

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

G-02308A

Copper Market, Inc.
104 Main Street - P.O. Box 245
Bagdad, Arizona 86321

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

FOR YEAR ENDING

12	31	2021
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FOR COMMISSION USE

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COMPANY INFORMATION

Company Name (Business Name) _____ Copper Market In. _____

Mailing Address _____ 104 Main Street, PO Box 245 _____
(Street)

_____ **Bagdad** _____ **AZ** _____ **86321** _____
(City) (State) (Zip)

_____ 928-633-6001 _____
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address _____ **agreen@fmi.com** _____

Local Office Mailing Address _____ 104 Main Street, PO Box 245 _____
(Street)

_____ **Bagdad** _____ **AZ** _____ **86321** _____
(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

Regulatory Contact:

Management Contact: _____ **Jennifer Thompson** _____ **Controller** _____
(Name) (Title)

_____ **104 Main Street, PO Box 245** _____ **Bagdad** _____ **AZ** _____ **86321** _____
(Street) (City) (State) (Zip)

928-633-3149 _____ 915-490-8397 _____
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address _____ **jthomps@fmi.com** _____

On Site Manager: _____ **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: _____

Statutory Agent: _____ **CORPORATION SERVICE COMPANY** _____
(Name)

_____ 23388 w Royal Palm Rd., Suite J _____ Phoenix _____ AZ _____ 86321 _____
(Street) (City) (State) (Zip)

Telephone No. (Include Area Code) _____ Fax No. (Include Area Code) _____ Cell No. (Include Area Code) _____

Attorney: _____ **Jason D Gellman (Snell & Wilmer LLP)** _____
(Name)

400 East Van Buren _____ **Phoenix** _____ **AZ** _____ **86321** _____
(Street) (City) (State) (Zip)

602- 382- 6349 _____ 602-382-6070 _____
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:

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietor (S) | <input checked="" 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"/> STATEWIDE | | |
| <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 |

NAVAJO

PIMA

PINAL

SANTA CRUZ

YAVAPAI

YUMA

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	954 _____
Residential	800 _____
Commercial	153 _____
Industrial	_____
Irrigation	_____
Resale	_____
 Total therms sold	 395,678 _____ therms
Residential	284,485 _____
Commercial	111,194 _____
Industrial	_____
Irrigation	_____
Resale	_____

UTILITY SHUTOFFS/DISCONNECTS

MONTH	Termination without Notice R14-2-509.B	Termination with Notice R14-2-509.C	OTHER
TOTALS →			

OTHER (description):

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	<u>Yavapai</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Jennifer Thompson, Controller</u>
COMPANY NAME	<u>Copper Market, Inc.</u>

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ARIZONA CORPORATION
COMMISSION

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2021

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 2021 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ <u>472,238.75</u>

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 28,163.83
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)

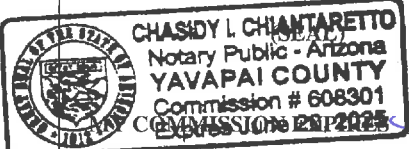
Jennifer Thompson
SIGNATURE OF OWNER OR OFFICIAL
915-490-8397
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 13th DAY OF

COUNTY NAME	<u>Yavapai</u>
MONTH	<u>April</u> 20 <u>22</u>



Chasidy L. Chiantaretto
SIGNATURE OF NOTARY PUBLIC

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

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2022 APR 19 A 9:44

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

<small>COUNTY OF (COUNTY NAME)</small>	Yavapai
<small>NAME (OWNER OR OFFICIAL)</small>	Jennifer Thompson
<small>COMPANY NAME</small>	COPPER MARKET INC.

ARIZONA CORPORATION
TITLE Controller

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

FOR THE YEAR ENDING

<small>MONTH</small>	<small>DAY</small>	<small>YEAR</small>
12	31	2021

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 2021 WAS:

<small>ARIZONA INTRASTATE GROSS OPERATING REVENUES</small> \$ <u>317,847.24</u>
--

(THE AMOUNT IN BOX AT LEFT INCLUDES \$ 20,183.30 IN SALES TAXES BILLED, OR COLLECTED)

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

Jennifer Thompson

SIGNATURE OF OWNER OR OFFICIAL
915-490-8397

TELEPHONE NUMBER

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

THIS 13th DAY OF

(SEAL)

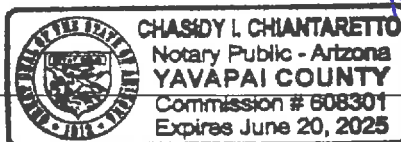
MY COMMISSION EXPIRES

June 20, 2025

<small>NOTARY PUBLIC NAME</small>	
Chasidy Chiantaretto	
<small>COUNTY NAME</small>	
Yavapai	
<small>MONTH</small>	<small>YEAR</small>
April	2022

Chasidy Chiantaretto

SIGNATURE OF NOTARY PUBLIC



FINANCIAL INFORMATION

Attach to this annual report a copy of the company's year-end (Calendar Year 2021) 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.**