

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

**ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY**

C

W-02721A  
Carter's Water Company  
1157 E. Sunset Dr.  
Casa Grande, AZ 85222

APR 14 2009

1157 E. SUNSET DR.  
CASA GRANDE, AZ 85222

**ANNUAL REPORT**  
**WATER**

**FOR YEAR ENDING**

12	31	2008
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FOR COMMISSION USE

ANN 04	08
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PROCESSED BY:

4-14-09

SCANNED

## COMPANY INFORMATION

<b>Company Name (Business Name)</b> <u>CARTER WATER COMPANY</u>			
<b>Mailing Address</b> <u>1157 E. Sunset Drive</u>			
(Street)			
<u>Casa Grande</u>		<u>Arizona</u>	<u>85222</u>
(City)		(State)	(Zip)
<u>520-836-5300</u>		<u>-0-</u>	<u>520-705-1932</u>
Telephone No. (Include Area Code)		Fax No. (Include Area Code)	Cell No. (Include Area Code)
<b>Email Address</b> <u>casadecarter2@msn.com</u>			
<b>Local Office Mailing Address</b> <u>same</u>			
(Street)			
(City)		(State)	(Zip)
Local Office Telephone No. (Include Area Code)		Fax No. (Include Area Code)	Cell No. (Include Area Code)
<b>Email Address</b> _____			

## MANAGEMENT INFORMATION

<b>Management Contact:</b> <u>Gene D. Carter</u>				<u>Owner/Operator</u>	
(Name)				(Title)	
<u>1157 E. Sunset Drive</u>		<u>Casa Grande</u>	<u>Arizona</u>	<u>85222</u>	
(Street)		(City)	(State)	(Zip)	
<u>520-836-5300</u>		<u>-0-</u>	<u>520-705-1932</u>		
Telephone No. (Include Area Code)		Fax No. (Include Area Code)	Cell No. (Include Area Code)		
<b>Email Address</b> <u>casadecarter2@msn.com</u>					
<b>On Site Manager:</b> <u>Mark Carter</u>					
(Name)					
<u>3951 N. Wheeler Road</u>		<u>Coolidge</u>		<u>Arizona</u>	<u>85228</u>
(Street)		(City)		(State)	(Zip)
<u>520-723-5539</u>		<u>-0-</u>		<u>-0-</u>	
Telephone No. (Include Area Code)		Fax No. (Include Area Code)		Cell No. (Include Area Code)	
<b>Email Address</b> <u>casadecarter2@smn.com</u>					
<b>Email Address</b> _____					

<b>Statutory Agent:</b> Gene D. Carter			
(Name)			
1157 E. Sunset Drive	Casa Grande	Arizona	85222
(Street)	(City)	(State)	(Zip)
520-836-5300		520-705-1932	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Michelle Emig			
<b>Attorney:</b>			
(Name)			
453 E Cottonwood Lane	Ste 2	Casa Grande Ariz	85222
(Street)	(City)	(State)	(Zip)
520-836-1200	-0-		-0-
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address</b> -0-			

### OWNERSHIP INFORMATION

Check the following box that applies to your company:

<input checked="" type="checkbox"/> Sole Proprietor (S)	<input type="checkbox"/> C Corporation (C) (Other than Association/Co-op)
<input type="checkbox"/> Partnership (P)	<input type="checkbox"/> Subchapter S Corporation (Z)
<input type="checkbox"/> Bankruptcy (B)	<input type="checkbox"/> Association/Co-op (A)
<input type="checkbox"/> Receivership (R)	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Other (Describe) _____	

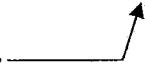
### COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

<input type="checkbox"/> APACHE	<input type="checkbox"/> COCHISE	<input type="checkbox"/> COCONINO
<input type="checkbox"/> GILA	<input type="checkbox"/> GRAHAM	<input type="checkbox"/> GREENLEE
<input type="checkbox"/> LA PAZ	<input type="checkbox"/> MARICOPA	<input type="checkbox"/> MOHAVE
<input type="checkbox"/> NAVAJO	<input type="checkbox"/> PIMA	<input checked="" type="checkbox"/> PINAL
<input type="checkbox"/> SANTA CRUZ	<input type="checkbox"/> YAVAPAI	<input type="checkbox"/> YUMA
<input type="checkbox"/> STATEWIDE		

**UTILITY PLANT IN SERVICE**

<b>Acct. No.</b>	<b>DESCRIPTION</b>	<b>Original Cost (OC)</b>	<b>Accumulated Depreciation (AD)</b>	<b>O.C.L.D. (OC less AD)</b>
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment	2060.00	1647.00	938.00
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains	5700.00	4228.00	995.00
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	905.00	945.00	40.00
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>8665.00</b>	<b>6732.00</b>	<b>1917.00</b>

This amount goes on the Balance Sheet Acct. No. 108 

**CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements	5700	84	4781
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	475	100	475
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment	2060	52	1066
346	Communication Equipment			
347	Miscellaneous Equipment	430	100	430
348	Other Tangible Plant			
	<b>TOTALS</b>	8665		6752

This amount goes on the Comparative Statement of Income and Expense \_\_\_\_\_  
 Acct. No. 403.

**BALANCE SHEET**

Acct No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$	\$
134	Working Funds		— 0 —
135	Temporary Cash Investments		— 0 —
141	Customer Accounts Receivable		— 0 —
146	Notes/Receivables from Associated Companies		— 0 —
151	Plant Material and Supplies		— 0 —
162	Prepayments		— 0 —
174	Miscellaneous Current and Accrued Assets		— 0 —
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$	\$
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$	\$ — 0 —
103	Property Held for Future Use		— 0 —
105	Construction Work in Progress		— 0 —
108	Accumulated Depreciation – Utility Plant		— 0 —
121	Non-Utility Property		8665
122	Accumulated Depreciation – Non Utility		6752
	<b>TOTAL FIXED ASSETS</b>	\$	\$ 1925
	<b>TOTAL ASSETS</b>	\$	\$ 1925

**NOTE:** The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITES</b>		
231	Accounts Payable	\$	\$ 000
232	Notes Payable (Current Portion)		000
234	Notes/Accounts Payable to Associated Companies		000
235	Customer Deposits		000
236	Accrued Taxes		000
237	Accrued Interest		000
241	Miscellaneous Current and Accrued Liabilities		000
	<b>TOTAL CURRENT LIABILITIES</b>	\$	\$ 000
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$	\$ 000
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$	\$ 000
252	Advances in Aid of Construction		000
255	Accumulated Deferred Investment Tax Credits		000
271	Contributions in Aid of Construction		000
272	Less: Amortization of Contributions		000
281	Accumulated Deferred Income Tax		000
	<b>TOTAL DEFERRED CREDITS</b>	\$	\$ 000
	<b>TOTAL LIABILITIES</b>	\$	\$ 000
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$ 000
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$	\$ 000
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$	\$ 000

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$	\$ 1532.16
460	Unmetered Water Revenue		- 0 -
474	Other Water Revenues		- 0 -
	<b>TOTAL REVENUES</b>	\$	\$ 1532.16
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power		848.00
618	Chemicals		
620	Repairs and Maintenance		1145.00
621	Office Supplies and Expense		241.00
630	Outside Services		
635	Water Testing		
641	Rents		
650	Transportation Expenses		200.00
657	Insurance – General Liability		
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		152.00
403	Depreciation Expense	5732	1000.00
408	Taxes Other Than Income		
408.11	Property Taxes		310.00
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	\$	\$ 3862.00
	<b>OPERATING INCOME/(LOSS)</b>	\$	\$ (2330.7)
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$	\$ - 0 -
	<b>NET INCOME/(LOSS)</b>	\$	\$ (2330.7)



<b>COMPANY NAME</b>	CARTER WATER COMPANY
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**WATER COMPANY PLANT DESCRIPTION**

**WELLS**

<b>ADWR ID Number*</b>	<b>Pump Horsepower</b>	<b>Pump Yield (gpm)</b>	<b>Casing Depth (Feet)</b>	<b>Casing Diameter (Inches)</b>	<b>Meter Size (inches)</b>	<b>Year Drilled</b>
C55638440	1	20	189	6"	2"	1952

\* Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

<b>Name or Description</b>	<b>Capacity (gpm)</b>	<b>Gallons Purchased or Obtained (in thousands)</b>
-0-		

<b>BOOSTER PUMPS</b>		<b>FIRE HYDRANTS</b>	
<b>Horsepower</b>	<b>Quantity</b>	<b>Quantity Standard</b>	<b>Quantity Other</b>
1	1	-0-	-0-

<b>STORAGE TANKS</b>		<b>PRESSURE TANKS</b>	
<b>Capacity</b>	<b>Quantity</b>	<b>Capacity</b>	<b>Quantity</b>
2500 gallon (holding)	1	3500 gallon	1

*Note: If you are filing for more than one system, please provide separate sheets for each system.*

<b>COMPANY NAME</b>	CARTER WATER COMPANY
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)**

**MAINS**

Size (in inches)	Material	Length (in feet)
2	PVC	2200
3		
4		
5		
6		
8		
10		
12		

**CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X 3/4	
3/4	11
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

**For the following three items, list the utility owned assets in each category for each system.**

TREATMENT EQUIPMENT:

-0-

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STRUCTURES: Submersible pump, Storage Tank, Booster Pump, Pressure Tank, Distribution Lines, Meters

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OTHER: -0-

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*Note: If you are filing for more than one system, please provide separate sheets for each system.*

<b>COMPANY NAME:</b>	CARTER WATER COMPANY
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2008**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	12	103,000	100,000	-0-
FEBRUARY	12	131,900	100,000	-0-
MARCH	12	227,800	200,000	-0-
APRIL	12	258,400	300,000	-0-
MAY	12	348,700	300,000	-0-
JUNE	12	369,900	400,000	-0-
JULY	12	438,000	400,000	-0-
AUGUST	12	370,000	400,000	-0-
SEPTEMBER	11	168,300	200,000	-0-
OCTOBER	11	204,000	200,000	-0-
NOVEMBER	10	184,000	200,000	-0-
DECEMBER	10	106,300	100,000	-0-
<b>TOTALS →</b>		<b>2,910,300</b>	<b>290,000</b>	<b>-0-</b>

What is the level of arsenic for each well on your system? 0.0092 mg/l  
*(If more than one well, please list each separately.)*

If system has fire hydrants, what is the fire flow requirement? 0 GPM for      hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?  
 Yes                       No

Is the Water Utility located in an ADWR Active Management Area (AMA)?  
 Yes                       No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?  
 Yes                       No

If yes, provide the GPCPD amount: \_\_\_\_\_

***Note: If you are filing for more than one system, please provide separate data sheets for each system.***

<b>COMPANY NAME:</b>	CARTER WATER COMPANY
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**UTILITY SHUTOFFS / DISCONNECTS**

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY	-0-	-0-	-0-
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
<b>TOTALS →</b>	-0-	-0-	-0-

OTHER (description):

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COMPANY NAME CARTER WATER COMPANY YEAR ENDING 12/31/2008

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2008 was: \$ 216.00

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Pinal County Treasurer TAX RECEIPT

Pinal County Treasurer  
 PO Box 729  
 Florence, AZ 85232-0729

Phone: (888) 431-1311 Fax: (520) 868-9007

www.pinalcountyaz.gov

e-mail: treasurer@pinalcountyaz.gov

Post Office Box 729 31 N Pinal St, Florence, AZ 85232-0729  
 Telephone (520) 866-6412 Fax (520) 868-9007

e-mail: treasurer@co.pinal.az.us

Paid By: CARTER GENE

1157 E SUNSET DR  
 CASA GRANDE, AZ 85222

CNTR Batch: 2380833  
 Payment Date: 3/24/2009  
 Interest Date: 3/24/2009  
 Printed By: TRSDLG

Parcel Number	Description	Amt Pd	Balance Due	If Paid By
400-37-001A1	2008 Taxes	126.65		
	2008 Int/Fee	8.44		
	Paid	135.09	126.65	05/01/2009
	<b>Total Paid</b>	<u>135.09</u>		
WHEELER SUBDIVISION TRACT 11 IN SEC 7-6S-9E EXCEPT THE				
N-160.00 AKA PCL-C & PCL-D 2.68 AC				
906-22-0001	2008 Taxes	75.94		
	2008 Int/Fee	5.06		
	Paid	81.00	75.94	05/01/2009
	<b>Total Paid</b>	<u>81.00</u>		
TOTAL VALUE OF OPERATING PROPERTY				

When you provide a check as payment, you authorize us either to use information from your check to make a one time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries please call (888) 431-1311

7-11-11  
 700-1000  
 1000-1000

**VERIFICATION  
 AND  
 SWORN STATEMENT  
Taxes**

**VERIFICATION**

STATE OF Arizona  
 I, THE UNDERSIGNED  
 OF THE

COUNTY OF (COUNTY NAME)	Pinal
NAME (OWNER OR OFFICIAL) TITLE	Gene D. Carter
COMPANY NAME	Carter Water Company

**DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION**

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2008

**HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**SWORN STATEMENT**

**I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.**

**I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.**

*Gene D. Carter*

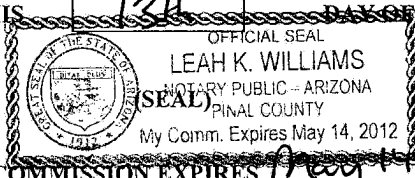
SIGNATURE OF OWNER OR OFFICIAL  
 520-836-5300

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

*PINAL* THIS 13th DAY OF April



MY COMMISSION EXPIRES May 14, 2012

COUNTY NAME	<i>PINAL</i>
MONTH	<i>April</i> 20 <u>09</u>

*Leah K. Williams*

SIGNATURE OF NOTARY PUBLIC

COMPANY NAME CARTER WATER COMPANY YEAR ENDING 12/31/2008

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported -0- Lost money  
Estimated or Actual Federal Tax Liability \_\_\_\_\_

State Taxable Income Reported -0- Lost money  
Estimated or Actual State Tax Liability \_\_\_\_\_

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances -0-  
Amount of Gross-Up Tax Collected -0-  
Total Grossed-Up Contributions/Advances -0-

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

Gene D. Carter

**SIGNATURE**

April 13, 2009

**DATE**

Gene D. Carter

**PRINTED NAME**

Owner/Operator

**TITLE**

#45-157503

DIRECTOR GENERAL

DIRECTOR GENERAL

**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**

**VERIFICATION**

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	Pinal
NAME (OWNER OR OFFICIAL) TITLE	Gene D. Carter
COMPANY NAME	Carter Water Company

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2008

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

**SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2008 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ <u>1532.00</u>

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 92.16  
IN SALES TAXES BILLED, OR COLLECTED)

**\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

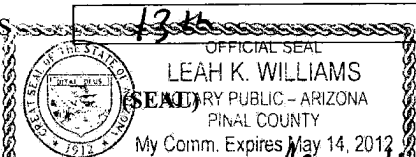
Gene D Carter  
SIGNATURE OF OWNER OR OFFICIAL  
520-836-5300  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 13<sup>th</sup> DAY OF

COUNTY NAME	PINAL	
MONTH	APRIL	2009



Leah K Williams  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES May 14<sup>th</sup> 2012

**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
Intrastate Revenues Only**

*Gene D. Carter*  
Director of Utilities

**VERIFICATION**

**STATE OF ARIZONA**

COUNTY OF (COUNTY NAME) <b>Pinal</b>	
NAME (OWNER OR OFFICIAL) <b>Gene D. Carter</b>	TITLE <b>Owner/Operator</b>
COMPANY NAME <b>Carter Water Company</b>	

**I, THE UNDERSIGNED  
OF THE**

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
<b>12</b>	<b>31</b>	<b>2008</b>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

**SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2008 WAS:

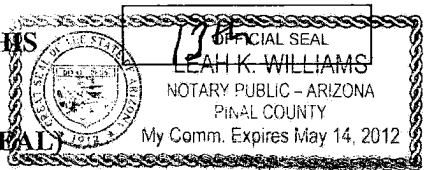
ARIZONA INTRASTATE GROSS OPERATING REVENUES  \$ <u>1532.00</u>
--

THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ 92.16  
IN SALES TAXES BILLED, OR COLLECTED)

**\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.**

*Gene D. Carter*  
\_\_\_\_\_  
SIGNATURE OF OWNER OR OFFICIAL  
520-836-5300  
\_\_\_\_\_  
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME  
A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

THIS 13<sup>th</sup> DAY OF  
  
(SEAL)

NOTARY PUBLIC NAME <b>LEAH K WILLIAMS</b>	
COUNTY NAME <b>PINAL</b>	
MONTH <b>April</b>	<b>.2009</b>

**MY COMMISSION EXPIRES**

*May 14th 2012*

X *Leah K Williams*  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC