

COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

RECEIVED

OCT 23 2008

PUBLIC SERVICE  
COMMISSION

In the Matter of:

SECOND DATA REQUEST FROM COMMISSION STAFF )  
)

CASE NO.

2008-00156

**AUXIER ROAD GAS COMPANY, INC.**



1. Refer to Auxier Gas's response to the Commission Staff's First Information Request, Item 1. Auxier Gas proposes operating expense increases of between 10 to 15 percent to reflect the impact the rising energy and transportation costs will have on its operations. Explain how adjustments based upon estimated percentage increases will meet the rate-making criteria of being known and measurable.

WITNESS: Sallye M. Branham

RESPONSE: Auxier proposed a 10 to 15 percent increase of operating expenditures due to drastic cuts during 2007 as a result of our base rate having to be used to cover our cost of gas purchases.



[www.wilsonjones.com](http://www.wilsonjones.com)

2. Refer to Auxier Gas's response to the Commission Staff's First information Request, Items 1 and 6. During the test period, Auxier Gas paid \$16,200 for the rental of its office to Estill Branham Rental. Auxier Gas is proposing to increase office rent expense by \$1,800 to \$18,000.

- a. Provide a list of the tenants that share the office with Auxier Road Gas.

For each tenant listed, identify if the tenant is affiliated with Auxier Gas or Estill Branham Rental.

WITNESS: Sallye M. Branham

RESPONSE: Auxier Road Gas Co., Inc. is the only tenant of Estill Branham Rental.

- b. Identify the total square footage of the office and the amount that is occupied by each tenant listed in the response to 2(a).

WITNESS: Sallye M. Branham

RESPONSE: Square footage of office area: 1,845.25; Garage area: 3,220; Other outside storage area: 220; Total Square Footage: 5,285. Auxier Road Gas Co., Inc. occupies all the square footage of the said property.

- c. Identify the current owner of the office, explain any relationship between the owner and Auxier Road Gas Co., Inc., and provide the total amount of rent paid for the office and the amount of rent that is allocated to each tenant. Include the methodology used to allocate the rent to the tenants.

WITNESS: Sallye M. Branham

RESPONSE: Sallye M. Branham, widow of the late Estill Branham and current President and manager of Auxier Road Gas Co., Inc., is the owner of the rental property in question. As stated earlier, Auxier Road Gas Co., Inc. is the only tenant of Estill Branham Rental. Auxier Road Gas Co., Inc. has historically paid \$1,500.00 per month. During 2007, Auxier owed a balance to Estill Branham Rental of \$1,800.00; however, this amount was inadvertently not recorded to the respective expense and accounts payable accounts.

- d. If the office is considered a less-than-arms-length transaction, provide documentation to show that the actual test-period office rent of \$1,350 per month and the proposed monthly rent of \$1,500 are reasonable.

WITNESS: Sallye M. Branham

RESPONSE: Market research/analysis per Redd, Brown & Williams Real Estate Services, Appraiser, Paul David Brown, Jr., GAA, IFAS, indicates an estimated market lease rate of \$4-\$6 per square foot. This figures to approximately \$2,200/month. (5,285 sq. ft. x \$5 = \$26,425. / 12 = \$2,202.)



3. Refer to Auxier Gas' response to the Commission Staff's First Information Request, Item 6, Account No. 763: Contract Labor.

- a. Auxier Gas identifies Kimberly Crisp as its employee but records paying Ms. Crisp approximately \$5,830 as a contract laborer. Explain why Auxier Gas records payments to an employee as a contract labor expense.

WITNESS: Sallye M. Branham

RESPONSE: Kimberly Crisp is contracted to do janitorial work for the Auxier Road Gas which is separate from her duties as a paid employee.

- b. Provide a copy of the contract between Ms. Crisp and Auxier Gas or copies of Ms. Crisp's invoices to substantiate the test-period contract labor payments.

WITNESS: Sallye M. Branham

RESPONSE: Attached exhibit.

- c. Describe fully the contract labor services provided by Ms Crisp to Auxier Gas.

WITNESS: Sallye M. Branham

RESPONSE: Janitorial services to the space leased by Auxier Road Gas Co., Inc.

- d. Given that this is a less-than arm's length transaction, provide documentation showing that the contract labor fees paid by Auxier Road Gas to Ms. Crisp are reasonable.

WITNESS: Sallye M. Branham

RESPONSE: A local franchise auto dealership in Prestonsburg, Kentucky pays \$100.00 a week for janitorial services to their showroom.

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 11/21/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*pd 11/21/07  
# 28486*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 11/8/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*AD #25500  
11/8/07*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 11/10/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

PD#25520  
11/10/07

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 11/22/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*11/22/07*  
*#25529*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 11/28/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*11/28/07*  
*25547*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 2/21/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*del 2/21/07*

*# 25569*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 2/12/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*pd 2/12/07*

*# 25595*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 2/19/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

KA 2/19/07  
ctb 25602

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 2/26/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

PD 2/26/07

#25624

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 3/5/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

✓ 3/5/07  
#25655

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 3/12/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*pd 3/12/07*  
*#25679*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 3/19/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

12 → 3/19/07  
41 25690

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 3/20/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

→ 2/20/07  
25709

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 4/22/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

# 4/22/07  
25736

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 4/6/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

416607  
25750

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 4/16/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

PO 4/16/07  
#  
25765

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 4/23/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*10 4/23/07  
at 25781*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 4/30/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

PD 4/30/07  
# 25801

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 5/15/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

5/15/07  
25227

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 5/14/62

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

25851

5/14/62

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 5/21/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

5/21/07  
25866

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 5/28/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

25886  
5/28/07

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 6/9/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*KD 6/9/07  
# 25513*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 6/11/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

KD 6/11/07  
# 25932

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 6/18/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

10 6/18/07  
#25941

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 6/25/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*AD 6/25/07  
25565*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 7/26/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*Handwritten:*  
7/26/07  
2/999

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 7/19/07

INVOICE

JANITORIAL SERVICES RENDERED-----

\$110.00

135.00

24.00 credit

7/19/07  
664 26010

kd

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 7/16/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*KA*  
*7/16/07*  
*26026*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 7/23/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

Cr - 25.00  

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85.00

✓ 85.00  
CC# 26043  
7/23/07

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 7/30/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

7/30/07  
# 26064  
\$135.00  
Overpaid 25.00  
Put it  
on  
next  
invoice  
as a  
credit

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 8/6/01

INVOICE

JANITORIAL SERVICES RENDERED-----

\$110.00

25.00

85.00  
25.00  
-----  
85.00

*[Handwritten initials]*

8/6/01

85.00

26084

*[Handwritten initials]*

85.00

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 8/13/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

PA 8/13/07  
# 26092

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 8/20/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*RD 8/20/07*

*Att 26119*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 8/22/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*AD 8/22/07  
C6426134*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 9/11/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*rd 9/11/07*

*2656*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 9/10/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*PO 9/10/07  
# 26165*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 9/16/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

PO 9/16/07

Att 26181

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 9/24/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*RD 9/24/07*  
*CT# 261000*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 6/11/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*100 6/11/07  
262000*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 10/7/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*AD 10/7/07  
26224*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 10/15/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*10/15/07  
26257*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 10/2/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*GD 10/2/07  
#26246*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 10/29/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*10/29/07*  
*#26260*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 11/19/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

pd 11/19/07  
C/H  
2007

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 11/12/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*11/12/07*  
*26295*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 11/19/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*11/19/07*  
*26306*  
*#*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 11/26/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

10 11/26/07  
#26721

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 12/3/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*12/3/07*  
*# 26770*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 12/6/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*Handwritten:*  
12/6/07  
26360  
H

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 12/11/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

10/12/10/07  
ck# 26377

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 12/20/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*PK 12/20/07  
CK-1126351*

KIMBERLY R. CRISP  
1012 ARKANSAS CR RD  
MARTIN, KY 41649

AUXIER ROAD GAS  
P O BOX 785  
PRESTONSBURG, KY 41653

INVOICE DATE: 12/21/07

INVOICE

JANITORIAL SERVICES RENDERED----- \$110.00

*PD 12/21/07  
CK# 26409*

- e. Auxier Gas records contract labor payments to Dustin Crum. Provide a copy of the contract between Mr. Crum and Auxier Gas or copies of Mr. Crum's invoices to substantiate the test-period contract labor payments.

WITNESS: Sallye M. Branham

RESPONSE: Attached exhibit

- f. Describe the relationship between Mr. Crum and the current owners of Auxier Gas.

WITNESS: Sallye M. Branham

RESPONSE: Dustin Crum is the grandson of Mr. and Mrs. Estill Branham.

- g. Provide a detailed description of the contract services provided by Sallye Branham for the payment of \$200. Include a copy of the invoice with the response.

WITNESS: Sallye Branham

RESPONSE: Outside maintenance – landscaping. Mrs. Branham paid this out of pocket and was reimbursed.

- h. Provide a detailed description and a copy of the invoice to support the "Cash Paid Out" dated April 2007 in the amount of \$250.

WITNESS: Sallye M. Branham

RESPONSE: Outside maintenance – landscaping. Mrs. Branham paid this out of pocket and was reimbursed.

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653

paid  
3/28/07  
CHK # 025724

Date- 3-27-2007

Customer- Auxier Rd. Gas Company

Description- Mowed grass, weeded.

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Total-(\$5.00 off by using your lawnmower)-.....  
\$ 45 . 00

Customer Signature- Estell Bramham

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- March 31, 2007

Pd  
4/6/07  
CHK 025747

Customer- Auxier Road Gas Co.

Description- Mowed Lawn, Weed Eated

Total- .....  
\$ 45.00

Customer Signature- Estell Branham

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- April 9, 2007

Customer- Auxier Road Gas Company

Pd

4/10/07

CHK 025759

Description- Mowed Lawn ; Weed eat

Total- ..... \$ 45.00

Customer Signature- Estill Branham

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- 4/19/2007

Customer- Auxier Road Gas Co

Paid

Description- Mowed Lawn, weeded, raked (a little)

Total- .....

\$ 45.00

Customer Signature- Estell Branham

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- 4/28/2007

Customer- Auxier Road Gas Co.

Description- Mowed Lawn, weeded, leafblower

Total- .....

\$ 45.00

Customer Signature- Estill Branham

Pd  
4/30/07  
ckH  
025808

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- 5/4/07

Customer- Auxier Road Gas CO

Description- Mowed lawn, weeded, leafblower

Total- -----

\$ 45.00

Pd  
5/7/07

Customer Signature- Steve Branham

CHK 025836

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- May 12, 2007

Customer- Aux. Care Co.

Description- Mowed Lawn, weeded, leaf blown

Total- -----

\$ 45.00

Customer Signature- Estee Bronfman

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- May 19, 2007

Customer- Axtier Road Gas CO



Description- Mowed Grass

\_\_\_\_\_

Total- .....

\$ 45.00

Customer Signature- Estell Branham

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- 6-4-2007

✓  
Pd  
6/4/07

Customer- Auxier Road Gas Co

Ck # 025926

Description- Mowed lawn, Push mower, weeded,  
Leaf blown

Total- .....

\$45.00

Customer Signature- Estill Branham

**INVOICE**  
**Dustin's Lawn Care**  
**Dustin L. Crum**  
**P.O. Box 1012**  
**Prestonsburg, KY 41653**  
**(606) 226-6034**



**Date-** 6-11-2007

**Customer-** Avx. Road Gas CO

Paid  
6/18/07  
CHK 025963

**Description-** Mowed lawn, weeded, Push-Mowed  
Leaf-blown

**Total** - - - - \$ 45.00

**Customer Signature-** Estelle Branham

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- 6-23-07

Customer- Auxier Road Cos

Description- Mow/Lawn, Weeding

Total- .....

\$ 45.00

Customer Signature- Estill Branham

PJ  
6/25/07  
CHK # 025982

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

0 . \*

0 . \*

45 . + July 20, 2007  
45 . \* +

pd 7/20/07

CHK 026047

Auxier Road Gas Company

n- Mowed Lawn, Weed-Eated, Leaf Blowed

Total-----

\$ 45 .00

Customer Signature-\_\_\_\_\_

# INVOICE

## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

Date- July 30, 2007

Customer- Auxier Rd. Gasco

Description- Mowed Lawn, Weeded, Leafblow

Total- -----

\$ 45.00

Customer Signature- Estill Branham

Pd  
7/30/07

CH# 026066

# INVOICE

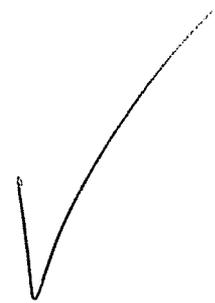
## Dustin's Lawn Care

Dustin L. Crum  
P.O. Box 1012  
Prestonsburg, KY 41653  
(606) 226-6034

88-07  
-PD 026102

Date- August 9, 2007

Customer- Auxier Road Gas CO



Description- Mowed Lawn, Weedeated  
cracks in concrete, leafblower

Total- .....

\$ 45.00

Customer Signature- Estell Brankham

4. Refer to Auxier Gas's Response to Commission Staff's First Information Request, Item 6.

- a. Account No. 921.06: Meals and Entertainment. Provide a complete and detailed description of each item listed in the table below, and include copies of all supporting invoices.

WITNESS: Sallye M. Branham

RESPONSE:

(1) Tina Croley, 4/25/07, \$2,304.00: University of KY Athletics Dept.  
Football Season Tickets

(2) Business Card, 5/25/07, \$173.90, (Keenland, Lexington, KY, \$123.88;  
Churchill Downs, Louisville, KY, \$50.06)

(3) Business Card, 6/25/07, \$209.35 (Churchill Downs, \$99.14; Ruth's-  
Chris Steak House, \$110.21)

- b. Account No. 921.07: Travel. Provide a complete and detailed description of each item listed in the table below, and include copies of all supporting invoices.

WITNESS: Sallye M. Branham

RESPONSE:

(1) AMEX, 1/26/07, \$83.51 (Stony Rivers, Nashville, TN, \$51.22;  
Desha's, Lexington, KY, \$32.29)

(2) AMEX, 2/28/07, \$2,026.32 (Airline tickets, Fort Myers, FL; Fort  
Lauderdale, FL; Washington, Nat'l)

(3) AMEX, 3/28/07, \$63.27 (Chop House, Charleston, WV)

(4) Business Card, 3/22/07, \$105.35 (TLF Gene's 5<sup>th</sup> Ave Floor)

(5) Business Card, 4/24/07, \$42.00 (Cincinnati, OH airport  
parking)

(6) AMEX, 4/24/07, \$2,410.75 (hotels, food & beverages, car rent  
al: Midway, KY, Washington, DC, Erlanger, KY, Fort Lauderdale,  
FL)

- (7) AMEX, 5/25/07, \$866.69 (Food & beverage: Lexington and Louisville, KY)
- (8) AMEX, 6/22/07, \$1,079.52 (Food & beverage: Cincinnati, OH, Newport, KY; airline tickets: Boston, MA)
- (9) Business Card, 7/9/07, \$136.97 (McCormick and Schmicks)
- (10) AMEX, 7/27/07, \$544.60 (Airline tickets: Albany, NY)
- (11) AMEX, 8/26/07, \$206.58 (Car rental: Albany, NY)
- (12) Business Card, 9/14/07, \$27.50 (Yeager Airport, Charleston, WV, parking fees)

c. Account No. 926: Employee Benefits. Provide a complete and detailed description of each item listed in the table attached hereto as Schedule 1, and include copies of supporting invoices.

WITNESS: Sallye M. Branham

RESPONSE: Six (6) payments of \$251.25 Modern Woodman of the World  
One (1) payment of \$32.25 Modern Woodman of the World  
Seven (7) payments of \$122.49 United World Health  
Three (3) payments of \$95.15 United World Health  
Three (3) payments of \$146.80 Aetna  
7/7/07 Cash Receipts of \$304.00 – Ron Robinson contribution to health insurance  
8/31/07 and 9/30/07 payments of \$383.79 each – Susan Crum contribution to health insurance  
Four (4) payments of \$106.56 United World Health  
One (1) payment of \$929.87 Aetna  
One (1) payment of 100.00 Retirement gift to Al Scott  
One (1) payment of \$77.60 to Rite Aid for prescriptions, kleenex  
One (1) payment of \$178.78 Business Card to Rite Aid for prescriptions.  
One (1) payment of \$20.00 Highland Regional Medical Center – Kim Crisp co-payment.

Adult Application for Membership and Insurance

1. Proposed Insured (Please Print)  BRANHAM   ESTILL         BAYS          Last Name First Name Middle Name <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Home Office Use <b>6208362</b>
--	-----------------------------------

2. Residence Address (Please Print) Branham Village US 23 N		
City <u>Prestonsburg</u>	State <u>Kentucky</u>	Zip Code <u>41653</u>
Mailing Address: <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other (Specify)		

3. Membership is applied for in Camp No. <u>07166</u>	4.a. Are you now a member of this Society? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. If yes, give certificate number if available.
--	--

5.	Sex M <input checked="" type="checkbox"/> F	Date of Birth Mo. Day Year	Age	Birth State	Social Security Number	Residence Telephone Area Code/Telephone Number
		07-06-40	45	KY	403-54-11921	606-886-3392

Complete This Section if Applying for Flexible Premium Adjustable Life			
6. Death Benefit Coverage (Check One) <input checked="" type="checkbox"/> Type I (Specified Amount) <input type="checkbox"/> Type II (Specified Amount + Cash Value)	Specified Amount \$ <u>250,000</u>	<input checked="" type="checkbox"/> Waiver of Monthly Deduction <input type="checkbox"/> Accidental Death Benefit \$ _____ Amt. <input type="checkbox"/> Guaranteed Insurability Benefit \$ _____ Amt.	
Planned Annual Premium \$ <u>2628.00</u>	Additional One Sum Payment \$ _____		

Complete This Section if Applying for Other Insurance Plan			
7. Life Insurance Plan Insurance Amount \$ _____	<input type="checkbox"/> Waiver of Premium (WP)	<input type="checkbox"/> Accidental Death (AD) \$ _____ Amount	
8. <input type="checkbox"/> Automatic Premium Loan Privilege elected, if available.	<input type="checkbox"/> Guaranteed Purchase Option \$ _____ Amount		
9. Dividend Election: <input type="checkbox"/> Accumulate at Interest <input type="checkbox"/> Paid-up Additions <input type="checkbox"/> Paid in Cash	<input type="checkbox"/> Level Term _____ Year \$ _____ Amount		
	<input type="checkbox"/> Family Income _____ Year \$ _____ Monthly Income		
	<input type="checkbox"/> Mortgage Prot. _____ Year \$ _____ Initial Amount		

10. Register Date Mo. Day Year <u>10</u> - <u>01</u> - <u>85</u>	11. Nonsmoker Rate Class. Have you smoked cigarettes in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

12. Premium Payment Frequency (Check One) <input checked="" type="checkbox"/> ABC <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Government Allotment If ABC, specify: <input checked="" type="checkbox"/> New ABC Account. Submit Form 383 & Sample Check. <input type="checkbox"/> Add to Existing ABC Account (Give Certificate Number if Available)
---

13. Do you intend to <b>replace, change or borrow</b> on any existing life or annuity plan because of this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain, <u>Replace The Equitable Life Assurance</u>
--

14. Name of Employer <u>Auxier Road Gas Co., Inc.</u>	Business Address <u>PO Box 785</u> <u>Prestonsburg, KY, 41653</u>
Occupation <u>President/Manager</u>	Occupational Duties <u>Management of small natural gas distributor</u>
	Annual Earnings from Occupation \$ <u>30,800.00</u>

15. Special Request	Home Office Corrections <u>See 17 10,</u>
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*Salem Branch*

NOTICE: YOUR PAYMENT IS DUE ON THE DATE INDICATED ABOVE. IF THE FULL PAYMENT IS NOT RECEIVED WITHIN 3 MONTHS OF ITS DUE DATE, YOUR BENEFITS WILL TERMINATE THE FIRST OF THE MONTH FOLLOWING THE END OF YOUR 90-DAY GRACE PERIOD. OUR DEPOSIT OF YOUR LATE OR PARTIAL PAYMENT DOES NOT CONSTITUTE PROOF OF COVERAGE.

Type	Member Number	Previous Balance	Payments/Credits	New Balance	Current Charges	Total Due	Due Date
DX	MEBCFTOX	929.87	929.87	.00	73.40	73.40	11/01/07

Invoice Period	Invoice Number	Description	Charges	Credits
10/01/07-10/31/07	78119357	PREVIOUS BALANCE	929.87	
10/01/06-10/31/07	78119357	PAYMENT RECEIVED		929.87
11/01/07-11/30/07	78548660	CURRENT RATE-SINGLE	73.40	
		SUB-TOTAL	1,003.27	929.87
		TOTAL	73.40	

Contact Member Services at 877-238-6211 with any questions concerning your account.

FORM F00182 (11-05)

P/18359

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



NOTICE: YOUR PAYMENT IS DUE ON THE DATE INDICATED ABOVE. IF THE FULL PAYMENT IS NOT RECEIVED WITHIN 3 MONTHS OF ITS DUE DATE, YOUR BENEFITS WILL TERMINATE THE FIRST OF THE MONTH FOLLOWING THE END OF YOUR 90-DAY GRACE PERIOD. OUR DEPOSIT OF YOUR LATE OR PARTIAL PAYMENT DOES NOT CONSTITUTE PROOF OF COVERAGE.

Type	Member Number	Previous Balance	Payments/Credits	New Balance	Current Charges	Total Due	Due Date
DX	MEBCFT0X	856.47	.00	856.47	73.40	929.87	10/01/07

Invoice Period	Invoice Number	Description	Charges	Credits
09/01/07-09/30/07	77688928	PREVIOUS BALANCE	856.47	
10/01/07-10/31/07	78119357	CURRENT RATE-SINGLE	73.40	
SUB-TOTAL			929.87	
TOTAL			929.87	

*Handwritten notes:*  
 10/11/06  
 10/1/07  
 Pd 9/18/07  
 ch# 026 190

Contact Member Services at 877-238-6211 with any questions concerning your account.

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

Estill Bronkman



NOTICE: YOUR PAYMENT IS DUE ON THE DATE INDICATED ABOVE. IF THE FULL PAYMENT IS NOT RECEIVED WITHIN 3 MONTHS OF ITS DUE DATE, YOUR BENEFITS WILL TERMINATE THE FIRST OF THE MONTH FOLLOWING THE END OF YOUR 90-DAY GRACE PERIOD. OUR DEPOSIT OF YOUR LATE OR PARTIAL PAYMENT DOES NOT CONSTITUTE PROOF OF COVERAGE.

Type	Member Number	Previous Balance	Payments/Credits	New Balance	Current Charges	Total Due	Due Date
DX	MEBB8ZXJ	.00	.00	.00	73.40	73.40	11/01/07

Invoice Period	Invoice Number	Description	Charges	Credits
10/01/07-10/31/07	78068756	PREVIOUS BALANCE		
11/01/07-11/30/07	78498632	CURRENT RATE-SINGLE	73.40	
		SUB-TOTAL	73.40	
		TOTAL	73.40	

Contact Member Services at 877-238-6211 with any questions concerning your account.



NOTICE: YOUR PAYMENT IS DUE ON THE DATE INDICATED ABOVE. IF THE FULL PAYMENT IS NOT RECEIVED WITHIN 3 MONTHS OF ITS DUE DATE, YOUR BENEFITS WILL TERMINATE THE FIRST OF THE MONTH FOLLOWING THE END OF YOUR 90-DAY GRACE PERIOD. OUR DEPOSIT OF YOUR LATE OR PARTIAL PAYMENT DOES NOT CONSTITUTE PROOF OF COVERAGE.

Type	Member Number	Previous Balance	Payments/Credits	New Balance	Current Charges	Total Due	Due Date
DX	MEBB8ZXJ	.00	.00	.00	73.40	73.40	09/01/07

Invoice Period	Invoice Number	Description	Charges	Credits
08/01/07-08/31/07	77208472	PREVIOUS BALANCE	-	
09/01/07-09/30/07	77637901	CURRENT RATE-SINGLE	73.40	
		SUB-TOTAL	73.40	
		TOTAL	73.40	

Contact Member Services at 877-238-6211 with any questions concerning your account.

FORM F00182 (1-05)

P/17611

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



Type	Invoice	Member Number	Invoice Period	Total Due	Due Date	Invoice Date
DX	78068756	MEBB8ZXJ	10/01/07 10/31/07	.00		09/06/07

ESTILL B BRANHAM  
 PO BOX 1084  
 PRESTONSBURG, KY 41653-5084



AETNA  
 P.O. BOX 13865  
 PHILADELPHIA, PA 19101-3865

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO AETNA AND INDICATE YOUR MEMBER NUMBER ON YOUR PAYMENT. NO PARTIAL PAYMENT OR CASH WILL BE ACCEPTED. THANK YOU FOR YOUR PROMPT PAYMENT.

Please make address changes above

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

NOTICE: YOUR PAYMENT IS DUE ON THE DATE INDICATED ABOVE. IF THE FULL PAYMENT IS NOT RECEIVED WITHIN 3 MONTHS OF ITS DUE DATE, YOUR BENEFITS WILL TERMINATE THE FIRST OF THE MONTH FOLLOWING THE END OF YOUR 90-DAY GRACE PERIOD. OUR DEPOSIT OF YOUR LATE OR PARTIAL PAYMENT DOES NOT CONSTITUTE PROOF OF COVERAGE.



Type	Member Number	Previous Balance	Payments/Credits	New Balance	Current Charges	Total Due	Due Date
DX	MEBB8ZXJ	73.40	146.80	-73.40	73.40	.00	

Invoice Period	Invoice Number	Description	Charges	Credits
09/01/07-09/30/07	77637901	PREVIOUS BALANCE	73.40	
09/01/07-09/30/07	PREV9999	PAYMENT RECEIVED		73.40
09/01/07-09/30/07	77637901	PAYMENT RECEIVED		73.40
10/01/07-10/31/07	78068756	CURRENT RATE-SINGLE	73.40	
<i>Credit</i> (\$ 73.40)				
SUB-TOTAL CREDIT			146.80	146.80
				.00

Contact Member Services at 877-238-6211 with any questions concerning your account.



Type	Invoice	Member Number	Invoice Period	Total Due	Due Date	Invoice Date
DX	77208472	MEBB8ZXJ	08/01/07 08/31/07	.00		07/07/07

ESTILL B BRANHAM  
 PO BOX 1084  
 PRESTONSBURG, KY 41653-5084



AETNA  
 P.O. BOX 13865  
 PHILADELPHIA, PA 19101-3865

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PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO AETNA AND INDICATE YOUR MEMBER NUMBER ON YOUR PAYMENT. NO PARTIAL PAYMENT OR CASH WILL BE ACCEPTED. THANK YOU FOR YOUR PROMPT PAYMENT.

Please make address changes above

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

NOTICE: YOUR PAYMENT IS DUE ON THE DATE INDICATED ABOVE. IF THE FULL PAYMENT IS NOT RECEIVED WITHIN 3 MONTHS OF ITS DUE DATE, YOUR BENEFITS WILL TERMINATE THE FIRST OF THE MONTH FOLLOWING THE END OF YOUR 90-DAY GRACE PERIOD. OUR DEPOSIT OF YOUR LATE OR PARTIAL PAYMENT DOES NOT CONSTITUTE PROOF OF COVERAGE.



Type	Member Number	Previous Balance	Payments/Credits	New Balance	Current Charges	Total Due	Due Date
DX	MEBB8ZXJ	-73.40	.00	-73.40	73.40	.00	

Invoice Period	Invoice Number	Description	Charges	Credits
07/01/07-07/31/07	76775444	PREVIOUS BALANCE		73.40
08/01/07-08/31/07	77208472	CURRENT RATE-SINGLE	73.40	
		SUB-TOTAL CREDIT	73.40	73.40
				.00

Contact Member Services at 877-238-6211 with any questions concerning your account.



Type	Invoice	Member Number	Invoice Period	Total Due	Due Date	Invoice Date
DX	76775444	MEBB8ZXJ	07/01/07 07/31/07	-73.40		06/06/07

ESTILL B BRANHAM  
 PO BOX 1084  
 PRESTONSBURG, KY 41653-5084



AETNA  
 P.O. BOX 13865  
 PHILADELPHIA, PA 19101-3865

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO AETNA  
 AND INDICATE YOUR MEMBER NUMBER ON YOUR PAYMENT.  
 NO PARTIAL PAYMENT OR CASH WILL BE ACCEPTED.  
 THANK YOU FOR YOUR PROMPT PAYMENT.

Please make address changes above

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

*Credit*

NOTICE: YOUR PAYMENT IS DUE ON THE DATE INDICATED ABOVE. IF THE FULL PAYMENT IS NOT RECEIVED WITHIN 3 MONTHS OF ITS DUE DATE, YOUR BENEFITS WILL TERMINATE THE FIRST OF THE MONTH FOLLOWING THE END OF YOUR 90-DAY GRACE PERIOD. OUR DEPOSIT OF YOUR LATE OR PARTIAL PAYMENT DOES NOT CONSTITUTE PROOF OF COVERAGE.

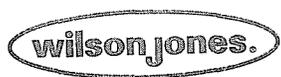


Type	Member Number	Previous Balance	Payments/Credits	New Balance	Current Charges	Total Due	Due Date
DX	MEBB8ZXJ	73.40	220.20	-146.80	73.40	-73.40	

Invoice Period	Invoice Number	Description	Charges	Credits
06/01/07-06/30/07	76339327	PREVIOUS BALANCE	73.40	
06/01/07-06/30/07	PREV9999	PAYMENT RECEIVED		146.80
06/01/07-06/30/07	76339327	PAYMENT RECEIVED		73.40
07/01/07-07/31/07	76775444	CURRENT RATE-SINGLE	73.40	
		<i>Credit</i>		
		SUB-TOTAL CREDIT	146.80	220.20 73.40

Contact Member Services at 877-238-6211 with any questions concerning your account.

*Credit*



[www.wilsonjones.com](http://www.wilsonjones.com)

5. Refer to Auxier Gas's response to the Commission Staff's First Information Request, Item 10(a).
- a. For each of its employees, Auxier Gas was requested to provide the title of the employee's position, the length of employment with Auxier Gas, and the list of the job duties. In response Auxier referenced Case No. 2007-00513. Provide the employee information as originally requested.

WITNESS: Sallye M. Branham

RESPONSE:

<u>EMPLOYEE</u>	<u>POSITION</u>	<u>LENGTH OF EMPL</u>	<u>LIST OF JOB DUTIES</u>
Estill Branham	Chief Operating Officer	44	Day-to-day operations; regulatory compliance; safety matters; supervision of field personnel; ordering gas supply; relations with customers, gas suppliers, vendors, etc.

<u>EMPLOYEE</u>	<u>POSITION</u>	<u>LENGTH OF EMPL</u>	<u>LIST OF JOB DUTIES</u>
Sallye M. Branham	Chief Operating Officer	44	Day-to-day operations Regulatory compliance Safety matters Supervision of day-to day operations Payroll; payroll taxes; deposits; mail; waiting on customers; public relations with customers; working with gas suppliers; making monthly nominations for gas purchases; accounts payable

<u>EMPLOYEE</u>	<u>POSITION</u>	<u>LENGTH OF EMPL</u>	<u>LIST OF JOB DUTIES</u>
Kimberly R. Crisp	Vice President/Director/ Accountant	24	Day-to-day operation Regulatory compliance Safety matters Financial statements Bank reconciliations Accounts receivable billing and daily postings Public relations Quarterly preparation and filing of GCRs

<u>EMPLOYEE</u>	<u>POSITION</u>	<u>LENGTH OF EMPL</u>	<u>DUTIES</u>
Susan A. Crum	Director/Accountant	24	Day-to-day operations Monthly purchases of natural gas; gas pressure monitoring; public relations with customers; billing of large commercial customers, i.e., US Prison, Highlands Regional Medical Center; Meter charts; pressure charts; service orders; safety matters, etc.

<u>EMPLOYEE</u>	<u>POSITION</u>	<u>LENGTH OF EMPL</u>	<u>DUTIES</u>
Timothy Daso, Jr.	Field labor/equip operator	11	Meter reading; charts; pressure; setting meters; safety compliances; service call; overall daily maintenance of system

<u>EMPLOYEE</u>	<u>POSITION</u>	<u>LENGTH OF EMPL</u>	<u>DUTIES</u>
Alvis Scott	Field labor	19	Same as Tim Daso

<u>EMPLOYEE</u>	<u>POSITION</u>	<u>LENGTH OF EMPL</u>	<u>DUTIES</u>
Ronald Robinson	Field labor	22	Same as Tim Daso

- b. Sallye Branham receives \$3,000 per month for owner/manager services. Provide a detailed list of management duties performed by Ms. Branham.

WITNESS: Sallye M. Branham

RESPONSE: Ms. Branham oversees all personnel with their respective duties.

Refer to response to question 5a.

- c. Does Ms. Branham track the amount of hours she spends performing the management of Auxier Gas?

WITNESS: Sallye M. Branham

RESPONSE: No.

c.1. If no, given that this is a less-than-arm's length transaction, provide documentation to show that Ms. Branham's annual salary of \$36,000 is reasonable.

WITNESS: Sallye Branham

RESPONSE: Area C/D class natural gas distribution companies such as Elam Gas president Wilma Ison had a salary in 2007 of \$77,600; Jed Weinburg president of Martin Gas had a 2007 salary of \$50,000. We feel Sallye Branham's salary is reasonable.

- d. Explain if Ronald Robinson is no longer an employee of Auxier Gas.

WITNESS: Sallye M. Branham

RESPONSE: No, Ron Robinson is no longer employed with Auxier Road Gas.

e. Auxier Gas reports test-period payroll expense of \$232,608. Using the table below, identify the test-period salary paid to each employee and the account(s) the salaries are recorded in. WITNESS: SALLYE BRANHAM

<u>EMPLOYEE NAME</u>	<u>TEST-PD SALARY</u>	<u>ACCT NO. &amp; TITLE</u>	<u>ACCT NO. &amp; TITLE</u>
Estill Branham	57,600.	760, Supervision	920, Salaries
Sallye Branham	39,000.	902, Acctg & Collect labor	920, Salaries
Kim Crisp	43,200.	902, Acctg. & Collect labor	920, Salaries
Susan Crum	43,200.	902, Acctg. & Collect labor	920, Salaries
Timothy Daso, Jr.	29,748.	761, Mains & Serv labor	901, Meter Reading labor
Ronald Robinson	7,200.	761, Mains & Serv labor	901, Meter Reading labor
Alvis Scott	12,660.	761, Mains & Serv labor	901, Meter Reading labor

f. Provide documentation showing that Tim Daso, Jr. worked 260 hours of overtime in the test period.

Witness: Sallye M. Branham

Response: See attached exhibit

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Blase Jr FOR WEEK ENDING 1/7/07  
 DEPARTMENT Aspen Rd Car Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8							
TUESDAY	8							
WEDNESDAY	8							
THURSDAY	8							
FRIDAY	8							
SATURDAY								
SUNDAY								
TOTALS	40 x 12.00 plus 480.00		5 x 18.00 = 90.00		= 570.00			

Pd

1/8/07

CHK # 025503

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Wase Jr

FOR WEEK ENDING 1/14/07

DEPARTMENT Aspen Road Bar Co Inc

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8		1			pd		
TUESDAY	8		1					
WEDNESDAY	8		1			1/15/07		
THURSDAY	8		1					
FRIDAY	8		1			CKH	025526	
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00</u>		<u>+ 5 hr x 18.00 = 90.00</u>					<u>570.00</u>

This time sheet must be personally filled out and signed by employee.

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

Authorization of Overtime \_\_\_\_\_  
 Signature \_\_\_\_\_

MADE IN U.S.A.

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Wass Jr FOR WEEK ENDING 1 / 21 / 07

DEPARTMENT Acrylic Road Bar W. EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8		1					
TUESDAY	8		1					
WEDNESDAY	8		1					
THURSDAY	8		1					
FRIDAY	8		1					
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00</u>		<u>+ 5 hrs x 18.00 = 90.00</u>		<u>= 570.00</u>			

Pd  
1/22/07  
CRH 025531

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Tim R. Noso Jr FOR WEEK ENDING 2 / 11 / 07  
 DEPARTMENT Auxiliary Road Maintenance Inc. EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8		1					
TUESDAY	8		1					
WEDNESDAY	8		1					
THURSDAY	8		1					
FRIDAY	8		1					
SATURDAY								
SUNDAY								
TOTALS	40 * 12.00 = 480.00		+ 5 * 18.00 = 90.00		=		570.00	

PJ  
2 / 12 / 07  
CKH

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

\_\_\_\_\_  
 Authorization of Overtime Signature \_\_\_\_\_



# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Naso Jr.

FOR WEEK ENDING 2/28/07

DEPARTMENT \_\_\_\_\_

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY		
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS	
MONDAY	8		1						
TUESDAY	8		1						
WEDNESDAY	8		1						
THURSDAY	8		1						
FRIDAY	8		1						
SATURDAY									
SUNDAY									
TOTALS	<u>40 x 12.00 = 480.00 + 5 x 18.00 = 90.00 =</u>								<u>570.00</u>

Pd

2/28/07

Ckt 025627

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_

Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Nassi FOR WEEK ENDING 3/3/07

DEPARTMENT Aspiter Road Maintenance EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8		1					
TUESDAY	8		1					
WEDNESDAY	8		1					
THURSDAY	8		1					
FRIDAY	8		1					
SATURDAY					CKH	025658		
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00</u>		<u>+ 5 x 18.00 = 90.00</u>		<u>= 570.00</u>			

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Lein Nasa Jr FOR WEEK ENDING 3/11/07  
 DEPARTMENT \_\_\_\_\_ EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8							
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 =$							570.00

Pd

3/12/07

CCH 025682

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_

Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Waso Jr.

FOR WEEK ENDING 3/18/07

DEPARTMENT Amfiter Road Gas Co Inc.

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$							

PJ

3/19/07

CKH 025693

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Nass Jr FOR WEEK ENDING 3/25/07

DEPARTMENT Mexico Road Gar Co Inc EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8							
TUESDAY	8							
WEDNESDAY	8							
THURSDAY	8							
FRIDAY	8							
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00 plus 5 x 18.00 = 90.00 =</u>						<u>570.00</u>	

Pd

3/26/07

ck# 025707

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Ware Jr  
 DEPARTMENT Augier Rd Co. Co. Em.

FOR WEEK ENDING 4/8/07  
 EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00</u>		<u>+ 5 x 18.00 = 90.00</u>					<u>570.00</u>

Pd  
4/9/07  
ckh

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Davis Jr FOR WEEK ENDING 4/16/07

DEPARTMENT \_\_\_\_\_ EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8				1			
TUESDAY	8				1			
WEDNESDAY	8				1			
THURSDAY	8				1			
FRIDAY	8				1			
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 =</u>		<u>480.00</u>		<u>+ 5 x 18.00 = 90.00</u>			<u>570.00</u>

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Mass Jr.

FOR WEEK ENDING 4/22/07

DEPARTMENT Alexia Road Maintenance

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	40 x 12.00 = 480.00 + 5 x 18.00 = 90.00 =						570.00	

Pd

4/23/07

CHK 4025784

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R Maso FOR WEEK ENDING 4/29/07  
 DEPARTMENT Auxiliary Road Maintenance EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	40							

Pd

4/30/07

ck# 025804

TOTALS  $40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_

Authorization of Overtime \_\_\_\_\_

MADE IN U.S.A.

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Wase Jr FOR WEEK ENDING 5/13/07  
 DEPARTMENT Deep in Road Mar Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8		1			Pd		
TUESDAY	8		1					
WEDNESDAY	8		1			5/14/07		
THURSDAY	8		1					
FRIDAY	8		1			CR#	025854	
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00 + 5 x 18.00 = 90.00 =</u>						<u>570.00</u>	

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_  
 Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Terin Waso Jr FOR WEEK ENDING 5/6/07  
 DEPARTMENT Deerfield Road Gas EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00 + 5 x 18.00 = 90.00 =</u>						<u>570.00</u>	

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

\_\_\_\_\_  
 Authorization of Overtime Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Wass Jr.

FOR WEEK ENDING 5/20/07

DEPARTMENT Auxiliary Rd Gar 6

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 =</u>		<u>4/80.00 + 5/dts</u>		<u>x 18.00 = 90.00</u>		<u>= 570.00</u>	

Pd  
5/21/07  
CRH 025868

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Wasso, Jr.  
 DEPARTMENT Auxiliary Rd Const Co

FOR WEEK ENDING 5/27/07  
 EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00 + 5 x 18.00 = 90.00 =</u>							<u>570.00</u>

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

\_\_\_\_\_  
 Authorization of Overtime

\_\_\_\_\_  
 Signature

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Wass Jr.

FOR WEEK ENDING 6/3/07

DEPARTMENT Angier Rd Gas Co

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1		Pd		
TUESDAY	8			1				
WEDNESDAY	8			1		6/4/07		
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 =</u>		<u>48.00</u>		<u>+ 5 x 18.00 = 90.00</u>		<u>570.00</u>	

CR# 05916

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_

Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R Wase Jr

FOR WEEK ENDING 6/10/07

DEPARTMENT Aspen Rd Coes Co Inc

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8				1			
TUESDAY	8				1			
WEDNESDAY	8				1			
THURSDAY	8				1			
FRIDAY	8							
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 =$		$480.00$		$+ 5 \times 18.00 = 90.00$		$= 570.00$	

Pd

6/11/07

CKH 025935

This time sheet must be personally filled out and signed by employee.

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

Signature \_\_\_\_\_

Authorization of Overtime \_\_\_\_\_

MADE IN U.S.A.

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Wass Jr FOR WEEK ENDING 6/17/07

DEPARTMENT Amper Rd Gas Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$							

pd

6/18/07

CHAI 025944

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Glass Jr FOR WEEK ENDING 7/1/07

DEPARTMENT Deepier Road Bar Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00</u>		<u>= 5 x 18.00 = 90.00</u>				<u>570.00</u>	

Pd  
7/2/07  
CR# 025998

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_  
 Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Lass Jr FOR WEEK ENDING 7/8/07  
 DEPARTMENT Deer Rd Gas Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8							
TUESDAY	8							
WEDNESDAY	8							
THURSDAY	8							
FRIDAY	8							
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = \underline{570.00}$							

Vacation

Pd 7/9/07  
Ckt 025999

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Hase Jr FOR WEEK ENDING 7/8/07  
 DEPARTMENT Quebec Road Bar L EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY								
TUESDAY								
WEDNESDAY	9							
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTALS	9	X	12.00 =		108.00			

4th of July (Holiday)

P

7/9/07

CK # 026016

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Wase Jr FOR WEEK ENDING 7/15/07  
 DEPARTMENT Alexis Road Bar Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8		1					
TUESDAY								
WEDNESDAY	8		1					
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTALS	$16 \times 12.00 = 192.00 + 2 \times 18.00 = 36.00 = 228.00$							

PD  
 7/16/07  
 CRH @ 26029

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!  
 This time sheet must be personally filled out and signed by employee.

\_\_\_\_\_  
 Authorization of Overtime Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jeri Hasso Jr. FOR WEEK ENDING 7/22/07

DEPARTMENT Auxiliary Road Bar Co Inc. EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY								
TUESDAY								
WEDNESDAY	8		1					
THURSDAY	8		1					
FRIDAY	8		1					
SATURDAY								
SUNDAY								
TOTALS	<u>24 x 12.00 = 288.00</u>		<u>+ 3 x 18.00 = 54.00</u>					<u>342.00</u>

Pd

7/23/07

CHH 026044

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Wase Jr FOR WEEK ENDING 7/29/07

DEPARTMENT Auxiliary Road Bar Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY		
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS	
MONDAY	8			1			PD 7/30/07 CLK # 026055		
TUESDAY	8			1					
WEDNESDAY	8			1					
THURSDAY	8			1					
FRIDAY	8			1					
SATURDAY									
SUNDAY									
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$								

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime
Signature

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim N. Hoso Jr. FOR WEEK ENDING 8/5/07  
 DEPARTMENT Aspen Road Bar & Grill EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$							

pd

8/6/07

CR # 026085

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Hlaso Jr  
 DEPARTMENT Aux in Road Bar Lv

FOR WEEK ENDING 8/12/07

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8		1					
TUESDAY	8		1					
WEDNESDAY	8		1					
THURSDAY	8		1					
FRIDAY	8		1					
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$							

Pd

8/13/07  
 CLK 026095

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_

Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Hase Jr.  
 DEPARTMENT Deer River Bar Co.

FOR WEEK ENDING 8/19/07  
 EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY		
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS	
MONDAY	8			1					
TUESDAY	8			1					
WEDNESDAY	8			1					
THURSDAY	8			1					
FRIDAY	8			1					
SATURDAY									
SUNDAY									
TOTALS	<u>40 x 12.00 =</u>		<u>480.00</u>		<u>+ 5 x 18.00 =</u>		<u>90.00 =</u>		<u>570.00</u>

P2

W# 026116

8/20/07

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Nass Jr FOR WEEK ENDING 8/26/07  
 DEPARTMENT Wynin Road Man Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$							

P ↓

8/27/07

CRH 026137

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_
Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R Wazo Jr FOR WEEK ENDING 9/2/07  
 DEPARTMENT Angier Rd Gas Lounge EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	40 x 12.00 = 480.00		+ 5 hrs x 18.00 = 90.00				570.00	

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Hase Jr FOR WEEK ENDING 9/9/07  
 DEPARTMENT Deepier Rd Gas Ls Cn EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8				1			
TUESDAY	8				1			
WEDNESDAY	8				1			
THURSDAY	8				1			
FRIDAY	8				1			
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 =</u>		<u>480.00</u>		<u>+ 5 x 18.00 = 90.00</u>		<u>570.00</u>	

*pd*  
*9/10/07*  
*CH # 026167*

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Wase, Jr. FOR WEEK ENDING 9/16/07  
 DEPARTMENT Deerfield Road Man Co Inc EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8				1			
TUESDAY	8				1			
WEDNESDAY	8				1			
THURSDAY	8				1		9/17/07	
FRIDAY	8				1			
SATURDAY							CK # 026180	
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00$		+		$5 \times 18.00 = 90.00$		= 570.00	

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Hesse Jr.

FOR WEEK ENDING 9/23/07

DEPARTMENT Auxiliary Road Maintenance

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8				1			
TUESDAY	8				1			
WEDNESDAY	8				1			
THURSDAY	8				1			
FRIDAY	8				1			
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00 +</u>				<u>5 x 18.00 = 90.00 =</u>			<u>570.00</u>

Pd

9/25/07

U/H #26183

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Kase Jr  
 DEPARTMENT Asphalt Road Man Co. Inc

FOR WEEK ENDING 9/30/07  
 EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8				1	Pd		
TUESDAY	8				1			
WEDNESDAY	8				1			
THURSDAY	8				1		10 11/07	
FRIDAY	8						CR# 026209	
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00</u>				<u>+ 5 x 18.00 = 90.00</u>		<u>= 570.00</u>	

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_  
 Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Nass Jr

FOR WEEK ENDING 10/7/07

DEPARTMENT Super Rd Cos

EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1		2		
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1			10	5/07
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00</u>		<u>+ 5</u>		<u>x 18.00 = 90.00</u>		<u>= 570.00</u>	

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Noss Jr FOR WEEK ENDING 10/14/07  
 DEPARTMENT Dupin Rd Gas Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	40 x 12.00 = 480.00 + 5 x 18.00 = 90.00 =						570.00	

PD  
 10/15/07  
 CLKH 026238

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_  
 Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Tim Wase Jr  
 DEPARTMENT County Road Maintenance

FOR WEEK ENDING 10/22/07  
 EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$							

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_

Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Terri R. Hase G FOR WEEK ENDING 10/28/07  
 DEPARTMENT Ampier Road Par W. Inc. EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00</u>		<u>+ 5 x 18.00 = 90.00</u>					<u>570.00</u>

PJ

10/29/07

CRH 026265

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_
Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Naso Jr FOR WEEK ENDING 11/4/07

DEPARTMENT Auxiliary Cos Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00 + 5 x 18.00 = 90.00 =</u>							<u>570.00</u>

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Warr Jr FOR WEEK ENDING 11 / 11 / 07  
 DEPARTMENT Auxiliary Road Pa. Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8							
TUESDAY	8							
WEDNESDAY	8							
THURSDAY	8							
FRIDAY	8							
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 = 480.00</u>		<u>+ 5 x 18.00 = 90.00</u>		<u>= 570.00</u>			

Pd

11 / 12 / 07

CKH 026298

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!  
 This time sheet must be personally filled out and signed by employee.

Signature \_\_\_\_\_

Authorization of Overtime \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Waso Jr FOR WEEK ENDING 11/18/07  
 DEPARTMENT Aspen Road Bar Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = \$570.00$							

Pd  
11/19/07  
CL# 026309

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Nance Jr FOR WEEK ENDING 11/25/07

DEPARTMENT Asphalt Road Maintenance EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1		pd		
WEDNESDAY	8			1				
THURSDAY	8			1		11/26/07		
FRIDAY	8			1				
SATURDAY						CKH	026324	
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00$		$+ 5 \times 18.00 = 90.00$				$570.00$	

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Waso Jr  
 DEPARTMENT Quebec Road Base Co Inc.

FOR WEEK ENDING 12/2/07  
 EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	49 x 12.00 = 480.00 + 5 x 18.00 = 90.00 =							570.00

Pd

12/3/07

CR # 02634

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim Naso Jr. FOR WEEK ENDING 12/9/07

DEPARTMENT Angus Road Gas Co em EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	$4 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$							

Pd

12/10/07

CHH 02634

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R Wasso Jr  
 DEPARTMENT auxiliary Rd Gas

FOR WEEK ENDING 12/16/07  
 EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	<u>40 x 12.00 =</u>		<u>480.00</u>		<u>+ 5 x 18.00 = 90.00</u>		<u>570.00</u>	

P.D.

12/17/07

CK # 026380

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Waco Jr FOR WEEK ENDING 07

DEPARTMENT Bayview Rd Gas Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8							
TUESDAY	8							
WEDNESDAY	8							
THURSDAY	8							
FRIDAY	8							
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$							

P↓

12/20/07

CR# 026396

Extra  
Check

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Waso Jr FOR WEEK ENDING 12/23/07  
 DEPARTMENT Chapin Road Gas Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8			1				
TUESDAY	8			1				
WEDNESDAY	8			1				
THURSDAY	8			1				
FRIDAY	8			1				
SATURDAY								
SUNDAY								
TOTALS	$40 \times 12.00 = 480.00 + 5 \times 18.00 = 90.00 = 570.00$							

Pd

12/21/07

CRH026397

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!  
 This time sheet must be personally filled out and signed by employee.

\_\_\_\_\_  
 Authorization of Overtime Signature \_\_\_\_\_

# WEEKLY TIME SHEET

NAME OF EMPLOYEE Jim R. Waso FOR WEEK ENDING 12/30/07

DEPARTMENT Aspen Rd Gas Co EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY	8				1	2		
TUESDAY	8				1	2		
WEDNESDAY	8				1			
THURSDAY	8				1			
FRIDAY	8				1			
SATURDAY								
SUNDAY								
TOTALS	4.0 X 12.50 = 480.00				5 X 18.00 = 90.00		= 570.00	

12/31/07

CRH 026407

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!**

This time sheet must be personally filled out and signed by employee.

Authorization of Overtime \_\_\_\_\_ Signature \_\_\_\_\_

6. Refer to Auxier Gas's response to Staff's First Information Request, Item 6.
- a. Provide a detailed explanation and breakdown of Acct 146: N/R, with a test period balance of \$7,000.00.

Witness: Sallye M. Branham

Response: This was a note to shareholder which was offset in 2008 against Estill Branham's accrued salaries.

- b. Provide a detailed explanation and breakdown of Acct 190: Loan to Stockholder with a test period balance of \$1,245.50.

Witness: Sallye M. Branham

Response: This was a note to shareholder which was offset in 2008 against Estill Branham's accrued salaries.

- c. Provide a detailed explanation and breakdown of the transactions Auxier Gas recorded in Acct 240: Accrued Salaries.

Witness: Sallye M. Branham

Response: Estill Branham, \$67,500.  
Kim Crisp, \$6,400.  
Susan Crum, \$8,000.

d. Provide a detailed explanation and documentation for the following transactions recorded in Acct 921-05: Office Supplies and Expense:

Witness: Sallye Branham

Response: Invoice copies attached

	Description	Date	Amount	
(1)	Susan A. Crum	1/10/07	\$101.32	Christmas decorations for office
(2)	Sallye Branham	3/21/07	\$589.40	Landscaping
(3)	Sallye Branham	3/28/07	\$271.84	Landscaping; office lamp light bulbs
(4)	Sallye Branham	5/9/07	\$189.87	Paper towels, mints, gum, landscaping, bulbs for lamps
(5)	Sallye Branham	5/18/07	\$247.93	Office stacks, paper towels, tape, landscaping
(6)	Sallye Branham	9/26/07	\$215.00	Landscaping
(7)	Shirt Gallery	12/18/07	\$310.85	2008 calendars

e. In the test period, Auxier Gas recorded in Acct no. 923.01: Acctg, a pymt of \$2,500 to Ms. Crisp. Provide a detailed explanation and invoice documenting the \$2,500 payment to Ms. Crisp.

Witness: Sallye Branham

Response: Preparation of 2006 Federal and State Corporate Income Tax Returns, Public Service Commission Annual Report and Tangible Property Tax Return.

Invoice copy attached.

f. Provide a detailed explanation and documentation for the payment to Ms. Branham of \$1,348.68 recorded in Acct 998.04: Taxes Other Than Income.

Witness: Sallye Branham

Response: Property Taxes of Auxier Road Gas Co., Inc. paid by Sallye Branham from her personal account. This was a check reimbursing her for that payment. See attached invoice.

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# Order Detail

**Bill-To**  
Susan Crum  
PO Box 1012  
Prestonsburg, KY 41653

**Ship-To**  
Susan Crum  
C O Auxier Rd Gas Co  
Kentucky Rt 321 N  
Prestonsburg, KY 41653

### Payment Information

\*\*\*\* \*  
\*\*\*\* \*  
Exp: \*\*\*\*

Sub Total: \$39.58  
Total S&H: \$8.21  
Total Tax: \$2.87  
**Order Total: \$50.66**

Order Number: 3235965674

Order Date: 11/7/2006

### In Stock:

H80643



**Bethlehem Lights S/2 Indoor/Outdoor 3' Stake Trees w/Stands**  
Clear

Status	Gift Option	Price	Quantity	S&H	Tax	Total
Best Standard Delivery		\$39.58	1	\$8.22	\$2.87	\$0.00

EDD\*: 11/14/2006  
Tracking Number:  
1Z1816090343567048

[Print Return Label](#)

\*Please Note: Your EDD is your Estimated Delivery Date

**Your order has been shipped. No changes can be made at this time.**

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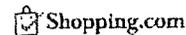
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# Order Detail

**Bill-To**

Susan Crum  
PO Box 1012  
Prestonsburg, KY 41653

**Ship-To**

Susan Crum  
C O Auxier Rd Gas Co  
Kentucky Rt 321 N  
Prestonsburg, KY 41653

**Payment Information**

\*\*\*\*\*  
\*\*\*\* \*  
Exp: \*\*\*\*

Sub Total: \$79.16  
Total S&H: \$12.33  
Total Tax: \$5.49  
**Order Total: \$96.98**

Order Number: 2979356386

Order Date: 11/7/2006

**In Stock:**

H80643



**Bethlehem Lights S/2 Indoor/Outdoor 3' Stake Trees w/Stands**  
Clear

Status	Gift Option	Price	Quantity	S&H	Tax	Total
Best Standard Delivery		\$39.58	2	\$12.33 (save \$4.11)	\$5.49	\$0.00

EDD\*: 11/14/2006  
Tracking Number:  
1Z1816090343629347

[Print Return Label](#)

\*Please Note: Your EDD is your Estimated Delivery Date

*Your order has been shipped. No changes can be made at this time.*

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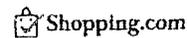
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 PAINTSVILLE, KY 41240  
 (606) 788-1360

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 PERENNIAL 2.96  
 202723 ROSE#1 GRADE PATENT W/POT 12.98  
 219335 36 PIEKIS ASSORTED 45.96  
 2 @ 22.98  
 235337 BULBS READY TO PLANT 10.98  
 157139 48 WEDGE BASE BULB 11.91

3 2 3 97  
 237030 75W PAR30 REVEAL SN FLOOD 19.98  
 2 @ 9.98

SUBTOTAL: 191.61  
 TAX: 38530 11.50  
 TOTAL: 203.11

BALANCE DUE: 203.11  
 CASH: 205.00  
 CHANGE: 89

1797 TERMINAL: 13 03/17/07 15:44:56

# OF ITEMS PURCHASED: 15  
 EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

10  
 ITEMS





LOWE'S HOME CENTERS, INC.  
 527 NORTH MAYO TRAIL  
 PAINTSVILLE, KY 41240  
 (606)788-1360

-SALE-

SALES #: S1797JB4 911755 03-22-07

93153 3LB QWIKFIX GRASS SEED 3.02

SUBTOTAL: 3.02

TAX 38530 : 0.18

INVOICE 13242 TOTAL: 3.20

BALANCE DUE: 3.20

CASH : 29.00

CHARGE : 16.80

1797 TERMINAL: 13 03/22/07 16:30:44

# ITEMS PURCHASED: 1

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

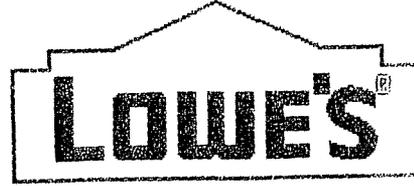
1797 TERMINAL: 13

# OF ITEMS PURCHASED: 15

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

ITEMS





LOWE'S HOME CENTERS, INC.  
183 CASSADY BLVD.  
PIKEVILLE, KY 41501  
(606)433-0020

-SALE-

SALES #: S04358R2 927070 03-20-07

131367 5G BOXWOOD WINTERGEM	26.98
68878 3G BOXWOOD GREEN VELVET	35.96
2 @ 17.96	
204735 24" SAND BAND PLANTER	79.94
2 @ 39.97	
109777 10" PANSY PLANTER	21.96
2 @ 10.98	
33390 10" PANSY COLOR BOWL	31.92
4 @ 7.98	
27523 10" PALM ASSORTED	19.98
219335 3G PIERTIS ASSORTED	91.92
4 @ 22.98	
91852 5G SPRUCE ALBERTA DWARF	39.98
235337 BULBS READY TO PLANT	10.98

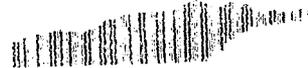
SUBTOTAL:	359.62
TAX 38530 :	21.58
INVOICE 20856 TOTAL:	381.20

BALANCE DUE: 381.20

CASH :	390.00
CHANGE :	8.80

0435 TERMINAL: 20 03/20/07 17:10:23

# OF ITEMS PURCHASED: 18  
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



07  
**WAL\*MART**  
ALWAYS LOW PRICES  
*Always.*

WE SELL FOR LESS  
MANAGER MIKE HUBER  
( 606 ) 886 - 6681  
ST# 0696 OP# 00000392 TE# 23 TR# 05110  
RED MULCH 002995500800  
60 AT 1 FOR 3 78 226.80 X  
SUBTOTAL 226.80  
TAX 1 6.000 % 13.61  
TOTAL 240.41

Handwritten notes or markings at the top right of the page.



LOWE'S HOME CENTERS, INC.  
527 NORTH HAYO TRAIL  
PAINTSVILLE, KY 41240  
(606)788-1360

-SALE-

SALES #: S1797KL2 1011679 03-26-07

157114 10 WATT BULB BI-PIN	17.94
3 @ 5.98	
157134 18W WEDGE BASE BULB	3.77
157139 4W WEDGE BASE BULB	7.54
2 @ 3.97	

SUBTOTAL:	29.65
TAX 38530 :	1.78
INVOICE 09650 TOTAL:	31.43

BALANCE DUE: 31.43

CASH :	100.00
CHANGE :	68.57

Out of pocket

expenses

0.\*

0.\*

0.\*

102.66+

20.56+

66.65+

189.87\*+

pd

519 107

05-08-07

04\*16.95 TX 1

2 0

39 . . .

04\*7 . . .

\*96.85 ST

\*5.81 TX 1

\*102.66 TL

\*150.00 M

\*47.34 CG

000-5680 1

\* 4-45

# FOOD CITY

The Food Experts.

FOOD CITY #471  
PRESTONSBURG KY.

GEN. MERCH.  
SILV SFT WHT BLB V 1.25 1  
You saved 1.04  
SILV SFT WHT BLB V 1.25 1  
You saved 1.04

GEN. MERCH.  
PUFFY CORN - 1.99 1

NON-FOOD  
BOUNTY SELECT SZ V 1.99 1  
You saved 9.30  
BOUNTY SELECT SZ V 1.99 1  
You saved 9.30

TAXABLE GROCERY  
AFTER DINNER MNT V  
1 @ 3 FOR 5.00 5.00  
You saved 0.12

NETS  
RINGE ST 1.99 1  
SPLASH PEPPW 2.89 1

Total 20.56

Tax 1.05

BALANCE DUE 20.56  
CASH 50.00

CHANGE 29.44

Your Savings Today  
TOTAL DISCOUNT \$ - 2.80  
Total = 9

MEMBER NAME: BRANNAN

CASHIER NAME: ADRIENNE S  
#4762 18 12 10 MAY 2007  
#0011 #0012

SIGN UP FOR YOUR VALUCARD  
SAVE EVEN MORE  
GROCERIES!!!  
STORE MANAGER 15.  
MULLINS  
30-9356



LOWE'S HOME CENTERS, INC.  
 527 NORTH MAYO TRAIL  
 PAINTSVILLE, KY 41240  
 (606) 788-1360

-SALE-

SALES #: 51297003 1124226 05 07

50072 2G GRASS ORNAMENTAL ASSOR	44.94
	14.98
90639 10" ANNUAL H/B	17.94
2 @	8.97

SUBTOTAL	62.88
TAX 38536 :	3.77
INVOICE 13543 TOTAL:	66.65

AMOUNT DUE: 66.65

CASH : 67.00  
 CHANGE : 0.35

1797 TERMINAL: 13 05/07/07 17:32:46

BASED: 5

pd

5/18/07

ck# 025874

0.\*

0.\*

148.26+

64.89+

4.49+

4.49+

2.99+

1.99+

1.99+

1.99+

1.99+

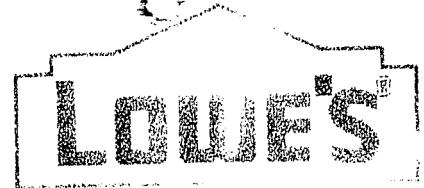
1.99+

5.99+

3.98+

2.89+

247.93\*+



LOWE'S HOME CENTERS INC.  
 527 NORTH MAYO TRAIL  
 PAINTSVILLE, KY 41240  
 (606) 788-1350

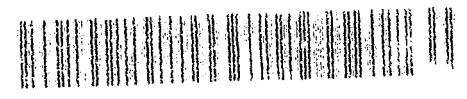
-SALE-  
 SALES #: S1797JB4 911755 05-15-07

102976	76	ARBORVITAE EMERALD GRE	98.94
	3 @	32.98	
14258	2CF	NURSERY BLEND STA GRE	6.87
93514	3G	ARBORVITAE EMERALD GRE	33.96
	2 @	16.98	
SUBTOTAL:			139.87
TAX 30530 :			0.39
INVOICE 14023 TOTAL:			148.26

BALANCE DUE: 148.26  
 CASH : 150.00  
 CHANGE : 1.74

1731 TERMINAL 14 05/15/07 13:10:02

# OF ITEMS PURCHASED:  
 EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEM



THANK YOU FOR SHOPPING LOWE'S  
 RECEIPT REQUIRED FOR CASH REFUND.  
 CHECK PURCHASE REFUNDS REQUIRE  
 15 DAY WAIT PERIOD FOR CASH BACK

HAVE A COMMENT OR FEEDBACK?  
 VISIT US AT  
 WWW.LOWES.COM/FEEDBACK

© 2007 LOWE'S COMPANIES, INC.

# WAL★MART®

ALWAYS LOW PRICES.

*Always.*

WE SELL FOR LESS  
MANAGER MIKE HUBER  
( 606 ) 886 - 6681

ST# 0696	OP# 00001152	TE# 23	TR# 0840	
PKG TAPE	007535307405		0.97	X
ANNUAL 5 IN	000902130020		1.92	X
ANNUAL 5 IN	000902130020		1.92	X
ARB	076896812181		22.82	X
ARB	076896812181		22.82	X
OLEANDER	002253220034		10.77	X
	SUBTOTAL		61.22	
	TAX 1 6.000 %		3.67	
	TOTAL		64.89	
	CASH TEND		100.00	
	CHANGE DUE		35.11	

LS

# ITEMS SOLD 6

TC# 2108 9964 7380 1553 6940



New! Olay Definity UV Foam & Cleansers  
05/17/07 16:01:40

EP			4.43 0 F
DA	0.50		4.49 0 F
Yo	0.50		
FR			2.99 0 F

NON-FOOD

BOUNTY WHITE		V	1.99 1
You saved	0.30		
BOUNTY WHITE		V	1.99 1
You saved	0.30		
BOUNTY WHITE		V	1.99 1
You saved	0.30		
BOUNTY WHITE		V	1.99 1
You saved	0.30		

PRODUCE

BLUEBERRIES		V	1.99 0 F
You saved	2.00		
ENGLISH WALNUTS			5.99 0 F
PINK GRAPEFRUIT			<del>2.99 0 F</del>
3 @ 3 FOR	2.00		<del>2.99 0 F</del>
RASPBRY HLF PNT		V	<del>2.99 0 F</del>
You saved	1.00		
STRAWBERRIES		V	<del>2.00 0 F</del>
You saved	1.00		

TAXABLE GROCERY

NSTLE BTRFNGR ST			3.98 1 F
2 @	1.99		
TRIDENT SPLASH PEPPW			2.89 1 F

50.50



LOVE'S HOME CENTERS, INC.  
 527 NORTH MAYO TRAIL  
 PAINTSVILLE, KY 41240  
 (606)788-1360

-SALE-

SALES #: S1797SS4 1118941 09-21-07

95314 14" HUN GARDEN		79.92
4 @	19.98	
91852 5G SPRUCE ALBERTA DWARF		79.96
2 @	39.98	
53099 5G CYPRESS LEYLAND		39.96
2 @	19.98	

SUBTOTAL:		199.84
TAX 38530 :		11.99
INVOICE 13533 TOTAL:		211.83

BALANCE 211.83

CASH :	215.00
CHANGE :	3.17

1757 TERMINAL: 13 09/21/07 17:04:50

# OF ITEMS PURCHASED: 8  
 INCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



REGISTER FOR A CHANCE TO WIN  
 MAKEOVER, INCLUDING A \$2500 LOWE'S  
 GIFT CARD. AT ANY LOWE'S HOME CENTER

**SHIRT GALLERY**  
 1000 ARKANSAS CREEK RD  
 MARTIN KY 41649

**INVOICE**

Date 12/17/2007 Invoice No. 3166  
 PH 606-285-9616  
 FX 606-285-9616

**Sold To**

AUXIER ROAD GAS  
 P.O. BOX 785  
 PRESTONSBURG KY 41653

**Ship To**

*pd 12/18/07  
 CK# 026300*

Cust. No.	Cust. Order No.	Date Ship	Method	Terms	SLSPRSN
AUX00013		12/17/2007	PICKUP	NET 10	GL
Ordered	Shipped	Item No.	Description	Price	Amount
300 EA	312	98006	REFLECTIONS UNIVERSAL CALENDAR (AUXIER ROAD GAS LOGO)	0.94	293.28
Order Total					293.28
Sales Tax On 293.28					17.60
TOTAL DUE					310.88

4/2/07  
KIMBERLY R CRISP  
1012 ARKANSAS CR  
MARTIN, KY 41649

KIMBERLY R CRISP  
1012 ARKANSAS CR  
MARTIN, KY 41649

TO: AUXIER ROAD GAS

INVOICE DATE: 04/02/2007

FOR: PREPARATION OF 2006 FEDERAL, AND STATE INCOME TAXES,  
PROPERTY TAX RETURN, AND 2006 ANNUAL REPORT.

INVOICE AMOUNT: \$2,500.00

*RD 4/2/07*  
*CHK # 25734*

# Property Tax Bill

Bring or Mail This Copy With Your Payment

Commonwealth of Kentucky  
2007 Floyd County

044-00-00-048.07  
LAND & BUILDING (GAS CO)

BRANHAM ESTILL & SALLYE  
DBA AUXIER ROAD GAS CO INC  
P O BOX 1084  
PRESTONSBURG KY 41653

Please correct address if incorrect.



Amount Due If: >				
2% Discount	\$27.52	Paid By	DEC 01 2007	\$1,348.68
Face Value		Paid By	DEC 31 2007	\$1,376.20
5% Penalty	\$68.81	Paid By	JAN 31 2008	\$1,445.01
21% Penalty	\$289.00	Paid After	JAN 31 2008	\$1,665.20
Sheriff's Fee And Advertising Cost				
Total Amount Paid				

Amount Paid: \$1,348.68

Check Number: 3440

*pd  
11/15/07*

Make Checks Payable To:  
John K Blackburn, Sheriff  
PO Box 152  
Prestonsburg, KY 41653

Bring or Mail This Copy With Your Payment

*pd by mistake  
on Personal  
check # 3440  
on 11/15/07*

## IMPORTANT TAX BILL

PRESORTED  
FIRST-CLASS MAIL  
US POSTAGE PAID  
Prestonsburg, KY 41653  
PERMIT # 56

*Reimbursed  
on 11/7/07* *ck# 026283*  
BRANHAM ESTILL & SALLYE  
3A AUXIER ROAD GAS CO INC  
P O BOX 1084  
PRESTONSBURG KY 41653



CHK 026283

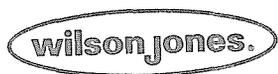
Reimbursing this check to Sallye Branham Personal Account.

I paid Auxier Road Gas Company's Property Tax Bill by mistake  
on 11/5/07 Check Number 3440

Smb

\$1,348.68

AUXIER ROAD GAS CO. INC.



[www.wilsonjones.com](http://www.wilsonjones.com)

7. Identify any payments Auxier Road Gas made to Estill Branham in the test period and identify the account where the payment is recorded.

Witness: Sallye M. Branham

Response:

	<u>Supervision, A/C No. 760</u>	<u>Salaries, A/C No. 920</u>	<u>Director Fees, A/C 930.01</u>
1/2/07	\$1,600.00	1,600.00	\$75.00
1/15/07	\$1,600.00	1,600.00	
2/2/07	\$1,600.00	1,600.00	\$75.00
2/8/07	\$1,600.00	1,600.00	
3/2/07	\$1,600.00	1,600.00	\$75.00
3/19/07	\$1,600.00	1,600.00	
4/2/07	\$1,600.00	1,600.00	\$75.00
4/11/07	\$1,600.00	1,600.00	
5/1/07	\$1,600.00	1,600.00	\$75.00
5/14/07	\$1,600.00	1,600.00	
6/1/07	\$1,600.00	1,600.00	\$75.00
6/11/07	\$1,600.00	1,600.00	
7/1/07			\$75.00
8/1/07			\$75.00
9/1/07			\$75.00
10/1/07	_____	_____	<u>\$75.00</u>
	\$19,200.	\$19,200.	\$750.00



[www.wilsonjones.com](http://www.wilsonjones.com)

8. Refer to Auxier Gas's response to the Commission Staff's First Information Request, items 10(a)(9) and 11. Health insurance and pensions are the only fringe benefits Auxier Gas offers its employees. In Item 11, Commission Staff requested Auxier Gas to "[I]ndicate which fringe benefits, if any, are limited to management or full-time employees." Provide the fringe benefit information originally requested.

Witness: Sallye Branham

Response: Health care and pension benefits paid completely by Auxier Road Gas Co., Inc. have historically been given to management, Estill Branham, Sallye Branham, Kim Crisp and Susan Crum. However, Timothy Daso, Jr. was included on the pension plan of Auxier Road Gas Co., Inc. during 2007. He was a full-time employee during the entire year and, at times, during lay offs, was the only field personnel with exception of Mr. Branham.



[www.wilsonjones.com](http://www.wilsonjones.com)

9. Refer to Auxier Gas's response to Staff's First Information Request, Item 10(a)(9).

a. Explain why Kim Crisp and Susan Crum are the only Auxier Gas employees who are receiving health insurance coverage.

Witness: Sallye Branham

Response: Mr. Alvis Scott is a veteran and receives governmental health care. Ron Robinson contributed to his participation in the coverage. Timothy Daso, Jr. elected not to participate through contribution. Mr. and Mrs. Estill Branham were both covered through Medicare. Estill and Sallye also were covered through Aetna which was paid by Auxier Road Gas Co., Inc.

b. Do Kimberly Crisp and Susan Crum contribute toward their health insurance coverage?

Witness: Sallye Branham

Response: No.

c. Explain why Alvis Scott and Ronald Robinson are the only Auxier Gas employees who do not receive a pension.

Witness: Sallye Branham

Response: Funds not available.



[www.wilsonjones.com](http://www.wilsonjones.com)

10. Refer to Auxier Gas's response to the Commission Staff's First Information Request, Item 13. Adding machine tape is partially covering the copies of the property insurance invoices provided by Auxier Gas. Provide new copies of the invoices that do not have the adding machine tape that is covering the policy descriptions.

Witness: Sallye Branham

Response: See attached copies.

**The Elite Agency, Inc.**  
 161 Prosperous Place  
 Suite 200  
 Lexington, KY 40509  
 (859)264-9400

# Invoice

<b>Client</b>	Auxier Road Gas Co., Inc. 33996
<b>Date</b>	11/27/2007
<b>Client Service</b>	Elite Select Robert Branham
<b>Page</b>	1 of 1

Auxier Road Gas Co., Inc  
 P.O. Box 785  
 Prestonsburg, KY 41653

Payment Information	
<b>Invoice Summary</b>	4,192.89
<b>Payment Amount</b>	4,192.89
<b>Payment for:</b>	Invoice #392779 5437121499

Thank you

Please detach and return with payment



Client: Auxier Road Gas Co., Inc

Invoice	Effective	Transaction	Description	Amount
392779	11/12/2007	Renew policy	Policy #5437121499 11/12/2007-11/12/2008 Willis of New Hampshire, Inc General Liability - Renew policy Taxes	3,751.00 441.89

Check payable and mail to The Elite Agency, Inc.

**Total**

4,192.89

Thank you

The Elite Agency, Inc. (859)264-9400	<b>Date</b>
	11/27/2007

# Invoice

**Select Insurance Agency, Inc.**

P.O. Box 2228  
Pikeville KY 41502  
Phone: (606) 437-0534  
Fax: (606) 437-0452

Invoice Number: **3777**

E-mail: [selectinsurance@selectinsurance.net](mailto:selectinsurance@selectinsurance.net)  
WebSite: <http://www.selectinsurance.net>

Bill To: **Auxier Road Gas Co., Inc.**  
P.O. Box 785  
Prestonsburg KY 41653

Contact Code: AUXIERRO001  
Agency Contact: Bob Branham

Invoice Date	Agent	Due Date	Effective Date	Expiration Date
5/29/2007	RAB	5/29/2007	8/6/2006	8/6/2007

Type	LOB	Company	Policy Number	Reference	Amount
END	AUTOB	SAF	24-CC-083171-2	added vehicle - Auxier Road Gas Co., Inc.	\$756.67
CTX	AUTOB	SAF	24-CC-083171-2	Ky Tax - Auxier Road Gas Co., Inc.	\$80.97

**This invoice is for adding the 2006 Ford F-750.  
Please make your check payable to Select Insurance.  
We appreciate your business!**

**Invoice Total: \$837.64**



**CUSTOMER ACCOUNT STATEMENT**

04/16/07

4 68

ACCOUNT NUMBER: 020-2150-806-01

AUXIER ROAD GAS COMPANY, INC.  
PO BOX 785  
PRESTONSBURG, KY 41653-0785

For any insurance needs or questions,  
please contact your independent agent.  
SELECT INSURANCE AGENCY, INC  
PO BOX 2228  
PIKEVILLE, KY 41502

PHONE: (606) 437-0534  
AGENT: 16-30291

**THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 03/16/07 THROUGH 04/16/07**

Your beginning account balance is:	\$0.00
An adjustment was made to your account for	\$1,525.67
Your current account balance is:	\$1,525.67

Any transactions processed after 04/16/07 will be reflected on your next statement.

YOUR SAFECO BUSINESS INSURANCE POLICIES BILLED TO THIS ACCOUNT ARE:	MINIMUM DUE	BALANCE
Property policy (01-CC-409250-80) effective 06/02/06	\$0.00	\$0.00
Property policy (01-CH-436374-10) effective 06/02/07	\$127.14	\$1,525.67
	<hr/>	
Subtotals	\$127.14	\$1,525.67
Current month installment fee	\$7.00	
	<hr/>	
Payment Options	\$134.14	\$1,525.67

You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

**\*\* Visit [www.Safeco.com](http://www.Safeco.com) for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\***

ATLANTIC ZONE 2/17/04-16-07

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Kentucky Employers' Mutual Insurance  
 250 W. Main Street, Suite 900  
 Lexington, KY 40507  
 www.kemi.com

*making workers' comp work*

Policy # 301448  
 AUXIER ROAD GAS COMPANY  
 PO BOX 785  
 PRESTONSBURG, KY 41653

# STATEMENT

	<b>Invoice Date</b>
	07/13/2007
	<b>Statement Number</b>
	1157244
	<b>Policy Number</b>
	301448
<b>Current Balance</b>	<b>Due Date</b>
\$1,595.37	08/07/2007

AGENT: COMMERCIAL INSURANCE SERVICE CORP

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	08/12/2007	08/12/2008	\$1,498.00
Special Fund Assessment Installment	#1	08/12/2007	08/12/2008	\$97.37
			<b>Current Charges</b>	<b>\$1,595.37</b>



## MAKING A PAYMENT HAS NEVER BEEN EASIER!



Now you can pay your bill online at [kemi.com](http://kemi.com) even if you aren't a registered user!  
 Visit [kemi.com](http://kemi.com) and click on the **quikpay**™ link in the Quik Tools section on [KEMI.com](http://KEMI.com).  
 Enter your policy number and either your statement number or FEIN. Then simply fill out the form with the information requested and click "Submit"!

Please visit [KEMI.com](http://KEMI.com) for policy details.

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$1,595.37		\$1,595.37

ACCOUNT NUMBER: [REDACTED]

For any insurance needs or questions,  
 please contact your independent agent.  
 THE ELITE AGENCY INC  
 3823 N MAYO TRAIL  
 PIKEVILLE, KY 41502

AUXIER ROAD GAS COMPANY, INC.  
 PO BOX 785  
 PRESTONSBURG, KY 41653-0785

PHONE: (606) 432-7283  
 AGENT: 16-99226

**THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY THROUGH 09/20/07**

Your beginning account balance is: \$0.00  
 Your Commercial Auto policy ([REDACTED]) was added 09/12/07. \$15,855.59  
 Your Commercial Auto policy ([REDACTED]) was changed 09/12/07. \$138.00  
 Your current account balance is: \$15,993.59

Any transactions processed after 09/20/07 will be reflected on your next statement.

YOUR SAFECO BUSINESS INSURANCE POLICY BILLED TO THIS ACCOUNT IS:		MINIMUM DUE	BALANCE
Commercial Auto policy ([REDACTED]) effective 08/06/07		\$5,330.95	\$15,993.59
	Subtotals	\$5,330.95	\$15,993.59
Current month installment fee		\$7.00	
	Payment Options	\$5,337.95	\$15,993.59

You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

**\*\* Visit [www.Safeco.com](http://www.Safeco.com) for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\***



**CUSTOMER ACCOUNT STATEMENT**

10/22/07

3 68

ACCOUNT NUMBER: [REDACTED]

AUXIER ROAD GAS COMPANY, INC.  
PO BOX 785  
PRESTONSBURG, KY 41653-0785

For any insurance needs or questions,  
please contact your independent agent.  
THE ELITE AGENCY INC  
3823 N MAYO TRAIL  
PIKEVILLE, KY 41502

PHONE: (606) 432-7283  
AGENT: 16-99226

**THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 09/20/07 THROUGH 10/22/07**

Your previous account balance was:	\$15,993.59
Prior billed installment fee	\$7.00
Your payment was received 10/01/07. Thank you.	<u>\$5,337.95-</u>
Your current account balance is:	\$10,662.64

Any transactions processed after 10/22/07 will be reflected on your next statement.

YOUR SAFECO BUSINESS INSURANCE POLICY BILLED TO THIS ACCOUNT IS:	MINIMUM DUE	BALANCE
Commercial Auto policy ([REDACTED]) effective 08/06/07	\$1,332.83	\$10,662.64
Subtotals	\$1,332.83	\$10,662.64
Current month installment fee	\$7.00	
Payment Options	\$1,339.83	\$10,662.64

You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

**\*\* Visit [www.Safeco.com](http://www.Safeco.com) for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\***

*Handwritten note:* 11/1/07



**CUSTOMER ACCOUNT STATEMENT**

11/21/07

3 68

ACCOUNT NUMBER: 020-2150-806-02

AUXIER ROAD GAS COMPANY, INC.  
PO BOX 785  
PRESTONSBURG, KY 41653-0785

For any insurance needs or questions,  
please contact your independent agent.

THE ELITE AGENCY INC  
3823 N MAYO TRAIL  
PIKEVILLE, KY 41502

PHONE: (606) 432-7283  
AGENT: 16-99226

**THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 10/22/07 THROUGH 11/21/07**

Your previous account balance was:	\$10,662.64
Prior billed installment fee	\$7.00
Your payment was received 11/12/07. Thank you.	\$5,337.95-
Your current account balance is:	\$5,331.69

Any transactions processed after 11/21/07 will be reflected on your next statement.

**YOUR SAFECO BUSINESS INSURANCE POLICY BILLED TO THIS ACCOUNT IS:**

	MINIMUM DUE	BALANCE
Commercial Auto policy ( [REDACTED] ) effective 08/06/07	\$0.00	\$5,331.69
Subtotals	\$0.00	\$5,331.69
Payment Options	\$0.00	\$5,331.69

No minimum payment is due at this time.

**\*\* Visit [www.Safeco.com](http://www.Safeco.com) for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\***



[www.wilsonjones.com](http://www.wilsonjones.com)

11. Refer to Auxier Gas's response to the Commission Staff's First Information Request, Item 14. The workers' compensation invoice provided for the policy period from August 12, 2008 through August 12, 2009 states that the installment is \$1,757. Provide an invoice that gives the total annual premium for that same period.

Witness: Sallye Branham

Response: The \$1,757.25 is the total annual premium for workers' compensation. See attached KEMI invoice. Page one does show the word "installment." Refer to page two "Premium Calculation Detail." This section shows Total Manual Premium plus other charges for a total of \$1,757.25.



Kentucky Employers' Mutual Insurance  
 250 W. Main Street, Suite 900  
 Lexington, KY 40507  
 www.kemi.com

*making workers' comp work®*

Policy # 301448  
 AUXIER ROAD GAS COMPANY  
 PO BOX 785  
 PRESTONSBURG, KY 41653

# STATEMENT

<b>Invoice Date</b>	07/14/2008
<b>Statement Number</b>	1299809
<b>Policy Number</b>	301448
<b>Current Balance</b>	\$1,757.25
<b>Due Date</b>	08/07/2008

**AGENT: COMMERCIAL INSURANCE SERVICE CORP**

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	08/12/2008	08/12/2009	\$1,650.00
Special Fund Assessment Installment	#1	08/12/2008	08/12/2009	\$107.25
			<b>Current Charges</b>	<b>\$1,757.25</b>

## quikpay<sup>sm</sup> now accepts credit cards!

Great news! In addition to paying by check online, customers can now make payments utilizing Visa, Mastercard, or Discover. Simply go to [www.kemi.com](http://www.kemi.com), click on the Quik Pay link (in the Quik Tools menu) to make a payment or learn more. For questions, email us at [answers@kemi.com](mailto:answers@kemi.com)!



<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$0.00		\$0.00		\$1,757.25		\$1,757.25



C. This policy includes these endorsements:

ENDORSEMENT CODE	ENDORSEMENT DESCRIPTION
KEMI 1	Tax Assesment
KEMI 6	Premium Due Date Endorsement
KEMI 2_02	Schedule of Additional Locations
WC 00_03_08_02	Sole Proprietors, Partners et al Exclusions
WC 00_04_03	Experience Rating for Modification Factor Endorsement
WC 00_04_06	Premium Discount Endorsement
WC 00_04_14	Notification of Change in Ownership Endorsement
WC 00_04_20	Terrorism Risk Insurance Act Endorsement

4. Classifications

7502-000	GAS COMPANY. NATURAL GAS - LOCAL DISTRUBUTING - & DRIVERS
8810-000	CLERICAL OFFICE EMPLOYEES NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
AUXIER ROAD GAS COMPANY			
08/12/2008 - 08/12/2009			
7502-000	39,600	3.22	\$1,275.00
8810-000	53,000	.33	\$175.00

**Total Manual Premium:** \$1,450.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
08/12/2008 - 08/12/2009	Total Manual Premium		\$1,450.00
	Total Subject Premium		\$1,450.00
	Total Modified Premium		\$1,450.00
Final Estimate	Total Standard Premium		\$1,450.00
	Expense Constant		\$200.00
	Estimated Annual Premium		\$1,650.00
	Kentucky Special Fund Assessment		\$107.25
	Total Amount Due		\$1,757.25

Please contact Center for Assistance at 859-425-7800 or 800-640-5364 with any questions.

The INFORMATION PAGES and all the forms and endorsements listed on it and included with it complete this policy. Coverage under this policy is provided by the Company named on the INFORMATION PAGES. In witness whereof we have executed and attested this policy.

*Roger D. Dries*



12. Refer to Auxier Gas's response to the Commission Staff's First Information Request, Item 16(b). Provide the loan amortization schedule as originally requested.

Witness: Sallye Branham

Response: See attached schedules.

*Department*

**GSRD LOAN REPAYMENT SCHEDULE**  
**Auxier Road Gas Company**  
**\$239,621.12 @ 4% for 13 years**

*Handwritten initials/signature*

2002-03	PRINCIPAL	INTEREST	TOTAL
February	2,089.70	1,389.80	3,479.50
March	2,089.70	1,389.80	3,479.50
April	2,089.70	1,389.80	3,479.50
May	1,008.82	670.94	1,679.76
June	1,008.82	670.94	1,679.76
July	504.41	335.47	839.88
August	504.41	335.47	839.88
September	504.41	335.47	839.88
October	504.41	335.47	839.88
November	1,008.82	670.94	1,679.76
December	1,008.82	670.94	1,679.76
January	2,089.69	1,389.81	3,479.50
<b>TOTALS</b>	<b>14,411.71</b>	<b>9,584.85</b>	<b>23,996.56</b>

2003-04	PRINCIPAL	INTEREST	TOTAL
February	2,173.29	1,306.21	3,479.50
March	2,173.29	1,306.21	3,479.50
April	2,173.29	1,306.21	3,479.50
May	1,049.17	630.59	1,679.76
June	1,049.17	630.59	1,679.76
July	524.59	315.29	839.88
August	524.59	315.29	839.88
September	524.59	315.29	839.88
October	524.59	315.29	839.88
November	1,049.17	630.59	1,679.76
December	1,049.17	630.59	1,679.76
January	2,173.27	1,306.23	3,479.50
<b>TOTALS</b>	<b>14,988.18</b>	<b>9,008.38</b>	<b>23,996.56</b>

2004-05	PRINCIPAL	INTEREST	TOTAL
February	2,260.22	1,219.28	3,479.50
March	2,260.22	1,219.28	3,479.50
April	2,260.22	1,219.28	3,479.50
May	1,091.14	588.62	1,679.76
June	1,091.14	588.62	1,679.76
July	545.57	294.31	839.88
August	545.57	294.31	839.88
September	545.57	294.31	839.88
October	545.57	294.31	839.88
November	1,091.14	588.62	1,679.76
December	1,091.14	588.62	1,679.76
January	2,260.20	1,219.30	3,479.50
<b>TOTALS</b>	<b>15,587.70</b>	<b>8,408.86</b>	<b>23,996.56</b>

2005-06	PRINCIPAL	INTEREST	TOTAL
February	2,350.63	1,128.87	3,479.50
March	2,350.63	1,128.87	3,479.50
April	2,350.63	1,128.87	3,479.50
May	1,134.78	544.98	1,679.76
June	1,134.78	544.98	1,679.76
July	567.39	272.49	839.88
August	567.39	272.49	839.88
September	567.39	272.49	839.88
October	567.39	272.49	839.88
November	1,134.78	544.98	1,679.76
December	1,134.78	544.98	1,679.76
January	2,350.64	1,128.86	3,479.50
<b>TOTALS</b>	<b>16,211.21</b>	<b>7,785.35</b>	<b>23,996.56</b>

2006-07	PRINCIPAL	INTEREST	TOTAL
February	2,444.65	1,034.85	3,479.50
March	2,444.65	1,034.85	3,479.50
April	2,444.65	1,034.85	3,479.50
May	1,180.18	499.58	1,679.76
June	1,180.18	499.58	1,679.76
July	590.09	249.79	839.88
August	590.09	249.79	839.88
September	590.09	249.79	839.88
October	590.09	249.79	839.88
November	1,180.18	499.58	1,679.76
December	1,180.18	499.58	1,679.76
January	2,444.63	1,034.87	3,479.50
<b>TOTALS</b>	<b>16,859.66</b>	<b>7,136.90</b>	<b>23,996.56</b>

2007-08	PRINCIPAL	INTEREST	TOTAL
February	2,542.44	937.06	3,479.50
March	2,542.44	937.06	3,479.50
April	2,542.44	937.06	3,479.50
May	1,227.38	452.38	1,679.76
June	1,227.38	452.38	1,679.76
July	613.69	226.19	839.88
August	613.69	226.19	839.88
September	613.69	226.19	839.88
October	613.69	226.19	839.88
November	1,227.38	452.38	1,679.76
December	1,227.38	452.38	1,679.76
January	2,542.45	937.05	3,479.50
<b>TOTALS</b>	<b>17,534.05</b>	<b>6,462.51</b>	<b>23,996.56</b>

*Handwritten number 145 and scribbles*

**GSRD LOAN REPAYMENT SCHEDULE**  
**Auxier Road Gas Company**  
**\$239,621.12 @ 4% for 13 years**

2008-09	PRINCIPAL	INTEREST	TOTAL
February	2,644.13	835.37	3,479.50 ✓
March	2,644.13	835.37	3,479.50 ✓
April	2,644.13	835.37	3,479.50 ✓
May	1,276.48	403.28	1,679.76 ✓
June	1,276.48	403.28	1,679.76 ✓
July	638.24	201.64	839.88 ✓
August	638.24	201.64	839.88
September	638.24	201.64	839.88
October	638.24	201.64	839.88
November	1,276.48	403.28	1,679.76
December	1,276.48	403.28	1,679.76
January	2,644.14	835.36	3,479.50
<b>TOTALS</b>	<b>18,235.41</b>	<b>5,761.15</b>	<b>23,996.56</b>

2009-10	PRINCIPAL	INTEREST	TOTAL
February	2,749.90	729.60	3,479.50
March	2,749.90	729.60	3,479.50
April	2,749.90	729.60	3,479.50
May	1,327.54	352.22	1,679.76
June	1,327.54	352.22	1,679.76
July	663.77	176.11	839.88
August	663.77	176.11	839.88
September	663.77	176.11	839.88
October	663.77	176.11	839.88
November	1,327.54	352.22	1,679.76
December	1,327.54	352.22	1,679.76
January	2,749.88	729.62	3,479.50
<b>TOTALS</b>	<b>18,964.82</b>	<b>5,031.74</b>	<b>23,996.56</b>

2010-11	PRINCIPAL	INTEREST	TOTAL
February	2,859.90	619.60	3,479.50
March	2,859.90	619.60	3,479.50
April	2,859.90	619.60	3,479.50
May	1,380.64	299.12	1,679.76
June	1,380.64	299.12	1,679.76
July	690.32	149.56	839.88
August	690.32	149.56	839.88
September	690.32	149.56	839.88
October	690.32	149.56	839.88
November	1,380.64	299.12	1,679.76
December	1,380.64	299.12	1,679.76
January	2,859.88	619.62	3,479.50
<b>TOTALS</b>	<b>19,723.42</b>	<b>4,273.14</b>	<b>23,996.56</b>

2011-12	PRINCIPAL	INTEREST	TOTAL
February	2,974.29	505.21	3,479.50
March	2,974.29	505.21	3,479.50
April	2,974.29	505.21	3,479.50
May	1,435.86	243.90	1,679.76
June	1,435.86	243.90	1,679.76
July	717.93	121.95	839.88
August	717.93	121.95	839.88
September	717.93	121.95	839.88
October	717.93	121.95	839.88
November	1,435.86	243.90	1,679.76
December	1,435.86	243.90	1,679.76
January	2,974.32	505.18	3,479.50
<b>TOTALS</b>	<b>20,512.35</b>	<b>3,484.21</b>	<b>23,996.56</b>

2012-13	PRINCIPAL	INTEREST	TOTAL
February	3,093.26	386.24	3,479.50
March	3,093.26	386.24	3,479.50
April	3,093.26	386.24	3,479.50
May	1,493.30	186.46	1,679.76
June	1,493.30	186.46	1,679.76
July	746.65	93.23	839.88
August	746.65	93.23	839.88
September	746.65	93.23	839.88
October	746.65	93.23	839.88
November	1,493.30	186.46	1,679.76
December	1,493.30	186.46	1,679.76
January	3,093.27	386.23	3,479.50
<b>TOTALS</b>	<b>21,332.85</b>	<b>2,663.71</b>	<b>23,996.56</b>

2013-14	PRINCIPAL	INTEREST	TOTAL
February	3,216.99	262.51	3,479.50
March	3,216.99	262.51	3,479.50
April	3,216.99	262.51	3,479.50
May	1,553.03	126.73	1,679.76
June	1,553.03	126.73	1,679.76
July	776.52	63.36	839.88
August	776.52	63.36	839.88
September	776.52	63.36	839.88
October	776.52	63.36	839.88
November	1,553.03	126.73	1,679.76
December	1,553.03	126.73	1,679.76
January	3,216.99	262.51	3,479.50
<b>TOTALS</b>	<b>22,186.16</b>	<b>1,810.40</b>	<b>23,996.56</b>

**GSRD LOAN REPAYMENT SCHEDULE**  
**Auxier Road Gas Company**  
**\$239,621.12 @ 4% for 13 years**

2014-15	PRINCIPAL	INTEREST	TOTAL
February	3,345.67	133.83	3,479.50
March	3,345.67	133.83	3,479.50
April	3,345.67	133.83	3,479.50
May	1,615.15	64.61	1,679.76
June	1,615.15	64.61	1,679.76
July	807.58	32.30	839.88
August	807.58	32.30	839.88
September	807.58	32.30	839.88
October	807.58	32.30	839.88
November	1,615.15	64.61	1,679.76
December	1,615.15	64.61	1,679.76
January	3,345.68	133.82	3,479.50
<b>TOTALS</b>	<b>23,073.61</b>	<b>922.95</b>	<b>23,996.56</b>

## 310SE BACKHOE LOADER

Compound Period .....: Monthly

Nominal Annual Rate ... : 3.900 %  
 Effective Annual Rate .. : 3.970 %  
 Periodic Rate ..... : 0.3250 %  
 Daily Rate ..... : 0.01068 %

## CASH FLOW DATA

Event	Start Date	Amount	Number Period	End Date
1 Loan	07/19/2005	26,948.00	1	
2 Payment	09/01/2005	795.52	36 Monthly	08/01/2008
3 Payment	09/01/2008	0.00	1	

## AMORTIZATION SCHEDULE - Normal Amortization

Date	Payment	Interest	Principal	Balance
Loan 07/19/2005				26,948.00
1 09/01/2005	795.52	125.13	670.39	26,277.61
2 10/01/2005	795.52	85.40	710.12	25,567.49
3 11/01/2005	795.52	83.09	712.43	24,855.06
4 12/01/2005	795.52	80.78	714.74	24,140.32
2005 Totals	3,182.08	374.40	2,807.68	
5 01/01/2006	795.52	78.46	717.06	23,423.26
6 02/01/2006	795.52	76.13	719.39	22,703.87
7 03/01/2006	795.52	73.79	721.73	21,982.14
8 04/01/2006	795.52	71.44	724.08	21,258.06
9 05/01/2006	795.52	69.09	726.43	20,531.63
10 06/01/2006	795.52	66.73	728.79	19,802.84
11 07/01/2006	795.52	64.36	731.16	19,071.68
12 08/01/2006	795.52	61.98	733.54	18,338.14
13 09/01/2006	795.52	59.60	735.92	17,602.22
14 10/01/2006	795.52	57.21	738.31	16,863.91
15 11/01/2006	795.52	54.81	740.71	16,123.20
16 12/01/2006	795.52	52.40	743.12	15,380.08
2006 Totals	9,546.24	786.00	8,760.24	
17 01/01/2007	795.52	49.99	745.53	14,634.55
18 02/01/2007	795.52	47.56	747.96	13,886.59
19 03/01/2007	795.52	45.13	750.39	13,136.20
20 04/01/2007	795.52	42.69	752.83	12,383.37
21 05/01/2007	795.52	40.25	755.27	11,628.10
22 06/01/2007	795.52	37.79	757.73	10,870.37
23 07/01/2007	795.52	35.33	760.19	10,110.18
24 08/01/2007	795.52	32.86	762.66	9,347.52
25 09/01/2007	795.52	30.38	765.14	8,582.38
26 10/01/2007	795.52	27.89	767.63	7,814.75
27 11/01/2007	795.52	25.40	770.12	7,044.63

## 310SE BACKHOE LOADER

Date	Payment	Interest	Principal	Balance
28 12/01/2007	795.52	22.90	772.62	6,272.01
2007 Totals	9,546.24	438.17	9,108.07	
29 01/01/2008	795.52	20.38	775.14	5,496.87
30 02/01/2008	795.52	17.86	777.66	4,719.21
31 03/01/2008	795.52	15.34	780.18	3,939.03
32 04/01/2008	795.52	12.80	782.72	3,156.31
33 05/01/2008	795.52	10.26	785.26	2,371.05
34 06/01/2008	795.52	7.71	787.81	1,583.24
35 07/01/2008	795.52	5.15	790.37	792.87
36 08/01/2008	795.52	2.58	792.94	0.07-
37 09/01/2008	0.00	0.07	0.07-	0.00
2008 Totals	6,364.16	92.15	6,272.01	
Grand Totals	28,638.72	1,690.72	26,948.00	

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310SE BACKHOE LOADER

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Last interest amount increased by 0.07 due to rounding.

CHEVY C/K 1500 VIN: 182771

Compound Period .....: Monthly

Nominal Annual Rate ... : 8.489 %  
 Effective Annual Rate ... : 8.827 %  
 Periodic Rate ..... : 0.7074 %  
 Daily Rate ..... : 0.02326 %

## CASH FLOW DATA

Event	Start Date	Amount	Number	Period	End Date
1 Loan	03/26/2005	12,250.00	1		
2 Payment	04/26/2005	386.64	36	Monthly	03/26/2008
3 Payment	04/26/2008	0.00	1		

## AMORTIZATION SCHEDULE - Normal Amortization

Date	Payment	Interest	Principal	Balance
Loan 03/26/2005				12,250.00
1 04/26/2005	386.64	86.66	299.98	11,950.02
2 05/26/2005	386.64	84.54	302.10	11,647.92
3 06/26/2005	386.64	82.40	304.24	11,343.68
4 07/26/2005	386.64	80.25	306.39	11,037.29
5 08/26/2005	386.64	78.08	308.56	10,728.73
6 09/26/2005	386.64	75.90	310.74	10,417.99
7 10/26/2005	386.64	73.70	312.94	10,105.05
8 11/26/2005	386.64	71.48	315.16	9,789.89
9 12/26/2005	386.64	69.26	317.38	9,472.51
2005 Totals	3,479.76	702.27	2,777.49	
10 01/26/2006	386.64	67.01	319.63	9,152.88
11 02/26/2006	386.64	64.75	321.89	8,830.99
12 03/26/2006	386.64	62.47	324.17	8,506.82
13 04/26/2006	386.64	60.18	326.46	8,180.36
14 05/26/2006	386.64	57.87	328.77	7,851.59
15 06/26/2006	386.64	55.54	331.10	7,520.49
16 07/26/2006	386.64	53.20	333.44	7,187.05
17 08/26/2006	386.64	50.84	335.80	6,851.25
18 09/26/2006	386.64	48.47	338.17	6,513.08
19 10/26/2006	386.64	46.07	340.57	6,172.51
20 11/26/2006	386.64	43.67	342.97	5,829.54
21 12/26/2006	386.64	41.24	345.40	5,484.14
2006 Totals	4,639.68	651.31	3,988.37	
22 01/26/2007	386.64	38.80	347.84	5,136.30
23 02/26/2007	386.64	36.34	350.30	4,786.00
24 03/26/2007	386.64	33.86	352.78	4,433.22
25 04/26/2007	386.64	31.36	355.28	4,077.94
26 05/26/2007	386.64	28.85	357.79	3,720.15
		26.32	360.32	3,359.83

CHEVY C/K 1500 VIN: 182771

Date	Payment	Interest	Principal	Balance
28 07/26/2007	386.64	23.77	362.87	2,996.96
29 08/26/2007	386.64	21.20	365.44	2,631.52
30 09/26/2007	386.64	18.62	368.02	2,263.50
31 10/26/2007	386.64	16.01	370.63	1,892.87
32 11/26/2007	386.64	13.39	373.25	1,519.62
33 12/26/2007	386.64	10.75	375.89	1,143.73
2007 Totals	4,639.68	299.27	4,340.41	
34 01/26/2008	386.64	8.09	378.55	765.18
35 02/26/2008	386.64	5.41	381.23	383.95
36 03/26/2008	386.64	2.72	383.92	0.03
37 04/26/2008	0.00	0.03-	0.03	0.00
2008 Totals	1,159.92	16.19	1,143.73	
Grand Totals	13,919.04	1,669.04	12,250.00	

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CHEVY C/K 1500 VIN: 182771

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Last interest amount decreased by 0.03 due to rounding.

2006 FORD F750 #331561

Compound Period ..... Monthly

Nominal Annual Rate ... 9.240 %  
 Effective Annual Rate ... 9.642 %  
 Periodic Rate ..... 0.7700 %  
 Daily Rate ..... 0.02532 %

*25103 98103*

*Refinanced through CAB 4/08*

CASH FLOW DATA

Event	Start Date	Amount	Number	Period	End Date
1 Loan	03/01/2007	37,219.00	1		
2 Payment	03/31/2007	930.44	48	Monthly	02/28/2011
3 Payment	03/31/2011	0.00	1		

AMORTIZATION SCHEDULE - Normal Amortization

Date	Payment	Interest	Principal	Balance
Loan 03/01/2007				37,219.00
1 03/31/2007	930.44	282.66	647.78	36,571.22
2 04/30/2007	930.44	281.60	648.84	35,922.38
3 05/31/2007	930.44	276.60	653.84	35,268.54
4 06/30/2007	930.44	271.57	658.87	34,609.67
5 07/31/2007	930.44	266.49	663.95	33,945.72
6 08/31/2007	930.44	261.38	669.06	33,276.66
7 09/30/2007	930.44	256.23	674.21	32,602.45
8 10/31/2007	930.44	251.04	679.40	31,923.05
9 11/30/2007	930.44	245.81	684.63	31,238.42
10 12/31/2007	930.44	240.54	689.90	30,548.52
2007 Totals	9,304.40	2,633.92	6,670.48	
11 01/31/2008	930.44	235.22	695.22	29,853.30
12 02/29/2008	930.44	229.87	700.57	29,152.73
13 03/31/2008	930.44	224.48	705.96	28,446.77
14 04/30/2008	930.44	219.04	711.40	27,735.37
15 05/31/2008	930.44	213.56	716.88	27,018.49
16 06/30/2008	930.44	208.04	722.40	26,296.09
17 07/31/2008	930.44	202.48	727.96	25,568.13
18 08/31/2008	930.44	196.87	733.57	24,834.56
19 09/30/2008	930.44	191.23	739.21	24,095.35
20 10/31/2008	930.44	185.53	744.91	23,350.44
21 11/30/2008	930.44	179.80	750.64	22,599.80
22 12/31/2008	930.44	174.02	756.42	21,843.38
2008 Totals	11,165.28	2,460.14	8,705.14	
23 01/31/2009	930.44	168.19	762.25	21,081.13
24 02/28/2009	930.44	162.32	768.12	20,313.01
25 03/31/2009	930.44	156.41	774.03	19,538.98
26 04/30/2009	930.44	150.45	779.99	18,758.99
	930.44	144.44	786.00	17,972.99

2006 FORD F750 #331561

Date	Payment	Interest	Principal	Balance
28 06/30/2009	930.44	138.39	792.05	17,180.94
29 07/31/2009	930.44	132.29	798.15	16,382.79
30 08/31/2009	930.44	126.15	804.29	15,578.50
31 09/30/2009	930.44	119.95	810.49	14,768.01
32 10/31/2009	930.44	113.71	816.73	13,951.28
33 11/30/2009	930.44	107.42	823.02	13,128.26
34 12/31/2009	930.44	101.09	829.35	12,298.91
2009 Totals	11,165.28	1,620.81	9,544.47	
35 01/31/2010	930.44	94.70	835.74	11,463.17
36 02/28/2010	930.44	88.27	842.17	10,621.00
37 03/31/2010	930.44	81.78	848.66	9,772.34
38 04/30/2010	930.44	75.25	855.19	8,917.15
39 05/31/2010	930.44	68.66	861.78	8,055.37
40 06/30/2010	930.44	62.03	868.41	7,186.96
41 07/31/2010	930.44	55.34	875.10	6,311.86
42 08/31/2010	930.44	48.60	881.84	5,430.02
43 09/30/2010	930.44	41.81	888.63	4,541.39
44 10/31/2010	930.44	34.97	895.47	3,645.92
45 11/30/2010	930.44	28.07	902.37	2,743.55
46 12/31/2010	930.44	21.13	909.31	1,834.24
2010 Totals	11,165.28	700.61	10,464.67	
47 01/31/2011	930.44	14.12	916.32	917.92
48 02/28/2011	930.44	7.07	923.37	5.45-
49 03/31/2011	0.00	5.45	5.45-	0.00
2011 Totals	1,860.88	26.64	1,834.24	
Grand Totals	44,661.12	7,442.12	37,219.00	

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2006 FORD F750 #331561

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Last interest amount increased by 5.49 due to rounding.

13. Refer to Auxier Gas's response to the Commission Staff's First Information Request, Item 22. Provide the following information:

- a. The number of miles from Auxier Gas's offices and the customer farthest from the offices.

Witness: Sallye Branham

Response: Approx. 14

- b. The mileage rate used to calculate the cost of travel to and from a customer's property.

Witness: Sallye Branham

Response: 48.5 cents

- c. An explanation of how Auxier Gas calculated the cost of wear and tear on its vehicles.

Witness: Sallye Branham

Response: Cost of tires, oil and transmission fluids, brakes, rotors, parts and labor.

- d. Explain why the supplies for the Reconnection Charge for Reestablishing Service within 12 months and the Service Charge for Insufficient Funds have higher costs than the Reconnection Charge for Nonpayment and the Collection Fee-Delinquent Bill, even though the first two charges use fewer supplies.

Witness: Sallye Branham

Response: Customer fills out a new deposit form when coming back on within 12 months. Deposits forms are duplicate forms and are significantly more expensive than the other supplies. Costs for the Service Charge for Insufficient Funds are mainly keeping track of the situation and usually several phone conversations and paper to record customer's response.



[www.wilsonjones.com](http://www.wilsonjones.com)

14. Refer to Auxier Gas's response to the Commission Staff's First Information Request, Item 3.

a. Provide the date that Chesapeake Energy ("Chesapeake") became a customer of Auxier Gas.

Witness: Sallye Branham

Response: 9/24/2008

b. Provide the volume of natural gas sold to Chesapeake during the test period.

Witness: Sallye Branham

Response: None

c. If no gas was sold to Chesapeake during the test year, provide an estimate of the gas Auxier Gas expects to sell Chesapeake in a typical year.

Witness: Sallye Branham

Response: See attached exhibit

# Exhibit

Chesapeake/Midcon Project						Load Estimate		
		cf/hr	Percent Loaded	Operating Days/Mo	Hrs/Day	Monthly Total	Mo/ Yr	Annual Total
Office Buildings	Day Shift	3000	75%	22	8	396,000	5	1,980,000
	Overnight	3000	50%	22	16	528,000	5	2,640,000
	Weekends	3000	50%	8	24	288,000	5	1,440,000
Shop Building	Day Shift	6031	75%	30	8	1,085,580	5	5,427,900
	Overnight	6031	50%	30	16	1,447,440	5	7,237,200
Equipment Testing						3,000	5	15,000
Subtotal					cf	3,748,020		18,740,100
					Mcf	3,748		<b>18,740</b>

Source: Jeff Hoselk  
(304) 757-9847