	(Ex	cact name of utility)		
		Mailing Address)	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>			
(City)		(State)	(Zip)	(County)
'Unified Business Identifier' ((UBI) Number Te	lephone Number		
		Fax Number		· · · · · · · · · · · · · · · · · · ·
		or Web Address		
		First Organized		
	Location of Bo	ooks and Records		
Me	thod Of Accountin	g (Cash/Accrual)	· <u></u>	
Type of Business (Proprietorship				
	•	1, , 1,	· · · · · · · · · · · · · · · · · · ·	
Name	Title	Principal Busine	ss Address	Telephone
Person to send correspondence:				
	······································			
Person who prepared this report				
		· · · · · · · · · · · · · · · · · · ·		
Certified Water Manager: C	ertificate Number:			
E		•		
Emergency Response Personnel:		•		
				
Managers, Officers & Directors:			·	·
				•
Demont of management in a Figure		_	-	
Report of person owning 5 perce Name Or	nt or more of comp wnership Percent	•		Talankana
Name O	wnersnip Percent	Principal Busine	ss Address	Telephone
				,
Does the company have any affiliate	ed interest transaction	ns as defined above		
		rther action is required		
Yes, Please sig	gn this page and reque	est an Affiliated Intere	st Report.	
		makes oath	and says	
(Name of officer)				
that he/she is				
(Official title of offi	icer)			
of (Exact legal title or name of				
that he/she has examined the forego				
information, and belief, all statemen				
statement during the period from an	d including January	l, 2002, to and includi	ng December 31,	2002.
		<u>.</u>	<u> </u>	
(Signature of office	r)	•	Date	
•		04-1		