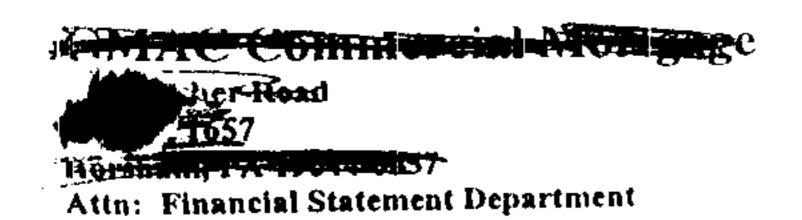
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Affidavit and Revenue Certification (Xerox necessary copies from this copy and PLACE BACK in FILE)

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report is a public doc copy of the report has be ted to the audition, or catity and other paropr officials. The report is a public inspection at Rouge office of the Legis for and, where appropr office of the parish cler	Title Section Address the Telephone Native Audi- iate, at the	Miche Treesa 2864	Hwg 4	<u> </u>	****

Rolease Oate 3-22-00



ACCOUNT NUMBER __________
FISCAL YEAR END \(\alpha - 3/- 1299

_ REGISTRECEIUS
- OOMAR 17 AM S. 2.
14R 17 2. 10/1700
7/1 8. 2

PROFIT AND LOSS STATEMENT AND NEXT YEAR'S BUDGET

(Please complete all pages in their entirety)

					
Name —	**	Address			
Marile 92 A A A A A A A A A A A A A A A A A A	C_{i} $\sim C_{i}$	7004		1/-/	Manageria
Name BordeloNVille	FIFE NEX	· 2864	17wg	45/	Moreauvilla
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Actual is for fiscal year ending 12-31-1999 **NEXT YEAR PRIOR YEAR CURRENT YEAR CURRENT YEAR** BUDGET **ACTUAL BUDGET ACTUAL OPERATING INCOME** ,000 200 200 Corner Front 2000, Miscellaneous Less: Allowances and Deductions 7. Total Operating Income (Add lines 1 through 6) OPERATING EXPENSES 9. utilities 4014.-000, -555.-500 . -11 Labor 600 . -600 .-12 Parts 4,140. -4,000 , -4,305,00 3,000. --14. Zearing 608.00 500,-1,524,-1,500,-15. Interest 5,000,-5,000,-16. Depreciation 17. Total Operating Expense (Add lines 8 through 16) 18. NET OPERATING INCOME (LOSS) 500. (Line 7 less 17) NONOPERATING INCOME 19. Interest Income 21. Total Nonoperating Income (Add 19 and 20) 22. NET INCOME (LOSS) \$ 1,4,38.00 500. \$ (Add lines 18 and 21) RETAINED EARNINGS (EQUITY) 23. Beginning of Period 500,-1,438,00 24. Net Income - line 22

-0-

CERTIFIED CORRECT

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MS - 1

Michael Amelelan
Appropriate Official (Signature)

<u>5-/3-2000</u> Date

25. Other (Specify)

26. Retained Earnings

End of Period

(Add lines 23 through 25)

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SUPPLEMENTAL DATA

The Following Data Should Be Supplied Where Applicable

a. Are deposited fuels. Are you exempted a. Are Local, State d. Is Corporate state. List kinds and a	inds in institution Federal and Federal tus in good	al Income Tax? I taxes paid cu standing with S	? irrent? State?	overnment?			Circle One (Yes) No (Yes) No (Yes) No
Insurance (and Policy	Coverage		Insurance Agent and Phone Number			Amount of Coverage	Expiration Date of Policy
_	CL00/01	942000 CC	stronport E	BUNK IN. US-	# <u>7:</u>	5,000,00	5-29-2000
General Liability, Policy # VELS	M/00859	8 200 O	318-964-2495			7,000,000,00	
Auto Liability Policy #	11		//		# 11	100,000,000	
Fidelity	707011	- 	<u></u>		fj		
Policy # 688 Workers Compense	ation			<u> </u>		0,000,00	6-15-2001
			•	and expiration field			
WATER AND/OR Sa. Water purchased b. Water sold (CU. For Treated waste (Cl. Number of users e. Number of users e. Number of users e. AGE ACCOUNTS	or produced T GAL.) J. FT GAL water sewer	(CU. FT GA	L.)	Days			
	-	<u>0 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	91 and Old	<u>er</u>	*Total
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Henry	<u> </u>	<u> </u>	1105	3170/1W4 451	4.71355		
Michael	Burd	<101/	Tres	Moveauville	451	318-997	7-2467
Somes	Berne	end	Sec.	Big Bend), Le.	318-997-	2434
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