

Control Number: 48697



Item Number: 29

Addendum StartPage: 0

Docket No. 48697 Anderson Water Company VED

8/7/2019

Please find attached requested copies of receipts in support of the response to Staffs Request for information to Anderson Water Company, Inc. (Anderson WC). Thank you you have to be a second of the response to Staffs Request for information to Anderson Water Company, Inc. (Anderson WC). Thank you you have to be a second of the response to Staffs Request for information to Anderson Water Company, Inc. (Anderson WC).

Anderson Water Company

936-873-2941

andersonwaterco@yahoo.com

Phone # 979/567-9823

Fax# 979/567-9690



P.O. Box 1057 Caldwell, TX 77836

Invoice

Date	Invoice #
8/10/2016	20160374

Bill To	Ship To
ANDERSON WATER CO. PO BOX 447 ANDERSON, TX 77830	ANDERSON WATER CO. 1212 BECKER LANE ANDERSON, TX 77830

P.O. Number	S.O. No.	Terms	Due Date	Rep	Order Date		Ship Via	Ship Date	TICKET#
	0804-16LC1	Net 10	8/20/2016	ĮΗ	8/3/2016		UPS	8/11/16	
Item		Description	-	!	Serial #	Qty	Unit Price		Amount
B115X1KVC1 PUMP DISCO SHIPPING/HA.	PUMP. 0-15 G HEAD & VAL' LESS 15% DIS	TRON ELECTRO PD @ 150 PSI W VES & 3/8" OD T COUNT ON PUN	/KYNAR PUMP UBING	STAN STAN STAN STAN STAN STAN STAN STAN	Service of the servic		495. -15.009 40.	%	990.00 -148.50 40.00
We appreciate y	our business.						Subtotal		\$881.50
20% RESTOCKING FEE APPLIES ON ALL PRODUCTS RETURNED. A monthly interest rate will be							Sales Tax	· · · · · · · · · · · · · · · · · · ·	\$0.00

Return Authorization number must be provided.

18%.

Total \$881.50

MASTER CARD & VISA **ACCEPTED**

PRICING SUBJECT TO CHANGE WITHOUT NOTICE.

We do not send statements so please pay from this invoice. THANK YOU!

To allow for mailing, please make your payment at least 10 business days before the due date. Thank you!

Phone # 979/567-9823

Fax # 979/567-9690



P.O. Box 1057 Caldwell, TX 77836

Invoice

Date	Invoice#
8/24/2016	20160398

Bill To	
ANDERSON WATER CO. PO BOX 447 ANDERSON, TX 77830	

Ship To	
ANDERSON WATER CO. 1212 BECKER LANE ANDERSON, TX 77830	

P.O. Number	S.O. No.	Terms	Due Date	Rep	Order Date		Ship Via	Ship Date	TICKET #
RICK		Net 15	h. 18. y	ΙΉ	8/22/2016		DIRECT	8/23/16	
Item		Description			Serial #	Qty	Unit Price	,	Amount
Chlorine Chlorine	TANK		LUTION - SHOP VTE-CHLORINE -			100 200	2.3		285.00 570.00

We appreciate your business.

20% RESTOCKING FEE APPLIES ON ALL PRODUCTS RETURNED, Return Authorization number most be provided.

A monthly interest rate will be charged at 1.50% for past due accounts. This equals an annual rate of 18%.

Sales Tax \$0.00

Total \$855.00

Subtotal

\$855.00

MASTER CARD & VISA ACCEPTED

PRICING SUBJECT TO CHANGE WITHOUT NOTICE.

We do not send statements so please pay from this invoice.

THANK YOU!

To allow for mailing, please make your payment at least 10 business days before the due date.

Thank you!



Office of the Secretary of State

May 13, 2014

Babak S. Alavi 5944 Hidden Creek Ln Frisco, TX 75034 USA

RE: SABA Energy Consulting, LLC

File Number: 801988873

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at http://window.state.tx.us/taxinfo/franchise/index.html.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section Business & Public Filings Division (512) 463-5555

Enclosure

Phone: (512) 463-5555 Fax: (512) 463-5709 Prepared by: Lisa Sartin TID: 10285

Come visit us on the internet at http://www.sos.state.tx.us/ Dial: 7-1-1 for Relay Services Document: 543965000002



Office of the Secretary of State

CERTIFICATE OF FILING OF

SABA Energy Consulting, LLC File Number: 801988873

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 05/12/2014

Effective: 05/12/2014



NANDITA BERRY

Nandita Berry Secretary of State

Prepared by: Lisa Sartin

Phone: (512) 463-5555

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10306 Document: 543965000002

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Form 205			This space	reserved for office use.
(Revised 05/11)	1			
(**************************************	(AKY JID		FILED
Submit in duplicate to:	'			In the Office of the Secretary of State of Texas
Secretary of State				
P.O. Box 13697	Certific	ate of Formation		MAY 1 2 2014
Austin, TX 78711-3697	Limited	Liability Company		
512 463-5555		,		Corporations Section
FAX: 512 463-5709				-
Filing Fee: \$300				
	Article 1 -	-Entity Name and Type		
The filing entity being forme			e of the ent	ity is:
SABA Energy	Consultin	م ، ۱ ا ا ا ا ا		
The name must contain the words "lim	ited liability compa	ny," "limited company," or an abbre	viation of onc	of these phrases.
At	ala 2 . Da al ata	ned Acent and Danistana	Office	
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	=	vidual resident of the state	waose nan	se is set forth below:
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First Name	M.I.	Last Name		Suffix
C. The business address of the	ne registered as	ent and the registered offic	e address i	S':
		-		75034
5944 Hidden Cree		Prisco	TX	
Street Address	City		State	Zip Code
4		-Governing Authority		
(Select and comple	te <u>either</u> A or B and	provide the name and address of ea	ch governing p	enion.)
A. The limited liability of	company will h	ave managers. The name ar	ad address (of each initial
manager are set forth below.	onpung win in	***	id budiess (DI QUOII IIIIIII
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B. The limited liability c members, and the name and a	ompany win m	nave managers. The com	npany wiii i	be governed by its
members, and the hame and a	ddiess of cach	initial member are set forte	i delow.	
GOVERNING PERSON 1				
NAME (Enter the name of either an individ IF INDIVIDUAL	hal or an organization	, but not both.)	• •	
Babak	S.	ALavi		
First Name				
OR	М.І.	Last Name		Suffix
IF ORGANIZATION				
Organization Name				
ADDRESS _				
5944 Hidden Cr	tack Ln.	Frisco	7×	75034
Street or Mailing Address		City	State Co	nuntry Zin Code

GOVERNING P	ERSON 2						
NAME (Enter the na	me of either an indivi	iual or an organizat	ion, but not b	oth.)			
IF INDIVIDU	4			HAYATDAY	TOUDI		
AF5C First Name	<u> </u>		;	HAY ATDAY	——————————————————————————————————————	Suff	 ix
OR		****	,	13031 (1877)		*	
IF ORGANIZ	ATION						
Organization				•			_
ADDRESS 5944	Hidden	Creek	Ln.	Frisco	TX	75	034
Street or Mailing Ad			City		State	Country Zip Co	rde

GOVERNING P		hul au au agusaisat		astl. \			
NAME (Enter the nat IF INDIVIDU		ann or an organizar	ion, out not c	om. <i>)</i>			
First Name		М.	1.	Last Name		Suff	ìx
OR IF ORGANIZA	ATION						
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Organizer

The name and a	iddress of the or	ganizer:				
BabaK	S. ALA Hidden	v'i				
Name				•		_
5944	Hidden	Creek	Lm.	Frisco	TX	7503
Street or Mailing Ad	dress		······································	City	State	Zip Code
				Sciect either A, B, or C.)	
			_			
A. M This doc	ument becomes	effective when	the doc	ument is filed by the	he secretary of	state.
				, which is not more	than nincty (90) days from
the date of sign	ing. The delayed	d effective dat	e is:			
C. This docu	ument takes effe	ct upon the oc	currence	of the future even	t or fact, other	than the
passage of time	. The 90 th day a	fter the date of	f signing	is:		
The following e	vent or fact will	cause the doc	ument to	take effect in the	manner descri	bed below:
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appointment, T	he undersigned materially false	signs this doc or fraudulent i	nment s	ed as registered a subject to the pena nt and certifies und nt.	ltics imposed	by law for the
Date: 5.1	7. 14					
Date:			7	, se	\supset	
		•		of organizer	Α	*
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		-	Printed or	typed name of organizer		

Attn: Central Records-Year End Reports

Anderson Water Company

8/7/2019

We wanted to advise that our 2018 year just ended on June, 30 2019. We are now getting with our CPA and working on our expenses to be able to provide our report in a reasonable time manner. We are also finishing our 2017 year end report and are behind on it due to trying to get our rate increase documents provided in and timely manner that we believe are almost completed with. Thank you.

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