
Company Full Certificated Name

*Do not abbreviate and include any Commission approved
AKA/DBA/Fictitious Name, if applicable.*

WATER and/or SEWER ANNUAL REPORT

SMALL COMPANY

(Fewer than 8,000 customers)

TO THE

MISSOURI PUBLIC SERVICE COMMISSION

January 1 - December 31, _____

Please indicate which type of service the Company is certificated to provide by checking the appropriate box(es). (Check all that apply.)

Water Service Provider

Sewer Service Provider

Please choose one of the following filing type options:

Public Submission *(NOT Highly Confidential)*

Non-Public Submission *(Highly Confidential / Filed Under Seal)*

For this filing to be considered Highly Confidential, additional submission of materials is required pursuant to Commission rule 4 CSR 240-3.335 and/or 4 CSR 240-3.640, Section 392.210, RSMo., and/or Section 393.140, RSMo.

Issue Date: 12/17 /2014

Revised: 2/5/15, 3/2/15, 3/11/15, 3/12/15, 3/16/15

(To be used when filing under seal.)

MISSOURI PUBLIC SERVICE COMMISSION ANNUAL REPORT INSTRUCTIONS

General Form Information

This report is due to the Missouri Public Service Commission **on or before April 15th**, of the current year, and is required to be filed on a calendar year basis pursuant to the Commission Rules 4 CSR 240-3.335 and/or 4 CSR 240-3.640. Failure to file this report by the deadline of April 15th, of the current calendar year, could result in penalties up to \$100 for every day the report is late pursuant to Section 392.210, RSMo.

- * This form should be used by companies that have **fewer than 8,000 customers**.
- * In examining the report form, you will note there are various references requiring water information and sewer information on the same page.
- * If you have water operations only, you should complete all information for water utilities. Any requested information for sewer data should be clearly marked by you as Not Applicable (*e.g., N.A.*)
- * If you have sewer operations only, you should complete all information requested for sewer utilities. Any requested information for water data should be clearly marked by you as Not Applicable (*e.g., N.A.*).
- * If you are a joint utility in that you have both water and sewer operations, you shall fill out all parts of all pages completely to the best of your ability and belief utilizing the available information. You will note that all pages on Lines 1 and 2 require the year of the report and the Company name. This must be completed on all pages.
- * If this document has been prepared by a third-party preparer, it is the responsibility of the Company personnel attesting to the accuracy of the document to review the document before submission to the Missouri Public Service Commission.
- * After the Annual Report is complete, save the file to your computer. You may submit it electronically through the Commission's Electronic Filing and Information System (EFIS), as a non-case related submission (see Electronic Filing Instructions on page 2) or print the form, keep a copy for your records, and prepare for mailing according to the instructions on Page 3.
- * You shall use either one of the versions provided: 1) the Excel version, or 2) the Adobe document that shall be printed and completed by hand.
- * The Excel form is "read only". You **must** save or copy the file to your computer's hard drive to input information into the Annual Report form.
- * If additional space is needed for entering information on a page, please insert a worksheet or page and copy the formulas or lines into the new sheet to accommodate the necessary information.
- * If you are submitting an Annual Report Extension Request, see Page 4 of these instructions.

Questions about the Annual Report form or its contents may be submitted to:

Mark Oligschlaeger at (573) 751-7443 or by e-mail at: mark.oligschlaeger@psc.mo.gov.

Treatment of Highly Confidential Information (Submission Under Seal):

Utilities may request classification of selected portions of their annual report as Non-Public (highly confidential/filed under seal) pursuant to the Commission Rules at 4 CSR 240-3.335 and/or 4 CSR 240-3.640.

NOTE: All information classified as Non-Public will still remain subject to potential disclosure as provided under the Missouri Open Records Act (Chapter 610 RSMo) and Section 386.480, RSMo.

In order to include Highly Confidential Information in the Annual Report, the Submitter must:

Provide **two** version of the Annual Report:

1. A Public version with the Highly Confidential information redacted (removed), and
2. A fully completed version to be kept as Highly Confidential with restricted access.

Below are the procedures outlining the requirements for each type of submission:

(A) Public Version

1. Cover - Select the "Public Submission" option and denote "Public" in the lower right corner.
2. Completion - All pages should be completed excluding the "Non-Public" information.
3. Page Designation - Each page that has had Highly Confidential information removed **must** have the "Public" designation in the lower right corner.
4. Format - where Highly Confidential information has been removed, two (2) asterisks shall be placed before and after the information, (e.g., ***highly confidential information removed***.) The field must be left blank to insure the information remains on the same line and page as in the Highly Confidential version.

(B) Highly Confidential Version

1. Cover - Select the "Non-Public Submission" option and denote "Highly Confidential" in the lower right corner.
2. Completion - **All** pages should be completed including the Highly Confidential information.
3. Page Designation - Each page that contains Highly Confidential information **must** have a "Highly Confidential" designation in the lower right corner.
4. Format - Highly Confidential information shall be designated by two (2) asterisks before and after the information, (e.g., ***your highly confidential information here***.)

(C) Additional Documents Required with Both Submissions

1. A cover letter stating the utility is designating some or all of the information in its annual report as confidential and requesting Non-Public treatment under seal. The name, phone number and e-mail address (if available) of the person responsible for addressing questions regarding the confidential portions of the Annual Report **must** be included.
2. A notarized affidavit that clearly identifies the specific types of information to be kept under seal. Justification of why the specific information should be a closed record and a statement attesting that none of the information is available to the public in any format.

Options for Submitting the Annual Report to the Missouri Public Service Commission.

The Annual Report may be submitted to the Missouri Public Service Commission by either of the two following methods:

1. **Electronically** - (**Preferred Method**) - through the Electronic Filing and Information System (EFIS). If you submit your information electronically, please **DO NOT** send in a paper copy. This system accepts submissions 24 hours a day and saves on postage/shipping expenses. Detailed instructions on using this system are below. If you have questions while using EFIS, staff is available Mon-Fri, 8 am- 5 pm (excluding State holidays) to assist you at **(573) 751-7496**.

NOTE: E-mails and faxes are NOT acceptable methods of filing the Annual Report electronically.

Before Submitting the Annual Report into EFIS:

- * You must have a user ID and password. The Company you are filing on behalf of must be registered in EFIS. (If you are unsure if you have a user ID, if your Company is registered, or, if you are registered as a contact for the Company, please send an email to the Data Center at: datacenter-psc@psc.mo.gov or call (573) 751-7496 before completing new registration information. **NOTE: All certificated companies are already registered in EFIS. Please DO NOT create a Company registration).**
- * The person making the filing must be registered as a contact for the Company/firm they are making the filing on behalf of.
- * You need to have the information you want to submit saved electronically.
- * The Verification Page **must** be completed in full.
- * The dates that are reflected on the original Verification Page **must** also be added.
- * Electronic signatures **must** be used on the Verification Page: electronic signatures are acceptable pursuant to RSMo., Sections 432.200 - 432.295. To type an electronic signature: on the signature lines, type "/s/", insert a space, and then type the name.
- * The original Verification Page **must** be notarized and kept for your records.

NOTE: Resubmissions of the Annual Report must include a new completed Verification Page with the current date, signatures, and current notary date, stamp, and information.

EFIS Submission of the Annual Report:

To access EFIS, go to the PSC website at <http://www.psc.mo.gov>:

- * Click the EFIS (Login Required) link from the menu on the left-hand side.
- * Scroll down to the "Main Menu Section of EFIS" and click on the "EFIS" link. This will take you to the EFIS Welcome Screen.
- * Click the orange "Logon" button on the left-hand side.
- * Enter your User ID and Password. **NOTE: Passwords are case sensitive.**
- * Click on the "Filing/submission" menu option.
- * Click on the "Non-Case Related Submission" link.

Complete the Non-Case Related Submission screen with the following information:

- * Type of Utility - Select the utility type which the Company is certificated/registered. Separate submissions are required if a Company has multiple certifications/registrations (e.g., *Water and Sewer*.)
- * Company - Select certificated Company name. Choose d/b/a name, if applicable. This name should match the name at the top of the Annual Report's cover page.
- * Type of Submission - Select "Annual Report (MOPSC)".
- * Total Missouri Jurisdictional Revenue - Enter the amount from the Annual Report form found on Page 1, Item No. 11 (Water) or Item No. 14 (Sewer).
- * Report for Calendar Year - Type in current calendar year.
- * Applicable Case No. - Leave blank.
- * Date Filed - Will already be filled in.
- * Click on the "Continue" button.

This will take you to the Filing/Submission Attachment screen.

- * Click on "Browse" - Select the file that contains the completed Annual Report.
- * Choose the security level for your document: Public, Highly Confidential, or Proprietary.
- * Click on the "Attach" button. On-screen instructions are provided for attaching more than one document.
- * Confirm that the correct document is attached before proceeding.
- * Click the "Done with Attach" button.

Complete the Non-Case Related Submission screen with the following information (continued):

This will return you to the original submission screen.

- * Scroll down and click on the "Submit" button.

This will complete your submission and assign a non-case related tracking number (BMAR-20xx-xxxx). PLEASE RETAIN THIS NUMBER FOR YOUR RECORDS.

If you are asked to provide additional information or need to file amended information, file it as a "Non-Case Related Supplemental Submission" using the tracking number from your original annual report submission.

Instructions for this type of submission can be found by clicking on the blue "Help" button on the left-hand side of any EFIS screen. Scroll down to "Non-Case Related". Then select, "Submit a Non-Case Related Submission."

OR

2. Mail to the following address:

Missouri Public Service Commission
Attn: Data Center

For Package Delivery:

200 Madison Street, Suite 100
Jefferson City, MO 65101

For U.S. Mail:

P.O. Box 360
Jefferson City, MO 65102-0360

Request for Annual Report Extension (30 days or Less):

If you will not be able to file your annual report by the April 15th deadline, you **must** request an extension **on or before April 15, of the current calendar year**. Annual Report Extension Requests **must** be on company letterhead and signed by an officer of the Company or on the form provided on the PSC website @ **www.psc.mo.gov/forms** and signed electronically by a company representative. A contact e-mail address is required for approval or rejection of the request.

Follow the instructions for filing an annual report with these modifications:

- * Type of Submission - Select Annual Report (MO PSC) **Extension Request**.
- * Comments - Type in (current year) **Annual Report Extension Request**.
- * Under "Browse", attach your documentation for requesting an extension.

NOTE: Once your submission is complete, you will be assigned a non-case related tracking number (BARE-20xx-xxxx). Please retain this number for your records.

Additional instructions can be found under the blue "Help" button in EFIS on how to:

- * Access EFIS
- * Log onto EFIS
- * Obtain a user ID and password.
- * Reset my password
- * File an annual report, statement of revenue, or other non-case related submission.
- * Make a subsequent filing to a non-case related submission.

INSTRUCTIONS - COVER PAGE

Company Name: This shall reflect the **certificated** name of the Company that the Commission approved in a case. *(If using the Excel version of the report, when this field is filled in, it will automatically populate the Company name at the top of each of the following sheets.)* The Company name listed on the Cover page shall include any Commission approved fictitious name or d/b/a name, a/k/a, *(e.g., ABC Company d/b/a XYZ, LLC)*.

Year: Enter the reporting year. *(If using the Excel version of the report, when the reporting period year is entered, it will automatically populate to the top of subsequent pages.)*

Type of Service (set of checkboxes): Indicates **certification/registration type**.

Check the correct box(es) denoting which type of service the Company listed on the Company Name line has been approved as competitively classified by the Commission.

Type of Filing Options (set of buttons): Indicates security level/filing options:

1) Select the first button (Public Submission) **if** this is the Public version of the Annual Report. (This is the default setting.)

2) Select the second button (Non-Public Submission) **only** if the Annual Report contains Proprietary or Highly Confidential information in the report. The Annual Report submission will be considered deficient unless this submission is accompanied by the required documentation.

NOTE: Please refer to "Treatment of Highly Confidential Information" in these instructions.

INSTRUCTIONS - PAGE 1

Line 1 and 2 should auto-populate from the Cover Page, if using the Excel version.

On Line 2a, provide the Parent Company Name, if applicable.

On Line 3, provide the Company's street address.

On Line 4, provide the mailing address if different than Line 3.

On Line 5, provide the Company's phone number.

On Line 6, provide the email address of the Company's contact representative. If an e-mail address is not available please designate with "N/A".

On Lines 7a - 7f, provide names, titles, addresses, phone numbers, and e-mail addresses of any person(s) who can be contacted concerning information contained in this report.

Line 8 should auto-populate the year from the Cover Page if using the Excel version.

On Lines 9-14, both the MO Jurisdictional and Total Company Revenues columns **must** be complete as indicated. *(If using the Excel version, the Missouri Jurisdictional Revenues will auto-populate from Pages W-2 and Page S-2.)*

INSTRUCTIONS - PAGE 2

Lines 1 and 2 should auto-populate from the Cover Page, if using the Excel version.

On Lines 3-8, provide Common and/or Preferred Stock for each class and series - column (a); the total number of shares authorized by charter - column (b); the par or stated value per share - column (c), the total number of shares issued - column (d), and the current book value of the stock - column (e).

On Lines 9-16, provide the names, addresses and number of votes resulting from stock ownership as of December 31. If any such holder held the stock in trust, state the nature of the trust and the beneficial owner.

INSTRUCTIONS - PAGE 2 (Continued)

On Line 17, provide the Total Number of Votes held by the names provided in lines 8-15.

On Line 18, provide the Total Number of Votes of All Securities with Voting Rights.

On Lines 19-24, provide the title and names of the General Officer(s) of the Company at the end of the current reporting year.

INSTRUCTIONS - PAGE 3

Line 1 and 2, should auto-populate from the Cover Page, if using Excel version, or, provide the full Company name as it appears on your Certificate of Convenience and Necessity. Describe all transactions occurring during the year that will have a major effect on operations. These transactions may be rate changes, the replacement of major equipment or any other abnormal cash expenditure amounting to \$250 or more. Please note that if the expenditure is of a normal and recurring nature (e.g., monthly electric bills), it should not be classified as an abnormal item.

INSTRUCTIONS - PAGE 4

Line 1 and 2, should auto-populate from the Cover Page, if using Excel version, or, provide the full Company name as it appears on your Certificate of Convenience and Necessity.

Lines 3, 4, 10, and 11, the dollar amount for should be brought forward from the appropriate page as indicated.

Lines 6 and 13, the dollar amounts should reflect the inventory available.

Construction Work in Progress (Lines 7, 14): Shall include the total amount of work for utility plant in process of construction but not ready for service at the end of the year.

Plant Held for Future Use (Lines 8, 15): Shall include the original cost of property owned and held for future use under a definite plan for use.

Plant Acquisition Adjustment (Lines 9, 16): Shall include the purchase price of any plant purchased less the original cost, estimated if not known, less any depreciation reserve.

NOTE: TOTAL ASSETS FROM PAGE 4, LINE 21 MUST BALANCE WITH TOTAL EQUITY AND LIABILITIES FROM PAGE 5, LINE 21. A RED CELL INDICATES THESE VALUES ARE NOT BALANCED. HOWEVER, IF USING AN OLDER VERSION OF EXCEL, (PRIOR TO 2010), THE CONDITIONAL FORMATTING MAY NOT TURN THE CELL RED WHEN THESE VALUES ARE NOT BALANCED.

INSTRUCTIONS - PAGE 5

The dollar amount for Lines 9, 10, 14, and 15 should be brought forward from the appropriate page and line as indicated. These should auto-populate in the Excel version of the report.

Customer Deposits (Lines 7, and 12): Include all deposits with the utility by customers as security for payment of bills.

Advances for Construction (Lines 8 and 13): Include advances by any applicant for construction that is to be refunded either in part or completely.

NOTE: TOTAL ASSETS FROM PAGE 4, LINE 21 MUST BALANCE WITH TOTAL EQUITY AND LIABILITIES FROM PAGE 5, LINE 21. A RED CELL INDICATES THESE VALUES ARE NOT BALANCED. HOWEVER, IF USING AN OLDER VERSION OF EXCEL, (PRIOR TO 2010), THE CONDITIONAL FORMATTING MAY NOT TURN THE CELL RED WHEN THESE VALUES ARE NOT BALANCED.

INSTRUCTIONS - PAGE 6

On Page 6, provide information regarding **employee payroll**. Provide names, titles and salaries of all officers and employees with W2's. Provide total compensation paid to each employee during the year including bonuses and other allowances. Identify the total compensation as chargeable to water expense, sewer expense or construction. Also, identify any employee who did not receive any compensation during the year. Contract employees and other parties should be listed on Page 7.

INSTRUCTIONS - PAGE 7

On Page 7, provide information regarding professional services (other than employees with W-2's) the utility Company received. Report all information concerning rate, management, construction, engineering, research, financial, valuation, legal, accounting, purchasing, advertising, labor relations, public relations, contract operators and contract labor, or other similar professional services or outside services other than employees rendered the respondent under written or verbal arrangements, for which total payments during the year to any corporation, partnership, individual, or organization of any kind whatsoever.

INSTRUCTIONS - PAGE 8

On Page 8, provide information regarding **Contributions in Aid of Construction and the Amortization of Contributions in Aid of Construction**. This account shall include donations or contributions in cash, services, or property for construction purposes, including connection fees for new service. The records supporting the entries to this account shall be so kept that the utility can furnish information as to the purpose of each donation, the conditions if any, upon which it was made, the amount of each donation, and the amount applicable to each utility department. The credits (deductions) to this account shall not be transferred to any other account without the approval of the Commission.

Line 3 requires input from Page 8 of last year's annual report. Be sure this amount is correct from the previous year's annual report or your total, Line 23 or Line 26, depending upon the method chosen or your total will not be accurate.

Line 4 is the recording of new contributions for this year.

Line 10 depends on the method your company uses for CIAC amortization. If your company uses the "Distributed Method" as described below, no retirement entries for CIAC should appear in line 10; leave them blank.

Line 18 should indicate the balance at the end of the current year's annual report (from Line 16 above). Line 17 plus Line 22 equals Line 23 (Distribution Method only).

For retirement purposes, **CIACs** are amortized at the same rate as the Depreciation Rate set for the plant equipment. There are two methods to choose from which are listed below. Before completing either section, you **must** choose one of the methods by clicking in the drop down box and choosing either the Distribution Method or Attached Method. **If you do not choose a method, the formulas within the document will not populate correctly.**

1. **Distributed Method:** Most small companies use this method. This method results in no CIAC retirement entries on Line 10. The "Distributed Method" is to treat each contribution as a dollar amount that is equally distributed to all plant in service. Under this method, the annual CIAC amortization is a portion of the total plant depreciation expense. The ratio used to calculate this portion is the end of year CIAC balance divided by the end of year total plant in service. The CIAC amortization is simply the total plant depreciation expense multiplied by the ratio of CIAC to Total Plant. The annual amortization is added to the sum of all prior accumulated amortization until the total equals the original amount of all contributions. At this point, the process is stopped and both the total CIAC and the accumulated amortization are reset to zero. For this method, complete the table containing Line 17 - Line 23.

INSTRUCTIONS - PAGE 8 (Continued)

2. **Attached Method:** This method is the keeping of continuous property records such that the contributions are kept "attached" to the original equipment contributed. CIAC is amortized and retired at the same depreciation rate and retirement dates as the equipment which it is "attached" to. For this method, complete the table with Line 24 - Line 26.

INSTRUCTIONS - PAGE 9

On Page 9, provide all required information concerning **financial debts** that existed during the current reporting year. For each debt on which interest was paid during the year, provide the type of debt name - column (a); contract information (address, phone no. & email) of each lender - column (b); origination date of the loan - column (c); initial loan amount - column (d); interest rate - column (e); type of interest rate (fixed or variable) - column (f), (if variable, answer question on line 10), frequency of payments - column (g), loan balance; long term debt - column (h), and/or short term debt - column (i), date of maturity - column (j), total interest paid during the year - column (k), and the interest paid designated to: water utility - column (l) and/or sewer utility - column (m) based upon which utility was responsible for the loan.

INSTRUCTIONS - PAGES W-1, W-2, W-3 and/or S-1, S-2, S-3

On Page W-1, W-2, W-3, and/or S-1, S-2, S-3, provide **Water and/or Sewer Operating Revenues, Expenses and Statistics information**, (e.g., all billed revenues, expenses, customer numbers at the beginning and end of the year, and metered gallon sold).

INSTRUCTIONS - PAGE W-4

On Page W-4, provide information regarding **quantities of water from each source of supply that entered the system**. On Line 3, indicate your **measurement of water** in either **gallons or cubic feet** by choosing from the drop down box; defaulted is gallons, if different please change. On Line 4, enter the **name of the well source** in the Source of Supply column above columns (b)-(e). On Lines 5-16, in columns b-e, enter the **amount of gallons or cubic feet** per service month. On Line 18, provide the **maximum and minimum quantities** of water supplied in any one day. On Line 19, provide the **range of pressures in the mains** that exist at the highest point of the system. On Lines 20-23, provide information regarding any **resale of water**.

INSTRUCTIONS - PAGES W-5 and/or S-4

On Page W-5, and/or S-4, provide information regarding water and/or sewer utility (**plant-in-service, depreciation expense and depreciation reserve**). The account numbers shown in column (B) are defined in the Uniform System Of Accounts (USOA). The definitions describe what type of plant equipment is included in each account number. For each company, a USOA CLASS, a set of account numbers, and a set of depreciation rates are assigned by the PSC. These assignments for use by your company should be specified in a Depreciation Rate Schedule included as part of your company's last certificate or rate case final order. If you do not have this schedule, call the PSC and ask to speak to someone in the Engineering and Management Services Department.

Columns (C), (D), Pages W-5 and S-4, require original **installed cost of plant and equipment placed in service**. If a replacement of plant occurs, such as a pump change-out or trading in a truck, then column (D), Additions During the Year, should show the full installed cost of the new item. In columns (E), Book Cost of Plant Retired, record the original installed cost (from Plant Property Records), of the item which was replaced (removed). These entries should be supported by books and records, which identify the property and its location. Column (F), Cost of Removal, should reflect total cost incurred to remove, transport and dispose of all plant retired during the year.

INSTRUCTIONS - PAGES W-5 and/or S-4 (Continued)

Column (G), Salvage Credit, should reflect any money received from the sale or trade-in of the equipment removed or replaced. Column (H), Balance at End of Year, equals columns (C) plus (D) minus (E). Column (I), Reserve Balance at Beginning of Year, is the carry forward of depreciation reserve from last year's annual report. In Column (J), record the Depreciation Rate used (from your company's PSC Depreciation Rate Schedule).

Column (K), is the amount of depreciation expense recorded on the Company's books during the year, or can be calculated as: Column (C) Plant Balance at Beginning of the Year plus Column (H) Plant Balance at the End of the Year, multiplied by column (J) Depreciation Rate, then divided by two (for mid-year convention). Column (L), Reserve Balance at the End of Year, equals (I) minus (E), minus (F), plus (G), plus (K).

*****SAVE A COPY FOR NEXT YEARS BEGINNING BALANCES*****

INSTRUCTIONS - PAGE W-6 (Part 1 and 2)

On Page W-6 (Part 1), provide historical and statistical information regarding **water pumps**; pump manufacturer in column (a); type of pump in column (b); capacity in column (c); date installed in column (d); date of last motor replacement in column (e), and date of last pump replacement in column (f).

On Page W-6 (Part 2), provide historical and statistical information regarding **wells**; description of the well, the well ID # and location.

INSTRUCTIONS - PAGE W-7

On Page W-7, provide historical and statistical information regarding **water meters, meter settings and storage facilities**.

INSTRUCTIONS - PAGE W-8

On Page W-8, provide historical information regarding the **feet of water mains and number of service connections from the Main to Property Line**.

INSTRUCTIONS - PAGE S-5

On Page S-5, provide historical and statistical information regarding **sewer treatment facilities, collecting sewers, size and type of pipes, lift stations, and sludge disposal**.

INSTRUCTIONS - VERIFICATION PAGE

The Verification Page must be completed in full, including the Notary seal and commission information, and all signatures noted. The Verification Page must accompany all versions of this report including any original or revised, highly confidential, proprietary, and public versions.

The "**State Of**" and "**County Of**" fields shall be filled with the location where the notary operates and where this document was notarized.

Legal Name of Affiant: Any representative of the Company authorized to attest to the accuracy of the Annual Report.

Official Title of the Affiant: Title of the Representative named on the line just above this one on the Verification Page.

Exact Legal Title or Name of the Respondent: Company name as certificated/registered with the Commission, as listed on the Cover Page and the top of the Verification Page.

Signature of Affiant: Signature of authorized company representative named above on the Verification Page.

The remaining fields are for completion by the Notary including the date, month, and year of the notarization, the Notary's commission expiration date, Notary signature, and placement of the Notary stamps or seals, where applicable on the form.

To use electronic signatures: On the signature line(s), insert a space, type **/s/**, then type the name.

1 For the calendar year of January 1 - December 31, _____

2 **Company Name:** _____

2a **Parent Company Name:** _____
(if applicable)

3 **Company Street Address:** _____

4 **Company Mailing Address:** _____

5 **Company Phone Number:** _____

6 **Company E-mail Address:** _____

7 **Name, title, address, phone number, and e-mail of person(s) to contact concerning information contained in this report:**

| | | | | | |
|----|------------------|-------|------------------|-------|-------|
| 7a | _____ | _____ | _____ | _____ | _____ |
| | Name/Title | | Name/Title | | |
| 7b | _____ | _____ | _____ | _____ | _____ |
| | Mailing Address | | Mailing Address | | |
| 7c | _____ | _____ | _____ | _____ | _____ |
| | Street Address | | Street Address | | |
| 7d | _____ | _____ | _____ | _____ | _____ |
| | City | State | Zip | City | State |
| 7e | _____ | _____ | _____ | _____ | _____ |
| | Telephone Number | | Telephone Number | | |
| 7f | _____ | _____ | _____ | _____ | _____ |
| | E-mail Address | | E-mail Address | | |

8 Provide the **Total Company and** gross intrastate **Operating Revenues** (i.e., Missouri Jurisdictional) for Calendar Year _____.

(BOTH COLUMNS MUST BE COMPLETED)

| Water Revenues | ** | MO Jurisdictional | ** | ** | Total Company | ** |
|-----------------------------------------------------------|----|--------------------------|----|----|----------------------|----|
| 9 Total Operating Revenues <i>(From Pg. W-2, Line 22)</i> | | \$ - | | | | |
| 10 Total Non-Tariffed Revenues <i>(Pg. W-2, Line 25)</i> | | \$ - | | | | |
| 11 TOTAL REVENUES <i>(From Pg. W-2, line 26)</i> | | \$ - | | | \$ - | |

(Total MO Jurisdictional Revenue (Line 11 above) should match Statement of Revenue (MoPSC Assessment).

| Sewer Revenues | ** | MO Jurisdictional | ** | ** | Total Company | ** |
|----------------------------------------------------------------|----|--------------------------|----|----|----------------------|----|
| 12 Total Operating Revenues <i>(From Pg. S-2, Line 22)</i> | | \$ - | | | | |
| 13 Total Non-Tariffed Revenues <i>(From Pg. S-2 , Line 25)</i> | | \$ - | | | | |
| 14 TOTAL REVENUES <i>(From Pg. S-2, Line 26)</i> | | \$ - | | | \$ - | |

(Total MO Jurisdictional Revenue (Line 14 above) should match Statement of Revenue (MoPSC Assessment).

- Indicates a link to or from another worksheet within workbook
- Indicates formula cell(s)

▼

(To be used when filing under seal.)

1
2

For the calendar year of January 1 - December 31, _____

Company Name: _____

CAPITAL STOCK (COMMON AND PREFERRED)

| Class and Series of Stock (a) | Total Number of Shares Authorized (b) | Par or Stated Value Per Share (c) | Total Number of Shares Issued (d) | Current Book Value of Issued Shares of Stock (e) |
|----------------------------------|------------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------------------------|
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | Total Value | \$ - |

SECURITY HOLDERS AND VOTING POWERS

Report below the **NAMES** and **ADDRESSES** of the 10 stockholders who, at the end of the year, had the greatest voting powers in the respondent, **AND STATE THE NUMBER OF VOTES** each would have had a right to cast on that date. If any such holder held in trust, give the nature of the trust and the beneficial owner. Show also total votes of **ALL** securities with voting powers.

| Names and Addresses (a) | Number of Votes (b) |
|-------------------------------------------------------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| Total Number of Votes Held by Above | |
| Total Number of Votes of All Securities with Voting Rights | |

Identify the principal or general officers of the company at the end of the year. Please include an additional sheet, if enough space is not provided on this page, to completely provide the requested information.

| Title of General Officer(s) | Name of Person Holding Office |
|-----------------------------|-------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Indicates formula cell(s)

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(To be used when filing under seal.)

1

For the calendar year of January 1 - December 31, _____

2 Company Name: _____

Describe **MAJOR** transactions occurring during the year which will have a effect on operations, such as rate changes, replacement of major equipment and other abnormal cash expenditures of \$250 or more. *(Dollar amounts to be recorded on Page W-5 and/or Page S-4 columns d and/or e.)*

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(To be used when filing under seal.)

1 For the calendar year of January 1 - December 31, _____

2 Company Name: _____

NOTE: Please do not try to type over formulas. Totals will calculate automatically in this spreadsheet.

BALANCE SHEET
WATER AND SEWER OPERATIONS
ASSETS

| | Account Description (a) | ** | Amount (b) | ** |
|----|--------------------------------------------------------------------------|----|---------------|----|
| 3 | Water Plant In Service (From Pg. W-5) | | \$ - | |
| 4 | LESS: Water Depreciation Reserve (From Pg. W-5) | | \$ - | |
| 5 | Net Water Plant in Service (Line 3 MINUS Line 4) (From Pg. W-5) | | \$ - | |
| 6 | Water Materials and Supplies | | | |
| 7 | Water Construction Work in Progress | | | |
| 8 | Water Plant Held for Future Use | | | |
| 9 | Water Plant Acquisition Adjustment | | | |
| 10 | Sewer Plant in Service (From Pg. S-4) | | \$ - | |
| 11 | LESS: Sewer Depreciation Reserve (From Pg. S-4) | | \$ - | |
| 12 | Net Sewer Plant in Service (Line 10 MINUS Line 11) (From Pg. S-4) | | \$ - | |
| 13 | Sewer Materials and Supplies | | | |
| 14 | Sewer Construction Work in Progress | | | |
| 15 | Sewer Plant Held for Future Use | | | |
| 16 | Sewer Plant Acquisition Adjustment | | | |
| 17 | Other Plant | | | |
| 18 | Cash | | | |
| 19 | Accounts Receivable (i.e., Amounts due from customers or other parties.) | | | |
| 20 | Other Assets | | | |
| 21 | Total Assets* | | \$ - | |

* Total Assets should balance with Total Equity and Liabilities on Page 5 (see instructions).
Difference between Equity & Liabilities and Assets (from Pg. 5).

- Indicates a link to another worksheet within workbook
- Indicates formula cell(s)

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(To be used when filing under seal.)

NOTE: Please do not try to type over formulas. Totals will calculate automatically in this spreadsheet.

BALANCE SHEET
WATER AND SEWER OPERATIONS
EQUITY AND LIABILITIES

| | Account Description (a) | ** | Amount (b) | ** |
|----|--------------------------------------------------------------------------------------------|----|---------------|----|
| 3 | Capital Stock (From Page 2) | | | |
| 4 | Retained Earnings | | | |
| 5 | Long-Term Debt (banks, etc. - over 1 year) (From Pg. 9) | | \$ - | |
| 6 | Short-Term Debt (banks, etc. - less than 1 year) (From Pg. 9) | | \$ - | |
| 7 | Water Customer Deposits | | | |
| 8 | Water Advances for Construction | | | |
| 9 | Water Contributions In Aid of Construction (From Pg. 8, Line 16) | | \$ - | |
| 10 | LESS: Water Amortization of Contributions In Aid of Construction (From Page 8, line 23) | | \$ - | |
| 11 | Net Water Contributions In Aid of Construction (i.e., Line 9 MINUS Line 10) | | \$ - | |
| 12 | Sewer Customer Deposits | | | |
| 13 | Sewer Advances for Construction | | | |
| 14 | Sewer Contributions In Aid of Construction (From Pg. 8, Line 16) | | \$ - | |
| 15 | LESS: Sewer Amortization of Contributions In Aid of Construction (From Page 8, line 23) | | \$ - | |
| 16 | Net Sewer Contributions In Aid of Construction (i.e., Line 14 MINUS Line 15) | | \$ - | |
| 17 | Deferred Taxes - ITC | | | |
| 18 | Deferred Taxes - Other | | | |
| 19 | Accounts Payable; (Amounts owed to other parties; other than debt listed above.) | | | |
| 20 | Other Liabilities | | | |
| 21 | Total Equity and Liabilities* | | \$ - | |

* Total Equity and Liabilities should balance with Total Assets on Pg. 4 (see instructions).
 Difference between Equity & Liabilities and Assets (From Pg. 4).

- Indicates a link to another worksheet within workbook
- Indicates formula cell(s)

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(To be used when filing under seal.)

2 Company Name: _____

CONTRIBUTIONS IN AID OF CONSTRUCTION

INSTRUCTIONS: This account shall include donations or contributions in cash, services, or property for construction purposes. The records supporting the entries to this account shall be so kept that the utility can furnish information as to the purpose of each donation, the conditions, if any, upon which it was made, the amount of each donation, and the amount applicable to each utility department. The credits (deductions) to this account shall not be transferred to any other account without the approval of the Commission.

| | Water (b) | Sewer (c) |
|------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
| 3 Balance at Beginning of Year <i>(From last years report, Pg. 9)</i> | | |
| 4 PLUS: Additions During the Year <i>(Please provide a detailed explanation.)</i> | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 Total Additions | \$ - | \$ - |
| 10 LESS: Deductions During the Year <i>(Please provide a detailed explanation.)</i> | | |
| 11 | | |
| 12 | | |
| 13 Retire and cap off service connection, but no connection fee money returned = no entry here | | |
| 14 | | |
| 15 Total Deductions | \$ - | \$ - |
| 16 Balance at End of Year | \$ - | \$ - |
| | <i>(Total to Pg. 5)</i> | <i>(Total to Pg. 5)</i> |

AMORTIZATION OF CONTRIBUTIONS IN AID OF CONSTRUCTION

(Please identify as Account Number 271A)

PLEASE CHOOSE FROM THE DROP DOWN BOX WHICH METHOD THE UTILITY UTILIZES FOR ITS RECORDS

Distribution Method

| | Water (b) | Sewer (c) |
|-------------------------------------------------------------------------------|-------------------------|-------------------------|
| 17 Balance of Amortization at First of Year <i>(not Total of CIAC line 3)</i> | | |
| 18 Total Contributions in Aid at End of Year <i>(see above)</i> | | |
| 19 Total Plant in Service at End of Year <i>(From Pg. W-5 or S-4)</i> | | |
| 20 Percentage Contributions to Plant | | |
| 21 Total Depreciation Expense <i>(From Pg. W-5 or S-4)</i> | | |
| 22 Total Amortization of Contributions <i>(To Pg. W-1, S-1)</i> | | |
| 23 Balance at End of Year | | |
| | <i>(Total to Pg. 5)</i> | <i>(Total to Pg. 5)</i> |

OR

Attached Method

| | Water (b) | Sewer (c) |
|-------------------------------------------------------------------------------|-------------------------|-------------------------|
| 24 Balance of Amortization at First of Year <i>(not Total of CIAC Line 3)</i> | | |
| 25 Total Amortization of Contributions <i>(To Pg. W-1, S-1)</i> | | |
| 26 Balance at End of Year | | |
| | <i>(Total to Pg. 5)</i> | <i>(Total to Pg. 5)</i> |

Indicates a link to another worksheet within workbook
 Indicates formula cell(s)

(To be used when filing under seal.)

INTEREST EXPENSE, NOTES PAYABLE, BONDS, BANK LOANS AND OTHER DEBTS

INSTRUCTIONS: Please report information for the **current annual reporting** year. List each separate item of debt. Please identify the named borrower for each debt, if different from the company. Show principal amount to which each interest rate applies. Include all items on which interest was paid during the year. Use additional worksheets if necessary.

1
2 Company Name:

| | Type of Debt (i.e., Notes Payable, Bonds, Bank Loans, Shareholder Loans, Affiliate Loans, etc.) (a) | Contact Information of Each Lender (Name, Address, Phone No., Email) (b) | Origination Date (c) | Initial Loan Amount (d) | Interest Rate (e) | Type of Interest Rate: (Fixed, Variable) (f) | Frequency of Payments (Semi-Monthly, Monthly, Quarterly, Annually, etc.) (g) | Balance of Loan at Year End | | Date of Maturity (l) | Total Interest Paid During the Year (k) | Interest Paid - Charged To: | | |
|---|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------|----------------------------|----------------------|-------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------|-------------------------|--------------------------------------------|-----------------------------|---------------------------|--|
| | | | | | | | | Long Term Debt (Over one year.) (h) | Short Term Debt (Less than one year.) (i) | | | Water Utility (l) | Sewer Utility (m) | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | Total | | | | | | | \$ - | \$ - | | \$ - | \$ - | \$ - | |
| | | | | | | | | <i>(Totals to Page 5)</i> | | | <i>(Total to Pg. W-1)</i> | | <i>(Total to Pg. S-1)</i> | |

For the calendar year of January 1 - December 31

10 If the answer to column (f) is variable, please explain the method used for the interest rate calculation below with corresponding line number from above.

Indicates formula cell(s)

(To be used when filing under seal.)

1 For the calendar year of January 1 - December 31, _____

2 Company Name: _____

WATER OPERATING REVENUES, EXPENSES AND STATISTICS

| | Description (a) | Amount (b) |
|----|-------------------------------------------------------------------------------------------|---------------|
| 3 | Total Revenues <i>(From Pg. W-2)</i> | \$ - |
| | <u>Operating Expenses</u> | |
| 4 | Salaries & Wages <i>(From Pg. 6)</i> | \$ - |
| 5 | Employee Pensions and Benefits | |
| 6 | Purchased Water | |
| 7 | Plant Operations Expenses <i>(From Pg. W-3, Line 12)</i> | \$ - |
| 8 | Billing Expenses | |
| 9 | Supplies and Expenses | |
| 10 | Transportation Expenses | |
| 11 | Rent Expense | |
| 12 | Insurance Expense | |
| 13 | Outside Services Employed <i>(e.g., Legal, Accounting, etc.) (From Pg.7)</i> | \$ - |
| 14 | Regulatory Commission Expenses | |
| 15 | Uncollectible Expenses | |
| 16 | Depreciation Expense <i>(From Pg. W-5, Line 49)</i> | \$ - |
| 17 | Amortization of Contributions in Aid of Construction <i>(From Page 8)</i> | \$ - |
| 18 | Amortization Expense | |
| 19 | Tax Expenses <i>(e.g., Property, State, Federal, etc.) (From Pg. W-3, Lines 13-19)</i> | \$ - |
| 20 | Interest Expense <i>(From Pg. 9)</i> | \$ - |
| 21 | Other Expenses | |
| 22 | Total Operating Expenses | \$ - |
| 23 | Net Income (LOSS) - <i>(A negative number indicated by () represents a loss.)</i> | \$ - |

- Indicates a link to another worksheet within workbook
- Indicates formula cell(s)

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(To be used when filing under seal.)

2 Company Name: _____

WATER OPERATING REVENUES, EXPENSES AND STATISTICS (Continued)

(Please indicate if metered amounts are in cubic feet measurements.)

| Description (a) | No. of Customers | | No. of Gallons Sold (000's Omitted) (d) | Revenue Amount (e) |
|---------------------------------------------------------------------------------------|--------------------------|--------------------|-----------------------------------------------|-------------------------------------|
| | Beginning of Year (b) | End of Year (c) | | |
| <u>Unmetered Sales of Water</u> | | | | |
| 3 Residential - Single Family | | | XXXX | |
| 4 Residential - Apartments | | | XXXX | |
| 5 Residential - Mobile Homes | | | XXXX | |
| 6 Commercial | | | XXXX | |
| 7 Other Sales to Public Authorities | | | XXXX | |
| 8 Other | | | XXXX | |
| 9 Total Unmetered Sales | 0 | 0 | | \$ - |
| <u>Metered Sales of Water</u> | | | | |
| 10 5/8" Meter | | | | |
| 11 3/4" Meter | | | | |
| 12 1" Meter | | | | |
| 13 1 1/2" Meter | | | | |
| 14 2" Meter | | | | |
| 15 Other | | | | |
| 16 Total Metered Sales | 0 | 0 | 0 | \$ - |
| <u>Tariffed Operating Revenues</u> | | | | |
| 17 Late Payment Fees | | | | |
| 18 Returned Check Fees | | | | |
| 19 Inspection Fees | | | | |
| 20 Reconnect Fees | | | | |
| 21 Other Revenue | | | | |
| 22 Total Operating Revenues <i>(From Tariffed Services) (To Pg. 1, line 9)</i> | | | | \$ - |
| <u>Non Tariffed Revenues</u> | | | | |
| 23 Rent Income | | | | |
| 24 Other Income, <i>(e.g., from Merchandising, Jobbing & Contract Work, etc.)</i> | | | | |
| 25 Total Non-Tariffed Revenues <i>(To Pg. 1, Line 10)</i> | | | | \$ - |
| 26 Total Revenues * <i>(To Pg. 1, Line 11)</i> | | | | \$ - |
| | | | | <i>(Total to Pg. W-1 and Pg. 1)</i> |

* **Total Operating Revenues should match Statement of Revenue (MOPSC Assessment).**

- Indicates a link to another worksheet within workbook
- Indicates formula cell(s)

(To be used when filing under seal.)

1 For the calendar year of January 1 - December 31, _____
 2 Company Name: _____

WATER OPERATING REVENUES, EXPENSES AND STATISTICS (Continued)

| Description of Expenses (a) | Amount (b) |
|-----------------------------------------------------------------------------|----------------------------|
| <u>Plant Operations Expenses</u> | |
| 3 Repairs of Water Plant - Pump Repair | |
| 4 Repairs of Water Plant - Well Repair | |
| 5 Repairs of Water Plant - Water Line Repair | |
| 6 Repairs of Water Plant - Equipment Repair | |
| 7 Repairs of Water Plant - Other | |
| 8 Fuel or Power Purchases for Pumping (<i>i.e., Electric Bills, etc.</i>) | |
| 9 Chemicals | |
| 10 Water Testing Expenses | |
| 11 Other Plant Operations Expenses | |
| 12 Total Plant Operations Expenses | \$ - |
| | <i>(Total to Page W-1)</i> |
| <u>Tax Expenses</u> | |
| 13 Tax Expense - Property Taxes | |
| 14 Tax Expense - Payroll Taxes | |
| 15 Tax Expense - Franchise Taxes | |
| 16 Tax Expense - Other Taxes | |
| 17 Tax Expense - Federal Income Taxes | |
| 18 Tax Expense - State Income Taxes | |
| 19 Tax Expense - Investment Tax Credits | |
| 20 Total Tax Expenses | \$ - |
| | <i>(Total to Pg. W-1)</i> |

- Indicates a link to another worksheet within workbook
- Indicates formula cell(s)

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(To be used when filing under seal.)

PUMPING AND PURCHASED WATER STATISTICS

(Omit 000's in reporting number of gallons or cubic feet of water. Use additional sheets if necessary.)

2 Company Name: _____
1
For the calendar year of January 1 - December 31

| GALLONS PUMPED INTO SYSTEM | | | | | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----|-----|-----|--------------------------------------------|
| Please indicate measurements given are in gallons or cubic feet by choosing from the dropdown box. | | | | | <input type="text"/> |
| SERVICE MONTHS (Number of gallons pumped per month.) (a) | SOURCE OF SUPPLY (Please name <u>each</u> source below in columns b-e (i.e., Well #1, etc.) | | | | TOTAL OF ALL METHODS (b+c+d+e=f) (f) |
| | (b) | (c) | (d) | (e) | |
| JANUARY | | | | | 0 |
| FEBRUARY | | | | | 0 |
| MARCH | | | | | 0 |
| APRIL | | | | | 0 |
| MAY | | | | | 0 |
| JUNE | | | | | 0 |
| JULY | | | | | 0 |
| AUGUST | | | | | 0 |
| SEPTEMBER | | | | | 0 |
| OCTOBER | | | | | 0 |
| NOVEMBER | | | | | 0 |
| DECEMBER | | | | | 0 |
| Totals for Year | 0 | 0 | 0 | 0 | 0 |

18 Maximum Quantity Supplied to the System in Any One Day: Minimum:

19 Range of Pressure in the Mains as Measured at the Highest Point on System:

| If Water is Sold to Other Utilities for Resale, List Names, Addresses, Phone Numbers and Quantities Below: | | | |
|------------------------------------------------------------------------------------------------------------|---------|--------------|----------|
| Name of Reseller | Address | Phone Number | Quantity |
| | | | |
| | | | |
| | | | |
| | | | |

Page W-4

 Indicates a link to another worksheet within workbook
 Indicates formula cell(s)


 (To be used when filing under seal.)

1

For calendar year of January 1 - December 31, _____

2 Company Name: _____

WATER UTILITY PLANT IN SERVICE

DEPRECIATION EXPENSES AND RESERVE - WATER UTILITY PLANT

| Account Description (A) | Account No. (B) | Plant Balance at Beginning of Year (C) | Additions During the Year (D) | Book Cost of Plant Retired* (E) | Cost of Removal* (F) | Salvage Credit* (G) | Plant Balance at End of Year (C+D-E) (H) | Reserve Balance at Beginning of Year (I) | Annual Depreciation Rate % (J) | Depreciation Expense** J*(C+H)/2 (K) | Reserve Balance at END of Year (I-E-F+G+K) (L) |
|---------------------------------------|--------------------|-------------------------------------------|----------------------------------|------------------------------------|-------------------------|------------------------|---------------------------------------------|---------------------------------------------|-----------------------------------|--------------------------------------------|---------------------------------------------------|
| | | | | | | | | | | | |
| <u>Intangible Plant</u> | | | | | | | | | | | |
| | Class B, C or D | | | | | | | | | | |
| 3 Organization | 301 | | | | | | 0 | | | | 0 |
| 4 Franchise and Consents | 302 | | | | | | 0 | | | | 0 |
| 5 Miscellaneous Intangible Plant | 303 | | | | | | 0 | | | | 0 |
| <u>Source of Supply Plant</u> | | | | | | | | | | | |
| 6 Land and Land Rights | 310 | | | | | | 0 | | | | 0 |
| 7 Structures and Improvements | 311 | | | | | | 0 | | | | 0 |
| 8 Collecting & Impounding Reservoirs | 312 | | | | | | 0 | | | | 0 |
| 9 Lake, River, and Other Intakes | 313 | | | | | | 0 | | | | 0 |
| 10 Wells and Springs | 314 | | | | | | 0 | | | | 0 |
| 11 Infiltration Galleries and Tunnels | 315 | | | | | | 0 | | | | 0 |
| 12 Supply Mains | 316 | | | | | | 0 | | | | 0 |
| 13 Other Water Source Plant | 317 | | | | | | 0 | | | | 0 |
| <u>Pumping Plant</u> | | | | | | | | | | | |
| 14 Land and Land Rights | 320 | | | | | | 0 | | | | 0 |
| 15 Structures and Improvements | 321 | | | | | | 0 | | | | 0 |
| 16 Boiler Plant Equipment | 322 | | | | | | 0 | | | | 0 |
| 17 Other Power Production Equipment | 323 | | | | | | 0 | | | | 0 |
| 18 Submersible Electric Pumping | 325.1 | | | | | | 0 | | | | 0 |
| 19 High Service or Booster Pumps | 325.2 | | | | | | 0 | | | | 0 |
| 20 Diesel Pumping Equipment | 326 | | | | | | 0 | | | | 0 |
| 21 Hydraulic Pumping Equipment | 327 | | | | | | 0 | | | | 0 |
| 22 Other Pumping Equipment | 328 | | | | | | 0 | | | | 0 |

1

For calendar year of January 1 - December 31, _____

2 Company Name: _____

WATER UTILITY PLANT IN SERVICE

DEPRECIATION EXPENSES AND RESERVE - WATER UTILITY PLANT

| Account Description (A) | Account No. (B) | Plant Balance at Beginning of Year (C) | Additions During the Year (D) | Book Cost of Plant Retired* | Cost of Removal* | Salvage Credit* | Plant Balance at End of Year (C+D-E) (H) | Reserve Balance at Beginning of Year (I) | Annual Depreciation Rate % (J) | Depreciation Expense** J*(C+H)/2 (K) | Reserve Balance at END of Year (I-E-F+G+K) (L) |
|--------------------------------------------------------|--------------------|-------------------------------------------|----------------------------------|-----------------------------|------------------|-----------------|---------------------------------------------|---------------------------------------------|-----------------------------------|--------------------------------------------|---------------------------------------------------|
| | | | | Retirement of Property | | | | | | | |
| <u>Water Treatment Plant</u> | | | | | | | | | | | |
| 23 Land and Land Rights | 330 | | | | | | 0 | | | | 0 |
| 24 Structures and Improvements | 331 | | | | | | 0 | | | | 0 |
| 25 Water Treatment Equipment | 332 | | | | | | 0 | | | | 0 |
| <u>Transmission & Distribution Plant</u> | | | | | | | | | | | |
| 26 Land and Land Rights | 340 | | | | | | 0 | | | | 0 |
| 27 Structures and Improvements | 341 | | | | | | 0 | | | | 0 |
| 28 Distribution Reservoirs & Standpipes | 342 | | | | | | 0 | | | | 0 |
| 29 Transmission & Distribution Mains | 343 | | | | | | 0 | | | | 0 |
| 30 Fire Mains | 344 | | | | | | 0 | | | | 0 |
| 31 Services | 345 | | | | | | 0 | | | | 0 |
| 32 Meters | 346 | | | | | | 0 | | | | 0 |
| 33 Meter Installations | 347 | | | | | | 0 | | | | 0 |
| 34 Hydrants | 348 | | | | | | 0 | | | | 0 |
| 35 Other Transmission & Distribution Plant | 349 | | | | | | 0 | | | | 0 |
| <u>General Plant - (Class B&C are Same)</u> | | | | | | | | | | | |
| | B & C | D | | | | | | | | | |
| 36 Land and Land Rights | 389 | 370 | | | | | 0 | | | | 0 |
| 37 Structures and Improvements | 390 | 371 | | | | | 0 | | | | 0 |
| 38 Office Furniture and Equipment | 391 | 372 | | | | | 0 | | | | 0 |
| 39 Office Computer & Electronic Equipment | 391 | 372.1 | | | | | 0 | | | | 0 |
| 40 Transportation Equipment | 392 | 373 | | | | | 0 | | | | 0 |
| 41 Other General Equipment | none | 379 | | | | | 0 | | | | 0 |
| 42 Stores Equipment | 393 | none | | | | | 0 | | | | 0 |

2 Company Name: _____

WATER UTILITY PLANT IN SERVICE

DEPRECIATION EXPENSES AND RESERVE - WATER UTILITY PLANT

| Account Description (A) | Account No. (B) | | Plant Balance at Beginning of Year (C) | Additions During the Year (D) | Book Cost of Plant Retired* (E) | Cost of Removal* (F) | Salvage Credit* (G) | Plant Balance at End of Year (C+D-E) (H) | Reserve Balance at Beginning of Year (I) | Annual Depreciation Rate % (J) | Depreciation Expense** J*(C+H)/2 (K) | Reserve Balance at END of Year (I-E-F+G+K) (L) |
|-----------------------------------------|--------------------|------|-------------------------------------------|----------------------------------|------------------------------------|-------------------------|------------------------|---------------------------------------------|---------------------------------------------|-----------------------------------|--------------------------------------------|---------------------------------------------------|
| | | | | | | | | | | | | |
| 43 Tools, Shop and Garage Equipment | 394 | none | | | | | | 0 | | | | 0 |
| 44 Laboratory Equipment | 395 | none | | | | | | 0 | | | | 0 |
| 45 Power-operated Equipment | 396 | none | | | | | | 0 | | | | 0 |
| 46 Communication Equipment | 397 | none | | | | | | 0 | | | | 0 |
| 47 Miscellaneous Equipment | 398 | none | | | | | | 0 | | | | 0 |
| 48 Other Tangible Property | 399 | none | | | | | | 0 | | | | 0 |
| 49 Total Water Utility Plant In Service | Totals | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| | | | | | (Total to Pages 4 & 9) | | | (Total to Pg.8) | | ▼ | (Total to Pg. 4) | |

- Indicates a link to another worksheet within workbook
- Indicates formula cell(s)

(To be used when filing under seal.)

- * All entries included in Columns "E", "F" and "G" should be supported by records that identify the property retired and the cost of removal or salvage in detail.
- ** Annual Depreciation Expense should be calculated based upon actual in-service and retirement date(s) of new equipment and retirements during the period.
- ** The depreciation expense formula provided is only an approximation assuming all activity for the year occurred mid year.

NOTE: All entries should be supported by records that identify the property being added or retired, its location, and its original cost in as much detail as reasonably possible. If adjustments are included in Columns "E", "F" and/or "G", use additional sheets.

1

For the calendar year of January 1 - December 31, _____

2 Company Name: _____

PUMP INFORMATION

| Pump Manufacturer (a) | Type of Pump (i.e., High Service, Well, Standby, etc.) (b) | Capacity (c) | Date Installed (d) | Date of Last Motor Replacement (e) | Date of Last Pump Replacement (f) |
|--------------------------|---------------------------------------------------------------------|-----------------|--------------------------|---------------------------------------------|--------------------------------------------|
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(To be used when filing under seal.)

1
2 Company Name: _____

WELL INFORMATION

| 3 Description of Wells (a) | Well ID#/ Location | Well ID#/ Location | Well ID#/ Location | Well ID#/ Location |
|-------------------------------------------------|--------------------|--------------------|--------------------|--------------------|
| | | | | |
| | | | | |
| | (b) | (c) | (d) | (e) |
| 4 Year Constructed | | | | |
| 5 Type of Construction | | | | |
| 6 Type and Depth of Casing | | | | |
| 7 Depth and Diameter of Well | | | | |
| 8 Yield of Well in Gallons per day | | | | |
| 8 <u>Chemicals</u> | | | | |
| 9 Type - | | | | |
| 10 Annual Cost - | | | | |
| 11 Annual Quantity - | | | | |

(To be used when filing under seal.)

METERS AND METER SETTINGS

| Customer Class (a) | Meter Size (b) | Total at Beginning of Year (c) | Total Number of Additions (d) | Total Number Removed or Disconnected (e) | Total at End of Year (f) |
|----------------------------------|-------------------|-----------------------------------|----------------------------------|---------------------------------------------|-----------------------------|
| 3 Residential: | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| 7 Other Customers: | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| 10 Total in Use by Customers | | 0 | 0 | 0 | 0 |
| 11 Not in Use: (i.e., Inventory) | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| 14 Total Meters | | 0 | 0 | 0 | 0 |

STORAGE FACILITIES

| Type of Storage (i.e., Pneumatic, Ground, Standpipes, Elevated Tanks, etc.) (a) | Construction Material (b) | Last Date Painted if Applicable (indicate interior or exterior) (c) | Capacity (d) |
|---------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------|-----------------|
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |

1
2 Company Name: _____
For the calendar year of January 1 - December 31, _____

Page W-7

Indicates formula cell(s)

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(To be used when filing under seal.)

WATER MAINS (measurement in feet)

| | Kind of Pipe <i>(i.e., Cast Iron, Galvanized, Iron, PVC, etc.)</i> (a) | Diameter of Pipe (b) | Total at Beginning of Year (c) | Total Additions During the Year (d) | Total Removed or Abandoned During the Year (e) | Total at End of Year (f) |
|----|------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|-------------------------------------------------|---------------------------------------------------------|--------------------------------|
| 3 | | | | | | 0 |
| 4 | | | | | | 0 |
| 5 | | | | | | 0 |
| 6 | | | | | | 0 |
| 7 | | | | | | 0 |
| 8 | | | | | | 0 |
| 9 | | | | | | 0 |
| 10 | | | | | | 0 |
| 11 | | | | | | 0 |
| 12 | | | | | | 0 |
| 13 | | | | | | 0 |
| 14 | | | | | | 0 |
| 15 | | | | | | 0 |
| 16 | Total Mains | | 0 | 0 | 0 | 0 |

SERVICE CONNECTIONS AVAILABLE FOR USE (from Main to Property Line)

| | Size and Type of Material <i>(i.e., Iron, Copper, PVC, etc.)</i> (a) | Total No. at Beginning of Year (b) | Total No. of Additions (c) | Total No. Retired or Abandoned (d) | Total No. at End of Year (e) |
|----|----------------------------------------------------------------------------|---------------------------------------------|----------------------------------|---------------------------------------------|------------------------------------|
| 15 | <u>In Use:</u> | | | | 0 |
| 16 | | | | | 0 |
| 17 | | | | | 0 |
| 18 | | | | | 0 |
| 19 | <u>For Future Use:</u> | | | | 0 |
| 20 | | | | | 0 |
| 21 | | | | | 0 |
| 22 | | | | | 0 |
| 23 | Total of All Services | 0 | 0 | 0 | 0 |

1
 2 Company Name: _____
 For the calendar year of January 1 - December 31, _____

Indicates formula cell(s)

(To be used when filing under seal.)

1 For the calendar year of January 1 - December 31, _____

2 Company Name: _____

SEWER OPERATING REVENUES, EXPENSES AND STATISTICS

| | Description (a) | Amount (b) |
|----|-------------------------------------------------------------------------------------------|---------------|
| 3 | Total Revenues <i>(From Page S-2)</i> | \$ - |
| | <u>Operating Expenses</u> | |
| 4 | Salaries & Wages <i>(From Pg. 6)</i> | \$ - |
| 5 | Employee Pensions and Benefits | |
| 6 | Purchased Water | |
| 7 | Plant Operations Expenses <i>(From Pg. S-3)</i> | \$ - |
| 8 | Billing Expenses | |
| 9 | Supplies and Expenses | |
| 10 | Transportation Expenses | |
| 11 | Rent Expense | |
| 12 | Insurance Expense | |
| 13 | Outside Services Employed <i>(e.g., Legal, Accounting, etc.) (From Pg. 7)</i> | \$ - |
| 14 | Regulatory Commission Expenses | |
| 15 | Depreciation Expense <i>(From Pg. S-4)</i> | \$ - |
| 16 | Amortization of Contributions in Aid of Construction <i>(From Pg. 8)</i> | \$ - |
| 17 | Amortization Expense | |
| 18 | Tax Expenses <i>(From Pg. S-3)</i> | \$ - |
| 19 | Interest Expense <i>(From Pg. 9)</i> | \$ - |
| 20 | Other Expenses | |
| 21 | Total Operating Expenses | \$ - |
| 22 | Net Income (Loss) - <i>(A negative number indicated by () represents a loss.)</i> | \$ - |

- Indicates a link to another worksheet within workbook
- Indicates formula cell(s)

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 (To be used when filing under seal.)

2 Company Name: _____

SEWER OPERATING REVENUES, EXPENSES AND STATISTICS (Continued)

(Please indicate if metered amounts are in cubic feet measurements.)

| Description of Revenues (a) | No. of Customers | | No. of Gallons Sold (000's Omitted) (d) | Revenue Amount (e) |
|--------------------------------------------------------------------------------|--------------------------|--------------------|-----------------------------------------------|----------------------------|
| | Beginning of Year (b) | End of Year (c) | | |
| <u>Flat Rate Sales</u> | | | | |
| 3 Residential - Single Family | | | XXXX | |
| 4 Residential - Apartments | | | XXXX | |
| 5 Residential - Mobile Homes | | | XXXX | |
| 6 Commercial | | | XXXX | |
| 7 Other Sales to Public Authorities | | | XXXX | |
| 8 Other | | | XXXX | |
| 9 Total Unmetered Sales | 0 | 0 | XXXX | \$ - |
| <u>Metered Sales Based on Gallon Usage</u> | | | | |
| 10 Residential - Single Family | | | | |
| 11 Residential - Apartments | | | | |
| 12 Residential - Mobile Homes | | | | |
| 13 Commercial | | | | |
| 14 Other Sales to Public Authorities | | | | |
| 15 Other | | | | |
| 16 Total Metered Sales | 0 | 0 | 0 | \$ - |
| <u>Tariffed Operating Revenues</u> | | | | |
| 17 Late Payment Fees | | | | |
| 18 Returned Check Fees | | | | |
| 19 Inspection Fees | | | | |
| 20 Reconnect Fees | | | | |
| 21 Other Revenue | | | | |
| 22 Total Operating Revenues (From Tariffed Services)(To Pg. 1, Line 12) | | | | \$ - |
| <u>Non-Tariffed Revenues</u> | | | | |
| 23 Rent Income | | | | |
| 24 Other Income (e.g., from Merchandising, Jobing & Contract Work, etc.) | | | | |
| 25 Total Non-Tariffed Revenues (To Pg. 1, Line 13) | | | | \$ - |
| 26 Total Revenues * (To Pg. 1, Line 14) | | | | \$ - |
| | | | | (Totals to Pg. 1, Pg. S-1) |

* Total Revenues should match Statement of Revenue (MOPSC Assessment).

- Indicates a link to another worksheet within workbook
- Indicates formula cell(s)

(To be used when filing under seal.)

1

For the calendar year of January 1 - December 31, _____

2 Company Name: _____

SEWER OPERATING REVENUES, EXPENSES AND STATISTICS (Continued)

| | Description (a) | Amount (b) |
|----|---------------------------------------------------------------|--------------------|
| | <u>Plant Operations Expenses</u> | |
| 3 | Contracted Maintenance Expenses | |
| 4 | Repairs of Sewer Plant - Pump Repair | |
| 5 | Repairs of Sewer Plant - Treatment Repair | |
| 6 | Repairs of Sewer Plant - Collecting Sewers and Manhole Repair | |
| 7 | Repairs of Sewer Plant - Equipment Repair | |
| 8 | Repairs of Sewer Plant - Other | |
| 9 | Utility Bills | |
| 10 | Chemicals | |
| 11 | Sludge Hauling Expenses | |
| 12 | Effluent Testing Expenses | |
| 13 | Other Plant Operations Expenses | |
| 14 | Total Plant Operations Expenses | \$ - |
| | | (Total to Pg. S-1) |
| | <u>Tax Expenses</u> | |
| 15 | Tax Expense - Property Taxes | |
| 16 | Tax Expense - Payroll Taxes | |
| 17 | Tax Expense - Franchise Taxes | |
| 18 | Tax Expense - Other Taxes | |
| 19 | Tax Expense - Federal Income Taxes | |
| 20 | Tax Expense - State Income Taxes | |
| 21 | Tax Expense - Investment Tax Credits | |
| 22 | Total Tax Expenses | \$ - |
| | | (Total to Pg. S-1) |

Indicates formula cell(s)

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(To be used when filing under seal.)

1

For calendar year of January 1 - December 31, _____

2 Company Name: _____

SEWER UTILITY PLANT IN SERVICE

DEPRECIATION EXPENSES AND RESERVE - SEWER UTILITY PLANT

| Account Description (A) | Acct. No. (B) | | Plant Balance at Beginning of Year (C) | Additions During the Year (D) | Book Cost of Plant Retired* (E) | Cost of Removal* (F) | Salvage Credit* (G) | Plant Balance at End of Year (C+D-E) (H) | Reserve Balance at Beginning of Year (I) | Annual Depreciation Rate % (J) | Depreciation Expense** J*(C+H)/2 (K) | Reserve Balance at END of Year (I-E-F+G+K) (L) |
|----------------------------------------|-----------------|------|----------------------------------------|-------------------------------|---------------------------------|----------------------|---------------------|------------------------------------------|------------------------------------------|--------------------------------|--------------------------------------|------------------------------------------------|
| | Class B, C or D | | | | | | | | | | | |
| <u>Intangible Plant</u> | | | | | | | | | | | | |
| 3 Organization | 301 | 301 | | | | | | 0 | | | | 0 |
| 4 Franchise and Consents | 302 | 302 | | | | | | 0 | | | | 0 |
| 5 Miscellaneous Intangible Plant | 303 | 303 | | | | | | 0 | | | | 0 |
| <u>Land & Structures</u> | | | | | | | | | | | | |
| 6 Land and Land Rights | none | 310 | | | | | | 0 | | | | 0 |
| 7 Structures and Improvements | none | 311 | | | | | | 0 | | | | 0 |
| <u>Collection Plant</u> | | | | | | | | | | | | |
| 8 Land and Land Rights | 350 | none | | | | | | 0 | | | | 0 |
| 9 Structures and Improvements | 351 | none | | | | | | 0 | | | | 0 |
| 10 Collection Sewer - Force | 352 | 352 | | | | | | 0 | | | | 0 |
| 11 Collection Sewer - Gravity | 352 | 352 | | | | | | 0 | | | | 0 |
| 12 Other Collection Plant Facilities | 353 | 353 | | | | | | 0 | | | | 0 |
| 13 Services to Customers | 354 | 354 | | | | | | 0 | | | | 0 |
| 14 Flow Measuring Devices | 355 | 355 | | | | | | 0 | | | | 0 |
| <u>Pumping Plant</u> | | | | | | | | | | | | |
| 15 Land and Land Rights | 360 | none | | | | | | 0 | | | | 0 |
| 16 Structures and Improvements | 361 | none | | | | | | 0 | | | | 0 |
| 17 Receiving Wells and Pump Pits | 362 | 362 | | | | | | 0 | | | | 0 |
| 18 Other Pumping Equipment | 363 | 363 | | | | | | 0 | | | | 0 |
| <u>Treatment & Disposal</u> | | | | | | | | | | | | |
| 19 Land and Land Rights | 370 | none | | | | | | 0 | | | | 0 |
| 20 Structures and Improvements | 371 | none | | | | | | 0 | | | | 0 |
| 21 Oxidation Lagoon | none | 372 | | | | | | 0 | | | | 0 |
| 22 Treatment & Disposal Equipment | 372 | 373 | | | | | | 0 | | | | 0 |

2 Company Name: _____

SEWER UTILITY PLANT IN SERVICE

DEPRECIATION EXPENSES AND RESERVE - SEWER UTILITY PLANT

| Account Description (A) | Acct. No. (B) | | Plant Balance at Beginning of Year (C) | Additions During the Year (D) | Book Cost of Plant Retired* (E) | Cost of Removal* (F) | Salvage Credit* (G) | Plant Balance at End of Year (C+D-E) (H) | Reserve Balance at Beginning of Year (I) | Annual Depreciation Rate % (J) | Depreciation Expense** J*(C+H)/2 (K) | Reserve Balance at END of Year (I-E-F+G+K) (L) |
|-------------------------------------------|--------------------|------|-------------------------------------------|----------------------------------|------------------------------------|-------------------------|------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------|--------------------------------------------|------------------------------------------------------|
| | Class B, C or D | | | | | | | | | | | |
| 23 Sewer Collection (Septic) Tanks | 372 | 373 | | | | | | 0 | | | | 0 |
| 24 Plant Sewer | 373 | 374 | | | | | | 0 | | | | 0 |
| 25 Outfall Sewer Lines | 374 | 375 | | | | | | 0 | | | | 0 |
| 26 Equipment | 375 | 376 | | | | | | 0 | | | | 0 |
| <u>General Plant</u> | | | | | | | | | | | | |
| 27 Land and Land Rights | 389 | none | | | | | | 0 | | | | 0 |
| 28 Structures and Improvements | 390 | none | | | | | | 0 | | | | 0 |
| 29 Office Furniture and Equipment | 391 | 391 | | | | | | 0 | | | | 0 |
| 30 Office Computer & Electronic Equipment | 391 | 391 | | | | | | 0 | | | | 0 |
| 31 Transportation Equipment | 392 | 392 | | | | | | 0 | | | | 0 |
| 32 Other General Equipment | none | 393 | | | | | | 0 | | | | 0 |
| 33 Stores Equipment | 393 | none | | | | | | 0 | | | | 0 |
| 34 Tools, Shop and Garage Equipment | 394 | none | | | | | | 0 | | | | 0 |
| 35 Laboratory Equipment | 395 | none | | | | | | 0 | | | | 0 |
| 36 Power-operated Equipment | 396 | none | | | | | | 0 | | | | 0 |
| 37 Communication Equipment | 397 | none | | | | | | 0 | | | | 0 |
| 38 Miscellaneous Equipment | 398 | none | | | | | | 0 | | | | 0 |
| 39 Total Sewer Utility Plant In Service | Totals | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| (Total to Pages 4 & 8) | | | | | (Total to Pg. 8) | | | (Total to Pg. 8 & Pg. S-1) | | | | (Total to Pg. 4) |

 Indicates a link to another worksheet within work

 Indicates formula cell(s)

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(To be used when filing under seal.)

* All entries included in Columns "E", "F" and "G" should be supported by records that identify the property retired and the cost of removal or salvage in detail.

** Annual Depreciation Expense should be calculated based upon actual in-service and retirement date(s) of new equipment and retirements during the period.

** The depreciation expense formula provided is only an approximation assuming all activity for the year occurred mid year.

NOTE: All entries should be supported by records that identify the property being added or retired, its location, and its original cost in as much detail as reasonably possible. If adjustments are included in Columns "E", "F" and/or "G", use additional sheets.

2 Company Name: _____

GENERAL INFORMATION

3 Type of Treatment Facilities - Please describe (e.g., lagoon, mechanical or sand filter) and list all that apply.

4 What is the designed capacity of each treatment facility?

5 What percent of designed capacity of each facility is currently being utilized?

6 Did the company pump and haul the sludge? If no, provide the name of the third party providing service.

7 What is the ultimate disposal of waste solids (e.g. land application, disposal at qualified facility, etc.)?

8 List any equipment failures occurring during the year. Please state when failure occurred and briefly describe the failure and corrective measures taken; major item(s) (problem(s) fixed was/were over \$250 as listed on page 3).

COLLECTING SEWERS (measurement in feet)

| | Kind of Pipe (i.e. Cast Iron, VCP, PVC, etc.) (a) | Diameter of Pipe (b) | Total No. at Beginning of Year (c) | Total No. of Additions During the Year (d) | Total No. Removed or Abandoned During the Year (e) | Total No. at End of Year (f) |
|-------------|---------------------------------------------------------|----------------------------|---------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| 9 Force: | | | | | | 0 |
| 10 | | | | | | 0 |
| 11 Gravity: | | | | | | 0 |
| 12 | | | | | | 0 |
| 13 | | | | | | 0 |

LIFT STATIONS

| | Pumps: Name, Size, Type | Location | H.P. | GPM | TDH |
|----|-------------------------|----------|------|-----|-----|
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |

SLUDGE

(If you have more than five (5) hauls during the year, only list the total annual amount.)

| | Date of Haul | Facility/Location | No. of Gallons Hauled | Rates Per Gallon | Total Cost of Removal (Include Extra Charges) |
|----|--------------|-------------------|-----------------------------|---------------------|--------------------------------------------------------|
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| | | | | Total Cost | \$ - |

 Indicates a formula cell

▼

(To be used when filing under seal.)

VERIFICATION

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or Receiver of the company. The oath required may be taken before any person authorized to administer an oath (*Notary Public*) by the laws of the State in which the same is taken.

OATH

State Of _____ }

County Of _____ }

ss:

makes oath and says that

Name of Affiant (*Company Official/Representative*)

s/he is

Official Title of the Affiant (*Company Official/Representative*)

of

Exact Legal Title or Name of the Respondent (*Certificated Company Name*)

and is located at

Address and Telephone Number of the Affiant (*Company Official/Representative*)

that s/he has examined the foregoing report; that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent.

from January 1, _____, to and including December 31, _____
Month/Day Year Month/Day Year

Signature of Affiant (*Company Official/Representative*)
(If electronic signatures are used, you **must** use "/s/" before the name.)

Subscribed and sworn to before me, a Notary Public, in and for the State and County above named,

this _____ day of _____, _____.

My Commission expires _____, _____.

Signature of Notary Public
(If electronic signatures are used, you **must** use "/s/" before the name.)

Missouri Revised Statutes § 392.210 or §393.140