

## ANNUAL REPORT FILING GUIDE

### Applicable to Liquefied Petroleum Gas Utilities Docket No. 25-01002

Pursuant to Nevada Revised Statutes (“NRS”) 703.191, each Liquefied Petroleum Gas (“LPG”) Utility must file an annual report (“report”) with the Public Utilities Commission of Nevada (“Commission”) on or before **May 15** of the year following the calendar year for which the report is submitted. **There is no grace period.**

Nevada Administrative Code (“NAC”) 704.225 and 704.534 specify the contents of the report and NRS 703.193 requires that the report be submitted under oath. The Annual Report, which includes a page for Reconciliation of Assessable Revenues and an Oath page can be found on the Commission’s website at <http://puc.nv.gov>.

Please file this completed **Annual Report Form**, with accompanying **Company financial statements**, the **Reconciliation of Assessable Revenues Form**, and signed **Oath page** by mailing or hand-delivering to either of the Commission’s Offices, or electronically filing the forms in accordance with the Commission’s electronic filing requirements, which are available on the Commission’s website. You should retain copies for your files.

Public Utilities Commission of Nevada  
1150 East William Street  
Carson City, NV 89701-3109

or  
Public Utilities Commission of Nevada  
9075 W. Diablo Drive, Suite 250  
Las Vegas, NV 89148-7674

Failure to submit the complete report as described above will result in rejection of the report and may subject you to an administrative fine of up to \$1,000 per day for each day of the violation pursuant to NRS 703.380, revocation of your Certificate of Public Convenience and Necessity pursuant to NRS 703.377, and/or other remedies available to the Commission.

If the mailing address or contact information for your company has changed from the last report, you must notify the Commission in writing of the change immediately. This is also required for any future changes.

Please note that the Annual Report and accompanying Company financial statements, once filed, will become a public record, unless you request portions of it to be treated as confidential. Please follow the Commission’s confidentiality procedures which are located in NAC 703.5274. If you submit any portion of your Annual Report or accompanying Company financial statements confidentially, you must complete and file a Protective Agreement with the Regulatory Operations Staff of the Commission.

If you have any questions about your responsibilities with regard to filing your report, call the Public Utilities Commission at 775-684-6101.

# Liquefied Petroleum Gas Annual Report

**Original:**

**Corrected:** \* If the original filing is being amended or corrected, the entire report must be resubmitted.

Date: \_\_\_\_\_

**Calendar Year**      2024

**Docket Number**    25-01002

for

1. Utility name: \_\_\_\_\_  
Operator name: \_\_\_\_\_  
Operator principal business address: \_\_\_\_\_  
\_\_\_\_\_  
Operator's telephone number: \_\_\_\_\_  
Telephone number for emergencies: \_\_\_\_\_  
CPC No: \_\_\_\_\_
  
2. The name and title of the person making the report: \_\_\_\_\_
  
3. System location: \_\_\_\_\_
  
4. General description of LPG system:
  - a) Number of active customers: \_\_\_\_\_
  - b) Number of inactive customers: \_\_\_\_\_
  - c) Number of LPG containers in system: \_\_\_\_\_
  - d) Sizes of LPG containers in system and number of customers served by each container:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Detailed information regarding customer charges:

- a) Metering unit of measure (e.g., cubic feet, gallons, etc.) \_\_\_\_\_
- b) Billing unit of measure (e.g., cubic feet, gallons, etc.): \_\_\_\_\_
- c) If the metering unit of measure is different from the billing unit of measure, identify all applicable conversion formulas or factors:  
\_\_\_\_\_  
\_\_\_\_\_

d) Are customers billed a flat monthly charge in addition to the charge for LPG?  
(Check one) **Yes** or **No** *If Yes, amount of the flat monthly charge: \$*\_\_\_\_\_

e) Identify and state the amount of any other charge that is based on customer usage per billing unit of measure:  
\_\_\_\_\_  
\_\_\_\_\_

f) Please provide a sample bill calculation for a customer using 750 billing units that shows all the individual billing components, and identify the utility's tariff page and section where each billing component and rate is found. (Attach a separate sheet if necessary.)

6. Customer charges:

- a) Highest price charged (per unit volume) customers during the calendar year: \$ \_\_\_\_\_
- b) Lowest price charged (per unit volume) customers during the calendar year: \$ \_\_\_\_\_
- c) Last price charged (per unit volume) customers during the calendar year: \$ \_\_\_\_\_
- d) Any other charges: \_\_\_\_\_

7. Cost of LPG paid by Operator – the highest, lowest and last price per unit volume (identify the unit of measure) paid by the Operator for delivery of bulk LPG to the system during the reporting period.

- a) Highest price paid (per unit volume) by Operator during the calendar year: \$ \_\_\_\_\_
- b) Lowest price paid (per unit volume) by Operator during the calendar year: \$ \_\_\_\_\_
- c) Last price paid (per unit volume) by Operator during the calendar year: \$ \_\_\_\_\_
- d) Any other charges paid by Operator during calendar year:  
\_\_\_\_\_  
\_\_\_\_\_

8. Name of current supplier of bulk liquefied petroleum gas to the system:

\_\_\_\_\_

9. Please provide a summary of all expenditures and collections for liquefied petroleum gas service during the calendar year, including a summary of operation and maintenance expenses (attaching extra sheets if necessary).

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10. Please provide the following detailed revenue information:

- a) Total sales: \$ \_\_\_\_\_
- b) Cost of sales: \$ \_\_\_\_\_
- c) Bad debt /uncollectible accounts expense: \$ \_\_\_\_\_
- d) All other operations and maintenance expenses: \$ \_\_\_\_\_
- e) Net income: \$ \_\_\_\_\_
- f) Accounts receivable at the beginning of the year \$ \_\_\_\_\_
- g) End-of-year outstanding accounts receivable: \$ \_\_\_\_\_

11. Attach a copy of a written explanation of the procedure used to report gas leaks and other related emergencies. (NAC 704.535 details the information required to be included in the explanation.)

12. Customer complaints:

- a) Number of Complaints related to Safety: \_\_\_\_\_
- b) Number of Complaints related to Service: \_\_\_\_\_
- c) Number of Complaints related to Billing: \_\_\_\_\_

d) Please provide a brief explanation of the action that the Operator took to respond to each Complaint (attaching extra sheets if necessary).

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13. Please identify any unsafe conditions that were identified during the calendar year and provide a brief explanation of all action taken by the operator to correct such unsafe conditions (attaching extra sheets if necessary).

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14. Please provide the following financial information as attachments (**ALL** are required):

Statement of income, which includes the income for the current and prior years, and is presented at the level of detail routinely used by company management for internal reporting purposes (if preparing a separate income statement for individual properties, eg., "Utility A" and "Utility B," please provide the income statement for each property);

Balance sheet, which includes the current and prior years and is presented at the level of detail routinely used by company management for internal reporting purposes; and

Statement of intrastate revenue for the current calendar year (completion of the Reconciliation of Assessable Revenues Form satisfies this requirement).



**PUBLIC UTILITIES COMMISSION OF NEVADA**  
**Reconciliation of Assessable Revenues**  
**Gas/Electric/LPG/Geothermal**  
**Calendar Year 2024**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Gross Intrastate Operating Revenue:**      \$ \_\_\_\_\_

<u>Less Non-Assessable Revenue:</u> <sup>1</sup>	<u>AMOUNT:</u>
Commodity Sales for Resale	\$ _____
Provision for Rate Refunds	\$ _____
Transmission Ancillary Services	\$ _____
Wheeling Revenue	\$ _____
Capacity Revenue	\$ _____
Scheduling Revenue	\$ _____
Distribution Demand Services	\$ _____
Unbilled Revenues	\$ _____
Internal Use	\$ _____
Other (describe) <sup>2</sup>	\$ _____
_____	
_____	
_____	

**Total Non-Assessable Gross Intrastate Operating Revenue:**      \$ \_\_\_\_\_

**Total Assessable Revenue:**      \$ \_\_\_\_\_

<sup>1</sup> These are exemplary revenue categories, and they may not apply to each of the four utility types listed in the title header.

<sup>2</sup> Please use this line for revenue categories that do not fit in any of the specifically-identified revenue categories above.