax	2,266	(411)	\$ 1,855	\$ 417	\$ 2,272
409.13 Extraordinary Items Income Tax			\$ -	\$ -	\$ -
TOTAL REVENUE DEDUCTIONS	\$ 41,488	\$ 1,206	\$ 42,694	\$ 2,375	\$ 45,069
Net Operating Income	\$ 25,963	\$ 2,539	\$ 28,502	\$ (3,102)	\$ 25,400

UTILITY RATE BASE					
101 Utility Plant in Service	413,997		\$ 413,997	\$ 2,621	\$ 416,618
105 Construction Work in Progress			\$ -	\$ -	\$ -
108 - Accumulated Depreciation of Plant	154,307		\$ 154,307	\$ -	\$ 154,307
271 - Contributions in Aid of Construction			\$ -	\$ -	\$ -
272 + Accumulated Amortization of CIAC			\$ -	\$ -	\$ -
281 - Accumulated Deferred Income Tax			\$ -	\$ -	\$ -
- Excess Capacity			\$ -	\$ -	\$ -
= NET RATE BASE INVESTMENT	\$ 259,690	\$ -	\$ 259,690	\$ 2,621	\$ 262,311
Plus: (working capital)					
151 Materials and Supplies Inventory	2,971		\$ 2,971	\$ -	\$ 2,971
Working Cash (Total Op Exp /12)			\$ -	\$ 2,083	\$ 2,083
TOTAL RATE BASE	\$ 262,661	\$ -	\$ 262,661	\$ 4,704	\$ 267,365
Rate of Return	9.88%		10.85%		9.50%

Shadow Wood			Exhibit 102
Docket No. UW 179			Brock/2
Company Proposed Totals	Staff Adjustments to Company Totals	Staff Proposed Totals	Explanation of Adjustment
\$ -	\$ -	\$ -	
\$ 70,801	\$ (727)	\$ 70,074	rate model automatic calculation
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ 395	\$ -	\$ 395	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ 71,196	\$ (727)	\$ 70,469	
\$ 10,339	\$ -	\$ 10,339	
\$ -	\$ -	\$ -	
\$ 1,273	\$ 123	\$ 1,396	Added Company estimation of increased for employees benefits; DR's 2 & 11.
\$ -	\$ -	\$ -	
\$ 613	\$ -	\$ 613	
\$ 2,048	\$ -	\$ 2,048	
\$ -	\$ -	\$ -	
\$ 1	\$ -	\$ 1	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ 246	\$ -	\$ 246	
\$ 1,543	\$ 639	\$ 2,182	Average of this expense for 2016, 2017 and 2018 using annual reports.
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ 43	\$ -	\$ 43	
\$ -	\$ -	\$ -	
\$ 628	\$ -	\$ 628	
\$ 1,815	\$ (307)	\$ 1,508	Per DR #3, averaged the water test schedule and expenses for 3 years.
\$ 84	\$ -	\$ 84	
\$ 194	\$ -	\$ 194	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ 645	\$ -	\$ 645	
\$ 1,325	\$ (319)	\$ 1,006	DR's 5 & 16, Company advised upward trend. Avg. of expenses for 2017, 2018 and 2019.
\$ -	\$ -	\$ -	
\$ 88	\$ -	\$ 88	
\$ 1,146	\$ -	\$ 1,146	
\$ 235	\$ -	\$ 235	
\$ 257	\$ -	\$ 257	
\$ -	\$ 112	\$ 112	Per DR# 8, added average of 2017 and 2018 for workman's comp expense.
\$ -	\$ -	\$ -	
\$ 1,667	\$ (408)	\$ 1,259	DR's 6 & 17; \$6,293 amortized over 5 years.
\$ 182	\$ 29	\$ 211	model calculates automatically
\$ 1	\$ -	\$ 1	
\$ -	\$ -	\$ -	
\$ 137	\$ -	\$ 137	
\$ -	\$ -	\$ -	
\$ 421	\$ (59)	\$ 362	DR's 4 & 13; Removed the charity expense allocation dollars per DR's
\$ 53	\$ -	\$ 53	
\$ -	\$ 196	\$ 196	DR's 14 & 15 Company used allocation of .0213 factor instead of .0217, agreement for adj
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ 24,984	\$ 6	\$ 24,990	
\$ 9,157	\$ -	\$ 9,157	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ 795	\$ -	\$ 795	
\$ -	\$ 1,103	\$ 1,103	
\$ -	\$ -	\$ -	
\$ 5,903	\$ 849	\$ 6,752	
\$ 1,855	\$ 417	\$ 2,272	
\$ -	\$ -	\$ -	
\$ 42,694	\$ 2,375	\$ 45,069	
\$ 28,502	\$ (3,102)	\$ 25,400	
\$ 413,997	\$ 2,621	\$ 416,618	
\$ -	\$ -	\$ -	
\$ 154,307	\$ -	\$ 154,307	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ 259,690	\$ 2,621	\$ 262,311	
\$ 2,971	\$ -	\$ 2,971	
\$ -	\$ 2,083	\$ 2,083	
\$ 262,661	\$ 4,704	\$ 267,365	
10.85%	0.00%	9.50%	

Company Name	Shadow Wood							Exhibit 102
Docket No.	UM 179							Brock/3
Test Year		2018						

Invested Plant								
Acct No.	Asset Description	Date Acquired	Utility Plant Orig Cost	Asset Life	Annual Deprec	Final Month of Deprec	Accum. Deprec.	Remaining Plant
301	Source of Supply Land	Jan-00	300	-	-			300
301	Other Land	Jan-00	10,600	-	-			10,600
304	Structures and Improvements	1/1974	1,060	40	27	Jan 2014	1,060	-
304	Structures and Improvements including Well	1/1996	12,780	40	320	Jan 2036	7,360	5,420
307	2009 new well	12/2015	30,896	25	1,236	Nov 2040	3,811	27,085
307	2010 development of well	12/2015	4,337	25	173	Nov 2040	533	3,804
311	Pumping Equip	1/1974	3,079	20	154	Jan 1994	3,079	-
311	Pumping Equip	1/1986	1,379	20	69	Jan 2006	1,379	-
311	Pumping Equip	1/2005	3,034	20	152	Jan 2025	2,128	906
311	Installation of new well pump (Crow)	12/2015	17,585	25	703	Nov 2040	2,168	15,417
320	Purification System	1/1974	512	20	26	Jan 1994	512	-
330	Reservoirs and Standpipes	1/1974	6,920	30	231	Jan 2004	6,920	-
330	Reservoirs and Standpipes	1/1974	2,123	30	71	Jan 2004	2,123	-
330	Reservoir Improvements	1/1986	388	30	13	Jan 2016	388	-
330	New Reservoir	1/1994	33,000	30	1,100	Jan 2024	27,500	5,500
330	Reservoirs and Standpipes	1/2005	34,590	50	692	Jan 2055	9,688	24,902
331	Water Mains and Canals	1/2004	87,163	50	1,743	Jan 2054	26,145	61,018
331	Water Mains and Canals	1/1974	18,720	50	374	Jan 2024	16,830	1,890
331	Water Mains and Canals	7/2008	11,541	50	231	Jul 2058	2,426	9,116
331	Water Mains - 2009 Stafford road crossing	6/2009	24,140	50	483	Jun 2059	4,629	19,511
331	Water Mains - 2013 Sunset line replacement	6/2013	10,836	50	217	Jun 2063	1,212	9,624
331	Mainline Upgrade March to Aug 2015	8/2015	58,497	50	1,170	Aug 2065	3,998	54,500
333	Services	1/1974	463	30	15	Jan 2004	463	-
333	Services	7/2008	3,863	30	129	Jul 2038	1,355	2,509
334	Consumers' Meters	1/1974	8,620	20	431	Jan 1994	8,620	-
334	Meters	1/1986	209	20	10	Jan 2006	209	-
334	Upper Well Master meter	1/2019	2,621	20	131	Jan 2039	-	2,621
335	Hydrants	1/2005	7,437	40	186	Jan 2045	2,604	4,833
335	Hydrants	7/2008	2,568	40	64	Jul 2048	672	1,896
339	Other Structures	1/1974	13,405	35	383	Jan 2009	13,405	-
339	Other Plant - Blow Off	1/2005	1,616	30	54	Jan 2035	756	860
348	General Equip (removed 2005)	1/1974	1,824	15	122	Jan 1989	1,824	-
311	Pumping Equip (removed 2005)	1/1984	512	20	26	Jan 2004	512	-

TOTALS	Various	416,618		10,736		154,307	262,311
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Original Plant In Service Cost	416,618
Less: Excess Capacity	-
"Used & Useful" Plant	416,618
Less Accum Depreciation	154,307
NET PLANT	262,311

Depreciation Expense	9,027
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CASE: UW 179
WITNESS: MALIA BROCK

**PUBLIC UTILITY COMMISSION
OF
OREGON**

STAFF EXHIBIT 103

**Exhibits in Support
Of Testimony**

February 26, 2020



Phone: 503-554-8333
1-855-554-8333 (TF)
Mail: P.O. Box 699
Newberg, OR 97132
Email: info@hilandwater.com
Internet: www.hilandwater.com

November 21, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #2

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #2 and our answer below:

2. Please explain the rationale supporting the proposed 66 percent increase adjustment in Account 604, Employee Pension and Benefits.

The primary driver of the increased costs in Employee Benefits has been the increasing cost of health insurance premiums. During 2019, health insurance premiums have accounted for 9.3% of payroll costs while Hiland also contributes 3% of employee salaries to IRA's. In total, this leads to employee benefits equaling 12.3% of employee salaries, which is why the adjustment was requested on the application. Subsequent to submitting the application, Hiland has learned that 2020 health premiums will increase by 12.97% over 2019. We ask PUC staff to consider factoring that increase into the adjustment as well (10.5% health premium + 3% IRA contribution = 13.5% of employee salaries).



Phone: 503-554-8333
1-855-554-8333 (TF)
Mail: P.O. Box 699
Newberg, OR 97132
Email: info@hilandwater.com
Internet: www.hilandwater.com

December 31, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #11

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #11 and our answer below:

11. In DR 2, staff requested the rationale supporting the proposed 66 percent increase adjustment in Account 604, Employee Pension and Benefits. Please supply documentation of the proposed 66 percent increase in health care costs. Please also include for each of 2018, 2019, and 2020:
 - a. The Company's health insurance premiums paid or expected to be paid during that year, and
 - b. The amount of the health insurance premium expected to be allocated to Shadow Wood and the basis for that allocation.

A spreadsheet is attached showing the total monthly health insurance premiums, the portion of the monthly premiums covered by Hiland Water, and the percentage of allocation, past or expected, to Shadow Wood. The basis for the allocation is number of service connections, consistent with the allocation method used for other indirect costs. Please note that the corrected allocation method, which is discussed in more detail in the answer to Data Request 15, is used as the allocation method in the accompanying spreadsheet.

Currently, nine employees receive health insurance through Hiland Water, but one new employee will be eligible and will begin coverage in February 2020. Additionally, Hiland is currently seeking another field technician, for whom Health insurance is expected to be provided

Documentation from Providence Health Plan is also attached for February 2018 through January 2020 (except for March 2018, which couldn't be found).

Hiland Water Health Insurance Premiums					
	Total Premium	Company Premium	Employees Covered	% Allocation	Allocated Amount
Feb-18	\$4,732.85	\$2,942.80	8	2.17%	\$63.86
Mar-18	\$4,732.85	\$2,942.80	8	2.17%	\$63.86
Apr-18	\$3,991.15	\$2,574.95	7	2.17%	\$55.87
May-18	\$3,991.15	\$2,574.95	7	2.17%	\$55.87
Jun-18	\$3,991.15	\$2,574.95	7	2.17%	\$55.87
Jul-18	\$3,991.15	\$2,574.95	7	2.17%	\$55.87
Aug-18	\$4,359.00	\$2,942.80	8	2.17%	\$63.86
Sep-18	\$4,359.00	\$2,574.95	7	2.17%	\$55.87
Oct-18	\$4,359.00	\$3,310.65	9	2.17%	\$71.84
Nov-18	\$4,726.85	\$3,678.50	10	2.17%	\$79.82
Dec-18	\$5,542.85	\$3,882.15	9	2.17%	\$84.24
Billing Adj.	-\$286.55	-\$200.70	9	2.17%	-\$4.36
Jan-19	\$5,256.30	\$3,681.45	9	2.17%	\$79.88
2018 Total	\$53,746.75	\$36,055.20			\$782.37
Feb-19	\$5,256.30	\$3,681.45	9	1.89%	\$69.42
Mar-19	\$5,604.00	\$3,681.45	9	1.89%	\$69.42
Apr-19	\$6,769.80	\$4,090.50	10	1.89%	\$77.14
May-19	\$6,769.80	\$4,090.50	10	1.89%	\$77.14
Jun-19	\$7,178.85	\$4,499.55	11	1.89%	\$84.85
Jul-19	\$7,587.90	\$4,908.60	12	1.89%	\$92.56
Aug-19	\$7,178.85	\$4,499.55	11	1.89%	\$84.85
Sep-19	\$7,178.85	\$4,499.55	11	1.89%	\$84.85
Oct-19	\$6,013.05	\$4,090.50	10	1.89%	\$77.14
Nov-19	\$6,013.05	\$4,090.50	10	1.89%	\$77.14
Dec-19	\$6,330.80	\$4,158.90	9	1.89%	\$78.43
Jan-20	\$6,330.80	\$4,158.90	9	1.89%	\$78.43
2019 Total	\$78,212.05	\$50,449.95			\$951.35
Projected					
Feb-20	\$6,792.90	\$4,621.00	10	1.68%	\$77.57
Mar-20	\$6,792.90	\$4,621.00	10	1.68%	\$77.57
Apr-20	\$6,792.90	\$4,621.00	10	1.68%	\$77.57
May-20	\$6,792.90	\$5,083.10	11	1.68%	\$85.33
Jun-20	\$6,792.90	\$5,083.10	11	1.68%	\$85.33
Jul-20	\$6,792.90	\$5,083.10	11	1.68%	\$85.33
Aug-20	\$6,792.90	\$5,083.10	11	1.68%	\$85.33
Sep-20	\$6,792.90	\$5,083.10	11	1.68%	\$85.33
Oct-20	\$6,792.90	\$5,083.10	11	1.68%	\$85.33
Nov-20	\$6,792.90	\$5,083.10	11	1.68%	\$85.33
Dec-20	\$6,792.90	\$5,083.10	11	1.68%	\$85.33
Jan-21	\$6,792.90	\$5,591.41	11	1.68%	\$93.86
2020 Total	\$81,514.80	\$60,119.21			\$1,009.23

*Each month is billed/paid in the month before



Questions/Concerns?

Billing Specialist: KEISHA THOMPSON
Phone: (503) 574-6171

Premium Billing Statement

Group #: 110672
Group Name: HILAND WATER CORPORATION
Subgroup #: S001
Subgroup Name: HILAND WATER CORPORATION
Attention: OLSON, SILAS

Page: 4 of 5
Invoice #: 180100012458
Invoice Date: 01/10/2018
Payment Due Date: 02/01/2018
Bill Period: 02/01 thru 02/28/2018

Roster Detail for Class: A001 ACTIVES

<u>Subscriber#</u>	<u>Subscriber Name</u>	<u>Plan</u>	<u>Rating</u>	<u>Member Count</u>	<u>Medical</u>	<u>Dental</u>	<u>Premium Total</u>
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$737.70		\$737.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$737.70		\$737.70
112909271	MCDONALD, ANDREW K	B001	Subscriber	1	\$367.85		\$367.85
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$367.85		\$367.85
113181153	OLSON, JEFFREY J	B001	Sub + Spouse	2	\$737.70		\$737.70
100883764	OLSON, SILAS R	B001	Family	4	\$1,048.35		\$1,048.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$367.85		\$367.85
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$367.85		\$367.85
Class Subtotals:				14	\$4,732.85		\$4,732.85
Grand Totals:				14	\$4,732.85		\$4,732.85



Questions/Concerns?

Billing Specialist: KEISHA THOMPSON
Phone: (503) 574-6171

Premium Billing Statement

Group #: 110672
Group Name: HILAND WATER CORPORATION
Subgroup #: S001
Subgroup Name: HILAND WATER CORPORATION
Attention: OLSON, SILAS

Page: 5 of 6
Invoice #: 180710008815
Invoice Date: 03/12/2018
Payment Due Date: 04/01/2018
Bill Period: 04/01 thru 04/30/2018

Roster Detail for Class: A001 ACTIVES

<u>Subscriber#</u>	<u>Subscriber Name</u>	<u>Plan</u>	<u>Rating</u>	<u>Member Count</u>	<u>Medical</u>	<u>Dental</u>	<u>Premium Total</u>
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$735.70		\$735.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$735.70		\$735.70
112909271	MCDONALD, ANDREW K	B001	Subscriber	1	\$367.85		\$367.85
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$367.85		\$367.85
113181153	OLSON, JEFFREY J	B001	Sub + Spouse	2	\$735.70		\$735.70
100883764	OLSON, SILAS R	B001	Family	4	\$1,048.35		\$1,048.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$367.85		\$367.85
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$367.85		\$367.85
Class Subtotals:				14	\$4,726.85		\$4,726.85
Grand Totals:				14	\$4,726.85		\$4,726.85



Questions/Concerns?

Billing Specialist: KEISHA THOMPSON
Phone: (503) 574-6171

Premium Billing Statement

Group #: 110672
Group Name: HILAND WATER CORPORATION
Subgroup #: S001
Subgroup Name: HILAND WATER CORPORATION
Attention: OLSON, SILAS

Page: 4 of 5
Invoice #: 181000001037
Invoice Date: 04/10/2018
Payment Due Date: 05/01/2018
Bill Period: 05/01 thru 05/31/2018

Roster Detail for Class: A001 ACTIVES

<u>Subscriber#</u>	<u>Subscriber Name</u>	<u>Plan</u>	<u>Rating</u>	<u>Member Count</u>	<u>Medical</u>	<u>Dental</u>	<u>Premium Total</u>
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$735.70		\$735.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$735.70		\$735.70
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$367.85		\$367.85
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$367.85		\$367.85
100883764	OLSON, SILAS R	B001	Family	4	\$1,048.35		\$1,048.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$367.85		\$367.85
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$367.85		\$367.85
Class Subtotals:				12	\$3,991.15		\$3,991.15
Grand Totals:				12	\$3,991.15		\$3,991.15



Questions/Concerns?
Billing Specialist: KEISHA THOMPSON
Phone: (503) 574-6171

Premium Billing Statement

Group #: 110672
Group Name: HILAND WATER CORPORATION
Subgroup #: S001
Subgroup Name: HILAND WATER CORPORATION
Attention: OLSON, SILAS

Page: 4 of 5
Invoice #: 181300011635
Invoice Date: 05/10/2018
Payment Due Date: 06/01/2018
Bill Period: 06/01 thru 06/30/2018

Roster Detail for Class: A001 ACTIVES

<u>Subscriber#</u>	<u>Subscriber Name</u>	<u>Plan</u>	<u>Rating</u>	<u>Member Count</u>	<u>Medical</u>	<u>Dental</u>	<u>Premium Total</u>
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$735.70		\$735.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$735.70		\$735.70
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$367.85		\$367.85
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$367.85		\$367.85
100883764	OLSON, SILAS R	B001	Family	4	\$1,048.35		\$1,048.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$367.85		\$367.85
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$367.85		\$367.85
Class Subtotals:				12	\$3,991.15		\$3,991.15
Grand Totals:				12	\$3,991.15		\$3,991.15

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 06/11/2018
 Payment Due Date: 07/01/2018
 Bill Period: 07/01/2018 thru 07/31/2018

QUESTIONS/CONCERNS?
 Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883764	OLSON, SILAS R	B001	Family	4	\$1,048.35	\$0.00	\$1,048.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
Class Subtotals				12	\$3,991.15	\$0.00	\$3,991.15
Grand Totals				12	\$3,991.15	\$0.00	\$3,991.15

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$3,991.15	\$0.00	7	5	\$3,991.15
Class Subtotals		\$3,991.15	\$0.00	7	5	\$3,991.15
Grand Totals		\$3,991.15	\$0.00	7	5	\$3,991.15

181620013110

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 07/10/2018
 Payment Due Date: 08/01/2018
 Bill Period: 08/01/2018 thru 08/31/2018

QUESTIONS/CONCERNS?
 Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883764	OLSON, SILAS R	B001	Family	4	\$1,048.35	\$0.00	\$1,048.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
Class Subtotals				12	\$3,991.15	\$0.00	\$3,991.15
Grand Totals				12	\$3,991.15	\$0.00	\$3,991.15

367.85

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$3,991.15	\$0.00	7	5	\$3,991.15
Class Subtotals		\$3,991.15	\$0.00	7	5	\$3,991.15
Grand Totals		\$3,991.15	\$0.00	7	5	\$3,991.15

181910009148

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 08/10/2018
 Payment Due Date: 09/01/2018
 Bill Period: 09/01/2018 thru 09/30/2018

QUESTIONS/CONCERNS?

Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883764	OLSON, SILAS R	B001	Family	4	\$1,048.35	\$0.00	\$1,048.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
Class Subtotals				13	\$4,359.00	\$0.00	\$4,359.00
Grand Totals				13	\$4,359.00	\$0.00	\$4,359.00

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$4,359.00	\$0.00	8	5	\$4,359.00
Class Subtotals		\$4,359.00	\$0.00	8	5	\$4,359.00
Grand Totals		\$4,359.00	\$0.00	8	5	\$4,359.00

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Group #: 110872
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 09/10/2018
 Payment Due Date: 10/01/2018
 Bill Period: 10/01/2018 thru 10/31/2018

QUESTIONS/CONCERNS?
 Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883764	OLSON, SILAS R	B001	Family	4	\$1,048.35	\$0.00	\$1,048.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
Class Subtotals				13	\$4,359.00	\$0.00	\$4,359.00
Grand Totals				13	\$4,359.00	\$0.00	\$4,359.00

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$4,359.00	\$0.00	8	5	\$4,359.00
Class Subtotals		\$4,359.00	\$0.00	8	5	\$4,359.00
Grand Totals		\$4,359.00	\$0.00	8	5	\$4,359.00

182530021089

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 10/10/2018
 Payment Due Date: 11/01/2018
 Bill Period: 11/01/2018 thru 11/30/2018

QUESTIONS/CONCERNS?

Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$735.70	\$0.00	\$735.70
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883764	OLSON, SILAS R	B001	Family	4	\$1,048.35	\$0.00	\$1,048.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$367.85	\$0.00	\$367.85
Class Subtotals				14	\$4,726.85	\$0.00	\$4,726.85
Grand Totals				14	\$4,726.85	\$0.00	\$4,726.85

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$735.70	\$0.00	2	0	\$735.70
Class Subtotals		\$735.70	\$0.00	2	0	\$735.70
Grand Totals		\$735.70	\$0.00	2	0	\$735.70

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$4,726.85	\$0.00	9	5	\$4,726.85
Class Subtotals		\$4,726.85	\$0.00	9	5	\$4,726.85
Grand Totals		\$4,726.85	\$0.00	9	5	\$4,726.85

182830010091

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 11/12/2018
 Payment Due Date: 12/01/2018
 Bill Period: 12/01/2018 thru 12/31/2018

QUESTIONS/CONCERNS?

Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$431.35	\$0.00	\$431.35
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$862.70	\$0.00	\$862.70
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$862.70	\$0.00	\$862.70
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$431.35	\$0.00	\$431.35
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$431.35	\$0.00	\$431.35
100883764	OLSON, SILAS R	B001	Family	4	\$1,229.35	\$0.00	\$1,229.35
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$431.35	\$0.00	\$431.35
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$431.35	\$0.00	\$431.35
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$431.35	\$0.00	\$431.35
Class Subtotals				14	\$5,542.85	\$0.00	\$5,542.85
Grand Totals				14	\$5,542.85	\$0.00	\$5,542.85

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$5,542.85	\$0.00	9	5	\$5,542.85
Class Subtotals		\$5,542.85	\$0.00	9	5	\$5,542.85
Grand Totals		\$5,542.85	\$0.00	9	5	\$5,542.85

183160000398



Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 12/10/2018
 Payment Due Date: 01/01/2019
 Bill Period: 01/01/2019 thru 01/31/2019

QUESTIONS/CONCERNS?
 Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Payment Activity for Billing Period beginning 11/12/2018

Date	Description	Check	Amount
12/03/2018	Payment	00006572	(\$5,542.85) CR
Payment Activity Total			(\$5,542.85) CR



Retroactive Member Adjustments

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Effective	End	Rating	Reason Code	Amount
113309036	GEIGER, DEVIN L	B001	12/01/2018	12/31/2018	Subscriber	Retro Premium Adjustment	(\$22.30) CR
112928785	HOWARD, PAUL G	B001	12/01/2018	12/31/2018	Sub + Spouse	Retro Premium Adjustment	(\$44.60) CR
113155708	LEPINE, THEODORE A	B001	12/01/2018	12/31/2018	Sub + Spouse	Retro Premium Adjustment	(\$44.60) CR
113261449	OLSON, CURTIS P	B001	12/01/2018	12/31/2018	Subscriber	Retro Premium Adjustment	(\$22.30) CR
113181153	OLSON, JEFFREY J	B001	12/01/2018	12/31/2018	Subscriber	Retro Premium Adjustment	(\$22.30) CR
100883764	OLSON, SILAS R	B001	12/01/2018	12/31/2018	Family	Retro Premium Adjustment	(\$63.55) CR
113191872	STRINGFIELD, TINA L	B001	12/01/2018	12/31/2018	Subscriber	Retro Premium Adjustment	(\$22.30) CR
113299512	THOMPSON, MATTHEW B	B001	12/01/2018	12/31/2018	Subscriber	Retro Premium Adjustment	(\$22.30) CR
100883771	TROTTER, ROBERT P	B001	12/01/2018	12/31/2018	Subscriber	Retro Premium Adjustment	(\$22.30) CR
Class Adjustment Subtotal							(\$286.55) CR

Retroactive Member Adjustment Total (\$286.55) CR

Other Billing Adjustments

Date	ID	Description	Calculation Method	Calculation Value	Amount
Other Adjustment Total					\$0.00

183440017939

GP-11/23 Rev. 05/18

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 12/10/2018
 Payment Due Date: 01/01/2019
 Bill Period: 01/01/2019 thru 01/31/2019

QUESTIONS/CONCERNS?

Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$0.00	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$0.00	\$0.00	\$818.10
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$0.00	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$0.00	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$0.00	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$0.00	\$0.00	\$1,165.80
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$0.00	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$0.00	\$0.00	\$409.05
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$0.00	\$0.00	\$409.05
Class Subtotals				14	\$0.00	\$0.00	\$5,256.30
Grand Totals				14	\$0.00	\$0.00	\$5,256.30

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	(\$286.55)	\$0.00	0	0	(\$286.55) CR
Class Subtotals		(\$286.55)	\$0.00	0	0	(\$286.55) CR
Grand Totals		(\$286.55)	\$0.00	0	0	(\$286.55) CR

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$5,256.30	\$0.00	9	5	\$5,256.30
Class Subtotals		\$5,256.30	\$0.00	9	5	\$5,256.30
Grand Totals		\$5,256.30	\$0.00	9	5	\$5,256.30

183440017939

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 01/10/2019
 Payment Due Date: 02/01/2019
 Bill Period: 02/01/2019 thru 02/28/2019

QUESTIONS/CONCERNS?

Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
Class Subtotals				14	\$5,256.30	\$0.00	\$5,256.30
Grand Totals				14	\$5,256.30	\$0.00	\$5,256.30

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
	Class Subtotals	\$0.00	\$0.00	0	0	\$0.00
	Grand Totals	\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$5,256.30	\$0.00	9	5	\$5,256.30
	Class Subtotals	\$5,256.30	\$0.00	9	5	\$5,256.30
	Grand Totals	\$5,256.30	\$0.00	9	5	\$5,256.30

190100006263

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 02/11/2019
 Payment Due Date: 03/01/2019
 Bill Period: 03/01/2019 thru 03/31/2019

QUESTIONS/CONCERNS?

Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113354373	FIELD, JASMINE K	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Family	6	\$1,165.80	\$0.00	\$1,165.80
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
Class Subtotals				18	\$5,604.00	\$0.00	\$5,604.00
Grand Totals				18	\$5,604.00	\$0.00	\$5,604.00

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$1,043.10	\$0.00	0	12	\$1,043.10
Class Subtotals		\$1,043.10	\$0.00	0	12	\$1,043.10
Grand Totals		\$1,043.10	\$0.00	0	12	\$1,043.10

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$5,604.00	\$0.00	9	9	\$5,604.00
Class Subtotals		\$5,604.00	\$0.00	9	9	\$5,604.00
Grand Totals		\$5,604.00	\$0.00	9	9	\$5,604.00

190420002781

Group #: 110672
Subgroup #: S001
Subgroup Name: HILAND WATER CORPORATION
Attention: OLSON, SILAS

Invoice Date: 03/11/2019
Payment Due Date: 04/01/2019
Bill Period: 04/01/2019 thru 04/30/2019

QUESTIONS/CONCERNS?
Contact:

MA GROUP SERVICE TEAM HOOD at (855) 210-1520
or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113354373	FIELD, JASMINE K	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Family	6	\$1,165.80	\$0.00	\$1,165.80
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113069116	TICE, SHANNON M	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
Class Subtotals				22	\$6,769.80	\$0.00	\$6,769.80
Grand Totals				22	\$6,769.80	\$0.00	\$6,769.80

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$6,769.80	\$0.00	10	12	\$6,769.80
Class Subtotals		\$6,769.80	\$0.00	10	12	\$6,769.80
Grand Totals		\$6,769.80	\$0.00	10	12	\$6,769.80

190700013204

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 04/10/2019
 Payment Due Date: 05/01/2019
 Bill Period: 05/01/2019 thru 05/31/2019

QUESTIONS/CONCERNS?
 Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPGroupServiceTeamHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113354373	FIELD, JASMINE K	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Family	6	\$1,165.80	\$0.00	\$1,165.80
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113069116	TICE, SHANNON M	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
Class Subtotals				22	\$6,769.80	\$0.00	\$6,769.80
Grand Totals				22	\$6,769.80	\$0.00	\$6,769.80

409.05

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

191000001423

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$6,769.80	\$0.00	10	12	\$6,769.80
Class Subtotals		\$6,769.80	\$0.00	10	12	\$6,769.80
Grand Totals		\$6,769.80	\$0.00	10	12	\$6,769.80

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 05/10/2019
 Payment Due Date: 06/01/2019
 Bill Period: 06/01/2019 thru 06/30/2019

QUESTIONS/CONCERNS?
 Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113354373	FIELD, JASMINE K	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Family	6	\$1,165.80	\$0.00	\$1,165.80
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113069116	TICE, SHANNON M	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
Class Subtotals				23	\$7,178.85	\$0.00	\$7,178.85
Grand Totals				23	\$7,178.85	\$0.00	\$7,178.85

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$409.05	\$0.00	1	0	\$409.05
Class Subtotals		\$409.05	\$0.00	1	0	\$409.05
Grand Totals		\$409.05	\$0.00	1	0	\$409.05

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$7,178.85	\$0.00	11	12	\$7,178.85
Class Subtotals		\$7,178.85	\$0.00	11	12	\$7,178.85
Grand Totals		\$7,178.85	\$0.00	11	12	\$7,178.85

191300011322

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 06/10/2019
 Payment Due Date: 07/01/2019
 Bill Period: 07/01/2019 thru 07/31/2019

QUESTIONS/CONCERNS?
 Contact:

MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113354373	FIELD, JASMINE K	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113371819	HOWARD, JEREMIAH G	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Family	6	\$1,165.80	\$0.00	\$1,165.80
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113069116	TICE, SHANNON M	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
Class Subtotals				24	\$7,587.90	\$0.00	\$7,587.90
Grand Totals				24	\$7,587.90	\$0.00	\$7,587.90

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$409.05	\$0.00	1	0	\$409.05
Class Subtotals		\$409.05	\$0.00	1	0	\$409.05
Grand Totals		\$409.05	\$0.00	1	0	\$409.05

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$7,587.90	\$0.00	12	12	\$7,587.90
Class Subtotals		\$7,587.90	\$0.00	12	12	\$7,587.90
Grand Totals		\$7,587.90	\$0.00	12	12	\$7,587.90

191610020727

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 07/10/2019
 Payment Due Date: 08/01/2019
 Bill Period: 08/01/2019 thru 08/31/2019

QUESTIONS/CONCERNS?
 Contact:

MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113376246	FREDERIKS, DILLON E	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Family	6	\$1,165.80	\$0.00	\$1,165.80
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113069116	TICE, SHANNON M	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
Class Subtotals				23	\$7,178.85	\$0.00	\$7,178.85
Grand Totals				23	\$7,178.85	\$0.00	\$7,178.85

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	(\$818.10)	\$0.00	-2	0	(\$818.10) CR
Class Subtotals		(\$818.10)	\$0.00	-2	0	(\$818.10) CR
Grand Totals		(\$818.10)	\$0.00	-2	0	(\$818.10) CR

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$7,178.85	\$0.00	11	12	\$7,178.85
Class Subtotals		\$7,178.85	\$0.00	11	12	\$7,178.85
Grand Totals		\$7,178.85	\$0.00	11	12	\$7,178.85

191910015433

Group #: 110672
Subgroup #: S001
Subgroup Name: HILAND WATER CORPORATION
Attention: OLSON, SILAS

Invoice Date: 08/12/2019
Payment Due Date: 09/01/2019
Bill Period: 09/01/2019 thru 09/30/2019

QUESTIONS/CONCERNS?
Contact:
MA GROUP SERVICE TEAM HOOD at (855) 210-1520
or PHPHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total	
113376246	FREDERIKS, DILLON E	B001	Subscriber	1	\$409.05	\$0.00	\$409.05	
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05	
112928785	HOWARD, PAUL G	B001	Family	6	\$1,165.80	\$0.00	\$1,165.80	
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10	
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05	
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05	
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80	
113191872	STRINGFIELD, TINA L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05	
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05	
113069116	TICE, SHANNON M	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80	
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05	
				Class Subtotals	23	\$7,178.85	\$0.00	\$7,178.85
				Grand Totals	23	\$7,178.85	\$0.00	\$7,178.85

*add rate 409.05
subtract Shannon 1,165.80*

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$7,178.85	\$0.00	11	12	\$7,178.85
Class Subtotals		\$7,178.85	\$0.00	11	12	\$7,178.85
Grand Totals		\$7,178.85	\$0.00	11	12	\$7,178.85

192240015045

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 09/10/2019
 Payment Due Date: 10/01/2019
 Bill Period: 10/01/2019 thru 10/31/2019

QUESTIONS/CONCERNS?
 Contact:

MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113376246	FREDERIKS, DILLON E	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Family	6	\$1,165.80	\$0.00	\$1,165.80
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
113383632	SCHOENSTEIN, NATHAN A	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
Class Subtotals				19	\$6,013.05	\$0.00	\$6,013.05
Grand Totals				19	\$6,013.05	\$0.00	\$6,013.05

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	(\$1,165.80)	\$0.00	-1	-3	(\$1,165.80) CR
Class Subtotals		(\$1,165.80)	\$0.00	-1	-3	(\$1,165.80) CR
Grand Totals		(\$1,165.80)	\$0.00	-1	-3	(\$1,165.80) CR

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$6,013.05	\$0.00	10	9	\$6,013.05
Class Subtotals		\$6,013.05	\$0.00	10	9	\$6,013.05
Grand Totals		\$6,013.05	\$0.00	10	9	\$6,013.05

192530000680

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 10/10/2019
 Payment Due Date: 11/01/2019
 Bill Period: 11/01/2019 thru 11/30/2019

QUESTIONS/CONCERNS?
 Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113376246	FREDERIKS, DILLON E	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
112928785	HOWARD, PAUL G	B001	Family	6	\$1,165.80	\$0.00	\$1,165.80
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$818.10	\$0.00	\$818.10
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883764	OLSON, SILAS R	B001	Family	4	\$1,165.80	\$0.00	\$1,165.80
113383632	SCHOENSTEIN, NATHAN A	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$409.05	\$0.00	\$409.05
Class Subtotals				19	\$6,013.05	\$0.00	\$6,013.05
Grand Totals				19	\$6,013.05	\$0.00	\$6,013.05

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$6,013.05	\$0.00	10	9	\$6,013.05
Class Subtotals		\$6,013.05	\$0.00	10	9	\$6,013.05
Grand Totals		\$6,013.05	\$0.00	10	9	\$6,013.05

19283000915

Group #: 110672
Subgroup #: S001
Subgroup Name: HILAND WATER CORPORATION
Attention: OLSON, SILAS

Invoice Date: 11/11/2019
Payment Due Date: 12/01/2019
Bill Period: 12/01/2019 thru 12/31/2019

QUESTIONS/CONCERNS?
Contact:

MA GROUP SERVICE TEAM HOOD at (855) 210-1520
or PHPHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113376246	FREDERIKS, DILLON E	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
112928785	HOWARD, PAUL G	B001	Family	6	\$1,317.00	\$0.00	\$1,317.00
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$924.20	\$0.00	\$924.20
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
100883764	OLSON, SILAS R	B001	Family	4	\$1,317.00	\$0.00	\$1,317.00
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
Class Subtotals				18	\$6,330.80	\$0.00	\$6,330.80
Grand Totals				18	\$6,330.80	\$0.00	\$6,330.80

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	(\$409.05)	\$0.00	-1	0	(\$409.05) CR
Class Subtotals		(\$409.05)	\$0.00	-1	0	(\$409.05) CR
Grand Totals		(\$409.05)	\$0.00	-1	0	(\$409.05) CR

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$6,330.80	\$0.00	9	9	\$6,330.80
Class Subtotals		\$6,330.80	\$0.00	9	9	\$6,330.80
Grand Totals		\$6,330.80	\$0.00	9	9	\$6,330.80

193150003194

Group #: 110672
 Subgroup #: S001
 Subgroup Name: HILAND WATER CORPORATION
 Attention: OLSON, SILAS

Invoice Date: 12/10/2019
 Payment Due Date: 01/01/2020
 Bill Period: 01/01/2020 thru 01/31/2020

QUESTIONS/CONCERNS?
 Contact:
 MA GROUP SERVICE TEAM HOOD at (855) 210-1520
 or PHPHood@providence.org

Roster Detail

CLASS: A001 ACTIVES

Subscriber #	Subscriber Name	Plan ID	Rating	Member Count	Medical	Dental	Premium Total
113376246	FREDERIKS, DILLON E	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
113309036	GEIGER, DEVIN L	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
112928785	HOWARD, PAUL G	B001	Family	6	\$1,317.00	\$0.00	\$1,317.00
113155708	LEPINE, THEODORE A	B001	Sub + Spouse	2	\$924.20	\$0.00	\$924.20
113261449	OLSON, CURTIS P	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
113181153	OLSON, JEFFREY J	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
100883764	OLSON, SILAS R	B001	Family	4	\$1,317.00	\$0.00	\$1,317.00
113299512	THOMPSON, MATTHEW B	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
100883771	TROTTER, ROBERT P	B001	Subscriber	1	\$462.10	\$0.00	\$462.10
Class Subtotals				18	\$6,330.80	\$0.00	\$6,330.80
Grand Totals				18	\$6,330.80	\$0.00	\$6,330.80

Adjustment Summary

ADJUSTMENT SUMMARY FOR CLASS:

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
Class Subtotals		\$0.00	\$0.00	0	0	\$0.00
Grand Totals		\$0.00	\$0.00	0	0	\$0.00

Billing Summary

BILLING SUMMARY FOR CLASS: A001 ACTIVES

Plan ID	Plan Name	Premium Total	Fee Total	Subscribers	Dependents	Amount
B001	Balance	\$6,330.80	\$0.00	9	9	\$6,330.80
Class Subtotals		\$6,330.80	\$0.00	9	9	\$6,330.80
Grand Totals		\$6,330.80	\$0.00	9	9	\$6,330.80

193440015201



Phone: 503-554-8333
1-855-554-8333 (TF)
Mail: P.O. Box 699
Newberg, OR 97132
Email: info@hilandwater.com
Internet: www.hilandwater.com

November 22, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #3

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #3 and our answers below:

- Please provide the water testing schedule and associated costs for Account 635, Contract Services Testing, for the years 2016, 2017, and 2018. Include in your response documentation and records for these costs.

Test	Frequency	Cost per test	Quantity during three years	Total Cost
Coliform / Ecoli	Monthly + repeats	\$30.00	63	\$1,890.00
Lead & Copper	Once every 3 years	\$25.00	5	\$125.00
DBP / Stage 2 IDSE	Yearly	\$140.00	6	\$840.00
Arsenic	Once every 9 years	\$30.00	1/3 (last tested 2014)	\$10.00
IOC	Once every 9 years	\$285.00	1/3 (last tested 2014)	\$95.00
Nitrate	Yearly	\$25.00	3	\$75.00
Nitrite	Once every 9 years	\$20.00	1/3 (last tested 2014)	\$7.00
RADs	Once every 9 years	\$395.00	1/3	\$132.00
SOC	Once every 3 years	\$1,150.00	1	\$1,150.00
VOC	Once every 3 years	\$200.00	1	\$200.00
Total Cost for three years				\$4,524.00
Average annual cost				\$1,508.00

*The amount of \$1,815.00 was submitted on the application as the previously established average annual cost. This was calculated using two entry points from the two wells in Shadow Wood. Subsequent approval of a combined entry point has reduced the actual average annual testing costs, which should have been reflected on the application.



**Professional
Laboratory
Services**

13035 SW Pacific Hwy
Tigard, OR 97223

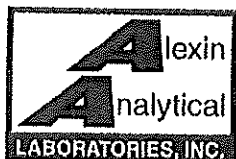
Date	Invoice #
1/21/2016	24864

Bill To
Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

P.O. No.	Terms
	Net 30

Quantity	Description	Rate	Amount
20	Routine QT coliform bacteria in drinking water- Includes 5 Temp Routines, 8 Repeats, 2 Triggered, 2 Specials (Shadow Wood Water)	30.00	600.00 #27
6	Routine QT coliform bacteria in drinking water- Includes 3 Specials (Southwood Park Water District)	30.00	180.00 #16
2	Lead and Copper in drinking water Lab# 5271002-01-02 Rec 09/28/15	30.00	60.00
1	VOC (Xylenes) in drinking water Lab# 5309022-01 Rec 11/05/15	200.00	200.00 #25
1	Nitrate analysis on water Lab# 5309023-01 Rec 11/05/15	20.00	20.00
3	Routine P/A coliform bacteria in drinking water (Stables at Coyote Run)	25.00	75.00
1	Synthetic Organic Compounds in drinking water (SOC)	1,150.00	1,150.00
1	Volatile Organic Compounds (524.2) in drinking water Lab# 5308040-01 Rec 11/04/15	200.00	200.00 #20
3	Routine P/A coliform bacteria in drinking water (Tooley)	25.00	75.00
Thank you for your business.		Total	



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13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
4/25/2016	25899

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Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

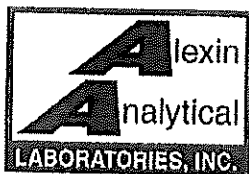
Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms
		Rate	Amount
1	Gross Alpha, Combined Radium 226/228, and Uranium analysis in drinking water	395.00	395.00
1	Synthetic Organic Compounds in drinking water (SOC)	1,150.00	1,150.00
1	Volatile Organic Compounds (524.2) in drinking water Lab# 6055015-01 Rec 02/24/16	200.00	200.00
7	Routine QT coliform bacteria in drinking water- Includes 4 Specials (Southwood Park Water District)	30.00	210.00
1	Nitrate analysis on water	20.00	20.00
1	Xylenes (VOC) (524.2) in drinking water Lab# 6008009-01-02 Rec 01/08/16	200.00	200.00
3	Routine P/A coliform bacteria in drinking water	25.00	75.00
1	Routine QT coliform bacteria in drinking water- Source Assessment (Stables at Coyote Run)	30.00	30.00
1	Nitrate analysis on water Lab# 6007031-01 Rec 01/02/16	20.00	20.00
3	Routine P/A coliform bacteria in drinking water	25.00	75.00
2	(Tooley) Nitrate analysis on water Lab# 6019036-01-02 Rec 01/19/16	20.00	40.00
Thank you for your business.		Total	

#10

#26

#20



**Professional
Laboratory
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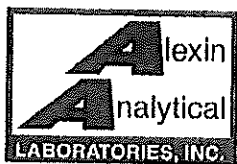
13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
7/18/2016	26849

Bill To
Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms
		Rate	Amount
1	Routine P/A coliform bacteria in drinking water (Riverbend Park)	25.00	25.00
3	Routine QT coliform bacteria in drinking water (Sea Crest)	30.00	90.00
3	Routine P/A coliform bacteria in drinking water (Shadow Wood Water)	25.00	75.00
6	Routine QT coliform bacteria in drinking water- Includes 3 Specials	30.00	180.00
1	(Southwood Park Water District) Ammonia analysis in wastewater Lab# 6132011-01 Rec 05/11/16	25.00	25.00
3	Routine P/A coliform bacteria in drinking water (Stables at Coyote Run)	25.00	75.00
6	Lead and Copper in drinking water Lab# 6098017-01-06 Rec 04/07/16	30.00	180.00
1	Synthetic Organic Compounds in drinking water (SOC)	1,150.00	1,150.00
1	Volatile Organic Compounds (524.2) in drinking water Lab# 6102015-01-02 Rec 04/11/16	200.00	200.00
3	Routine P/A coliform bacteria in drinking water	25.00	75.00
Thank you for your business.		Total	



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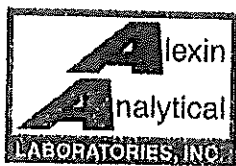
13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
10/13/2016	27908

Bill To
Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms	
		Rate	Amount	
5	Lead and Copper in drinking water Lab# 6189059 Rec 07/07/16 Lab# 6272055 Rec 09/28/16	30.00	150.00	#4
3	Routine QT coliform bacteria in drinking water (Quaker Meadows)	30.00	90.00	
1	Routine P/A coliform bacteria in drinking water (Riverbend Park)	25.00	25.00	#19
4	Routine QT coliform bacteria in drinking water- Includes 1 Special (Sea Crest)	30.00	120.00	#24
4	Lead and Copper in drinking water Lab# 6176026 Rec 06/24/16 (Shadow Wood Water)	30.00	120.00	#35
7	Routine QT coliform bacteria in drinking water- Includes 4 Specials (Shady Cove)	30.00	210.00	#10
2	Routine QT coliform bacteria in drinking water- Specials (Southwood Park Water District)	30.00	60.00	#29
1	Synthetic Organic Compounds in drinking water (SOC)	1,150.00	1,150.00	
1	Volatile Organic Compounds (524.2) in drinking water	200.00	200.00	
Thank you for your business.		Total		#26



**Professional
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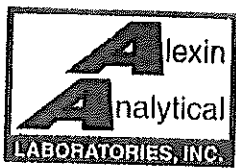
13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
1/23/2017	28934

Bill To
Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms	Amount
			Net 30	
		Rate		
4	Routine P/A coliform bacteria in drinking water (Penticton Estates)	25.00		100.00 #127
3	Routine QT coliform bacteria in drinking water (Quaker Meadows)	30.00		90.00 #14
1	Routine P/A coliform bacteria in drinking water (Riverbend Park)	25.00		25.00 #19
1	Synthetic Organic Compounds In drinking water (SOC)	1,150.00		1,150.00
1	Volatile Organic Compounds (524.2) In drinking water Lab# 6292050 Rec 10/18/16	200.00		200.00 #24
3	Routine QT coliform bacteria In drinking water (Sea Crest)	30.00		90.00
1	Routine P/A coliform bacteria in drinking water (Shadow Wood Water)	25.00		25.00 #35
6	Routine QT coliform bacteria in drinking water- Includes 3 Specials (Southwood Park Water District)	30.00		180.00 #10
3	Routine P/A coliform bacteria in drinking water (Stables at Coyote Run)	25.00		75.00 #20
3	Routine P/A coliform bacteria in drinking water	25.00		75.00 #20
Thank you for your business.		Total		



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13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
4/13/2017	29792

Bill To
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Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

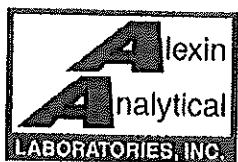
Quantity	Description	P.O. No.	Terms
		Rate	Amount
2	Nitrate analysis on water Lab# 70400[18, 19] Rec 02/09/17	25.00	50.00
4	Routine P/A coliform bacteria in drinking water	25.00	100.00
2	Routine QT coliform bacteria in drinking water- Includes 2 Source Assessments (Penticton Estates)	30.00	60.00
1	Nitrate analysis on water Lab# 7006011 Rec 01/06/17	25.00	25.00
3	Routine QT coliform bacteria in drinking water (Quaker Meadows)	30.00	90.00
1	Nitrate analysis on water Lab# 7040020 Rec 02/09/17	25.00	25.00
1	Routine P/A coliform bacteria in drinking water (Riverbend Park)	25.00	25.00
3	Routine QT coliform bacteria in drinking water (Shadow Wood Water)	30.00	90.00
1	Nitrate analysis on water Lab# 7006014 Rec 01/06/17	25.00	25.00
Thank you for your business.		Total	

#27
B

#4

#19

#24



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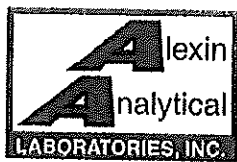
13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
4/13/2017	29792

Bill To
Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms
		Rate	Amount
6	Routine QT coliform bacteria in drinking water- Includes 3 Specials	30.00	180.00
1	(Southwood Park Water District) Nitrate analysis on water Lab# 7006013 Rec 01/06/17	25.00	25.00
1	Volatile Organic Compounds (Xylenes) in drinking water Lab# 7034025 Rec 02/03/17	200.00	200.00
3	Routine P/A coliform bacteria in drinking water	25.00	75.00
1	Routine QT coliform bacteria in drinking water- Includes 1 Source Assessment	30.00	30.00
1	(Stables at Coyote Run) Nitrate analysis on water Lab# 7040025 Rec 02/09/17	25.00	25.00
3	Routine P/A coliform bacteria in drinking water	25.00	75.00
3	(Tooley) Routine P/A coliform bacteria in drinking water	25.00	75.00
1	(Wilderness Canyon) Nitrate analysis on water Lab# 7040021 Rec 02/09/17	25.00	25.00
Thank you for your business.		Total	



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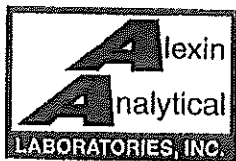
13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
8/3/2017	30751

Bill To
Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms	
		Rate	Amount	
10	Routine QT coliform bacteria in drinking water- Includes 3 Repeats, 1 Triggered, 3 Specials (Southwood Park Water District)	30.00	300.00	#10
3	Routine P/A coliform bacteria in drinking water	25.00	75.00	#26
1	Routine QT coliform bacteria in drinking water (Stables at Coyote Run)	30.00	30.00	
3	Routine P/A coliform bacteria in drinking water (Tooley)	25.00	75.00	#20
2	Nitrate analysis on water Lab# 71180[21, 22] Rec 4/28/17	25.00	50.00	#15
3	Routine P/A coliform bacteria in drinking water	25.00	75.00	
2	Routine QT coliform bacteria in drinking water - Assessments (Westwood Village)	30.00	60.00	#31
11	Lead and Copper in drinking water Lab# 71460[24, 25, 26, 27, 28, 28, 30, 31, 32, 33, 34] Rec 5/26/17	30.00	330.00	
3	Routine P/A coliform bacteria in drinking water (Wilderness Canyon)	25.00	75.00	#6
1	Nitrate analysis on water (Wyland)	25.00	25.00	
Thank you for your business.		Total		



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13035 SW Pacific Hwy
Tigard, OR 97223

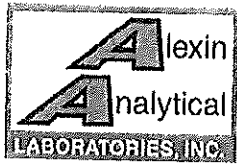
Date	Invoice #
10/19/2017	31493

Bill To
Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms	Amount
			Net 30	
	Lab# 7242004 Rec 8/30/17			
5	Lead and Copper in drinking water Lab# 72710[27, 28, 29, 30, 31] Rec 9/28/17	25.00		125.00
4	Routine P/A coliform bacteria in drinking water (Penticton Estates)	25.00		100.00
3	Routine QT coliform bacteria in drinking water (Quaker Meadows)	30.00		90.00
1	Routine P/A coliform bacteria in drinking water (Riverbend Park)	25.00		25.00
8	Lead and Copper in drinking water Lab# 72630[17, 19, 20, 21, 22, 23, 24, 25] Rec 9/20/17	25.00		200.00
11	Routine QT coliform bacteria in drinking water- Includes 6 Repeats, 2 Triggered (Shadow Wood Water)	30.00		330.00
7	Lead and Copper in drinking water Lab# 72350[18, 19, 20, 21, 22, 23, 24] Rec 8/23/17	25.00		175.00
3	Routine QT coliform bacteria in drinking water (Shady Cove)	30.00		90.00
Thank you for your business.		Total		

#140
#27
#4
#19
#24
#10



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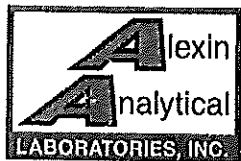
13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
1/26/2018	32196

Bill To
Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms	Amount
			Net 30	
		Rate		
3	(Lombard Water) Routine QT coliform bacteria in drinking water	30.00	90.00)	#15
4	(Oxberg Water System) Routine P/A coliform bacteria in drinking water	25.00	100.00)	#27 Bill
3	(Penticton Estates) Routine QT coliform bacteria in drinking water	30.00	90.00)	#4
1	(Quaker Meadows) Routine P/A coliform bacteria in drinking water	25.00	25.00)	#19
4	(Riverbend Park) Routine QT coliform bacteria in drinking water- Includes 1 Special	30.00	120.00)	#24
4	(Shadow Wood Water) Routine QT coliform bacteria in drinking water- Includes 1 Specials	30.00	120.00)	#10
2	(Shady Cove) Routine QT coliform bacteria in drinking water- Specials	30.00	60.00)	#29
1	(Southwood Park Water District) Asbestos in drinking water (Labcor) Lab# 7333020 Rec 11/29/17	375.00	375.00	
Thank you for your business.		Total		



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13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
4/23/2018	33193

Bill To
Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

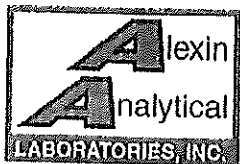
P.O. No.	Terms
	Net 30

Quantity	Description	Rate	Amount
1	(Riverbend Park) Nitrate analysis on water Lab# 8009012 Rec 1/9/18	25.00	25.00
7	Routine QT coliform bacteria in drinking water - Includes 3 Repeats, 1 Triggered	30.00	210.00
1	(Shadow Wood Water) Nitrate analysis on water Lab# 8005009 Rec 1/5/18	25.00	25.00
1	OSHD secondaries- color, corrosivity, foaming agents, pH, hardness, odor, TDS, Al, Cl, Cu, F, Fe, Mn, Ag, SO4, and Zn Lab# 8054017 Rec 2/23/18	250.00	250.00
3	Routine QT coliform bacteria in drinking water	30.00	90.00
1	(Southwood Park Water District) Nitrate analysis on water Lab# 8036033 Rec 2/5/18	25.00	25.00
3	Routine P/A coliform bacteria in drinking water	25.00	75.00
1	(Stables at Coyote Run) Nitrate analysis on water Lab# 8033013 Rec 2/2/18	25.00	25.00
Thank you for your business.		Total	

#24

#10

#26



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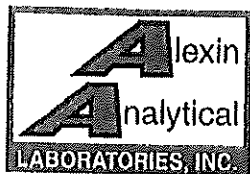
13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
7/20/2018	34015

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Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms	Amount
			Net 30	
1	(Quaker Meadows) Routine P/A coliform bacteria in drinking water	25.00	25.00	#19
13	(Riverbend Park) Routine QT coliform bacteria in drinking water - 3 Repeats, 1 Triggered, 6 Specials	30.00	390.00	#24
3	(Shadow Wood Water) Routine QT coliform bacteria in drinking water	30.00	90.00	#10
1	(Shady Cove) Routine QT coliform bacteria in drinking water	30.00	30.00	#29
3	(Southwood Park Water District) Routine P/A coliform bacteria in drinking water	25.00	75.00	#26
1	Routine QT coliform bacteria in drinking water- Source Assessment	30.00	30.00	
3	(Stables at Coyote Run) Routine P/A coliform bacteria in drinking water	25.00	75.00	#20
3	(Tooley) Nitrate analysis on water Lab# 81020[19, 20] Rec 4/12/18 Lab# 8130018 Rec 5/10/18	25.00	75.00	
Thank you for your business.		Total		



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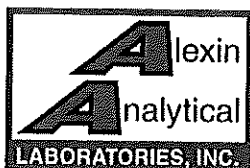
13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
10/29/2018	34841

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Hiland Water Attn: Accounts Payable PO Box 699 Newberg, OR 97132

Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms
		Rate	Amount
7	Routine QT coliform bacteria in drinking water- Includes 3 Repeats, 1 Triggered (Quaker Meadows)	30.00	210.00
1	Routine P/A coliform bacteria in drinking water (Red Hills Estates HOA)	25.00	25.00
1	Volatile Organic Compounds (524.2) in drinking water Lab# 8239050 Rec 8/27/18	200.00	200.00
4	(Riverbend Park) Routine QT coliform bacteria in drinking water- Includes 1 Special	30.00	120.00
3	(Shadow Wood Water) Routine QT coliform bacteria in drinking water	30.00	90.00
10	(Southwood Park Water District) Lead and Copper in drinking water Lab# 82570[39, 41, 43, 45, 47, 48, 49, 50, 51] Rec 9/14/18	25.00	250.00
1	Volatile Organic Compounds (Xlyebes) in drinking water Lab# 8186022 Rec 7/5/18	200.00	200.00
2	(Disinfection By-Products) Trihalomethanes and Haloacetic acids in drinking water Lab# 82320[10, 12] Rec 8/20/18	140.00	280.00
Thank you for your business.		Total	



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13035 SW Pacific Hwy
Tigard, OR 97223

Date	Invoice #
1/29/2019	35734

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Phone #	Fax #	E-mail
503-639-9311	503-684-1588	mail@alexinlabs.com

Quantity	Description	P.O. No.	Terms
		Rate	Amount
8	(Riverbend Park) Routine QT coliform bacteria in drinking water - Includes 1 Special, 1 Triggered, 3 Repeats	30.00	240.00 - #21
2	(Shadow Wood Water) (Disinfection By-Products) Trihalomethanes and Haloacetic acids in drinking water Lab# 83060[52, 53] Rec 11/2/18	140.00	280.00 - #10
5	Routine QT coliform bacteria in drinking water- Includes 2 Source Assessments	30.00	150.00
20	(Shady Cove) Lead and Copper in drinking water Lab# 82960[72, 73, 74, 75, 76] Rec 10/23/18 Lab# 82970[01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15] Rec 10/23/18	25.00	500.00 - #29
3	(Southwood Park Water District) Routine P/A coliform bacteria in drinking water	25.00	75.00 - #26
3	(Stables at Coyote Run) Routine P/A coliform bacteria in drinking water	25.00	75.00 - #20
1	(Tooley) Nitrate analysis on water	25.00	25.00
Thank you for your business.		Total	



Phone: 503-554-8333
1-855-554-8333 (TF)
Mail: P.O. Box 699
Newberg, OR 97132
Email: info@hilandwater.com
Internet: www.hilandwater.com

November 22, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #8

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #8 and our answer below:

8. Staff's comparison of Shadow Wood's Application to its 2017 annual report, Account 658, Worker's Comp Insurance, shows the company recorded \$135 in this account in 2017. However, Shadow Wood's Application does not include Worker's Comp Insurance for the test year of 2018. Please explain why no costs were included in this account for the test year but were stated in its 2017 Annual Report.

We believe that this was missed on the application. There should have been \$88 in account 658 for the 2018 test year. The amount decreased from the previous year because a dividend provided by SAIF that offset some of Hiland's cost.



Phone: 503-554-8333
1-855-554-8333 (TF)
Mail: P.O. Box 699
Newberg, OR 97132
Email: info@hilandwater.com
Internet: www.hilandwater.com

November 21, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #6

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #6 and our answer below:

6. Please identify the amount of expenses incurred to date in connection with this rate case and an estimate of total expenses expected to be incurred in connection with this rate case.

As of November 20, 2019, labor expense associated with this rate case has amounted to \$1,215.00 and we estimate an additional \$1,500.00 of labor expense along with \$78.00 of travel expense to be incurred in connection with this rate case. Additionally, we anticipate retaining legal counsel at a cost of \$3,500.00. In total, expenses incurred in connection with this rate case are expected to be approximately \$6,293.00.



Phone: 503-554-8333
1-855-554-8333 (TF)
Mail: P.O. Box 699
Newberg, OR 97132
Email: info@hilandwater.com
Internet: www.hilandwater.com

December 31, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #17

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #17 and our answer below:

17. In its response to DR 6, Hiland Water identified the amount of expenses incurred to date in connection with this rate case and an estimate of total expenses expected to be incurred in connection with this rate case. Please explain who performed the labor associated with the listed costs of \$1,215 and \$1,500 and advise whether this is a contract cost or a salaried employee performing these duties. Please also explain whether any of the cost of the employee(s) providing the labor is reflected elsewhere in the application. For example, was the employee who will be performing this labor an employee in 2018 whose labor cost was charged to Account 601 in 2018?

This work was performed by salaried employees: Silas Olson and Devin Geiger. Both employees perform a wide variety of tasks for Hiland Water, some of which are charged as indirect labor and allocated to Shadow Wood in accordance with the approved Master Service Affiliated Interest Contract approved by the Commission (see Exhibit provided in DR 14). Effectively, Shadow Wood only pays for about 2% of indirect labor (Account 601).

Many other tasks performed by Silas Olson and Devin Geiger are charged as direct labor to the water system for which the task is performed. Effort in connection to this rate case is an example of something charged as direct labor. During 2018, direct labor charges to Shadow Wood account 601 in 2018 from these two individuals totaled \$234.02, none of which was related to the preparation of this rate case.



Phone: 503-554-8333
1-855-554-8333 (TF)
Mail: P.O. Box 699
Newberg, OR 97132
Email: info@hilandwater.com
Internet: www.hilandwater.com

November 22, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #4

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #4 and our answer below:

4. Please provide documentation and records of the 2018 expenses incurred in Account 675, Miscellaneous Expenses, and explain the rationale supporting the proposed increase in this account of \$175.

Please see accompanying documentation. The increase of \$175.00 is due to the new fee schedule established by the Oregon Drinking Water Program. The annual fee of \$175.00 will replace the sanitary survey fee that was previously charged only in the year a sanitary survey was performed.

The attached documentation includes the \$100 State Business Registration Fee, the \$30 Annual Cross Connection Fee check stub, and misc. overhead expenses that are allocated in accordance with the affiliated interest agreement between Hiland Water and Shadow Wood Water.

OH1

UW 179 DR 4, Attach - supplemental data

craigslist payment receipt

Payment Type:	Credit Card
Payment ID:	138722615
Payment Date:	2018-12-24 12:07:49
Card Number:	6626 (Visa)
Card Holder:	Tina L Stringfield
Amount:	\$45.00 USD
	\$45.00 assigned to invoice
	<u>140282575</u>

UW 179 DR 4, Attach - supplemental data

PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP

Welcome to Salem

Valid Until:

THURSDAY

MAY 10 2018

5:37 PM

AMOUNT: \$7.50C

ARRIVAL TIME: 5/10/2018 12:37 PM

RECEIPT NR: 2978 METER ID : 68-W-WINTER-B

DISPLAY FACE-UP ON DASH

Mr T
OH2
00839129

RECEIPT

ENTRY:

MAY10

12:37 PM

PAID:

\$7.50

EXPIRES:

MAY10

5:37 PM

PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP

UW 179 DR-4; Attach - supplemental data

HILAND WATER CORP.

Oregon DMV

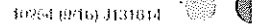
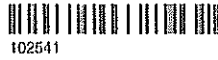
3/13/18

5998

112.00

First CCU checking

112.00



HILAND WATER CORP.

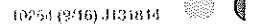
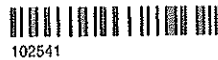
Oregon DMV

'04 Ford Ranger

4/13/18

6061

112.00



First CCU checking

112.00

UW 179 DR 4, Attach - supplemental data

IILAND WATER CORPORATION

Oregon DMV

6366


'07 Chevy 2500

8/31/18



558.00

First CCU checking

558.00

 **DELUXE CORP** 1+800-328-0304 www.deluxeforms.com

5581064 / 03-16

 5529600301 

IILAND WATER CORPORATION

Oregon DMV

6607


2009 Colorado

12/7/18



112.00

First CCU checking

112.00

 **DELUXE CORP** 1+800-328-0304 www.deluxeforms.com

5581064 / 03-16

 5529600301 

HILAND WATER CORP.

6169

Metro			UW 179 DR 9, Attach - supplemental data 6/7/18			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
6/1/18	Bill		185.00	185.00		185.00
					Check Amount	185.00

First CCU checking

185.00



6/27/18

10254 (3/16) J131044



Metro

600 NE Grand Ave.
Portland, OR 97232-2736
oregonmetro.gov

503-797-1620

June 1, 2018

Hiland Water Corp
PO Box 699
Newberg OR 97132

Your Metro Contractor's Business License (CBL) number **11839** is due to expire on **7/1/2018**. You are invited to renew it for 12 months by remitting the nonrefundable \$185.00 fee to Metro. This fee is distributed to the 20 cities participating in the program.

Remember, to qualify for the Metro CBL, contractors must:


- Be registered with the Oregon Construction Contractors Board or licensed with the Landscape Contractor's Board;
- ***Have a corresponding city license when their principal place of business is located within any of the Metro CBL participating cities listed below. Please enter number below.**
- Earn \$250,000 or less in gross receipts per year, per Metro CBL participating city, or hold a city license for any Metro CBL participating city in which that dollar limit is exceeded.

The Metro CBL replaces the business licenses required by the following cities*:

Beaverton	Cornelius	Fairview	Tualatin	Durham
Forest Grove	Gladstone	Gresham	Happy Valley	West Linn
Hillsboro	King City	Milwaukie	Wilsonville	Lake Oswego
Oregon City	Sherwood	Tigard	Troutdale	Wood Village

If you choose not to renew your Metro CBL, please contact the licensing office of each of the above listed cities in which you do business in order to determine your licensing requirements.

Sincerely,

 MEMORANDUM RECEIPT MR 463605 DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1925 LANA AVE NE, SALEM, OR 97314																			
STATEMENT OF FEES - NOT A LICENSE TO DRIVE																			
NAME <i>Olson, Jeffrey David</i>																			
ADDRESS																			
FAX NUMBER ()	TELEPHONE NUMBER ()																		
PLATE NUMBER	YEAR AND MAKE OF VEHICLE																		
VEHICLE IDENTIFICATION NUMBER																			
DRIVER LICENSE NUMBER <i>3601243</i>	DATE OF BIRTH <i>4-11-97</i>																		
SR 22 CERTIFICATE POLICY #																			
EFFECTIVE DATE	INSURANCE COMPANY																		
<table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>AMOUNT RECEIVED</th> </tr> </thead> <tbody> <tr> <td> ISSUED: <input type="checkbox"/> TITLE <input type="checkbox"/> PLATES <input type="checkbox"/> TRIP PERMIT <input type="checkbox"/> STICKERS </td> <td></td> </tr> <tr> <td>VIN INSPECTION</td> <td></td> </tr> <tr> <td>REINSTATEMENT / HARDSHIP FEE</td> <td></td> </tr> <tr> <td> CDL TEST FEE: <input type="checkbox"/> CORE <input type="checkbox"/> AB <input type="checkbox"/> SB <input type="checkbox"/> PASS <input type="checkbox"/> HAZ <input type="checkbox"/> TNK <input type="checkbox"/> DBL / TPL </td> <td></td> </tr> <tr> <td>DRIVE TEST FEE: <input type="checkbox"/> REG-C <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</td> <td></td> </tr> <tr> <td> RECORD PURCHASE: <input type="checkbox"/> VEH <input type="checkbox"/> LOA <input type="checkbox"/> POA <input type="checkbox"/> CP CRT PRINT <input type="checkbox"/> CP-110 CDL MED CERT <input type="checkbox"/> Non-C 3 YR <input type="checkbox"/> EMP 3 YR <input type="checkbox"/> RECORD MAILED <input type="checkbox"/> RECORD PICKUP HQ <input type="checkbox"/> FAXED </td> <td></td> </tr> <tr> <td> OTHER: <i>CDL BM/upgrd</i> </td> <td><i>75.50</i></td> </tr> <tr> <td> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT / CREDIT CARD TOTAL </td> <td><i>75.50</i></td> </tr> </tbody> </table>		DESCRIPTION	AMOUNT RECEIVED	ISSUED: <input type="checkbox"/> TITLE <input type="checkbox"/> PLATES <input type="checkbox"/> TRIP PERMIT <input type="checkbox"/> STICKERS		VIN INSPECTION		REINSTATEMENT / HARDSHIP FEE		CDL TEST FEE: <input type="checkbox"/> CORE <input type="checkbox"/> AB <input type="checkbox"/> SB <input type="checkbox"/> PASS <input type="checkbox"/> HAZ <input type="checkbox"/> TNK <input type="checkbox"/> DBL / TPL		DRIVE TEST FEE: <input type="checkbox"/> REG-C <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		RECORD PURCHASE: <input type="checkbox"/> VEH <input type="checkbox"/> LOA <input type="checkbox"/> POA <input type="checkbox"/> CP CRT PRINT <input type="checkbox"/> CP-110 CDL MED CERT <input type="checkbox"/> Non-C 3 YR <input type="checkbox"/> EMP 3 YR <input type="checkbox"/> RECORD MAILED <input type="checkbox"/> RECORD PICKUP HQ <input type="checkbox"/> FAXED		OTHER: <i>CDL BM/upgrd</i>	<i>75.50</i>	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT / CREDIT CARD TOTAL	<i>75.50</i>
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VIN INSPECTION																			
REINSTATEMENT / HARDSHIP FEE																			
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DATE AND COUNTER NUMBER <i>0724 18031</i>	RECEIVED BY <i>MAB</i>																		

WHITE COPY -- CUSTOMER

Oregon Dept of Transportation
Driver & Motor Vehicle Svcs

1905 LANA AVE NE
SALEM, OR 97314
503-945-5000
WWW.OREGONDHV.COM

SHERWOOD 031
07/24/18 15:47:35

ORIG CDL: 1 /UPGRD	
360124	\$75.50
TOTAL	\$75.50
CASH:	\$0.00
CHK:	\$0.00
CARD:	\$75.50
VISA	0869
APRVL CD:	211535
MRCNT:	0017340008030377942601
DMV SEQUENCE NO:	12266603
REFERENCE NO:	15994303

Application Label: VISA DEBIT
IC: 0608F91D2BF9ABDF
TVR: 8080008000
AID: A0000000031010

NO REFUNDS

Toyota 2010
Tacoma

Oregon Dept of Transportation
Driver & Motor Vehicle Svcs

1905 LANA AVE NE
SALEM, OR 97314
503-945-5000
WWW.OREGONDMV.COM

SHERWOOD 031
10/11/18 15:16:39

TITLE ACTION
592KCF \$93.00


TOTAL: \$93.00

CASH: \$0.00
CHK: \$0.00
CARD: \$93.00

VISA 1653
APRVL CD: 204350
MRCNT: 0017340008030377942601
DMV SEQUENCE NO: 12583191
REFERENCE NO: 16911761

Application Label: VISA DEBIT
TC: 5D138F936C72FBAF
TVR: 8080008000
AID: A0000000031010

NO REFUNDS

 MEMORANDUM RECEIPT DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1905 LANA AVE NE, SALEM, OR 97314		MR 371542	
STATEMENT OF FEES - NOT A LICENSE TO DRIVE			
NAME: <u>Jeffrey Olson</u>			
ADDRESS:			
FAX NUMBER: ()			
PLATE NUMBER:		YEAR AND MAKE OF VEHICLE:	
VEHICLE IDENTIFICATION NUMBER:			
DRIVER LICENSE NUMBER: <u>3601243</u>		DATE OF BIRTH: <u>4-11-97</u>	
SR 22 CERTIFICATE POLICY #			
EFFECTIVE DATE:		INSURANCE COMPANY:	
DESCRIPTION			AMOUNT RECEIVED
ISSUED: <input type="checkbox"/> TITLE <input type="checkbox"/> PLATES <input type="checkbox"/> TRIP PERMIT <input type="checkbox"/> STICKERS			
VIN INSPECTION			
REINSTATEMENT / HARDSHIP FEE			
CDL TEST FEE: <input type="checkbox"/> CORE <input type="checkbox"/> AB <input type="checkbox"/> SB <input type="checkbox"/> PASS <input type="checkbox"/> HAZ <input type="checkbox"/> TNK <input type="checkbox"/> DBL / TPL			
DRIVE TEST FEE: <input type="checkbox"/> REG-C <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C			70 00
RECORD PURCHASE: <input type="checkbox"/> VEH <input type="checkbox"/> LOA <input type="checkbox"/> POA <input type="checkbox"/> CP CRT PRNT <input type="checkbox"/> CP-MO CDL MED CERT <input type="checkbox"/> Non-C 3 YR <input type="checkbox"/> EMP 3 YR <input type="checkbox"/> RECORD MAILED <input type="checkbox"/> RECORD PICKUP HQ <input type="checkbox"/> FAXED			
OTHER:			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT / CREDIT CARD			
TOTAL			70 00
DATE AND COUNTER NUMBER: <u>010918031</u>		RECEIVED BY: <u>AD</u>	

WHITE COPY -- CUSTOMER

Oregon Dept of Transportation
Driver & Motor Vehicle Svcs

1905 LANA AVE NE
SALEM, OR 97314
503-945-5000
WWW.OREGONDMV.COM

311 WOOD 031
01/09/18 08:29:32

TEST-FEE COLLECTION
3601243 \$70.00

TOTAL: \$70.00

CASH: \$0.00
CHK: \$0.00
CARD: \$70.00

VISA 0869
APRVL CD: 629426
MRCNT: 0017340008030377942601
DMV SEQUENCE NO: 11545973
REFERENCE NO: 13917554

Application Label: VISA DEBIT
TC: 1AEB46B86FE57086
TVR: 8080008000
AID: A0000000031010

NO REFUNDS

UW 179 DR 4, Attach - supplemental data

CMC-3819
2225 NW TOWNCENTER DR
BEAVERTON, OR 97006

02/15/2018 15:03:47

DEBIT CARD
DEBIT SALE

Card: XXXXXXXXX0069
Network: VISA
Chip Card: US DEBIT
AID: XXXXXX00980840
ATC: 006D
TL: XXXXXX86034
SEQ #: 3
Batch #: 655
INVOICE: *CDL Medical* 3
CLERK: 0002
Approval Code: *SS* 70
Entry Method: *Chip*
Mode: Issuer - PIN Bypa.

SALE AMOUNT \$98.50

CUSTOMER COPY

112 E 1ST STREET
NAPS THRIFTWAY
NEWBERG OREGON 97132
503-538-8286

Board Meeting
NIGHTCREW

5204 02 02451627 06/02/18 7:39am 001
BK/D.DZ SPECIAL 7.99 F
6 @ 0.89 EACH
BK/DONUTS 5.34 F
4.26 lb @ 1.49/lb
ORANGE SK NVL 6.35 F
4.40 lb @ 0.69/lb
BANANA/BUNCH 3.04 F
\$ FRANZ 100% WW EN 2.69 F
(SIMPLE SAVINGS 1.20)
\$ NY BGL BOY GRAIN 3.29 F
(SIMPLE SAVINGS 1.30)
HORMEL NAT CHOIC 4.79 F
\$ EED COLBY JACK S 3.45 F
(SIMPLE SAVINGS 0.24)
EED CREAM CHS BA 2.39 F
ZOI GREEK STRAW 4.79 F
\$ FLDR NAT HOME SQ 5.99 F
(SIMPLE SAVINGS 0.56)

SUBTOTAL 50.11
TOTAL 50.11

VISA 50.11

06/02/2018 07:40:57

Total: USD\$ 50.11

JS DEBIT Entry Method: Chip

CARD #: XXXXXXXXXXXX8559

PURCHASE - APPROVED

AUTH CODE:382869

Mode: Issuer

AID: A0000000980840

TVR: 8080088000

IAD: 06010A03600000

TSI: 6800 ARC: 00

MID: 000000 TID: 001 RRN: 024047

CHANGE 0.00

YOU SAVED: 3.30

OF ITEMS: 16

THANKS FOR SHOPPING AT NAPS THRIFTWAY

SIGN UP FOR OUR WEEKLY NEWSLETTER @

WWW.NAPSSUPERMARKET.COM

Abby's Legendary Pizza 44
113 Portland Rd
Newberg, OR 97132

Name OLSON SILASR
Card Type Visa
Card Number *****8559
Date/Time 12/20/2018 7:12 pm
Terminal # 129
Server KATELYNN
Tender Station STATION3-Cash Drawer 3

Amount \$24.55

Tip
Total 29.55

50
91⁵⁰

Approved - Thank you
Auth # 681783
Ref # 5607

Signature X
I agree to pay the above total amount
according to the card issuer agreement.

Abby's Legendz
1913 Portland
Newberg, OR 97132

Name OLSON SILASR
Card Type visa
Card Number *****8559
Date/Time 12/20/2018 7:11 pm
Terminal #
Server KATELYNN
Tender Station STATION3-Cash Drawer 3

Amount \$29.55
Tip 20%
Total 115.80

Approved Thank you
Auth # 681783
Ref # 5607

Signature X
I agree to pay the above total amount
according to the card issuer agreement.

ABBY'S PIZZA - NEWBERG
NEWBERG.ABBYS.COM

RECEIPT

ONLINE TAKEOUT ORDER

To make changes to your order, or should you need further assistance, please call us at **503-538-3800**. Your order is for **Thu, Dec 20 2018 @ 5:30 PM**.

Please pickup your order from the following address.

Takeout Location:
1913 Portland Rd
Newberg, OR 97132

Order#: 26309220
Name: JJ OLSON
Company: HILAND WATER
Phone: 541-279-3178
Email: JJ@HILANDWATER.COM

Date: 12/20/2018 10:08 AM
Order Is For: 12/20/2018 5:30 PM

Holiday Party SS

Order Notes: We will be having a party of about 25ish. Please have a table set up and pizzas ready around 5:30. Thanks!

TAKEOUT

Item	Size	QTY	Price
Steakhouse Pizza Thin Crust	Giant	1	\$32.65
			\$0.00
		Sum:	\$32.65
Big Hawaiian Thin Crust	Giant	1	\$26.35
			\$0.00
		Sum:	\$26.35
Ultimate Meat Pizza Thin Crust	Giant	1	\$30.55
			\$0.00
		Sum:	\$30.55
Greek Vegetarian Thin Crust	Giant	1	\$30.55
			\$0.00
		Sum:	\$30.55
Lone Star BBQ Chicken Pizza Thin Crust	Giant	1	\$30.55
			\$0.00
		Sum:	\$30.55
Roasted Garlic-Chicken Thin Crust	Giant	1	\$30.55
			\$0.00
		Sum:	\$30.55
Newberg Special Thin Crust	Giant	1	\$28.45
			\$0.00
		Sum:	\$28.45
Half & Half Pizza Deep Dish	Giant	1	\$22.15
Side 1 Sicilian			\$1.50
Side 2 Pepperoni			\$4.20
			\$4.20
		Sum:	\$32.05
		Subtotal:	\$241.70
		Order Total:	\$241.70

Payment Type: Visa
Auth Code: 359087
Amount: \$0.00

Balance Pending: \$241.70

Powered by BRYGID®

Office Meeting

Abby's Legary Pizza 44
97132

NEWBERG
IBYS.COM

ONLINE DELIVERY ORDER

For more information, please call us at 503-538-3800. Your order is for

Name: _____
Card # _____
Card Exp. _____
Date/Time _____
Ticket # _____
Store # _____

Date: 08/29/2018 1:36 PM
Order Is For: 08/30/2018 11:50 AM

20.00
160.19

Approved Bank _____
Auth # 50 _____
Ref # 556 _____

[Signature]

Signature X _____
I agree to pay the above amount according to the card issuer agreement.

Size	QTY	Price
Giant	1	\$28.45
		\$0.00
	Sum:	\$28.45
Giant	1	\$30.55
		\$0.00
	Sum:	\$30.55
Giant	1	\$30.55
		\$0.00
	Sum:	\$30.55
Giant	1	\$26.35
		\$0.00
	Sum:	\$26.35
10" Gluten Free	1	\$16.15
		\$0.00
	Sum:	\$16.15
10" Gluten Free	1	\$15.10
		\$0.00
	Sum:	\$15.10

Coupon: 117T
\$18.99 Triple Topper

(\$9.46)

Monthly Special: \$18.99 on any Giant 16 inch Thin or Deep Dish Triple Topper!

ALL COUPONS ARE SUBJECT TO FURTHER VERIFICATION AND MAY BE REVERSED IF DEEMED INVALID

Delivery Charge: \$2.50
Discounts: (\$9.46)
Subtotal: \$140.19
Order Total: \$140.19

Payment Type: Visa
Auth Code: 781361
Amount: \$0.00

Balance Pending: \$140.19

OHZ MATT T.

J'S RESTAURANT & LOUNGE
2017 PORTLAND RD.
NEWBERG, OR 97132
503-538-5925

J'S RESTAURANT & LOUNGE
2017 PORTLAND RD.
NEWBERG, OR 97132
503-538-5925

Server: Anniee N. 11/26/2018
Order: 32 07:42AM
Receipt: 148137

Server: Anniee N. 12/18/2018
Order: 14 07:52AM
Receipt: 151987

Card Holder: Valued Customer
Card Number: XXXXXXXXX0869
Entry Method: Swipe
Card Type: Visa
Approval: 314532409 *OHZ*

Card Holder: THOMPSON/ MATTHEW
Card Number: XXXXXXXXXXX0498
Entry Method: Swipe
Card Type: Visa
Approval: 318211233

Amount: \$24.97

Amount: \$32.55

- Tip: _____

+ Tip: 7.45

= Total: 28.97

= Total: 40.00

I agree to pay the above amount according to the card issuer agreement.

I agree to pay the above amount according to the card issuer agreement.

x _____

x *M. THOMPSON*

*** CUSTOMER COPY ***

*** CUSTOMER COPY ***

Suggested Tip

15% = 3.75
18% = 4.49
20% = 4.99

Suggested Tip

15% = 4.88
18% = 5.86
20% = 6.51

J'S RESTAURANT & LOUNGE
2017 PORTLAND RD.
NEWBERG, OR 97132
503-538-5925

Server: Anniee N. 09/06/2018
Order: 95 07:57AM
Receipt: 132823

Card Holder: OLSON/ JEFFERY JUDAH
Card Number: XXXXXXXXXXX0869
Entry Method: Swipe
Card Type: Visa
Approval: 300456862 *OHZ 55*

Amount: \$29.86

+ Tip: 5.14

= Total: \$5.00

I agree to pay the above amount according to the card issuer agreement.

x

*** CUSTOMER COPY ***

Suggested Tip

15% = 4.48
18% = 5.37
20% = 5.97

OHZ

J'S RESTAURANT & LOUNGE
2017 PORTLAND RD,
NEWBERG, OR 97132
503-538-5925

J'S RESTAURANT & LOUNGE
2017 PORTLAND RD,
NEWBERG, OR 97132
503-538-5925

Server: Jeannie S.
Order: 3
Receipt: 131786
08/31/2018
08:23AM

Server: Annise N.
Order: 53
Receipt: 145371
11/12/2018
07:52AM

Card Holder: OLSON/ SILAS R
Card Number: XXXXXXXXXXXX8559
Entry Method: Swipe
Card Type: Visa
Approval: 299423776

Card Holder: OLSON/ SILAS R
Card Number: XXXXXXXXXXXX8559
Entry Method: Swipe
Card Type: Visa
Approval: 312346263

Amount: \$32.85
+ Tip: _____
= Total: 38.85

Amount: \$19.27
+ Tip: 3.00
= Total: 22.27

I agree to pay the above amount according to the card issuer agreement.

I agree to pay the above amount according to the card issuer agreement.

X _____

X _____

*** CUSTOMER COPY ***

Suggested Tip

15% = 4.93
18% = 5.91
20% = 6.57

*** CUSTOMER COPY ***

Suggested Tip

15% = 2.89
18% = 3.47
20% = 3.85

J'S RESTAURANT & LOUNGE
2017 PORTLAND RD.
NEWBERG, OR 97132
503-538-5925

06/05/2018
12:07PM

Server: Annise N.
Order: 75
Receipt: 118558

Card Holder: OLSON/ SILAS R
Card Number: XXXXXXXXXXXX8559
Entry Method: Swipe
Card Type: Visa
Approval: 284234549

Amount: \$26.97
+ Tip: 31.97
= Total: _____

I agree to pay the above amount according to the card issuer agreement.

*** CUSTOMER COPY ***

Suggested Tip

15% = 4.05
18% = 4.85
20% = 5.39

X

UW 179 DR 4, Attach - supplemental data



Store 2623 Dir Tony Schachtel
Main:(503) 537-4001 Rx:(503) 538-2430
1140 N. Springbrook Rd.
Newberg OR 97132

GROCERY

OHZ Bday Meeting

TETLEY TEA BAGS 3.49 S
Regular Price 4.49
Card Savings 1.00-
O-ORGANIC HONEY 4.49 S
Regular Price 6.49
Card Savings 2.00-

REFRIG/FROZEN

LUCERNE CRM CHEESE 2.50 S
Regular Price 2.99
Card Savings 0.49-
LUCERNE MILK 1.14 S
Regular Price 2.29
Store Coupon 1.15-
SMART BAL SFT SPRD 2.99 S

BAKED GOODS

APPLE/BERRY STRUDE 6.00 S
MUFFIN BLUEBERRY 7.00 S
DONUTS 6.00 S
4 QTY BAGEL BULK 2.00 S
Regular Price 2.36
Card Savings 0.36-
REDUCED FOR QUICK 1.99 S

PRODUCE

CLEMENTINE 3LB BAG 5.00 S
Regular Price 5.99
Card Savings 0.99-

TAX 0.00
**** BALANCE 42.60

Credit Purchase 11/24/18 07:50
CARD # *****8729



Store 2623 Dir Tony Schachtel
Main:(503) 537-4001 Rx:(503) 538-2430
1140 N. Springbrook Rd.
Newberg OR 97132

REFRIG/FROZEN

ORANGE JUICE 5.99 S
Regular Price 6.59
Card Savings 0.60-

BAKED GOODS

2 QTY REDUCED FO 3.98 S

TAX 0.00
**** BALANCE 9.97

Credit Purchase 08/07/18 08:57
CARD # *****0869
REF: 43001481596 AUTH: 00475121

PAYMENT AMOUNT 7.49

AL US DEBIT
AID A0000000980840
TVR 8000088000
TSI 6800

Visa 7.49

Cash 3.00

CHANGE 0.52

TOTAL NUMBER OF ITEMS SOLD = 3
08/07/18 08:58 2623 8 99 2763

HOW WAS YOUR SHOPPING EXPERIENCE?

WE VALUE YOUR FEEDBACK!
GO TO: WWW.SAFEWAYSURVEY.NET
ENTER TO WIN A \$100.00 GIFT CARD

POINTS EARNED TODAY

Base Points 9

TOTAL 9

Points Towards Next Reward 48 of 100

YOUR CASHIER TODAY WAS Sherry

MICAH OLSON 7853

YOUR SAVINGS

Card Savings 0.60
Total 0.60
Total Savings Value 6%



00262300800991808070858

Thank you for shopping Safeway
For Just 4 You question
call 877-276-9637 or Safeway.com

Guys OH2
Ice Cream

112 E 1ST STREET
NAPS THRIFTWAY
NEWBERG OREGON 97132
503-538-8286

OH2
Round Table: 1023
NEWBERG
971-281-8900
Here 07/03/2018 2:15P
Trans 000634/52

CHANDRA			
5204 04 04376870 07/27/18 3:51pm 007			
1 @ 2/ 7.00			
\$ DRYERS W/F BRS V	3.50	F	
(SIMPLE SAVINGS	2.09)		
1 @ 2/ 6.00			
\$ ESKIMO PIE NESTL	3.00	F	
(SIMPLE SAVINGS	1.59)		
1 @ 2/ 6.00			
\$ NEST SAND VAN	3.00	F	
(SIMPLE SAVINGS	0.99)		
1 @ 2/ 6.00			
\$ NESTLE ORANGE	3.00	F	
(SIMPLE SAVINGS	1.59)		
1 @ 2/ 6.00			
\$ DRUMSTICK VANILL	3.00	F	
(SIMPLE SAVINGS	1.59)		

SUBTOTAL 15.50
TOTAL 15.50

VISA 15.50

07/27/2018 15:51:36
Total: USD\$ 15.50
US DEBIT Entry Method: Chip
CARD #: XXXXXXXXXXXX6626
PURCHASE - APPROVED
AUTH CODE:006559
Mode: Issuer
AID: A0000000980840
TVR: 8000088000
IAD: 06010A03608000
TSI: 6800 ARC: 00
MID: 000000 TID: 001 RRN: 048469

CHANGE 0.00

YOU SAVED: 7.85

OF ITEMS: 5

THANKS FOR SHOPPING AT NAPS THRIFTWAY

SIGN UP FOR OUR WEEKLY NEWSLETTER @

WWW.NAPSSUPERMARKET.COM

Order 376

Server: Richard T.

Adult Lunch	\$7.49
Adult Lunch	\$7.49

Sub total	\$14.98
Tax	\$1.60
Total	\$16.58
Auth	15.50

VISA \$15.50

Card No: ****18559
Approval: 419943

Deliver: 971-281-8900

\$5 off 1 or 2 purchases. Go to
www.naps.com for details. Terms and
conditions apply. For more information on this offer, go to
www.naps.com or call 800-828-8282. Offer valid through 7/31/18.

Valid in Code:
Offer expires in 30 days
One per person, per visit.

OHZ

Black Bear Triner
2818 Portland Rd (99W)
Newberg, OR 97132
(503) 554-5627

Server: DOB: 06/22/2018
3:57 AM 06/22/2018
table 13/1 4/40010

SALE

ISA 2097169

Card # : #XXXXXXXXXX8559
Magnetic card present: OLSON SILAS R
Card Entry Method: S

Approval: 407264

Amount: \$33.96
+ Tip: 38.96
= Total: _____

I agree to pay the above
total amount according to the
card issuer agreement.

Join our Bear Lover's eClub!
Text "bear club" to 94418
to get a welcome treat,
a free meal on your birthday,
and all the latest news & offers
through the year!

Customer Copy

1000 0001
State: 97132
06/22/2018 06:31:39
4001 054 0552

1000 0001
State: 97132
06/22/2018 06:31:39
4001 054 0552

OHZ

Sale

XXXXXXXXXX8559

ISA

Entry Method: Chip

Amount: \$

11.50

Tip:

Total:


13.50

13:31:39
Appr Code: 020457
Batch#: 302001

13:31:39
Appr Code: 020457
Batch#: 302001

1000 0001
State: 97132
06/22/2018 06:31:39
4001 054 0552

Customer Copy

	<h2 style="margin: 0;">Cash Register Receipt</h2> <p style="margin: 0;">City of Newberg</p>	<h2 style="margin: 0;">Receipt Number</h2> <p style="margin: 0; font-size: 1.2em;">R2443</p>
---	---	--

DESCRIPTION	ACCOUNT	QTY	PAID
LicenseTRAK			\$50.00
2257 Address: 700 N COLLEGE ST APN: R3218DD 00500			\$50.00
GENERAL BUSINESS LICENSE FEE			\$50.00
GENERAL BUSINESS LICENSE FEE	14-0000-321004		\$50.00
TOTAL FEES PAID BY RECEIPT: R2443			\$50.00

HILAND WATER CORP.

City of Newberg - Business License
 Date 6/20/18 Type Bill Reference

	Original Amt.	Balance Due	6/26/18	6193
	50.00	50.00	Discount	
			Check Amount	Payment
				50.00
				50.00

First CCU checking Business License Renewal #2257

50.00



10254 (9/16) J131814

Date Paid: Monday, July 02, 2018
 Paid By: HILAND WATER CORPORATION
 Cashier: BMGN
 Pay Method: CHECK 6193



UW 179 DR 4, Attach - supplemental data

City of Newberg
Community Development Department
PO Box 970
Newberg, OR 97132



BUSINESS LICENSE # 2257 **6.20.2018**

BUSINESS NAME	LICENSE EXPIRATION DATE	STATUS
HILAND WATER CORPORATION PO Box 699 Newberg OR 97132	7/12/2018	LICENSE DUE FOR RENEWAL

EMAIL: silas@hilandwater.com

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	GENERAL		\$ 50.00

CITY EMAIL:
businesslicense@newbergoregon.gov

AMOUNT DUE: \$ 50.00

Mail CHECK TO: City of Newberg
Community Development Department
PO Box 970
Newberg, OR 97132

6599

WISCONSIN WATER CORPORATION

OHA Cashier

12/7/18

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		30.00	30.00		30.00
11/22/18	Bill		75.00	75.00		75.00
11/22/18	Bill		75.00	75.00		75.00
11/22/18	Bill		75.00	75.00		75.00

First CCU checking

1,305.00



Secretary of State
Corporation Division

Phone: (503) 986-2200
www.filinginoregon.com/renew
corporation.division@state.or.us

2018 ANNUAL REPORT / RENEWAL NOTICE

Registry Number: 120306899
Date of Organization: 03/31/2016
Fee: \$100.00
Due Date: 03/31/2018
Type: DOMESTIC LIMITED LIABILITY COMPANY

2430
SHADOW WOOD WATER SERVICE LLC
PO BOX 699
NEWBERG OR 97132

RE: SHADOW WOOD WATER SERVICE LLC

It's time to update your information to keep your business registration active.

File online at FilingInOregon.com/renew - it's easier, faster and "greener" than mailing!

Other benefits of online filing:

- The process is completed within minutes during business hours; mailing takes days.
- Receive a payment receipt as well as a confirmation email once your filing is processed.
- The confirmation email includes a copy of the filed annual report/renewal.

Go online to FilingInOregon.com/renew to renew your business registration using a credit card or print out your annual renewal and submit it by mail with a check.

Failure to submit the annual report/renewal by the due date will result in your business becoming inactive on the records of the Secretary of State Corporation Division.

Since a completed annual report/renewal (online or paper) is required, the Corporation Division is unable to accept payments with this notification letter alone. Payments submitted with the notification letter **will not** be processed, and will be returned to the business.

Please note that in accordance with Oregon Revised Statute 192.410-192.490, all information on the annual renewal form is publicly available on our website.

* If using a major credit card, please use the credit card cover sheet available on our website, FilingInOregon.com, under Forms. You may also write the credit card information on a separate sheet of paper and submit it by mail with your renewal.



Phone: 503-554-8333
1-855-554-8333 (TF)
Mail: P.O. Box 699
Newberg, OR 97132
Email: info@hilandwater.com
Internet: www.hilandwater.com

December 31, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #13

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #13 and our answer below:

13. In its response to DR 4, Hiland Water provided documentation and records of the 2018 expenses incurred in Account 675, Miscellaneous Expenses. Not including the miscellaneous fees of \$305 to Secretary of State, Oregon Drinking Water, and the Cross Connect fee, please provide a list of all other miscellaneous costs. For each expense, please explain whether the cost is a direct or indirect cost for Shadow Wood and, if indirect, explain the allocation method used.

Apart from the three specific fees listed in the question, all expenses are indirect. The allocation method used is based on the number of connections served, as shown in the exhibit to the Master Services Agreement. Unfortunately, the wrong receipts were submitted with DR 4. A full list of the indirect misc. expenses is shown below:

	Amount	Vendor	Description
01/02/18	\$0.25	Oregon Parking	
01/09/18	\$70.00	Oregon DMV	CDL Fee
02/15/18	\$98.50	CMC	CDL Physical
03/05/18	\$281.00	Oregon DMV	Vehicle Registration
03/13/18	\$112.00	Oregon DMV	Vehicle Registration
03/29/18	\$1,443.46	Riverside Community Outreach	Charity
04/02/18	\$300.00	Charity Water	Charity
04/13/18	\$112.00	Oregon DMV	Vehicle Registration
05/10/18	\$7.50	Salem Parking	
06/01/18	\$112.00	Oregon DMV	Vehicle Registration
06/20/18	\$50.00	City of Newberg	Business License
07/24/18	\$75.50	Oregon DMV	CDL Fee
08/07/18	\$1,003.00	Oregon DMV	New Truck registration
08/24/18	\$100.00	Oregon Secretary of State	Hiland annual renewal
08/31/18	\$558.00	Oregon DMV	Vehicle Registration
10/11/18	\$93.00	Oregon DMV	Vehicle Registration
12/24/18	\$45.00	Craigslist	Job Posting
12/31/18	\$1,200.00	Local Charities	Charity



Phone: 503-554-8333
1-855-554-8333 (TF)
Mail: P.O. Box 699
Newberg, OR 97132
Email: info@hilandwater.com
Internet: www.hilandwater.com

December 31, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #14

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #14 and our answer below:

14. Regarding the Master Service Affiliated Interest Contract approved by the Commission through Order No. 16-101 in Docket No. UI 362;
 - a. Please provide the Exhibit 1 to that agreement updated to reflect allocated costs during 2018, and
 - b. Please provide copy of the Exhibit 1 to that agreement currently being used to allocate costs.

Both Exhibits have been updated and are attached. Please note that the allocations have been updated for 2019 (cell E2 and cell C4), but the total 2019 expenses are not yet known so 2018 expenses have been left in column B.

EXHIBIT 1 - 2018 Allocations

HILAND WATER CORP.		15.00%	Total # Cust***	# of Cust for each rate-reg utility					
			2507	64	21	15	485	83	
AFFILIATED INTEREST ALLOCATIONS	Annual Cost	Less 1.5% for each Field Only Co	Adjusted Total	Cost Per Cust	Shadow Wood	Wilderness Canyon	Hillview	Illaha (Wtr & Sewer)	Westwood Village
		0.150							
Salaries/Wages Direct Exp	Direct								
Salaries/Wages - Indirect/Busi/Warehouse	\$212,912.41	\$91,936.86	\$180,975.55	\$72.19	\$4,620.04	\$1,515.95	\$1,082.82	\$35,011.22	\$5,991.61
Salaries/Wages - Indirect Officer Wage	\$5,400.00	\$810.00	\$4,590.00	\$1.83	\$117.18	\$38.45	\$27.46	\$887.97	\$151.96
Employee Pension & Benefits Health Ins	\$36,055.20	\$5,408.28	\$30,646.92	\$12.22	\$782.37	\$256.72	\$183.37	\$5,928.90	\$1,014.64
Purchased Water	Direct								
Ofc Telephone/Communications	\$4,091.27	\$613.69	\$3,477.58	\$1.39	\$88.78	\$29.13	\$20.81	\$672.77	\$115.13
Employee Cell Phone Allowance	\$6,225.00	\$933.75	\$5,291.25	\$2.11	\$135.08	\$44.32	\$31.66	\$1,023.64	\$175.18
Ofc Warehouse Purchased Elec Power	\$2,411.29	\$361.69	\$2,049.60	\$0.82	\$52.32	\$17.17	\$12.26	\$396.51	\$67.86
Fuel for Power Production	n/a								
Ofc/Warehouse Natural Gas	\$24.20	\$3.63	\$20.57	\$0.01	\$0.53	\$0.17	\$0.12	\$3.98	\$0.68
Water, Sewer, Garbage	n/a								
Ofc Janitorial	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Chemical / Treatment Expense	Direct								
Office / Warehouse Supplies	\$46,628.90	\$6,994.34	\$39,634.57	\$15.81	\$1,011.81	\$332.00	\$237.14	\$7,667.64	\$1,312.19
Postage - Direct and Allocated	\$366.00	\$54.90	\$311.10	\$0.12	\$7.94	\$2.61	\$1.86	\$60.18	\$10.30
O&M Materials/Supplies	Direct								
Repairs to Water Plant	Direct								
Contract Svcs - Engineering	Direct								
Contract Svcs - Accounting	\$2,010.00	\$301.50	\$1,708.50	\$0.68	\$43.62	\$14.31	\$10.22	\$330.52	\$56.56
Contract Svcs - Legal	Direct								
Contract Svcs - Management	Incl in wages								
Contract Svcs - Testing	Direct								
Contract Svcs - Labor	Direct								
Contract Svcs - Billing/Collection	Incl in wages								
Contract Svcs - Meter Reading	Incl in wages								
Contract Svcs - Other	\$28,071.96	\$4,210.79	\$23,861.17	\$9.52	\$609.14	\$199.87	\$142.77	\$4,616.14	\$789.98
Rental of Building/Real Property	\$30,340.00	\$4,551.00	\$25,789.00	\$10.29	\$658.36	\$216.02	\$154.30	\$4,989.10	\$853.80
Rental of Equipment-Serv Vehicle Lease only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Small Tools	In warehouse supplies								
Computer/Electronic Expenses	\$9,111.44	\$1,366.72	\$7,744.72	\$3.09	\$197.71	\$64.87	\$46.34	\$1,498.28	\$256.41
Web Page	\$4,127.44	\$619.12	\$3,508.32	\$1.40	\$89.56	\$29.39	\$20.99	\$678.71	\$116.15
Transportation	Direct								
Vehicle Insurance	\$11,042.00	\$1,656.30	\$9,385.70	\$3.74	\$239.60	\$78.62	\$56.16	\$1,815.74	\$310.74
General Liability Insurance	\$12,065.00	\$1,809.75	\$10,255.25	\$4.09	\$261.80	\$85.90	\$61.36	\$1,983.96	\$339.52
Workers' Comp Insurance	\$4,144.69	\$621.70	\$3,522.99	\$1.41	\$89.94	\$29.51	\$21.08	\$681.55	\$116.64
Insurance - Other	n/a								
Gross Revenue Fee (PUC)	Direct								
Bad Debt Expense	Direct								
Cross Connection Control Program	Direct								
Training and Certification	\$6,428.35	\$964.25	\$5,464.10	\$2.18	\$139.49	\$45.77	\$32.69	\$1,057.08	\$180.90
Consumer Confidence Report	Included in Wages								
Advertising/Public Relations	\$2,500.00	\$375.00	\$2,125.00	\$0.85	\$54.25	\$17.80	\$12.71	\$411.10	\$70.35
Miscellaneous Expense	\$5,661.21	\$849.18	\$4,812.03	\$1.92	\$122.84	\$40.31	\$28.79	\$930.93	\$159.31
Misc Indirect - License/Subscriptions/Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Misc Indirect - Checking Fees	\$35.00	\$5.25	\$29.75	\$0.01	\$0.76	\$0.25	\$0.18	\$5.76	\$0.98
Indirect Payroll Tax**	\$22,355.80	\$3,353.37	\$19,002.43	\$7.58	\$485.10	\$159.17	\$113.70	\$3,676.18	\$629.12
Inventory - Rate Base Component	\$139,624.71	\$20,943.71	\$118,681.00	\$47.34	\$3,029.75	\$994.14	\$710.10	\$22,959.83	\$3,929.21
TOTAL	\$591,631.87	\$88,744.78	\$502,887.09	\$200.59	\$12,837.96	\$4,212.46	\$3,008.90	\$97,267.69	\$16,649.23

**Only indirect payroll taxes are allocated over all companies. Direct wages and associated payroll taxes are billed directly to the site specific companies.

***The total number of customers representates all customers receiving full operational, managerial, and administrative service from Hiland.

EXHIBIT 1 - 2019 Allocations

HILAND WATER CORP.				Total # Cust*** 2783	# of Cust for each rate-reg utility				
18.00%					64	21	15	485	83
AFFILIATED INTEREST ALLOCATIONS	Annual Cost (2018 amounts)	Less 1.5% for each Field Only Co	Adjusted Total	Cost Per Cust	Shadow Wood	Wilderness Canyon	Hillview	Iliaha (Wtr & Sewer)	Westwood Village
		0.180							
Salaries/Wages Direct Exp	Direct								
Salaries/Wages - Indirect/Busi/Warehouse	\$212,912.41	\$38,324.23	\$174,588.17	\$62.73	\$4,014.96	\$1,317.41	\$941.01	\$30,425.89	\$5,206.91
Salaries/Wages - Indirect Officer Wage	\$5,400.00	\$972.00	\$4,428.00	\$1.59	\$101.83	\$33.41	\$23.87	\$771.68	\$132.06
Employee Pension & Benefits Health Ins	\$36,055.20	\$6,489.94	\$29,565.26	\$10.62	\$679.91	\$223.09	\$159.35	\$5,152.41	\$881.75
Purchased Water	Direct								
Ofc Telephone/Communications	\$4,091.27	\$736.43	\$3,354.84	\$1.21	\$77.15	\$25.32	\$18.08	\$584.66	\$100.05
Employee Cell Phone Allowance	\$6,225.00	\$1,120.50	\$5,104.50	\$1.83	\$117.39	\$38.52	\$27.51	\$889.57	\$152.24
Ofc Warehouse Purchased Elec Power	\$2,411.29	\$434.03	\$1,977.26	\$0.71	\$45.47	\$14.92	\$10.66	\$344.58	\$58.97
Fuel for Power Production	n/a								
Ofc/Warehouse Natural Gas	\$24.20	\$4.36	\$19.84	\$0.01	\$0.46	\$0.15	\$0.11	\$3.46	\$0.59
Water, Sewer, Garbage	n/a								
Ofc Janitorial	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Chemical / Treatment Expense	Direct								
Office / Warehouse Supplies	\$46,628.90	\$8,393.20	\$38,235.70	\$13.74	\$879.30	\$288.52	\$206.09	\$6,663.43	\$1,140.34
Postage - Direct and Allocated	\$366.00	\$65.88	\$300.12	\$0.11	\$6.90	\$2.26	\$1.62	\$52.30	\$8.95
O&M Materials/Supplies	Direct								
Repairs to Water Plant	Direct								
Contract Svcs - Engineering	Direct								
Contract Svcs - Accounting	\$2,010.00	\$361.80	\$1,648.20	\$0.59	\$37.90	\$12.44	\$8.88	\$287.24	\$49.16
Contract Svcs - Legal	Direct								
Contract Svcs - Management	Incl in wages								
Contract Svcs - Testing	Direct								
Contract Svcs - Labor	Direct								
Contract Svcs - Billing/Collection	Incl in wages								
Contract Svcs - Meter Reading	Incl in wages								
Contract Svcs - Other	\$28,071.96	\$5,052.95	\$23,019.01	\$8.27	\$529.36	\$173.70	\$124.07	\$4,011.58	\$686.52
Rental of Building/Real Property	\$30,340.00	\$5,461.20	\$24,878.80	\$8.94	\$572.13	\$187.73	\$134.09	\$4,335.69	\$741.98
Rental of Equipment-Serv Vehicle Lease only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Small Tools	In warehouse supplies								
Computer/Electronic Expenses	\$9,111.44	\$1,640.06	\$7,471.38	\$2.68	\$171.82	\$56.38	\$40.27	\$1,302.06	\$222.83
Web Page	\$4,127.44	\$742.94	\$3,384.50	\$1.22	\$77.83	\$25.54	\$18.24	\$589.82	\$100.94
Transportation	Direct								
Vehicle Insurance	\$11,042.00	\$1,987.56	\$9,054.44	\$3.25	\$208.22	\$68.32	\$48.80	\$1,577.94	\$270.04
General Liability Insurance	\$12,065.00	\$2,171.70	\$9,893.30	\$3.55	\$227.51	\$74.65	\$53.32	\$1,724.13	\$295.06
Workers' Comp Insurance	\$4,144.69	\$746.04	\$3,398.65	\$1.22	\$78.16	\$25.65	\$18.32	\$592.29	\$101.36
Insurance - Other	n/a								
Gross Revenue Fee (PUC)	Direct								
Bad Debt Expense	Direct								
Cross Connection Control Program	Direct								
Training and Certification	\$6,428.35	\$1,157.10	\$5,271.25	\$1.89	\$121.22	\$39.78	\$28.41	\$918.63	\$157.21
Consumer Confidence Report	Included in Wages								
Advertising/Public Relations	\$2,500.00	\$450.00	\$2,050.00	\$0.74	\$47.14	\$15.47	\$11.05	\$357.26	\$61.14
Miscellaneous Expense	\$5,661.21	\$1,019.02	\$4,642.19	\$1.67	\$106.76	\$35.03	\$25.02	\$809.01	\$138.45
Misc Indirect - License/Subscriptions/Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Misc Indirect - Checking Fees	\$35.00	\$6.30	\$28.70	\$0.01	\$0.66	\$0.22	\$0.15	\$5.00	\$0.86
Indirect Payroll Tax**	\$22,355.80	\$4,024.04	\$18,331.76	\$6.59	\$421.57	\$138.33	\$98.81	\$3,194.72	\$546.73
Inventory - Rate Base Component	\$139,624.71	\$25,132.45	\$114,492.26	\$41.14	\$2,632.95	\$863.94	\$617.10	\$19,952.84	\$3,414.61
TOTAL	\$591,631.87	\$106,493.74	\$485,138.13	\$174.32	\$11,156.61	\$3,660.76	\$2,614.83	\$84,546.17	\$14,468.73

**Only indirect payroll taxes are allocated over all companies. Direct wages and associated payroll taxes are billed directly to the site specific companies.

***The total number of customers represents all customers receiving full operational, managerial, and administrative service from Hiland.



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December 31, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #15

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #15 and our answer below:

15. Regarding the Affiliated Interest Report submitted by the Company on June 26, 2019 in compliance with OAR 860-036-2360, please provide work papers showing the derivation of each of the amounts shown in that report showing:
- The total prior to allocation,
 - The allocation basis used to allocate the cost to Shadow Wood, and
 - The account(s) in which the amounts shown were charged.

A spreadsheet is attached as the work papers showing (a) the total prior to allocation, (b) the allocation basis used for assignment to Shadow Wood, and (c) the accounts to which the amounts shown were charged.

Two mistakes were noted during this review:

- The allocation percentage used for indirect costs in the Affiliated Interest Report, Annual Results of Operation, and Rate Case Application was 2.13%. This was derived by taking the number of connections in Shadow Wood divided by the total number of connections for which full operational, managerial, and administrative services are provided from Hiland after reducing the total cost by 15% to account for other Hiland clients receiving field services ($64/2557 \times 0.85 = 2.13\%$). This percentage was derived due to a typographical error related to the total number of connections. The actual calculation for 2018 should have been $64/2507 \times 0.85 = 2.17\%$. The overall change is minor, but understanding this discrepancy may bring clarity to otherwise inconsistent figures. The accompanying work paper shows the originally calculations in order to reconcile with the report submitted on June 26, 2019, while the allocations spreadsheet (Exhibit 1) submitted in response to Data Request 14 uses the corrected calculation.**
- While payroll taxes were reported in the Annual Results of Operation Report (account 408.12 for \$1,103), it appears that payroll taxes were not included in the Affiliated Interest Report or the Rate Case Application. In the Rate Case Application, only property taxes were reported under account 408. It would seem appropriate to include payroll taxes in the ratemaking calculations.**

2018 Shadow Wood Affiliated Interest Report - work papers

	Total Prior to Allocation	% Allocated	Amount allocated	Account Charged	"Purpose of Transaction"
Direct Labor	\$4,305.55	100.00%	\$4,305.55	601	Operational, managerial, and administrative services
Indirect Labor	\$239,412.90	2.13%	\$5,093.49	601	Operational, managerial, and administrative services
Subtotal			\$9,399.04		
Health Insurance	\$36,055.20	2.13%	\$767.07	604	Main office facility
Phone/Internet (includes employee cell phone allowance)	\$10,316.27	2.13%	\$219.48	611	Main office facility
Electricity	\$2,411.29	2.13%	\$51.30	615	Main office facility
Garbage	\$24.20	2.13%	\$0.51	617	Main office facility
Postage	\$10,549.85	2.13%	\$224.45	619.1	Main office facility
Materials and supplies	\$46,994.90	2.13%	\$999.81	620	Main office facility
Accounting	\$2,010.00	2.13%	\$42.76	632	Main office facility
Contract / management	\$29,514.38	2.13%	\$627.92	634	Main office facility
Billing/ collections / ACH & Credit card processing	\$9,111.44	2.13%	\$193.85	637	Main office facility
Outside Services	\$3,957.58	2.13%	\$84.20	639	Main office facility
Main office/warehouse rent	\$30,340.00	2.13%	\$645.48	641	Main office facility
Website & Electronic expenses	\$4,127.44	2.13%	\$87.81	648	Main office facility
Vehicle Insurance	\$11,042.00	2.13%	\$234.92	656	Main office facility
Liability Insurance	\$12,065.00	2.13%	\$256.68	657	Main office facility
Advertising	\$2,500.00	2.13%	\$53.19	660	Main office facility
Bad Debt Expense	\$35.00	2.13%	\$0.74	670	Main office facility
Training/Certification	\$6,428.35	2.13%	\$136.76	673	Main office facility
Misc. Expenses	\$5,431.41	2.13%	\$115.55	675	Main office facility
Subtotal			\$4,742.49		
Equipment rental	\$1,324.50	100.00%	\$1,324.50	642	Warehouse, equipment, vehicles
Transportation Expenses	\$1,145.81	100.00%	\$1,145.81	650	Warehouse, equipment, vehicles
Subtotal			\$2,470.31		



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November 22, 2019

Re: Shadow Wood Water Service LLC Rate Case UW 179 Data Request #9

Public Utility Commission of Oregon
Attn: Kay Barnes
PO Box 1088
Salem, OR 97308-1088

Please see Data Request #9 and our answer below:

9. Staff's comparison of Shadow Wood's Application to its 2017 annual report, Account 408.12, Payroll Tax, shows costs included of \$1,019 in this account in 2017. However, Shadow Wood's Application does not include Payroll Tax for the test year of 2018. Please explain why no costs were included in this account for the test year but were stated in its 2017 Annual Report.

This was an inadvertent omission on the application. Payroll tax in 2018 amounted to \$1,103.00 and we request that PUC staff propose an adjustment to account for the test year payroll tax in addition to additional payroll taxes generated through salary and wage adjustments.