

Company Number: _____

Wind Generation Industry Operator Statement

Company Name: _____



Under the penalties of perjury, I hereby certify that this statement has been prepared under my direction and supervision from the original books and records of said company and that the facts, statements, and schedules in this statement are true, correct, and complete to the best of my knowledge.

Signature

Date

Printed Name and Title

Telephone Number

GENERAL INSTRUCTIONS

1. This statement and all additional documentation you wish to have considered are for the calendar year ending December 31, 2008. This statement must be submitted to the Idaho State Tax Commission by April 30, 2009.

**Centrally Assessed Property Section
Property Appraisal Bureau
Idaho State Tax Commission
P O Box 36
Boise, ID 83722**

2. Complete Section I - Electricity Sales Revenue Statement.
3. In Section II - Summary of Investment, indicate total capitalized costs booked as of December 31, 2008. These costs will include acquisition, installation, freight, engineering, overhead, etc. Also include the cost of renovating, rebuilding, overhauling, and all costs which have been capitalized in addition to the cost of the item. **Do not deduct for depreciation.** The original cost of capital assets, even when totally depreciated for IRS purposes, must be included in the report. If the information has not changed from the previous year you may indicate that it is the same.

If you have any questions about completing this form, please call our office at (208) 334-7722.

COMPANY INFORMATION

Appraisal Tax Representative

Representative (This person will receive the appraisal and all appraisal correspondence.)		
Title		
Mailing Address		
Address Line 1		
Address Line 2		
City	State	Zip Code
Country (if not in the U.S.)		Federal Employer Identification Number
E-Mail Address		
Telephone Number		Fax Number

Mapping and Tax Code Area Representative

Representative (This person will receive the tax code area mapping information.)	
Title	
E-Mail Address	
Telephone Number	Fax Number

Tax Bill Representative

Representative (This person will receive the tax bill.)	
Title	
E-Mail Address	
Telephone Number	Fax Number

Section I - ELECTRICITY SALES REVENUE STATEMENT
--

Total Power Sales Revenue	
---------------------------	--

Total Killowatt Hours	
-----------------------	--

Section II - SUMMARY OF INVESTMENT

County	Tax Code Area	Total Investment