e-FILING REPORT COVER SHEET



COMPANY NAME:

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? No Yes If yes, submit a redacted public version (or a cover letter) by email. Submit the confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order.

Select report type: RE (El	ectric) $\Box RG (Gas)$	RW (Wate	r) RT (Telecommunications)
	RO (Other	r, for example,	industry safety information)
Did you previously file a sim	lar report? No	Yes, repor	rt docket number:
Report is required by: OA	٤		
Stat	ıte		
		1 2	n order is a compliance filing and not a report
Other (For ex	er ample, federal regula	ations, or reques	sted by Staff)
Is this report associated with	a specific docket/case	e? 🗌No	Yes, docket number:

List Key Words for this report. We use these to improve search results.

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

Send confidential information, voluminous reports, or energy utility Results of Operations Reports to PUC Filing Center, PO Box 1088, Salem, OR 97308-1088 or by delivery service to 201 High Street SE Suite 100, Salem, OR 97301.

Both the report and the cover sheet must be filed electronically with the Public Utility Commission at: <u>PUC.FilingCenter@state.or.us</u> on or before May 31. If you have questions about the form call Greg Miller at: (503)373-7867 or email: <u>Greg.Miller@state.or.us</u>

Affiliated Interest Annual Report for Water Utilities

OAR 860-036-0816

Utility Company Name: Old Sheep Ranch Water Association

Address: P.O. Box 1016, Langlois, OR 97450

Telephone: 503-501-7553

Email: markochsner155@gmail.com

"NO AFFILIATED INTEREST TRANSACTIONS THIS YEAR - 2017"

Annual Transactions for Jan. 1 through Dec. 31.

Please use this format and attach additional sheets if needed.

Docket and Order No.*	Name of Affiliate And Description of Affiliation	Purpose of Transaction	Hours and Current Hourly Rate If Applicable	Annual Dollar Amount

*If you do not know the docket or order number, please call and I will help you with that information. Please **do not** file the form with this section blank.

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

NO 🛛

YES - Using a separate sheet, please explain the changes and provide any other pertinent information.

Signature of responsible party: Mark A Ochanar Date: May 30, 2018

Printed name: ____Mark Ochsner ____ Position held in utility: _Secretary/Treasurer_

Telephone Number: _____503-501-7553_ email: markochsner155@gmail.com__

The Commission may request further information regarding any affiliated interest transaction.

This form **must** be filed electronically via the PUC Filing Center as indicated at the top of the page.