

2 Company Name: Aqua RU, Inc.

**DEPRECIATION RESERVE - SEWER UTILITY PLANT**

	Annual Depreciation Rate % (g)	Annual Depreciation Expense (f) (h)	Reserve Balance at Beginning of Year (i)	Retirement of Property			Other Charges (m)**	Reserve Balance at End of Year (n)
				Book Cost of Plant Retired (j)	Cost of Removal (k)*	Salvage Credit (l)*		
3				\$ -			\$ -	
4				\$ -			\$ -	
5				\$ -			\$ -	
6				\$ -			\$ -	
7				\$ -			\$ -	
8				\$ -			\$ -	
9				\$ -			\$ -	
10				\$ -			\$ -	
11				\$ -			\$ -	
12				\$ -			\$ -	
13				\$ -			\$ -	
14				\$ -			\$ -	
15				\$ -			\$ -	
16				\$ -			\$ -	
17				\$ -			\$ -	
18				\$ -			\$ -	
19				\$ -			\$ -	
20				\$ -			\$ -	
21				\$ -			\$ -	
22				\$ -			\$ -	
23	Total***	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		(Total to Pg. 9 & Pg. S-1)						(Total to Pg. 4)

NOTE: Amounts included in Column "j" should be the same as in Column "e" on the preceding page. Also, Annual Depreciation Expense is equal to Column "f" from preceding page multiplied by Column "g" found on this page.

\* All entries included in Columns "k" and "l" should be supported by records that identify the property retired and the cost of removal or salvage is as much detail as reasonably possible.

\*\* Report the details for these entries. Use additional sheets if necessary.

\*\*\* Annual Depreciation Expense must be calculated separately. This total should be calculated based upon actual in-service and retirement date(s) of new equipment and retirements during the period.

Indicate formula cells

2 Company Name: Aqua RU, Inc.

**GENERAL INFORMATION**

3 Treatment Facilities - Please describe process.

4 Was your treatment plant constructed in place or purchased as a package unit?

Yes  No

5 Were your lift stations constructed in place or purchased as package units?

Yes  No

6 What is the designated capacity of your treatment facilities?

7 What percent of designed capacity is currently being utilized?

8 What is the name of the current operator?

9 Please describe the treatment process for liquid waste.

10 Please describe the treatment process for waste solids.

11 Where is the point of discharge for liquid waste?

12 What is the ultimate disposal of waste solids and how obtained?

13 List any equipment failures occurring during the year. Please state when failure occurred and briefly describe the failure and corrective measures taken.

**COLLECTING SEWERS (measurement in feet)**

	Kind of Pipe (i.e., Cast Iron, VCP, PVC, etc.) (a)	Diameter of Pipe (b)	Total No. at Beginning of Year (c)	Total No. of Additions During the Year (d)	Total No. Removed or Abandoned During the Year (e)	Total No. at End of the Year (f)
14 Force:						
15						
16 Gravity:						
17						
18						

**LIFT STATIONS**

	Pumps: Name, Size, Type	Location	H.P.	GPM	TDH
19					
20					
21					

A registered official company representative is authorized to submit this Annual Report in the Missouri Public Service Commission's Electronic Filing and Information System (EFIS) once the form has been completed in its entirety and notarized. All seals must be present, if applicable. After submitting the Annual Report through EFIS, you will receive a BMAR (confirmation) number. Indicate that BMAR number on the original and retain for your records (pursuant to Sections 432.200 through 432.295 RSMo).

**Water and/or Sewer  
Annual Report of Aqua RU, Inc.**

**For the calendar year of January 1 - December 31, 2007**

**VERIFICATION**

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or Receiver of the company. The oath required may be taken before any person authorized to administer an oath (Notary Public) by the laws of the State in which the same is taken.

**OATH**

State Of Illinois }

} ss:

County Of Kankakee }

Terry J. Rakocy makes oath and says that  
Name of Affiant (Company Official/Representative)

s/he is President  
Official Title of the Affiant (Company Official/Representative)

of Aqua RU, Inc. - d.b.a./Aqua Missouri, Inc.  
Exact Legal Title or Name of the Respondent (Certificated Company Name)

that s/he has examined the foregoing report; that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent.

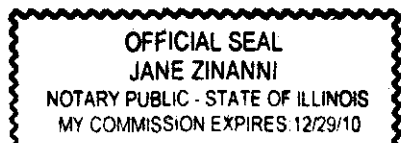
from January 1, 2007, to and including December 31, 2007  
Month/Day Year Month/Day Year

Terry J. Rakocy  
Signature of Affiant (Company Official/Representative)

Subscribed and sworn to before me, a Notary in and for the

State and County above named, this 14th day of May, 2008

My Commission expires December 29, 2010



Jane Zinanni  
Signature of Notary Public

Missouri Revised Statutes § 392.210 or § 393.140

If not utilizing EFIS, the original must be completed in its entirety, notarized (all applicable seals must be present) and mailed to:  
**Data Center**  
Missouri Public Service Commission  
200 Madison Street, Suite 100  
Jefferson City, MO 65101 (P.O. Box 360, 65102-0360)