Oregon PUC Public Utility Commission

e-FILING REPORT COVER SHEET

Send completed Cover Sheet and the Report in an email addressed to: PUC.FilingCenter@state.or.us

REPORT NAME:	2015 Oregon Annual Billing Error Report
COMPANY NAME:	Idaho Power Company
DOES REPORT CON	NTAIN CONFIDENTIAL INFORMATION? No Yes
• •	submit only the cover letter electronically. Submit confidential information as directed in r the terms of an applicable protective order.
If known, please selec	et designation: RE (Electric) RG (Gas) RW (Water) RO (Other)
Report is required by:	
Is this report associated with a specific docket/case? No Yes If yes, enter docket number: AR 567	
List applicable Key Words for this report to facilitate electronic search:	

DO NOT electronically file with the PUC Filing Center:



- Annual Fee Statement form and payment remittance or
- OUS or RSPF Surcharge form or surcharge remittance or
- Any other Telecommunications Reporting or
- Any daily safety or safety incident reports or
- Accident reports required by ORS 654.715

Please file the above reports according to their individual instructions.



Lisa D. Nordstrom Lead Counsel Inordstrom@idahopower.com

February 19, 2016

Public Utility Commission of Oregon Filing Center 201 High Street SE, Suite 100 P.O. Box 1088 Salem, Oregon 97301

RE: 2015 Oregon Annual Billing Error Report

Attention Filing Center:

Please find attached Idaho Power Company's annual report summarizing Idaho Power's billing error activities for 2015. Filed in accordance with OAR 860-021-0170 and Order Nos. 13-032 and 13-054 in AR 567, this report summarizes all reportable billing errors for the year. As the report indicates, there were no reportable billing errors to report in 2015.

If you have any questions regarding this report, please contact Kristy Patteson at 208-388-2982 or kpatteson@idahopower.com.

Sincerely,

Lisa D. Nordstrom Lead Counsel

Lin D. Madstrom

LDN:kkt

Enclosure

cc: Maggie Brilz

IDAHO POWER COMPANY OREGON ANNUAL BILLING ERROR REPORT 2015 SUMMARY OAR 860-021-0170

NO. OF REPORTABLE BILLING ERROR EVENTS
None.
NO. OF BILLS AFFECTED
None.
NO OF BILLE AD HISTED
NO. OF BILLS ADJUSTED
None.
DESCRIPTION/CAUSE
Not applicable.
ACTION TAKEN TO CORRECT
Not applicable.
Not applicable.
ACTION TAKEN TO PREVENT
Not applicable.