

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

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

**E-01750A**

Mohave Electric Cooperative, Inc.  
PO Box 1045  
Bullhead City, AZ 86430-1045

RECEIVED  
APR 17 2018  
ARIZONA CORP COMMISSION  
UTILITIES DIVISION - DIRECTOR'S OFFICE

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:

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**ANNUAL REPORT**  
**Electric**

**FOR YEAR ENDING**

12	31	2017
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FOR COMMISSION USE

ANN 01	17
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4-18-18

## COMPANY INFORMATION

Company Name (Business Name) MOHAVE ELECTRIC COOPERATIVE, INCORPORATED

Mailing Address PO BOX 1045

(Street)

BULLHEAD CITY

AZ

86430

(City)

(State)

(Zip)

(928) 763-4115

(928) 763-3315

N/A

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address mohaveelectric.com

Local Office Mailing Address 1999 ARENA DRIVE

(Street)

BULLHEAD CITY

AZ

86442

(City)

(State)

(Zip)

(928) 763-4115

(928) 763-4115

Local Customer Service Phone No. (Include Area Code)

(1-800 or other long distance Customer Service Phone No.)

Email Address mohaveelectric.com Website address mohaveelectric.com

## MANAGEMENT INFORMATION

Regulatory Contact:

Management Contact: PAULA MINK ADMINISTRATIVE ASSISTANT

(Name)

(Title)

1999 ARENA DRIVE

BULLHEAD CITY

AZ

86442

(Street)

(City)

(State)

(Zip)

(928) 763-4115

(928) 763-3315

N/A

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address pmink@mohaveelectric.com

On Site Manager: J. TYLER CARLSON, CEO

(Name)

1999 ARENA DRIVE

BULLHEAD CITY

AZ

86442

(Street)

(City)

(State)

(Zip)

(928) 763-4115

(928) 763-3315

N/A

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address tcarlson@mohaveelectric.com

Statutory Agent: HLG CORPORATE SERVICES, LLC

(Name)

2398 E CAMELBACK ROAD, SUITE 1020

(Street)

PHOENIX

(City)

AZ

(State)

85016

(Zip)

(602) 852-5500

Telephone No. (Include Area Code)

(602) 852-5499

Fax No. (Include Area Code)

N/A

Cell No. (Include Area Code)

Attorney: HOOL COURY LAW, PLC

(Name)

2398 E CAMELBACK ROAD, SUITE 1020

(Street)

PHOENIX

(City)

AZ

(State)

85016

(Zip)

(602) 852-5500

Telephone No. (Include Area Code)

(602) 852-5499

Fax No. (Include Area Code)

N/A

Cell No. (Include Area Code)

Email

Address habdul@hoolcourylaw.com

### OWNERSHIP INFORMATION

Check the following box that applies to your company:

- |                                                 |                                                                           |
|-------------------------------------------------|---------------------------------------------------------------------------|
| <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> MOHAVE   |
| <input type="checkbox"/> NAVAJO     | <input type="checkbox"/> PIMA               | <input type="checkbox"/> PINAL               |
| <input type="checkbox"/> SANTA CRUZ | <input checked="" type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA                |
| <input type="checkbox"/> STATEWIDE  |                                             |                                              |

## SERVICES AUTHORIZED TO PROVIDE

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

- Electric**
- Investor Owned Electric
  - Rural Electric Cooperative
  - Utility Distribution Company
  - Electric Service Provider
    - Transmission Service Provider
    - Meter Service Provider
    - Meter Reading Service Provider
    - Billing and Collection
    - Ancillary Services
    - Generation Provider
    - Aggregator/Broker

**Other (Specify)** \_\_\_\_\_

## STATISTICAL INFORMATION

### Retail Information

	Number of Arizona Customers	Number of kWh Sold in Arizona
Residential	36,655	412,914,254
Commercial	4,147	228,615,173
Industrial	5	76,406,077
Public Street and Highway Lighting	12	183,806
Irrigation	17	4,555,230
<b>Total Retail</b>	<b>40,836</b>	<b>722,674,540</b>

### Wholesale Information

	Number of Customers	Number of kWh Sold
Resale	1	45,731,518
Short-term Sales (durations of less than one year)		
<b>Total Wholesale</b>	<b>1</b>	<b>45,731,518</b>

Total MWh Sold                    768,406 MWh

Maximum Peak Load                202,606 MW

COMPANY NAME: MOHAVE ELECTRIC COOPERATIVE, INCORPORATED

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-211.B	Termination with Notice R14-2-211.C	OTHER
JANUARY		341	
FEBRUARY		267	
MARCH		262	
APRIL		269	
MAY		347	
JUNE		316	
JULY		342	
AUGUST		383	
SEPTEMBER		430	
OCTOBER		493	
NOVEMBER		512	
DECEMBER		310	
TOTALS →		4,272	

OTHER (description):

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**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**

**RECEIVED**  
**APR 17 2018**  
ARIZONA CORP COMMISSION  
UTILITIES DIVISION - DIRECTOR'S OFFICE

**VERIFICATION**

STATE OF \_\_\_\_\_  
I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME) <b>MOHAVE</b>
NAME (OWNER OR OFFICIAL) TITLE <b>ARDEN LAUXMAN</b>
COMPANY NAME <b>MOHAVE ELECTRIC COOPERATIVE, INCORPORATED</b>

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

FOR THE YEAR ENDING

MONTH 12	DAY 31	YEAR 2017
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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 2017 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)  <b>\$81,928,181</b>
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(THE AMOUNT IN BOX ABOVE  
INCLUDES \$4,562,458  
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)**

  
SIGNATURE OF OWNER OR OFFICIAL  
(928) 763-4115  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME  
A NOTARY PUBLIC IN AND FOR THE COUNTY OF  
THIS April 16 DAY OF  
(SEAL)

COUNTY NAME MOHAVE	
MONTH April	2018

  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES October 30, 2020  
OFFICIAL SEAL  
**PAUL R. MINK**  
Notary Public - State of Arizona  
**MOHAVE COUNTY**  
My Comm. Expires Oct. 30, 2020

**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
INTRASTATE REVENUES ONLY**

**RECEIVED**  
**APR 17 2018**  
ARIZONA CORP COMMISSION  
UTILITIES DIVISION - DIRECTOR'S OFFICE

STATE OF ARIZONA

COUNTY OF (COUNTY NAME) MOHAVE	
NAME (OWNER OR OFFICIAL) ARDEN LAUXMAN	TITLE CFO
COMPANY NAME MOHAVE ELECTRIC COOPERATIVE, INCORPORATED	

I, THE UNDERSIGNED  
OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION  
FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2017

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 2017 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
<b>\$81,928,181</b>

(THE AMOUNT IN BOX AT LEFT  
INCLUDES \$4,562,458  
IN SALES TAXES BILLED, OR COLLECTED

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

*Arden Lauxman*  
SIGNATURE OF OWNER OR OFFICIAL

(928) 763-4115  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

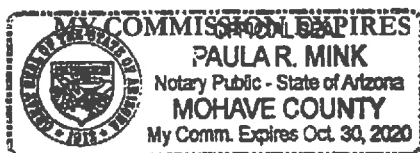
A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS April 16 DAY OF 2018

(SEAL)

NOTARY PUBLIC NAME <i>Paula Mink</i>	
COUNTY NAME MOHAVE <i>Mohave</i>	
MONTH <i>April</i>	<i>2018</i>

*Paula Mink*  
SIGNATURE OF NOTARY PUBLIC



*Oct. 30, 2020*

## FINANCIAL INFORMATION

Attach to this annual report a copy of the Company year-end (Calendar Year 2017) financial statements. If you do not compile these reports, the Utilities Division will supply you with blank financial statements for completion and filing. **ALL INFORMATION MUST BE ARIZONA-SPECIFIC AND REFLECT OPERATING RESULTS IN ARIZONA.**