

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

G – 02528A

Duncan Valley Electric Cooperative's Gas Division
PO Box 44 0
Phoenix, AZ 85534

Please click here if pre-printed Company name on this form is not your current Company name or dba name is not included.

Please list current Company name including dba here:

ANNUAL REPORT

Gas

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ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

FOR YEAR ENDING

12	31	2023
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FOR COMMISSION USE

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COMPANY INFORMATION

Company Name (Business Name) <u>DUNCAN VALLEY ELECTRIC COOPERATIVE - GAS DIVISION</u>			
Mailing Address <u>PO BOX 440</u>			
(Street)			
<u>DUNCAN</u>	<u>AZ</u>	<u>85534</u>	
(City)	(State)	(Zip)	
<u>928-359-2503</u>	<u>928-359-2370</u>		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address <u>kimberly@dvec.org</u>			
Local Office Mailing Address <u>same as above</u>			
(Street)			
(City) (State) (Zip)			
Local Customer Service Phone No. (Include Area Code)		(1-800 or other long distance Customer Service Phone No.)	
Email Address _____		Website address _____	

MANAGEMENT INFORMATION

<input type="checkbox"/> Regulatory Contact:			
<input checked="" type="checkbox"/> Management Contact: <u>Kassi Mortensen</u> <u>CEO</u>			
(Name) (Title)			
<u>PO Box 440</u>	<u>Duncan</u>	<u>AZ</u>	<u>85534</u>
(Street)	(City)	(State)	(Zip)
<u>928-359-2503</u>	<u>928-359-2370</u>		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address <u>kassi@dvec.org</u>			
On Site Manager: <u>same as above</u>			
(Name)			
(Street) (City) (State) (Zip)			
Telephone No. (Include Area Code)		Cell No. (Include Area Code)	
Fax No. (Include Area Code)			
Email Address: _____			

Statutory Agent: J. Grant Walker, PLLC

(Name)

1124 W. Thatcher Blvd

Safford

AZ

85546

(Street)

(City)

(State)

(Zip)

928-428-2728

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Attorney: same as above

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

Sole Proprietor (S)

C Corporation (C) (Other than Association/Co-op)

Partnership (P)

Subchapter S Corporation (Z)

Bankruptcy (B)

Association/Co-op (A)

Receivership (R)

Limited Liability Company

Other (Describe) _____

COUNTIES SERVED

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

APACHE

COCHISE

COCONINO

GILA

GRAHAM

GREENLEE

LA PAZ

MARICOPA

MOHAVE

NAVAJO

PIMA

PINAL

SANTA CRUZ

YAVAPAI

YUMA

STATEWIDE

SERVICES AUTHORIZED TO PROVIDE

Check the following box(es) for the services that you are authorized to provide:

Gas

Natural Gas

Propane

Other (Specify) _____

STATISTICAL INFORMATION

GAS UTILITIES ONLY

Total number of customers	698
Residential	641
Commercial	48
Industrial	0
Irrigation	9
Resale	0
Total therms sold	361,711 therms
Residential	239,338
Commercial	57,199
Industrial	0
Irrigation	65,174
Resale	0

COMPANY NAME: _____

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-311.B	Termination with Notice R14-2-311.C	OTHER
JANUARY		1	
FEBRUARY		1	
MARCH		0	
APRIL		0	
MAY		1	
JUNE		0	
JULY		1	
AUGUST		0	
SEPTEMBER		1	
OCTOBER		0	
NOVEMBER		0	
DECEMBER		0	
TOTALS →		5	

OTHER (description):
