BEFORE THE PUBLIC UTILITIES COMMISSION

OF THE STATE OF HAWAI'I

In the Matter of the Application of MOLOKAI PUBLIC UTILITIES, INC. For review and approval of rate increases; revised rate schedules; and revised rules.	))))))))))	Docket No. 2009-0048

FILED
2009 NOV 23 P 2: 20
PUBLIC UTILITIES COMMISSION

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

and

CERTIFICATE OF SERVICE

MORIHARA LAU & FONG LLP

MICHAEL H. LAU, ESQ.
YVONNE Y. IZU, ESQ.
Davies Pacific Center
841 Bishop Street
Suite 400
Honolulu, Hawai'i 96813
Telephone: (808) 526-2888

Attorneys for MOLOKAI PUBLIC UTILITIES, INC.

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MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

COMES NOW, MOLOKAI PUBLIC UTILITIES, INC. ("MPU"), by and through its attorneys, Morihara Lau & Fong LLP, hereby submit its Responses to the Division of Consumer Advocacy's Second Submission of Information Requests consistent with the Stipulated Regulatory Schedule (Exhibit "A") contained in the Stipulated Prehearing Order, filed on November 6, 2009.

Pursuant to the Amended Protective Order filed on November ___, 2009 ("Amended Protective Order"), in the above-referenced docket, MPU also hereby designates the following attachments as CONFIDENTIAL and subject to the terms and provisions of said Amended Protective Order:

Confidential Attachment CA-IR-31a(1)
Confidential Attachment CA-IR-31a(3) (Parts A through C)
Confidential Attachment CA-IR-31a(4)
Confidential Attachment CA-IR-35d

The above-referenced confidential attachments were prepared and/or provided by MPU and its consultants in Hawaii or Arizona. Said confidential attachments contain confidential research, development, commercial and financial information and/or other information that may

be subject to non-disclosure pursuant to certain laws, rules and regulations. In addition, certain confidential attachments contain personal and confidential information of MPU's customers and employees and/or other information that would constitute a clearly unwarranted invasion of personal privacy, and may be subject to non-disclosure pursuant to certain laws, rules and regulations. Any misuse or the unpermitted disclosure of the information in said confidential information attachments may infringe upon certain privacy and proprietary rights and/or expose MPU and/or its related entities to unfair competitive disadvantages and to certain liabilities.

DATED: Honolulu, Hawaii, November 23, 2009.

MICHAEL H. LAU, ESQ.
YVONNE Y. IZU, ESQ.

Morihara Lau & Fong LLP
Attorneys for MOLOKAI PUBLIC UTILITIES, INC.

CA-IR-24 **Ref: MPU 9.2, 9.3, 9.4, and 9.5.**

a. For each of the items placed into service with a cost greater than $50,000 since the last rate proceeding, please provide the following:

1. Support for the total cost reflected on MPU 9.2;

RESPONSE: See Attachment CA-IR-24a.

2. Support for date that the item was placed in service;

RESPONSE: To the best of the Company's knowledge, the in-service dates should be the same as the invoice date.

3. Confirmation that the item was procured through a bidding process and supporting documentation, such as an identification of the top three bidders and the proposed bid from each bidder;

RESPONSE: In general, the Company obtains bids on large projects and believes that bids were obtained for the major project for the upgrade of the treatment plant. The Company is attempting to contact the personnel that were involved with that project to confirm and attempt to locate documents to support its belief. The

CA-IR-24 (cont.)

Company will update the Consumer Advocate once it determines the facts.

4. Support for the useful lives that are reflected on the Company's schedules; and

RESPONSE: The useful lives reflected on the Company schedules were established by Company personnel based on lives for existing plant and discussions with accounting personnel. The Company does not have documentation to support the lives, but believes the book depreciation lives are reasonable.

5. Identify the purpose or purposes of the item and indicate whether the plant item was required for replacement, new, enhanced, or other purposes.

RESPONSE: The Company does not have the requested data for each item added and therefore cannot provide it in response to this request.

b. If there were any items that were not procured through a bidding process, please explain why a bidding process was not used.

RESPONSE: With regard to the other small capital additions and/or upgrades as well as for most material and supplies items,

CA-IR-24 (cont.)

the Company uses local suppliers and does not use a bidding process since there are limited suppliers on Molokai for these items.

SPONSOR: Robert O'Brien

ATTACHMENT
CA-IR-24a

Molokai Public Utilities, Inc
Plant In Service
Test Year Ending June 30, 2010

Line #	Description	Ref:	[1] Balance as of 6/30/08	[2] 6/30/09 Additions	[3] 6/30/09 Retirements	[4] Adjust	[5] Balance as of 6/30/09	[6] 6/30/10 Additions	[7] 6/30/10 Retirements	[8] Adjust	[9] Test Year Balance as of 6/30/10
1	Fully Depreciated Plant		$4,931,896				$4,931,896				$4,931,896
2	Caterpillar Engine Model 3412E	000112	78,499				$78,499				$78,499
3	Controls for Mahana Pumps	000123	13,925				13,925				13,925
4	Engine Alum-Teck Pacific Machinery	000110	23,877				23,877				23,877
5	HDPE Pipe for Papohaku Ranchlands	000108	21,042				21,042				21,042
6	Caterpillar Engine - retention	000113	8,722				8,722				8,722
7	Solar Electric System MKK Solar	000111	5,244				5,244				5,244
8	14 Water Meters M35 B81 3/4"	000114	2,621				2,621				2,621
9	Road Plates 3-each 5'x8' A-36 Steel	000107	2,508				2,508				2,508
10	Dechlorination Bazooka, Liquid Feed	000121	1,434				1,434				1,434
11	Sub-Total		5,089,768	0	0	0	5,089,768	0	0	0	5,089,768
12	Pounana Treatment Plant Upgrade	000124	1,012,378				1,012,378				1,012,378
13	CAP MP105 Papohaku Line Bypass	000120	61,448				61,448				61,448
14	Well 17 Repairs	000128	52,658				52,658				52,658
15	Turbine Pump-Beylik Drilling	000125	46,875				46,875				46,875
16	CAP MP102 Meter Replacement	000118	67,073				67,073				67,073
17	CAP KAJ140 Excess Water Pressure	000116	46,760				46,760				46,760
18											
19	Bypass Line for Moana Makani	000115	65,000				65,000				65,000
20	Mahana Pump replacement install	000126	14,100				14,100				14,100
21	CAP MP103 Well 17 Permit	000119	24,119				24,119				24,119
22	Control Piping Install	000127	2,253				2,253				2,253
23	MP104-Repower Well 17	000122	3,351				3,351				3,351
							0				0
24	Sub-Total		1,396,015	0	0	0	1,396,015	0	0	0	1,396,015
25	Backwash Water Recycle System			20,000			20,000				20,000
26	Valve Replace for Kaluakoi						0	4,000			4,000
27	Well 17 House Cooling Equip						0	5,000			5,000
28	Lateral Replacement Tool						0	3,000			3,000
29	Meter Reading Equip & Meters			30,000			30,000				30,000
30	Air Compressor & Tools						0	2,500			2,500
31	Vehicles			40,000			40,000				40,000
32	Total Additions			90,000	0	0	90,000	14,500	0	0	104,500
33	Total		$6,485,783	$90,000	$0	$0	$6,575,783	$14,500	$0	$0	$6,590,283

ATTACHMENT CA-IR-24a

ATTACHMENT CA-IR-24a

M

Molokai Public Utilities, Inc.
Group: <Selected Assets>
Activity Status: Active

MAIN System No: 000112.000 Entity:

Co Asset No	112	Description	Caterpillar Engine Model 3412E	Exch?	No

Class	P	G/L Asset Acct No	000-171-00
Location		G/L Accum Acct No	000-181-00
Department		G/L Expense Acct No	100-890-00
Acquisition Date	06/30/2004	Purchase Order No	
Mfg Serial No	ECC7167 - BYD01595	Vendor/Mfg	Pacific Machinery/Caterpi
Custodian		Insurance Category	
Warranty Date		User Numeric 1	0
User Field 1		User Field 2	
User Field 3		User Field 4	
User Field 5		User Field 6	
User Field 7		User Field 8	
User Field 9		User Field 10	
Replacement Value	0.00	RV Override?	0.00

	Tax	Internal	State	AMT	ACE	Book 6	Book 7
Prop Type	P	P	P	P	P	P	P
Serv Date	00/00/0000	06/30/2004	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
Acq Value	$0.00	$78,499.32	$0.00	$0.00	$0.00	$0.00	$0.00
Depr Meth	NO	SL	NO	NO	NO	NO	NO
Est Life	00 yrs 00 mo	05 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo
ADS Life	00 yrs 00 mo	N/A	N/A	00 yrs 00 mo	00 yrs 00 mo	N/A	N/A
Bus Use%	100.00	100.00	100.00	100.00	100.00	100.00	100.00
179/Bonus	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
168(k)%	0	0	0	0	0	0	0
Salvage	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ITC Amt	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Date	00/00	00/00	00/00	00/00	00/00	00/00	00/00
Beg YTD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Accm	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Thru Date	00/00	08/2009	00/00	00/00	00/00	00/00	00/00
168(k)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Curr YTD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Curr Accm	$0.00	$78,499.32	$0.00	$0.00	$0.00	$0.00	$0.00
NetValue	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Date	00/00	06/2009	00/00	00/00	00/00	00/00	00/00
Prd YTD	$0.00	$15,699.88	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Accm	$0.00	$78,499.32	$0.00	$0.00	$0.00	$0.00	$0.00

MPU ATTACHMENT EA-IR-24a

MOLOKAI PUBLIC UTILITIES, INC

0416

0416

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
5/27/2004	M0426401	CATERPILLAR	$78,499.32	$78,499.32
		TOTAL	$78,499.32	$78,499.32

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii

0416

VOID AFTER 90 DAYS

59-102/1213

DATE	AMOUNT
6/23/2004	$78,499.32

PAY TO THE ORDER OF

Seventy Eight Thousand Four Hundred Ninety Nine Dollars And 32 Cents

PACIFIC MACHINERY

94-025 FARRINGTON HIGHWAY
WAIPAHU HI 96797-2299

⑈000416⑈ ⑆121301028⑆ 0001⑈408496⑈

MOLOKAI PUBLIC UTILITIES, INC.

0416

RECEIVED JUN 25 2004

ATTACHMENT CA-IR-24a

PACIFIC MACHINERY, INC.

INVOICE M0426401

ORIGINAL EMS

WAIPAHU, OAHU 877-9111 • KAHULUI, MAUI 877-6536 • TAMUNING, GUAM 646-9118 • HILO, HAWAII 961-3431
LIHUE, KAUAI 246-4057 • HAWAIIAN FLUID POWER 833-4516 (INDUSTRIAL PRODUCTS 839-7777)
HAWAIIAN FLUID POWER MAUI 877-6681 • HFP INDUSTRIAL PRODUCTS GUAM (671) 646-9051
http://pacificmachinery.cat.com

SOLD TO
MOLOKAI RANCH LTD.
ACCOUNTS PAYABLE
745 FORT STREET, SUITE 600
HONOLULU, HI 96813

JUN 4 2004

SHIP TO
ECC7167
WELL #17

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER ORDER NUMBER	STORE	DIV	SALESMAN	TERMS	PAGE
M0426401	05-27-04	155900	SIGNED PROPOSAL	01	E	92	2	1

PSO / WO NO.	DOC.DATE	PC	LC	MC	SHIP VIA	INV SEQ NO.
M04264	05-27-04			0		2446

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.
AA	3412E	BDT01595		0	ECC7167

QUANTITY	ITEM	N/R	DESCRIPTION	UNIT PRICE	EXTENSION

CUSTOMER CONTACT: HAROLD EDWARDS

EQUIPMENT SALE
CATERPILLAR MODEL 3412E
CAT IND ENGINE
1.0 ID NO: ECC7167 SERIAL NO: BDT01595 83733.00
ONE NEW CATERPILLAR MODEL 3412E INDUSTRIAL
ENGINE RATED AT 760 "B" DUTY HORSEPOWER,
COMPLETE WITH ALL STANDARD EQUIPMENT.
**
THANK YOU FOR YOUR BUSINESS.

G.E.T. 3488.32

87,221.32
PURCHASE RETENTION - 8,722
PAY = 78,499.32

Approval
Date
Description
Dept/Acct # 880-171-01 (per Reg)
Off Job #
Cost Code # MPU 204
PAY 6/21

TERMS: NET 30 DAYS FROM INVOICE DATE
A FINANCE CHARGE OF 1% PER MONTH THE PERIODIC RATE, WILL BE MADE ON PAST DUE BALANCES THE PERIODIC RATE, I.E. ALL AN ANNUAL PERCENTAGE OF 12%.

PAY THIS AMOUNT 87221.32
AMOUNT CREDIT

* Not returnable
Items not shown are backordered
Claims for shortages must be made within two days from date merchandise is received. Posts are not acceptable for return after 30 days from date of purchase. All returns are subject to approval and may be accompanied by the [illegible]

ATTACHMENT CA-IR-24a

Molokai Public Utilities, Inc.
Group: <Detailed Asset>
Activity Status: Active

MAIN System No: 000124.000 Entity:

Co Asset No	124	Description	ML506 DOH COMPLIANCE	Exch?	No

Class	P	G/L Asset Acct No	000-176-00
Location	100	G/L Accum Acct No	000-186-00
Department		G/L Expense Acct No	100-890-00
Acquisition Date	05/31/2006	Purchase Order No	
Mfg Serial No		Vendor/Mfg	
Custodian		Insurance Category	
Warranty Date		User Numeric 1	0
User Field 1		User Field 2	
User Field 3		User Field 4	
User Field 5		User Field 6	
User Field 7		User Field 8	
User Field 9		User Field 10	
Replacement Value	0.00	RV Override?	0.00

	Tax	Internal	State	AMT	ACE	Book 6	Book 7
Prop Type	P	P	P	P	P	P	P
Serv Date	00/00/0000	09/30/2005	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
Acq Value	$0.00	$1,012,378.49	$0.00	$0.00	$0.00	$0.00	$0.00
Depr Meth	NO	SL	NO	NO	NO	NO	NO
Est Life	00 yrs 00 mo	20 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo
ADS Life	00 yrs 00 mo	N/A	N/A	00 yrs 00 mo	00 yrs 00 mo	N/A	N/A
Bus Use%	100.00	100.00	100.00	100.00	100.00	100.00	100.00
179/Bonus	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
168(k)%	0	0	0	0	0	0	0
Salvage	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ITC Amt	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Date	00/00	00/00	00/00	00/00	00/00	00/00	00/00
Beg YTD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Accm	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Thru Date	00/00	08/2009	00/00	00/00	00/00	00/00	00/00
168(k)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Curr YTD	$0.00	$8,436.48	$0.00	$0.00	$0.00	$0.00	$0.00
Curr Accm	$0.00	$198,257.46	$0.00	$0.00	$0.00	$0.00	$0.00
NetValue	$0.00	$814,121.03	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Date	00/00	06/2009	00/00	00/00	00/00	00/00	00/00
Prd YTD	$0.00	$50,618.93	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Accm	$0.00	$189,820.98	$0.00	$0.00	$0.00	$0.00	$0.00

MPK 9 ATTACHMENT C2-IR-24a

MPU 92 LINE 12
ATTACHMENT CA-IR-24a

ML 506 DOH Compliance

Invoices sorted by Vendor

MPH 9,2 LINE 12

ATTACHMENT CA-IR-24a

System: 9/25/2009 5:14:00 PM
User ID: elainen

Molokai Ranch, Ltd.
Audit Costs

Transaction Number / Description	Document Type / Posting Date	Vendor Name / Document Number	Employee / Transaction Quantity	Distribution Amount
Job Number ML506	DOH Compliance		Job Status:	Inactive
Cost Code Number:33000-000-00	In House Labor	Cost Element Type: Labor	Cost Code Status:	Active
41868 To reclass labor to ML506	GL 9/29/2005		1.00	7,423.44 ✓
42002 Rec. P/R from KK Water	GL 9/30/2005		1.00	286.00 ✓
42003 To transfer 0905 PR fr Waiola.	GL 9/30/2005		1.00	1,295.99 ✓
42908 Reclass labor/hotel charges	GL 10/31/2005		1.00	(746.00)
			Cost Code Number Total:	$8,260.33
			Cost Element Total:	$8,260.33
Cost Code Number:22000-000-00	Engineering	Cost Element Type: Construction	Cost Code Status:	Active
0000077842 THRU 03/13 PUUNANA-DOH	PM 3/31/2005	TOM NANCE WATER RESOURCE 205061	1.00	7,640.00 ✓
0000078884 03/14-05/08/05 DOH PUUNANA	PM 5/31/2005	TOM NANCE WATER RESOURCE 205103	1.00	6,518.75 ✓
0000080953 SEAMETRICS	PM 9/28/2005	ITC WATER MANAGEMENT 0026031-IN	1.00	1,008.70 ✓
0000080954 07/18-09/11/05 DOH COMP	PM 9/28/2005	TOM NANCE WATER RESOURCE 205166	1.00	5,013.87 ✓
			Cost Code Number Total:	$20,181.32
Cost Code Number:31000-000-00	Sitework	Cost Element Type: Construction	Cost Code Status:	Active
0000078273 MKK WATER SYS-PIPES/SCVS	PM 4/26/2005	ITC WATER MANAGEMENT 0025800-IN	1.00	90,235.00 ✓
0000079220 43% COMPLETE DOH COMPLIANCE	PM 6/22/2005	ITC WATER MANAGEMENT 0025870-IN	1.00	129,450.00 ✓
0000079256 REIMB. 06/17-06/23/05 EXP	PM 6/24/2005	HAROLD EDWARDS 050623	1.00	2,802.00 ✓
0000079429 MPL WATER SYS PAY#3	PM 6/30/2005	ITC WATER MANAGEMENT 25911	1.00	114,923.00 ✓
0000079430 MATERIAL/LABOR- DOH COMP	PM 6/30/2005	TRI-L CONSTRUCTION, INC. 740	1.00	12,665.78 ✓
0000079581 DOH COMP-CHAIN LINK 9 GAGE	PM 7/13/2005	TRI-L CONSTRUCTION, INC. ML507 739	1.00	~~18,975.00~~ See 7/05

MPU 9.2 LINE 12

ATTACHMENT CA-IR-24a

System: 9/25/2003 5:14:00 PM
User ID: elaineh

Audit Costs

Transaction Number / Description	Document Type / Posting Date	Vendor Name / Document Number	Employee / Transaction Quantity	Distribution Amount
0000079769 DOH COMPLIANCE #110301	PM 7/26/2005	US FILTER/MEMCOR-WTC 10003459	1.00	116,671.00 ✓
0000079791 WTR2124 PUMP ML506	PM 7/27/2005	W.W. GRAINGER, INC. 934-865632-4	1.00	742.87 ✓
0000079828 WTR2119 PUMPS (ML506)	PM 7/27/2005	USA BLUE BOOK 003993	1.00	3,334.74 ✓
0000079917 8 1/2" Impeller & Seal Kit	PM 7/31/2005	THE GELLERT COMPANY, INC. INV 38410	1.00	1,765.20 ✓
0000079999 FREIGHT-U.S. FILTER	PM 7/29/2005	ALOHA CARGO TRANSPORT 050725	1.00	21,836.38 ✓
0000079990 WTR2133 CONNECTORS-DOH	PM 7/31/2005	USA BLUE BOOK 011744	1.00	514.72 ✗
0000079991 WTR2134 TUBES DOH-COMPLIANCE	PM 7/31/2005	USA BLUE BOOK 012669	1.00	248.97 ✓
0000080019 05/09-07/17/05 SCVS.	PM 7/31/2005	TOM NANCE WATER RESOURCE 205137	1.00	6,840.00 ✓
0000080020 FIELD ASSY-DOH COMPLIANCE	PM 7/31/2005	US FILTER/MEMCOR-WTC 10003522	1.00	45,400.00 ✓
0000080148 WTR2133 PVC-50-SP-4	PM 8/10/2005	USA BLUE BOOK 015802	1.00	316.22 ✓
0000080229 ML506 DOH-CHAIN LINK	PM 8/17/2005	TRI-L CONSTRUCTION, INC. ML507 754	1.00	~~45,625.00~~ See 9/05
0000080230 ML506 DOH- WTR SYS IMP #4	PM 8/17/2005	ITC WATER MANAGEMENT 25963	1.00	133,770.00 ✓
0000080264 REIMB. 08/09-09/17/05 EXP	PM 8/17/2005	NANI LUKE 050816	1.00	374.67 ✓
0000080333 WTR2148 CEMENT-BLOCK	PM 8/24/2005	ATLAS BUILDING SUPPLIES 00774327	1.00	222.29 ✓
0000080430 FINAL PYMT DOH COMPLIANCE	PM 8/31/2005	TRI-L CONSTRUCTION, INC. 755	1.00	17,196.22 ✓
0000080433 FIBERGLASS GRATING	PM 8/31/2005	ITC WATER MANAGEMENT 0025983-IN	1.00	380.00 ✗
0000080461 WTR2149 NUT-SCREW	PM 8/31/2005	TAKE'S VARIETY STORE 034927	1.00	6.43
0000080572 COMP-FENCING WTR SYS#5	PM 9/8/2005	ITC WATER MANAGEMENT 0026013-IN	1.00	38,572.00 ✓
0000080575 PO6650 KEYBLANK-BOLT LAG	PM 9/8/2005	ATLAS BUILDING SUPPLIES 00777658	1.00	20.44 ✓
0000080576 REIMB. EXP 06/24-08/13/05	PM 9/8/2005	HAROLD EDWARDS 050901	1.00	404.93 ✓
0000080664 DIGIPRINT-PUUNANA WCP	PM 9/14/2005	HONELUE 735123	1.00	26.23 ✓

MPK 9.7 LINE 12

ATTACHMENT CA-IR-24a

System: 9/25/2009 5:14:00 PM
User ID: elaineh

Audit Costs

Transaction Number / Description	Document Type / Posting Date	Vendor Name / Document Number	Employee / Transaction Quantity	Distribution Amount
0000060854 WTR2167 ELETRICAL WORK	PM 9/21/2005	PACIFIC ELECTRO MECHANICAL 16814	1.00	11,324.76
0000061071 ML506-WTR SYS APP#6	PM 9/30/2005	ITC WATER MANAGEMENT 0026065-IN	1.00	15,150.00
0000061340 WTR2196 CONTROL SYS-FOUNANA	PM 10/19/2005	PACIFIC ELECTRO MECHANICAL 17126	1.00	3,331.20
0000062175 REIMB 8/31-11/29 EXPENSES	PM 12/8/2005	HAROLD EDWARDS 051201	1.00	116.19
39821 6/22AMDfiberglass grating (HE)	GL 6/30/2005		1.00	~~2,302.00~~
39821 6/22AMDfiberglass grating (HE)	GL 6/30/2005		(1.00)	~~(2,302.00)~~
40340 To reclass fr. ML506 to ML507	GL 7/31/2005		(1.00)	~~(16,875.00)~~
41161 AUG 05 ML506 HOTEL CHARGES	GL 8/31/2005		1.00	2,185.07
41629 Reclass TRI-L to ML507	GL 9/30/2005		(1.00)	~~(13,626.00)~~
42153 LD RMS-HARDING, EDWARDS, LEEDI	GL 9/30/2005		1.00	2,396.92
42908 Reclass labor/hotel charges	GL 10/31/2005		(1.00)	(891.36)
			Cost Code Number Total:	$983,936.84

Cost Code Number:90000-000-00 Contra Cost Element Type: Construction Cost Code Status: Active

48782 Cap ML506 to MPU FX Assts 5/065/25/2006	GL		(1.00)	(1,012,378.49)
			Cost Code Number Total:	($1,012,378.49)
			Cost Element Total:	($28,260.35)
			Job Total:	$0.00

RDLL 166-1315

MOLOKAI PROPERTIES LIMITED

Month: Sep-05 Submitted by Jing

Batch: Reclass Labor Approved by

JE# 41868

Waiola Labor Charges

	Description	Debit	Credit
ML506	DOH -Compliance	7,423.44	
33000-00	In house Labor		
610-450-00	Salaries and Wages - Potable		6,785.99
610-461-00	FICA - Potable		519.13
610-464-00	FUTA - Potable		7.13
610-467-00	SUTA - Potable		111.19
		7,423.44	7,423.44

To reclass dept#610 labor cost to ML506.

ROLL 166-1316

ATTACHMENT CA-IR-24a

Compliance Hours
Water employees
For July and August 2005

	Salary/Wage	FICA	FUTA	SUI	Total	Annual Hours
		6.20%	0.80%	2.01%		
			$ 7,000.00	$ 30,200.00		
	450	461	464	467		
Waiola						
Brokate, Robert	1,356.00	103.73	10.85	21.83	1,492.41	60.00
Aquino, Conrad	482.85	36.94	3.86	7.77	531.42	37.00
Kamakana, Michael	1,439.15	110.09	11.51	23.17	1,583.93	107.00
Kamakana, Rex	2,172.99	166.23	17.38	34.99	2,391.59	113.00
Hai[illegible]ett, Simeon	850.50	65.06	6.80	13.69	936.06	121.50
Total-Waiola	6,301.49	482.06	50.41	101.45	6,935.42	438.50
KK Water						
Kansana, Patrick	484.50	37.06	3.88	9.74	535.18	50.00
Juario, Bernard	-	-	-	-	-	-
Total Cost	6,785.99	519.13	54.29	111.19	7,470.60	488.50
PER G/L (DEPT#610)	11,215.44	657.96	7.31	158.01	12,238.72	
TO RECLASS TO ML505	6,785.99	519.13	7.31	111.19	7,423.62	

	ppe 07/2/05	ppe 07/16/05	ppe 07/30/05	ppe 08/13/05	ppe 08/27/05	Total
Brokate, Robert	-	-	-	30.00	30.00	60.00
Aquino, Conrad	-	-	-	37.00	-	37.00
Kamakana, Michael	4.00	3.00	-	56.00	44.00	107.00
Kamakana, Rex	2.00	3.00	-	52.00	56.00	113.00
Paleka, Gerra	-	-	-	63.50	58.00	121.50
						-
Kansana, Patrick	2.00	3.00	1.00	33.00	11.00	50.00
Juario, Bernard	-	-	-	-	-	-
Total hours	8.00	9.00	1.00	271.50	199.00	488.50
						488.50

ATTACHMENT CA-IR-24a

Roll 166-1318

9/29/2005 10:56:43 AM

Molokai Ranch, L.L.C.
Job Transaction Post List

Batch: RECLASS LABOR

J.E. Total Actual: 1 J.E. Total Control: 0

Batch Total Actual: $14,846.88 Batch Total Control: $0.00

Approved: Approved By: Approval Date: 0/0/0000

Journal Entry	Transaction Type	Transaction Date	Reversing Date	Source Document	Transaction Reference
41,568	Standard	9/29/2005	0/0/0000	GJ	To reclass labor to ML506

Job Number / Cost Code / Description	Account Number / Description	Debit	Credit
ML506 / 33000-000-00 / In House Labor	000-152-50 / WIP-ML506 DOH Compliance	$7,423.44	$0.00
	610-450-00 / Salaries and Wages-Water	$0.00	$6,785.99
	610-461-00 / Payroll Taxes-FICA-Water	$0.00	$519.13
	610-464-00 / Payroll Taxes-FUTA-Water	$0.00	$7.13
	610-467-00 / Payroll Taxes-SUI-Water	$0.00	$111.19
Total Distributions:	5		
Total Journal Entries:	1	$7,423.44	$7,423.44

ATTACHMENT CA-IR-24a

ROLL 166-1319

System: 9/30/2005 11:27:43 AM
User Date: 9/30/2005

Molokai Ranch, Ltd.
GENERAL POSTING JOURNAL
General Ledger

Page: 4
User ID: elainen

Batch ID: RECLASS LABOR
Batch Comment: To reclass labor from dept#610 to ML506

Approved: No
Approved by:
Approval Date:

Batch Total Actual: $14,846.88
Trx Total Actual: 1

Batch Total Control: $0.00
Trx Total Control: 0

Journal Entry	Transaction Type	Transaction Date	Reversing Date	Source Document	Transaction Reference	Audit Trail Code	Reversing Audit Trail Code
41,868	Standard	9/29/2005		GJ	To reclass labor to ML506	GLTRX00027265	

Account	Description	Debit	Credit
000-152-50	WIP-ML506 DOH Compliance	$7,423.44	
610-450-00	Salaries and Wages-Water		$6,785.99
610-461-00	Payroll Taxes-FICA-Water		$519.13
610-464-00	Payroll Taxes-FUTA-Water		$7.13
610-467-00	Payroll Taxes-SUI-Water		$111.19
Total Distributions: 5	Totals:	$7,423.44	$7,423.44

Total Journal Entries: 1

MOLOKAI PROPERTIES LIMITED

Month: Jul-05 Submitted by: Jing
Batch: ~~KK Water Labor~~ Labor for Approved by:
JE# 42902 KK Water

Kaluakoi Water Labor Charges
Payroll periods: 9/10/2005 9/24/2005 10/8/2005

	Description	Debit	Credit
ML508	DOH Compliance	286.90	
33000-00-00			
610-450-00	Salaries and Wages - Potable	322.47	
610-461-00	FICA - Potable	24.67	
610-464-00	FUTA - Potable	-	
610-467-00	SUTA - Potable	6.49	
615-450-00	Salaries and Wages - Mountain	152.13	
615-461-00	FICA - Mountain	11.64	
615-464-00	FUTA - Mountain	-	
615-467-00	SUTA - Mountain	3.06	
620-450-00	Salaries and Wages - Sewer	229.43	
620-461-00	FICA - Sewer	17.56	
620-464-00	FUTA - Sewer	-	
620-467-00	SUTA - Sewer	4.61	
000-123-25	Due to Kaluakoi Water		1,058.96
		1,058.96	1,058.96

To record 09/05 salaries and wages from Kaluakoi Water.
Refer to KK Water JE#7

ROLL 165 - 1571

ROLL 166 - 1332

ALEUTIAN WATER LLC
Month: Sep-05
Date Date)
Using Labor Distribution Reports

Payroll periods: 9/10/2005 9/24/2005 10/08/2005

	PR #1	PR #2	PR #3	Total
[illegible]				
Gross Pay		261.63		261.63
ER FICA		16.22		16.22
ER Medicare		3.79		3.79
FUTA		-		-
ER SUTA		5.26		5.26
ER Sup SUTA				-
	-	286.90	-	286.90
MPL Potable (610)				
Gross Pay	174.42	148.05		322.47
ER FICA	10.81	9.18		19.99
ER Medicare	2.53	2.15		4.68
FUTA	-	-		
ER SUTA	3.51	2.98		6.49
ER Sup SUTA				-
	191.27	162.36	-	353.63
MPL Sewer (620)				
Gross Pay	130.73	98.70		229.43
ER FICA	8.11	6.12		14.23
ER Medicare	1.90	1.43		3.33
FUTA	-	-		-
ER SUTA	2.63	1.98		4.61
ER Sup SUTA				-
	143.37	108.23	-	251.60
MPL Meniscus (615)				
Gross Pay	16.47	135.66		152.13
ER FICA	1.02	8.41		9.43
ER Medicare	0.24	1.97		2.21
FUTA	-	-		-
ER SUTA	0.33	2.73		3.06
ER Sup SUTA				-
	18.06	148.77	-	166.83
NPM (200)				
Gross Pay	2,044.43	590.40		2,634.83
ER FICA	68.06	36.60		104.66
ER Medicare	15.14	8.56		23.70
FUTA	-			-
ER SUTA	20.99	11.87		32.86
ER Sup SUTA				-
	2,145.34	647.43	-	2,792.77
Moscow (400)				
Gross Pay	396.56	260.48		657.04
ER FICA	19.01	16.03		35.04
ER Medicare	4.45	4.22		8.67
FUTA	-	-		-
ER SUTA	6.16	5.65		11.81
ER Sup SUTA				-
	426.18	318.98	-	745.16
Nezperce (100)				
Gross Pay	126.79	93.30		267.09
ER FICA	7.74	5.72		13.46
ER Medicare	1.81	1.33		3.14
FUTA				
ER SUTA	3.99	1.78		5.77
ER Sup SUTA				
	141.33	102.23		289.46
Company Total				
Gross Pay	3,021.62	1,524.62		3,547.45
ER FICA	151.45	100.58	-	251.13
ER Medicare	35.67	24.55	-	49.62
FUTA	-			
ER SUTA	36.68	32.65		69.26
ER Sup SUTA	-		-	
Dental Deductions	53.82	-		53.82
401k Deduct Dues	36.42	32.44		68.86
Net Water Fund (Enhancement)	2,918.31	1,748.43		[illegible]

105896

ATTACHMENT CA-IR-24a

9/30/2005 6:43:56 AM

Molokai Ranch, Ltd.
Job Transaction Edit List

Batch: LABOR FR KK WTR

J.E. Total Actual: 1 J.E. Total Control: 0

Batch Total Actual: $2,117.92 Batch Total Control: $0.00

Approved: Approved By: Approval Date: 0/0/0000

Journal Entry	Transaction Type	Transaction Date	Reversing Date	Source Document	Transaction Reference
42,002	Standard	9/30/2005	0/0/0000	GJ	Rec. P/R from KK Water

Job Number Cost Code Description	Account Number Description	Debit	Credit
ML506 33000-000-00 In House Labor	000-152-50 WIP-ML506 OOH Compliance	$286.90	$0.00
	610-450-00 Salaries and Wages-Water	$322.47	$0.00
	610-461-00 Payroll Taxes-FICA-Water	$24.67	$0.00
	610-467-00 Payroll Taxes-SUI-Water	$6.49	$0.00
	615-450-00 Water-Mountain Water-Salaries & Wages	$152.13	$0.00
	615-461-00 FICA-Mountain	$11.64	$0.00
	615-467-00 SUTA-Mountain	$3.06	$0.00
	620-450-00 Salaries and Wages-Sewer	$229.43	$0.00
	620-461-00 Payroll Taxes-FICA-Sewer	$17.56	$0.00
	620-467-00 Payroll Taxes-SUI-Sewer	$4.61	$0.00
	000-123-25 Due from Kaluakoi Water	$0.00	$1,058.96
Total Distributions:	11		
Total Journal Entries:	1	$1,059.96	$1,058.96

KOLL 166-1333

ATTACHMENT CA-IR-24a

ROLL 166-1334

System: 9/30/2005 11:24:16 AM
User Date: 9/30/2005

Molokai Ranch, Ltd.
GENERAL POSTING JOURNAL
General Ledger

Page: 2
User ID: elainch

Batch ID: LABOR FR KK WTR
Batch Comment: To record 09/05 PAYROLL from KK WATER.

Approved:	No	Batch Total Actual:	$2,117.92	Batch Total Control:	$0.00
Approved by:		Trx Total Actual:	1	Trx Total Control:	0
Approval Date:					

Journal Entry	Transaction Type	Transaction Date	Reversing Date	Source Document	Transaction Reference	Audit Trail Code	Reversing Audit Trail Code
42,002	Standard	9/30/2005		GJ	Rec. P/R from KK Water 0905	GLTRX00027250	

Account	Description	Debit	Credit
000-152-50	WIP-ML506 DOH Compliance	$286.90	
610-450-00	Salaries and Wages-Water	$322.47	
610-461-00	Payroll Taxes-FICA-Water	$24.67	
610-467-00	Payroll Taxes-SUI-Water	$6.49	
615-450-00	Water-Mountain Water-Salaries & Wages	$152.13	
615-461-00	FICA-Mountain	$11.64	
615-467-00	SUTA-Mountain	$3.06	
620-450-00	Salaries and Wages-Sewer	$229.43	
620-461-00	Payroll Taxes-FICA-Sewer	$17.56	
620-467-00	Payroll Taxes-SUI-Sewer	$4.61	
000-123-25	Due from Kaluakoi Water		$1,058.96
Total Distributions: 11	Totals:	$1,058.96	$1,058.96

Total Journal Entries: 1

ROLL 166 - 1335

MOLOKAI PROPERTIES LIMITED

Month: Sep-05 Submitted by Jing

Batch: Waiola-P/R Approved by

JE# 4200 3

Waiola Labor Charges

Payroll periods: 9/10/2005 9/24/2005 10/8/2005

	Description	Debit	Credit
ML506	DOH Compliance	1,295.99	
33000-00-00			
610-450-00	Salaries and Wages - Potable	3,475.72	
610-461-00	FICA - Potable	265.89	
610-464-00	FUTA - Potable	0.56	
610-467-00	SUTA - Potable	9.39	
615-450-00	Salaries and Wages - Mountain	2,816.10	
615-461-00	FICA - Mountain	215.43	
615-464-00	FUTA - Mountain	1.45	
615-467-00	SUTA - Mountain	45.34	
620-450-00	Salaries and Wages - Sewer	28.85	
620-461-00	FICA - Sewer	2.21	
620-464-00	FUTA - Sewer	-	
620-467-00	SUTA - Sewer	0.46	
000-125-00	Due to Waiola		8,157.39
000-210-26	Payroll Ded -AFLAC premiums		68.90
000-125-00	Due to Waiola	68.90	
		8,226.29	8,226.29

To transfer 09/05 salaries and wages from Waiola. Refer to Waiola JE #1228

ROLL 166-1336

WAITOLA
Month Sep 05
Data Entry
Payroll Labor Distribution Reports

Payroll periods 9/10/2005 9/24/2005 10/08/2005

	PR #1	PR #2	PR #3	Total
Waitola				
Gross Pay	327.22	1,316.34		1,643.56
ER FICA	20.29	81.55		101.84
ER Medicare	4.74	19.07		23.81
FUTA	2.01	2.91		4.92
ER SUTA	9.21	14.34		23.55
ER Sup SUTA				-
	370.47	1,434.21		1,804.68
MPL Potable (610)				
Gross Pay	1,964.09	1,510.63		3,474.72
ER FICA	121.82	93.67		215.49
ER Medicare	28.49	21.91		50.40
FUTA	0.96	-		0.96
ER SUTA	9.09	0.31		9.39
ER Sup SUTA	-			-
	2,024.44	1,626.72	-	3,751.16
MPL Sewer (620)				
Gross Pay	28.83			28.83
ER FICA	1.79			1.79
ER Medicare	0.42			0.42
FUTA	-			-
ER SUTA	0.48			0.48
ER Sup SUTA				-
	31.52	-	-	31.52
MPL Admin (613)				
Gross Pay	1,267.09	1,549.01		2,816.10
ER FICA	78.56	96.04		174.60
ER Medicare	18.37	22.46		40.83
FUTA	0.78	0.67		1.45
ER SUTA	20.49	24.94		45.34
ER Sup SUTA		-		-
	1,385.29	1,693.12	-	3,078.32
MPL Sewer [illegible]				
Gross Pay		1,198.15		1,198.15
ER FICA		73.54		73.54
ER Medicare		17.20		17.20
FUTA		-		-
ER SUTA		19.10		19.10
ER Sup SUTA				-
	-	1,295.99	-	1,295.99
MPU JOB				
Gross Pay			-	-
ER FICA			-	-
ER Medicare			-	-
FUTA			-	-
ER SUTA			-	-
ER Sup SUTA			-	-
	-	-	-	-
MPU Clay				
Gross Pay	1,959.01	569.63		2,528.64
ER FICA	121.46	35.32		156.78
ER Medicare	28.41	8.26		36.67
FUTA	1.46	0.90		2.36
ER SUTA	26.27	7.72		33.99
ER Sup SUTA				-
	2,136.61	621.83	-	2,758.45
Vacation				
Gross Pay	227.14	44.23		271.37
ER FICA	13.83	5.84		19.69
ER Medicare	3.24	1.36		4.60
FUTA	0.22	-		0.22
ER SUTA	5.60	2.12		7.72
ER Sup SUTA				
	244.74	53.54		298.28
Company Total				
Gross Pay	6,975.61	4,226.69		11,202.30
ER FICA	367.51	321.54	-	689.05
ER Medicare	85.96	75.24		161.20
FUTA	4.50	4.48		8.98
ER SUTA	67.93	67.93		135.86
ER Sup SUTA	-			-
	7,501.51	4,695.88	-	12,197.39
Total	-			-
Payroll Deductions	67.94			67.94
ER FICA, ER FUTA	58.45	58.45		116.90
Payroll - Cash Orders Total	6,912.86	4,637.43		12,012.29

16.45 Medicare

000

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31 • 52 +
3 • 078 • 32 +
1 • 295 • 99 +

004

8 • 157 • 39 1
68.90
8224.29

ATTACHMENT CA-IR-24a

ROLL 166-1337

Batch: WAIOLA P/A

J.E. Total Actual: 1 J.E. Total Control: 0

Batch Total Actual: $16,452.54 Batch Total Control: $0.00

Approved: Approved By: Approval Date: 0/0/0000

Journal Entry	Transaction Type	Transaction Date	Reversing Date	Source Document	Transaction Reference
42,003	Standard	9/30/2005	0/0/0000	GJ	To transfer 0905 PR to Waiola.

Job Number / Cost Code / Description	Account Number / Description	Debit	Credit
ML506 / 33000-000-00 / In House Labor	000-152-50 / WIP-ML506 DOH Compliance	$1,295.99	$0.00
	610-450-00 / Salaries and Wages-Water	$3,435.72	$0.00
	610-461-00 / Payroll Taxes-FICA-Water	$265.04	$0.00
	610-464-00 / Payroll Taxes-FUTA-Water	$0.56	$0.00
	610-467-00 / Payroll Taxes-SUI-Water	$9.39	$0.00
	615-450-00 / Water-Mountain Water-Salaries & Wages	$2,816.10	$0.00
	615-461-00 / FICA-Mountain	$215.43	$0.00
	615-464-00 / FUTA-Mountain	$1.65	$0.00
	615-467-00 / SUTA-Mountain	$45.34	$0.00
	620-450-00 / Salaries and Wages-Sewer	$28.85	$0.00
	620-461-00 / Payroll Taxes-FICA-Sewer	$2.21	$0.00
	620-467-00 / Payroll Taxes-SUI-Sewer	$0.46	$0.00
	000-125-00 / Due to/from Mai Ola	$0.00	$8,133.39
	000-218-28 / Payroll Deductions	$0.00	$68.40
	000-125-00 / Due to/from Mai Ola	$8,133.39	$0.00

Total Distributions: 14

ATTACHMENT CA-IR-24a

System: 9/30/2005 11:27:43 AM
User Date: 9/30/2005

Molokai Ranch, Ltd.
GENERAL POSTING JOURNAL
General Ledger

Page: 8
User ID: [illegible]

Batch ID: WAIOLA P/R
Batch Comment: To record 0905 PAYROLL from Waiola

Approved:	No	Batch Total Actual:	$16,452.58	Batch Total Control:	$0.00
Approved by:		Trx Total Actual:	1	Trx Total Control:	0
Approval Date:					

ROLL 166-1339

Journal Entry	Transaction Type	Transaction Date	Reversing Date	Source Document	Transaction Reference	Audit Trail Code	Reversing Audit Trail Code
42,003	Standard	9/30/2005		GJ	To transfer 0905 PR fr Waiola. GLTRX00027269		

Account	Description	Debit	Credit
000-152-50	WIP-ML506 DOH Compliance	$1,295.99	
610-450-00	Salaries and Wages-Water	$3,479.72	
610-461-00	Payroll Taxes-FICA-Water	$265.89	
610-464-00	Payroll Taxes-FUTA-Water	$0.56	
610-467-00	Payroll Taxes-SUI-Water	$9.39	
615-450-00	Water-Mountain Water-Salaries & Wages	$2,816.10	
615-461-00	FICA-Mountain	$215.43	
615-464-00	FUTA-Mountain	$1.45	
615-467-00	SUTA-Mountain	$45.34	
620-450-00	Salaries and Wages-Sewer	$28.85	
620-461-00	Payroll Taxes-FICA-Sewer	$2.21	
620-467-00	Payroll Taxes-SUI-Sewer	$0.46	
000-125-00	Due to/from Wai Ola		$8,157.39
000-218-26	Payroll Deductions		$68.90
000-125-00	Due to/from Wai Ola	$68.90	
Total Distributions: 15	Totals:	$8,226.29	$8,226.29

Total Journal Entries: 1

ATTACHMENT CA-IR-24a

ROLL 182-0033

MOLOKAI RANCH, LIMITED
HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

02298

July 25, 2005

PAY TO THE ORDER OF *******ALOHA CARGO TRANSPORT********* $ ***21,886.38***

*******Twenty-one thousand eight hundred eighty-six and 38/100******** DOLLARS

MEMO ML506

AUTHORIZED SIGNATURE

THE REVERSE FACE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈002298⑈ ⑆121301028⑆ 0080⑉733828⑈

PAID
JUL 25 2005

ROLL 182 - 0034

PAYMENT REQUEST FORM

[X] Molokai Properties Limited

JUL 25 2005

PAYEE:	Aloha Cargo Transport	AMOUNT:	$21,886.38
Send to:	677 Ala Moana Blvd., Suite 917	DUE DATE:	manual check
	Honolulu, Hawaii 96813	Other:	

DESCRIPTION: freight - U.S. Filter Thatcher

Special Instructions: give check to Nani Luke

ACCOUNT NO:

PROJECT NO: ML 506 COST CODE: 31080

Requested by: Nani Luke Date: 07/25/05

Approved by: Harold Edwards Date: 07/25/05

FOR ACCOUNTING USE ONLY CHECK # DATE:

KOLL 182-0035

ALOHA CARGO TRANSPORT
A Division of Northland Services, Inc.

FREIGHT BILL ORIGINAL

BILL DATE	BOOKING NUMBER	VOYAGE NUMBER	SAIL DATE	FREIGHT BILL NUMBER
8/01/05	311954	H514	07/09/05	H514 KAU 006 B
PORT OF LOAD	**PORT OF DISCHARGE**	**DESTINATION**		**ACCOUNT NUMBER**
SEATTLE	KAUNAKAKAI	MOLOKAI		104554

CONSIGNEE
MOLOKAI RANCH
KAUNAKAKAI DOCK
MAUNA LOA, HI 96770

HAROLD EDWARDS
808-531-0158 V

SHIPPER
US FILTER
4669 SHEPHERD TRAIL
ROCKFORD, IL 61103

815-888-3042 V

BILLING PARTY
MOLOKAI RANCH
745 FORT STREET SUITE 600
HONOLULU, HI 96813

HAROLD EDWARDS
808-531-0158 V

QTY	DESCRIPTION OF GOODS	WEIGHT IN LBS	BASIS VALUE	RATE	RATE BASIS	ADVANCE & OTHER CHARGES	FREIGHT CHARGES
	RATED IN ACCORDANCE WITH TARIFF ID: 250						
	EQUIPMENT ID JORU 0006122						
	20' PLATFORM						
	NSI LOADED, FULL						
	SHIPMENT EX US FILTER						
	NSI TRACKING # N 33162						
	UNPROTECTED						
1	EACH						
	WATER PURIFICATION EQUIPMENT	14460		2389.00	FLAT		2,389.00
	DIMS EACH 23' X 10' 6X 8' 4						
	CUSTOMER TRACKING#: 200286/110301						
	OVER WIDTH, OVER 10'		2389.00	30.00	PCT		716.70
	EQUIPMENT ID JORU 0270110						
	20' PLATFORM						
	NSI LOADED, FULL						
	SHIPMENT EX US FILTER						
	NSI TRACKING # N 32731						
1	EACH						
	WATER PURIFICATION EQUIPMENT	14960		2389.00	FLAT		2,389.00
	DIMS EACH 23' X 10' 6X 8' 4						
	OVER WIDTH, OVER 10'		2389.00	30.00	PCT		716.70
	EQUIPMENT ID NSIP 0020944						
	20' PLATFORM						
	NSI LOADED, FULL						
	SHIPMENT EX US FILTER						
	NSI TRACKING # N 33167						
1	EACH						
	WATER PURIFICATION EQUIPMENT	14460		2389.00	FLAT		2,389.00
	DIMS EACH 23' X 10' 6X 8' 4						

CONTINUED ON PAGE 2

AUG 10 2005

Total amount is due upon receipt of invoice. A finance charge of 1.5 percent per month (18% APR) may be charged on all past due freight bills after 30 days. Customer agrees to pay all costs of collection, including attorney's fees in the event of default.

FREIGHT CHARGES	
OTHER CHARGES	
TOTAL CHARGES	
LESS AMOUNT PREPAID	
TOTAL AMOUNT DUE	

GENERAL CORRESPONDENCE:
NORTHLAND SERVICES
PO Box 24627
Seattle, WA 98124
Office: 206-783-3000
Toll Free: 800-426-3113
Fax: 206-787-5579
WWW.NORTHLANDSERVICES.COM

REMIT TO:
NORTHLAND SERVICES
DEPT 05
PO BOX 34935
SEATTLE, WA 98124

ALOHA CARGO TRANSPORT
A Division of Northland Services, Inc.

FREIGHT BILL
ORIGINAL

BILL DATE	BOOKING NUMBER	VOYAGE NUMBER	SAIL DATE	FREIGHT BILL NUMBER
8/01/05	311954	H514	07/09/05	H514 KAU 006 B
PORT OF LOAD	**PORT OF DISCHARGE**	**DESTINATION**		**ACCOUNT NUMBER**
SEATTLE	KAUNAKAKAI	MOLOKAI		104554

CONSIGNEE
MOLOKAI RANCH
KAUNAKAKAI DOCK
MAUNA LOA, HI 96770

HAROLD EDWARD.
808-531-0158 V

SHIPPER
US FILTER
4669 SHEPHERD TRAIL
ROCKFORD, IL 61103

815-888-3042 V

BILLING PARTY
MOLOKAI RANCH
745 FORT STREET SUITE 600
HONOLULU, HI 96813

HAROLD EDWARDS
808-531-0158 V

QTY	DESCRIPTION OF GOODS	WEIGHT IN LBS	BASIS VALUE	RATE	RATE BASIS	ADVANCE & OTHER CHARGES	FREIGHT CHARGES
	OVER WIDTH, OVER 10'		2389.00	30.00	PCT		716.70
	OUTPORT		3.00	467.00	EACH		1,401.00
	SEATTLE WHARFAGE		43880.00	5.75	TON	126.16	
	KAUNAKAKAI WHARFAGE		3.00	38.60	EACH	115.80	
	TERMINAL HANDLING CHARGE		3.00	115.00	EACH	345.00	
	FUEL SURCHARGE		9317.10	11.50	PCT		1071.47
	RATED DOCK TO DOCK						
	TOTAL WEIGHT	43880					

Total amount is due upon receipt of invoice. A finance charge of 1.5 percent per month(18% APR) may be charged to all past due freight bills after 30 days. Customer agrees to pay all costs of collection, including attorney's fees in the event of default.

FREIGHT CHARGES	11,789.57
OTHER CHARGES	586.96
TOTAL CHARGES	12,376.53
LESS AMOUNT PREPAID	
TOTAL AMOUNT DUE	12,376.53

GENERAL CORRESPONDENCE:
NORTHLAND SERVICES
PO Box 24527
Seattle, WA 98124
Office: 206-783-3000
Toll Free: 800-426-3113
Fax: 206-767-5578
WWW.NORTHLANDSERVICES.COM

REMIT TO:
NORTHLAND SERVICES
DEPT 85
PO BOX 34935
SEATTLE, WA 98124

ROLL 182-0036

ROLL 182 - 0037

ALOHA CARGO TRANSPORT
A Division of Northland Services, Inc.

FREIGHT BILL ORIGINAL

BILL DATE	BOOKING NUMBER	VOYAGE NUMBER	SAIL DATE	FREIGHT BILL NUMBER
8/01/05	311954	H514	07/09/05	H514 KAU 005 B
PORT OF LOAD	PORT OF DISCHARGE	DESTINATION		ACCOUNT NUMBER
SEATTLE	KAUNAKAKAI	MOLOKAI		104554

CONSIGNEE	SHIPPER	BILLING PARTY
MOLOKAI RANCH KAUNAKAKAI DOCK MAUNA LOA, HI 96770 HAROLD EDWARDS 808-531-0158 V	CBI CARBON ENT. 28205 SCIPPO CREEK ROAD CIRCLEVILLE, OH 43113 SPENCER WELLINGTON 800-344-5770 V / 888-204-0656 F	MOLOKAI RANCH 745 FORT STREET SUITE 600 HONOLULU, HI 96813 HAROLD EDWARDS 808-531-0158 V

QTY	DESCRIPTION OF GOODS	WEIGHT IN LB	BASIS VALUE	RATE	RATE BASIS	ADVANCE & OTHER CHARGES	FREIGHT CHARGES
	RATED IN ACCORDANCE WITH TARIFF ID: 250						
	EQUIPMENT ID JORE 0308871						
	20' CONTAINER						
	NSI LOADED, FULL						
	SHIPMENT EX CBI CARBON ENT.						
	NSI TRACKING # N 34906						
	10 BAGS TORN						
12	PALLET						
	SAND	38000		2000.00	FLAT		2,000.00
	LOADING		1.00	322.00	EACH	322.00	
	OUTPORT		1.00	467.00	EACH		467.00
	SEATTLE WHARFAGE		38000.00	5.75	TON	109.25	
	KAUNAKAKAI WHARFAGE		1.00	38.60	EACH	38.60	
	TERMINAL HANDLING CHARGE		1.00	115.00	EACH	115.00	
	FUEL SURCHARGE		2000.00	11.50	PCT		230.00
	RATED DOCK TO DOCK						
	TOTAL WEIGHT	38000					

Total amount is due upon receipt of invoice. A finance charge of 1.5 percent per month (18% APR) may be charged to all past due freight bills after 30 days. Customer agrees to pay all costs of collection, including attorney's fees in the event of default.

FREIGHT CHARGES	2,697.00
OTHER CHARGES	584.85
TOTAL CHARGES	3,281.85
LESS AMOUNT PREPAID	
TOTAL AMOUNT DUE	3,281.85

GENERAL CORRESPONDENCE:
NORTHLAND SERVICES
PO Box 24527
Seattle, WA 98124
Office: 206-783-3000
Toll Free: 800-426-3113
Fax: 206-787-5878
WWW.NORTHLANDSERVICES.COM

REMIT TO:
NORTHLAND SERVICES
DEPT 83
PO BOX 34990
SEATTLE, WA 98124

ROLL 182-0038

ALOHA CARGO TRANSPORT
A Division of Northland Services, Inc.

FREIGHT BILL
ORIGINAL

BILL DATE	BOOKING NUMBER	VOYAGE NUMBER	SAIL DATE	FREIGHT BILL NUMBER
8/01/05	311954	H514	07/07/05	H514 KAU 004 B
PORT OF LOAD	PORT OF DISCHARGE	DESTINATION		ACCOUNT NUMBER
SEATTLE	KAUNAKAKAI	MOLOKAI		104554

CONSIGNEE
MOLOKAI RANCH
KAUNAKAKAI DOCK
MAUNA LOA, HI 96770

HAROLD ED..ARDS
808-531-0158 V

SHIPPER
VARIOUS

BILLING PARTY
MOLOKAI RANCH
745 FORT STREET SUITE 600
HONOLULU, HI 96813

HAROLD EDWARDS
808-531-0158 V

QTY	DESCRIPTION OF GOODS	WEIGHT IN LBS	BASIS VALUE	RATE	RATE BASIS	ADVANCE & OTHER CHARGES	FREIGHT CHARGES
	RATED IN ACCORDANCE WITH TARIFF ID:						
	250						
	EQUIPMENT ID JORU 0642199						
	40' HIGH CUBE CONTAINER						
	NSI LOADED, FULL						
	SHIPMENT EX NEW ENGLAND PLASTICS						
	NSI TRACKING # N 36083						
	FEW BOXES WITH HOLES PUNCTURED						
15	PALLET						
	PLASTIC BEADS	16575					
	DIMS TOTAL 2' 6X 3' X 3' 10						
	CUSTOMER TRACKING#: 200256						

	SHIPMENT EX AMD INC						
	NSI TRACKING # N 34788						
1	PALLET						
	GRATING	1310					
	DIMS TOTAL 12' X 4' X 1' 6						

	SHIPMENT EX CEI CARBON ENT.						
	NSI TRACKING # N 34906						
	10 BAGS TORN						
4	PALLET						
	SAND	6500		3700.00	FLAT		2,700.00
	LOADING		1.00	322.00	EACH	322.00	
	OUTPORT		1.00	825.00	EACH		825.00
	TERMINAL HANDLING CHARGE		1.00	175.00	EACH	175.00	
	FUEL SURCHARGE		3700.00	11.50	PCT		425.50
	RATED DOCK TO DOCK						
	TOTAL WEIGHT	24385					

Total amount is due upon receipt of invoice. A finance charge of 1.5 percent per month(18% APR) may be charged to all past due freight bills after 30 days. Customer agrees to pay all costs of collection, including attorney's fees in the event of default.

FREIGHT CHARGES	4,950.50
OTHER CHARGES	497.00
TOTAL CHARGES	5,447.50
LESS AMOUNT PREPAID	
TOTAL AMOUNT DUE	5,447.50

GENERAL CORRESPONDENCE:
NORTHLAND SERVICES
PO Box 24527
Seattle, WA 98124
Office: 206-763-3000
Toll Free: 800-426-3113
Fax: 206-767-5579
WWW.NORTHLANDSERVICES.COM

REMIT TO:
NORTHLAND SERVICES
DEPT 85
PO BOX 34935
SEATTLE, WA 98124

RDLL 182-0039

ALOHA CARGO TRANSPORT
A Division of Northland Services, Inc.

FREIGHT BILL
ORIGINAL

BILL DATE	BOOKING NUMBER	VOYAGE NUMBER	SAIL DATE	FREIGHT BILL NUMBER
8/01/05	311954	H514	07/09/05	H514 KAU 008 B

PORT OF LOAD	PORT OF DISCHARGE	DESTINATION	ACCOUNT NUMBER
SEATTLE	KAUNAKAKAI	MOLOKAI	104554

CONSIGNEE	SHIPPER	BILL TO PARTY
MOLOKAI RANCH KAUNAKAKAI DOCK MAUNA LOA, HI 96770 HAROLD EDWARDS 808-531-0158	US FILTER 4669 SHEPHERD TRAIL ROCKFORD, IL 61103 815-888-3042 V	MOLOKAI RANCH 745 FORT STREET SUITE 600 HONOLULU, HI 96813 HAROLD EDWARDS 808-531-0158 V

QTY	DESCRIPTION OF GOODS	WEIGHT IN LBS	BASIS VALUE	RATE	RATE BASIS	ADVANCE & OTHER CHARGES	FREIGHT CHARGES
	RATED IN ACCORDANCE WITH TARIFF ID:						
	250						
	EQUIPMENT ID BABL 0000812						
	20' CONTAINER						
	NSI LOADED, LCL						
	SHIPMENT EX US FILTER						
	NSI TRACKING # N 33167						
1	CRATE						
	HARDWARE	784	110.70	2.70	CUFT		298.89
	DIMS EACH 4' 8X 4' 8X 5' 1						
1	CRATE						
	HARDWARE	942	43.05	2.70	CUFT		116.24
	DIMS EACH 6' 5X 3' 10X 1' 9						
1	CRATE						
	HARDWARE	627	59.38	2.70	CUFT		160.33
	DIMS EACH 3' 8X 3' 8X 4' 5						
1	CRATE						
	HARDWARE	627	28.77	2.70	CUFT		77.68
	DIMS EACH 3' 7X 2' 10X 2' 10						
	TERMINAL HANDLING CHARGE		653.14	8.00	PCT	52.25	
	FUEL SURCHARGE		653.14	11.50	PCT		75.11
	RATED DOCK TO DOCK						
	TOTAL WEIGHT	2980					

Total amount is due upon receipt of invoice. A finance charge of 1.5 percent per month (18% APR) may be charged to all past due freight bills after 30 days. Customer agrees to pay all costs of collection, including attorney's fees in the event of default.

FREIGHT CHARGES	728.25
OTHER CHARGES	52.25
TOTAL CHARGES	780.50
LESS AMOUNT PREPAID	
TOTAL AMOUNT DUE	780.50

GENERAL CORRESPONDENCE:
NORTHLAND SERVICES
PO Box 24527
Seattle, WA 98124
Office: 206-763-3000
Toll Free: 800-426-3113
Fax: 206-767-5579
WWW.NORTHLANDSERVICES.COM

REM'T TO:
NORTHLAND SERVICES
DEPT 85
PO BOX 34935
SEATTLE, WA 98124

ROLL 182 - 0505

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56180

56180

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
8/9/2005	00774083	WTR2146 VARN OIL-BLADE	$27.03	$27.03
8/10/2005	00774327	WTR2148 CEMENT-BLOCK	$222.29	$222.29
		TOTAL	$249.32	$249.32

Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56180

VOID AFTER 90 DAYS

DATE	AMOUNT
8/31/2005	$249.32

PAY TO THE ORDER OF

Two Hundred Forty Nine Dollars And 32 Cents

ATLAS BUILDING SUPPLIES
ATTN ACCTS RECEIVABLE
P.O. BOX 500
KAUNAKAKAI HI 96748

AUTHORIZED SIGNATURE

⑈056180⑈ ⑆121301028⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

56180

PAID
SEP 2 2005

ML506 $ 222.29

SAFEGUARD

ATTACHMENT CA-IR-24a

ROLL 182 - 0508

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813

Purchase Order No. WTR - 2148

Department #
Department Name water
Date 8/10/05
Est. Delivery Date
Acct No. [illegible]
Job No. 3187
Job Acct No.

Vendor Name: Atlas
Address: p.o. box 500
Kaunakakai, HI 96748

Budgeted _____ Unbudgeted _____

Fed ID #:
Contact:
Telephone: (808) 553-5350

Ship to:

AUG 16 2005

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
1	ea		Additiv Cement		$21.73
1	ea		16x6x16 Foundation Block		$10.39
20	ea		2x4x8 Gray Brick Tile	$.936	$18.72
15	ea		D.F. Treated 2 x 4 x 8	$5.990	$89.85
7	ea		16 x 6 x 16 Foundation Blck	$10.386	$72.70

Subtotal:	$213.39
GET	$8.90
Shipping/Handling	
TOTAL:	$222.29

Rex Kamakana 8/10/05
Requisitioner Date

Authorized Signature (Approval) Date

Rey Kamakana 8/10/05
Goods/Services Received in Good Order and Condition by

Copy to EH 8/24

White - Vendor Green - Shipping & Receiving Canary - Acctg. Dept. Pink - Originator - Acctg. Copy Gold - Orig. - Dept. File Copy

ROLL 182 - 0509

ATI AIR
BUILDING SUPPLY [illegible]
(A CORPORATION - FED ID#93 [illegible])
P.O. BOX 500 KAUNAKAKAI, HI 96748
808-553-5334

RECEIVED
AUG 16 2005

TYPE OF TRANSACTION	DOCUMENT NUMBER	TRANSACTION DATE	ACCT NUMBER	PAGE
CHARGE	00774327 03	08/10/05 12:27:31	1010	1

BILL TO:
MOLOKAI RANCH, LTD.
ATTN: HAROLD/JING
SUITE 600, 745 FORT ST.
HONOLULU HI 96813

SHIP TO:
MOLOKAI RANCH, LTD.
ATTN: HAROLD/JING
SUITE 600, 745 FORT ST.
HONOLULU HI 96813

PURCHASER:	CASHIER:	PU #:	TERMS:	SALESMAN:
JAMES MILLAR	DAISHA	WTR2140		

QUANTITY	ITEM NUMBER	DESCRIPTION		PRICE/UNIT	AMOUNT
1	13562	ADDITIV CEMENT GAL ELMER	22.99	21.726	21.73
1	166160F	16X6X16 FOUNDATION BLOCK	10.99	10.386	10.39
20	2480208	2X4X8 GRAY BRICK TILE	.99	.936	18.72
15	DTS0468	D.F. TREATED 2X 4X 6		5.998	89.85
7	166160F	16X6X16 FOUNDATION BLOCK	10.99	10.386	72.70

FINANCE CHARGE OF
1.50% MONTHLY
18.00% ANNUALLY

CHARGE 232.29

TAXABLE	213.39
TAX	8.33
NON-TAXABLE	.99
SUB-TOTAL	222.29
TOTAL	222.29

x [signature]
RECEIVED THE ABOVE IN GOOD CONDITION

MOLOKAI PROPERTIES LIMITED

56274

ATTACHMENT CA-IR-24a

56274

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
8/23/2005	00776492	PO6894 FOAM-BULBS	$28.44	$28.44
8/30/2005	00777658	PO6650 KEYBLANK-BOLT LAG	$20.44	$20.44
8/30/2005	00777692	PO6917 TREATED WOOD	$102.29	$102.29
8/31/2005	00777862	PO6911 NEUTRAL-CLOROX	$302.60	$302.60
9/7/2005	00778811	PO6946 FENCE TENSION	$24.83	$24.83
9/16/2005	00780427	PO6960 BATTERIES	$6.24	$6.24
		TOTAL	$484.84	$484.84

ROLL 182-0483

56274

Molokai Properties Limited
748 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

VOID AFTER 90 DAYS

DATE	AMOUNT
9/21/2005	$484.84

PAY TO THE ORDER OF

Four Hundred Eighty Four Dollars And 84 Cents

ATLAS BUILDING SUPPLIES
ATTN ACCTS RECEIVABLE
P.O. BOX 500
KAUNAKAKAI HI 96748

AUTHORIZED SIGNATURE

⑈056274⑈ ⑆121301028⑆ 0080⑉733828⑈

MOLOKAI PROPERTIES LIMITED

56274

TO REORDER, CALL YOUR LOCAL SAFEGUARD DISTRIBUTOR AT 800-845-6999

ROLL 182-0486

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813

Purchase Order No. - 0050

Department # 610-575
Department Name
Date 8/30/05
Est. Delivery Date 8/30/05
Acct No. MLSG
Job No.
Job Acct No. [illegible]

Vendor Name: Atlas Building Supplies
Address: P O Box 500
Kaunakakai, Hawaii 96748

Budgeted ____ Unbudgeted ____

Fed ID #:
Contact:
Telephone: 553-5350

Ship to:

AUG 31 2005
MOLOKAI PROPERTIES

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
1	EA	50270	Keyblank Yale Y1-ACE	1.99	1.99
1	EA	50270	Keyblank Yale Y1-ACE	1.99	1.99
1	EA	10714	Lube WD-40 8 oz. spray	2.99	2.99
1	EA	27537	Bit Boring Wood Ace 1"	4.72	4.72
1	EA	2109692	Marker PaintMed White	3.77	3.77
8	EA	59590	Bolt Lag 1/4 X 1" SS	.52	4.16

Harold Edwards 8/30/05
Requisitioner Date

8/30/05
Authorized Signature (Approval) Date

Goods/Services Received in Good Order and Condition by

Subtotal:	19.62
GET	.82
Shipping/Handling	
TOTAL:	20.44

Copy to EH 9/2/5

White - Vendor Green - Shipping & Receiving Canary - Accts. Dept. Pink - Originator - Accts. Copy Gold - Orig. - Dept. File Copy

ATTACHMENT CA-IR-24a

KOLL 102-0487

ATLAS
BUILDING SUPPLIES
(A CORPORATION - FED ID#99 0234863)
P.O. BOX 500 KAUNAKAKAI, HI 96748
808-553-5350

AUG 31 2005

TYPE OF TRANSACTION	DOCUMENT NUMBER		TRANSACTION DATE	ACCT NUMBER	PAGE
CHARGE	00777658	03	08/30/05 10:55:17	1010	

BILL TO:
MOLOKAI RANCH, LTD.
ATTN: HAROLD/JING
SUITE 600, 745 FORT ST.
HONOLULU HI 96813

SHIP TO:
WATER DEPT

PURCHASER:	CASHIER:	PO #:	TERMS:	SALESMAN:
JAMES MILLAR	ROBYN GAMIT	HAROLD		

QUANTITY	ITEM NUMBER	DESCRIPTION		PIECE/UNIT	AMOUNT
1	50270	KEYBLANK YALE Y1-ACE		1.990	1.99
1	50270	KEYBLANK YALE Y1-ACE		1.990	1.99
1	10714	LUBE WD-40 8OZ SPRAY		2.990N	2.99
1	27537	BIT BORING WOOD ACE 1"	4.99	4.716	4.72
1	2109692	MARKER PAINT MED WHITE	3.99	3.771	3.77
8	59590	BOLT LAG 1/4X1" SS	.55	.520	4.16

FINANCE CHARGE OF
1.50% MONTHLY
28.00% ANNUALLY

CHARGE 20.44

TAXABLE	19.62
TAX	.82
NON-TAXABLE	.00
SUB-TOTAL	20.44
TOTAL	20.44

X [signature] NARROW EDWARDS
RECEIVED THE ABOVE IN GOOD CONDITION

EDWARDS ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

55922

55922

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
6/23/2005	050623	REIMB. 06/17-06/23/05 EXP	$3,159.06	$3,159.06
		TOTAL	$3,159.06	$3,159.06

ROLL 174-0791

MPL Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

55922

VOID AFTER 90 DAYS

DATE	AMOUNT
6/29/2005	$3,159.06

PAY TO THE ORDER OF

Three Thousand One Hundred Fifty Nine Dollars And 06 Cents

HAROLD EDWARDS

AUTHORIZED SIGNATURE

⑈055922⑈ ⑆121301028⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

55922

ML 506 $2802.00

DATE JUL 2005

SAFEGUARD

TO REORDER, CALL YOUR LOCAL SAFEGUARD DISTRIBUTOR AT

ROLL 174-0792

RECEIVED
JUN 23 2005
MOLOKAI RANCH, LTD.
HONOLULU ACCOUNTING

	PERSONAL EXPENSE REPORT					FOR ACCOUNTING USE ONLY			
	NAME: Harold Edwards					CHECK #:			
	DEPT. # 110 DEPT:					DATE:			
		[illegible]	[illegible]	[illegible]	[illegible]				
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	TOTAL	ACCT. CODE	
DATE	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
6/17/2005	Kilgo's	$ 18.75					$18.75	MPU-575	M-123-70
[illegible]	Bolts FOR MPU								
6/23/2005	The Home Depot	$ 247.92		Mosco - 611 (Small tools)			$247.92	Mosco Capex	123-35
[illegible]	MOSCO CAPEX (in cash flow)			per Reg 6/24/05					
6/23/2005	The Home Depot	$ 58.54					$58.54	610-575	
[illegible]	Parts BALLASTS FOR LIGHT FIXTURES								
6/21/2005	West Molokai Association			$ 31.85			$31.85		
[illegible]	copies for association correspondence								
6/23/2005	A.M.D. INC	$ 2,802.00					$2,802.00	ML-506	
[illegible]	Fiberglass grating for DOH compliance project								
							$0.00		
[illegible]									
							$0.00		
[illegible]									
							$0.00		
[illegible]									
							$0.00		
[illegible]									
	TOTAL	$3,127.21	$0.00	$ 31.85	$0.00	$ -	$3,159.06		
				LESS: Amounts Advanced/VISA					
				DUE TO/FROM EMPLOYEE			$3,159.06		

ATTACH RECEIPTS, CHITS, INVOICES

Employee Signature [signature] 11/23/2004 Supervisor Approval [signature] 6/23/05 Date

* Please provide business purpose for these expenses

Copy to [illegible]

ATTACHMENT CA-IR-24a

ROLL 174-0793

A.M,D., Inc.
2615 Grant Street
Bellwood, Illinois 60104
(708) 544-6889
(708) 544-6099FAX

A.M.D., Inc
Fiberglass Grating

Page 1 of 1

Quote #2217 Revised

Job Description

6-22-05

Itemized Estimate

We propose to provide Ortho Fr, 1.5" x 1.5" square mesh

• 4' x 12' Sheets Yellow with Grit, 1.50" Thick.		$375.00 per sheet
• Qty 6		$2,250.00
Shipping & Handling		$552.00
	Total	$2802.00

Exclusions:

Schedule: Delivery of materials approximately Three days after FINAL approval of order.

Terms: Past due invoices subject to 3.5% interest.
Payment Terms: Credit Card
Price good for 30 days

This estimate applies only to the job described above. This estimate does not include additional materials or labor that may be required due to any unforeseen problems that arise once the job has begun.

Quote by: Harold Edwards

ROLL 174-0797

A.M.D. inc
2615 Grant Street
Bellwood, IL 60104
708-544-6869 fax 708-544-6099

Order No.571
P.O. #NA
Quote No. 2217

INVOICE

Customer

Name	Harold Edwards
Address	745 Fort Street
City	Kaunakakai State HI ZIP 96106
Phone	410-737-0600

Date	6/23/2005
Order No.	571
Rep	Joseph Martin
FOB	Bellwood,IL

Qty	Description	Unit Price	TOTAL
6	4' x 12' FRP Grating 1.5" Thick, Yellow, 1 1/2" x 1 1/2" mesh	$375.00	$2,250.00

SubTotal	$2,250.00
Shipping & Handling	$552.00
Taxes IL	
TOTAL	$2,802.00

Payment Details

- ○ Cash
- ○ Check
- ● Credit Card Master Card

Name Harold Edwards
CC # **********2279
Expires

Office Use Only

Thank you for your Order

ATTACHMENT CA-IR-24a

ROLL 174-0798

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813

Purchase Order No. WTR - 2101

Department # [illegible]
Department Name
Date [illegible]
Est. Delivery Date [illegible]
Acct No. [illegible]
Job No.
Job Acct No. [illegible]

Budgeted X Unbudgeted ____

A.M.D. INC.

Vendor Name: [illegible]
Address: [illegible]

Fed ID #:
Contact:
Telephone:

RECEIVED
JUN 22 2005
MOLOKAI RANCH, LTD.
HONOLULU ACCOUNTING

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
6	[illegible]		4 1/2" [illegible]		
			[illegible]	37[illegible]	[illegible]

Subtotal
GET
Shipping/Handling
TOTAL

[illegible]
Requisitioner Date

[illegible] 6/22/05
Authorized Signature (Approval) Date

Goods/Services Received in Good Order and Condition by

ATTACHMENT CA-IR-24a

ROLL 182-1882

MOLOKAI PROPERTIES LIMITED

56209

56209

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
9/1/2005	050901	REIMB. EXP 06/24-08/13/05	$593.89	$593.89
		TOTAL	$593.89	$593.89

MPL Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56209

VOID AFTER 90 DAYS

DATE	AMOUNT
9/8/2005	$593.89

PAY TO THE ORDER OF

Five Hundred Ninety Three Dollars And 89 Cents

HAROLD EDWARDS

AUTHORIZED SIGNATURE

⑈056209⑈ ⑆121301028⑆ 0080⑈7338 28⑈

MOLOKAI PROPERTIES LIMITED

56209

9 2005

ML506 $400.93

ROLL 182-1883

SEP 1 2005

PERSONAL EXPENSE REPORT

NAME: Harold Edwards
DEPT. # 110 DEPT:

FOR ACCOUNTING USE ONLY
CHECK #:
DATE:

DATE	Vendor's Name/Description of Items (Include names of people entertained)	675 Repairs	680 Meals & Entertainment*	810 Materials & Supplies	730 Dues & Subscriptions	Other*	TOTAL	ACCT. CODE
6/24/2005	Costco			$ 43.08			$43.08	MPU-575 110 – 125.96
Business Purpose*	Batteries for Treatment Plant							
7/31/2005	The Home Depot			$ 243.69			$243.69	ML-506
Business Purpose*	Supplies							31000
8/1/2005	Rawlins Chevron				405	$ 43.90	$43.90	110 – 675
Business Purpose*	Gas for Jeep Liberty vehicle							
8/30/2005	Hikiola Cooperative			$ 7.28			$7.28	ML-506
Business Purpose*	MISC. PARTS	243.69						31000
8/29/2005	Hikiola Cooperative	7.28		$ 47.87			$47.87	ML-506
Business Purpose*	"	47.37						31000
8/29/2005	Hikiola Cooperative	9.85		$ 9.85			$9.85	ML-506
Business Purpose*	"	50.1						31000
8/23/2005	The Home Depot	42.14		$ 50.10			$50.10	ML-506
Business Purpose*	"							31000
8/22/2005	The Home Depot	400.93		$ 42.14			$42.14	ML-506
Business Purpose*	"							31000
8/13/2005	The Home Depot			$ 105.98			$105.98	MPU-575 110 – 125.96
Business Purpose*	ladders							
	TOTAL	$0.00	$0.00	$ 549.99	$0.00	$ 43.90	$593.89	
				LESS: Amounts Advanced/VISA				
				DUE TO/(FROM) EMPLOYEE			$593.89	

ML506

006

ATTACH RECEIPTS/CHITS/INVOICES

Employee Signature [signature] 8/31/2005 Supervisor Approval [signature] 9/1/05 Date

* Please provide business purpose for these expenses

ATTACHMENT CA-IR-24a

ATTACHMENT CA-IR-24a

ROLL 182-1884

HIKIOLA COOPERATIVE
P.O. BOX 544
HOOLEHUA, HI. 96729

PHONE: (808) 567-6774

MON-FRI 7:30AM TO 4:30PM/SAT 8AM TO NOON
#99-0168419

PAGE NO 1

MI 506
3100e

MOLOKAI RANCH, LIMITED
ACCOUNTS PAYABLE
P. O. BOX 259
MAUNALOA HI 96770

CUST # 45
TERMS: NET 30 DAYS
RES. # 20000161

INV # A36807
DATE : 6/30/85
CLERK: TH
TERM # 3

TIME :12:51

****
* INVOICE *
****

QUANTITY	UNIT	ITEM	DESCRIPTION	SUG.PRICE	PRICE/PER	EXTENSION
1	EA	7038	1/2" HOSE 210 STANDARD BRASS		6.99 /EA	6.99

** PAYMENT RECEIVED ** 20.00 TAXABLE 6.99
** CHANGE GIVEN ** 12.72 NON-TAXABLE 0.00
SUB-TOTAL 6.99
CASH PAYMENT 20.00 TAX AMOUNT 0.29
TOTAL INVOICE 7.28

ATTACHMENT CA-IR-24a

ROLL 182 - 1885

ML 506
31000

MOLSKI KANEN, LIMITED
ACCOUNTS PAYABLE
P. O. BOX 259
MAUMEE OH 43537

QUANTITY	UM	ITEM	DESCRIPTION	UNIT PRICE	PRICE/PER	EXTENSION
[illegible]	EA	[illegible]	[illegible] PRESSURE GAUGE		[illegible]	[illegible]
[illegible]	EA	[illegible]	[illegible] PSI PRESSURE GAUGE		15.99 /EA	15.99
[illegible]	EA	[illegible]	[illegible] PSI PRESSURE GAUGE		[illegible] /EA	15.99

** PAYMENT RECEIVED **
** PAID IN FULL **

BANKCARD PAYMENT
[illegible]

TAXABLE	[illegible]
NON-TAXABLE	[illegible]
SUB-TOTAL	45.96
TAX AMOUNT	1.91
TOTAL INVOICE	47.87

RECEIVED BY

Roll 182 - 1886

ML506
31000

[illegible]
[illegible]
[illegible]
[illegible]

QUANTITY	UNIT	ITEM	DESCRIPTION	[illegible]	PRICE/PER	EXTENSION
[illegible]	EA	[illegible]	1" X 3/4" RD TEE SOC X FPT		[illegible]	[illegible]
2	EA	[illegible]X34T	1" X 3/4" RD TEE SOC		.87 /EA	[illegible]
2	EA	[illegible]4X14RSST	3/4" X 1/4" RB SLP X FPT		.62 /EA	[illegible]
1	EA	[illegible]4X12N	3/4" X 12" NIPPLE		[illegible] /EA	[illegible]
2	EA	[illegible]4X4N	3/4" X 4" NIPPLE		[illegible]	[illegible]
1	EA	[illegible]X34RDST	1 1/2" X 3/4" RB SLP X FPT		[illegible] /EA	[illegible]

[illegible]

RECEIVED BY

ROLL 182-1887

ML 506
31000

JTN 00095054

08/01/05 12 31 13

MASTERCARD
xxxxxxxxxxxx0313
Invoice# 5484508
Auth# 003714

Pump#: 1
14.541 G @ $ 3.019
Unle/Self $ 43.90

Total $ 43.90

GAS For
LIBERTY
110-

IPANK YO

ML 506 31000

245.69

42.14

RDLL 182-1892

LANDLAB'S CO. 610-575

THE HOME DEPOT 1701
421 ALAKAWA STREET
HONOLULU, HI 96817 (808)521-7355

1701 00013 28772 08/28/05
SALE 11 KYSSOR 02:24 PM

ML506
31000

046878380868	1/2X6PVCRISR	0.59
078864177329	PIPE TAPE	1.29
039923136824	FITTING	
4 @ 0.46		1.84
039923131720	FITTING	
6 @ 0.34		2.04
039923131683	FITTING	
3 @ 0.40		1.20
039923137944	FITTING	
2 @ 0.36		0.72
039923133120	FITTING	0.54
034481062011	TERMINAL	
2 @ 0.17		0.34
034481062417	ADAPTER	
2 @ 0.20		0.40
034481062028	TERMINAL	
4 @ 0.29		1.16
046878380813	NIPPLE	
2 @ 0.35		0.70
048643201361	VALVE	2.94
039923143143	FITTING	
2 @ 0.68		1.36
048643201309	3/8X1/2 MIP	2.74
039923134486	FITTING	
2 @ 0.79		1.58
039923130525	FITTING	
2 @ 0.80		1.60
039923133267	FITTING	0.73
039923131966	FITTING	1.09
039923131782	FITTING	0.69
039923133328	FITTING	1.29
030699200917	PLASTBAGGDS	
2 @ 0.98		1.96
761302494114 8	KWIKBOLT 4PK	7.96
030699331413	PLASTBAGGDS	
4 @ 0.98		3.92
030699324910	PLASTBAGGDS	
3 @ 0.98		2.94
030699201211	PLASTBAGGDS	0.98
030699321117	PLASTBAGGDS	
5 @ 0.98		4.90
	SUBTOTAL	48.10
	SALES TAX	2.00
	TOTAL	50.10
XXXXXXXXXXXX0318	MASTERCARD	50.10
AUTH CODE 084204/6133753		TA

1701 13 28772 08/28/2005 6138

NOW HIRING SPECIALTY SALES ASSOCIATES.
APPLY TODAY IN-STORE OR ON-LINE AT:
CAREERS.HOMEDEPOT.COM/SPECIALISTS

ENTER FOR A CHANCE TO WIN A $5,000 HOME DEPOT GIFT CARD!

Date
[illegible] 08/28/05

Password:
[illegible] 196851

EDWARDS

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56596

56596

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
12/1/2005	051201	REIMB 8/31-11/29 EXPENSES	$256.64	$256.64
		TOTAL	$256.64	$256.64

ROLL 182 - 0851

MPL Molokai Properties Limited

745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56596

VOID AFTER 90 DAYS

DATE	AMOUNT
12/8/2005	$256.64

PAY TO THE ORDER OF Two Hundred Fifty Six Dollars And 64 Cents

HAROLD EDWARDS

AUTHORIZING SIGNATURES

⑈056596⑈ ⑆121301026⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

56596

ML 506 $116.19

ROLL 182-1852

DEC - 1 2005

PERSONAL EXPENSE REPORT

NAME: Harold Edwards
DEPT. # 110 DEPT:

FOR ACCOUNTING USE ONLY
CHECK #:
DATE:

DATE	Vendor's Name/Description of Items (include names of people entertained)	975 Repairs	680 Meals & Entertainment*	610 Materials & Supplies	730 Dues & Subscriptions	Other*	TOTAL	ACCT. CODE
9/14/2005	City Mill	$ 31.15					$31.15	MPU-575
Business Purpose*	Supplies							
10/28/2005	The Home Depot			$ 11.73			$11.73	610-575
Business Purpose*	Supplies							
8/31/2005	The Home Depot					$ 77.56	$77.56	ML-506 31000
Business Purpose*	Supplies							
9/5/2005	The Home Depot					$ 8.09	$8.09	ML-506 31000
Business Purpose*	Supplies							
9/5/2005	The Home Depot					$ 30.54	$30.54	ML-506 31000
Business Purpose*	Supplies							
8/31/2005	Aloha Key			$ 23.44			$23.44	MPU-575
Business Purpose*	Keys for the Water Dept							
11/29/2005	The Home Depot			$ 43.13			$43.13	MPU-575
Business Purpose*	Supplies							
10/28/2005	Island Air					$ 31.00	$31.00	110
Business Purpose*	Send Master Plan Reports for Peter via Island Air							
							$0.00	
Business Purpose*								
	TOTAL	$31.15	$0.00	$ 78.30	$0.00	$ 147.19	$256.64	
				LESS: Amounts Advanced/VISA				
				DUE TO/(FROM) EMPLOYEE			$256.64	

ATTACH RECEIPTS/BILLS/INVOICES

Employee Signature

11/30/2005

Supervisor Approval

12/1/05 Date

* Please provide business purpose for these expenses

ATTACHMENT CA-IR-24a

R0774182-1853

ML 506
31000

ML 506
31000

THE HOME DEPOT

THE HOME DEPOT

77.56

8.09

ATTACHMENT CA-IR-24a

ROLL 182-1863

ML 506
31000

KG YS FCN
WATER
DGPT
MPU-
575

ALOHA KEY
401 COOKE ST.
HONOLULU HI 96813

DATE: 08/31/05 TIME: 12:34
MCR#: 000000135225 TERM: 0002
S-A-L-E-S D-R-A-F-T

REF: 0011 BCH: 459
CD TYPE: MC
TR TYPE: PR
AMOUNT: $23.44

ACCT: **********0318 EXP: ****
AF: 037488

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

		TAX	94
SIGNATURE	RECEIVED BY	TOTAL	23 44

C PRODUCT 609 All claims and returned goods MUST be accompanied by this bill.

Thank You

NOTICE OF FREIGHT LIABILITY LIMITATIONS

Island Air

Freight liability is limited per shipment. Island Air will not be responsible for freight valuation in excess of limit. Island Air assumes no liability for loss or damage to jewelry, money, negotiable papers, fragile or perishable items, cameras, video or electronic equipment.

FREIGHT BILL NO. 347 4677956

FROM: [illegible]

SHIP TO: [illegible]

ORIGIN: PHONE:

DEST.: [illegible] PHONE: [illegible]

A/C FLY DATE

NO. PCS.	DESCRIPTION OF PIECES AND CONTENTS	WEIGHT
1	[illegible]	[illegible]

VALUE AGREED TO BE $50.00 PER SHIPMENT OR 50 CENTS PER POUND.

FRT. PAID BY: ☐ CHECK ☐ CASH ☐ CHARGE

DIMENSIONS (INCHES) L X W X H CU. INC. DIMEN. LBS. TOTAL WEIGHT

CHARGES		
FREIGHT CHARGES	[illegible]	[illegible]
OTHER		
SUB TOTAL		
TAX	[illegible]	[illegible]
	3[illegible]	[illegible]

ACCOUNT NO.

Shipments accepted with the understanding that they are in good condition for shipment by air, are described and packaged in accordance with Federal Regulations and contain no prohibited or hazardous articles. In tendering the shipment, shipper understands the shipment will be shipped only when space is available and that we do not guarantee any specific delivery time.

SHIPPER'S COPY

SHIPPED BY

I ACCEPT THE SHIPPING CONDITIONS SET FORTH

RECEIVED BY ISLAND AIR AGENT NUMBER [illegible]

RECEIVED IN GOOD ORDER BY:

TIME DATE RECEIVED

TIME DATE RECEIVED [illegible]

TIME DATE RECEIVED

GELLERT ATTACHMENT CA-IR-24a

ROLL 182-2278

Detail Report

Bank of Hawaii State of Hawaii & American Samoa
Customer Name: MOLOKAI RANCH LIMITED

Report Date: 07/11/2005
Report Time: 10:13:46 AM

Wire Detail Report

User: ELAINE

Single Wire Transactions

Application:	Semi Repetitive Fed
Value Date:	07/11/2005
Created By:	ELAINE
Modified By:	DENNIS
Currency:	USD
Tran No:	200507110000034
Line ID:	GELLERT
Status:	PROCESSED
Host Ref. No.:	20051920099100
Payment Network Ref. No.:	20050711L1B78B1C000176
Result Text:	
Amount:	$1,785.20
ABA:	121301028
Debit Account #:	0041017457
Receiving Bank ID:	121301015
Receiving Bank Name:	FIRST HAWAIIAN BANK
Receiving Bank Address:	HONOLULU HI
Beneficiary Bank ID:	
Beneficiary Bank Name:	
Beneficiary Bank Address:	
Beneficiary Account #:	39054332
Beneficiary Name:	The Gellert Co.,Inc.
Beneficiary Address:	444 Waiakamilo Road, Honolulu, HI 96817-4903
Reference for Beneficiary:	Molokai Properti
OBI:	Pro-Forma Invoice 7-11-05 Aurora Parts: 443-0467-208 & 1-2 Clam Impeder 478-0253-644 Seal Kit
BBI:	
Requesting Party Account#:	
Requesting Party Name:	
Requesting Party Address:	
Total Amount Single Wire:	$1,785.20
Total Count Single Wire:	1

ATTACHMENT CA-IR-24a

JUL-03-05 FRI 08:17 AM MOLOKAI RANCH MAIN OFFIC FAX NO. 8085522308 P. 01

ROLL 182-2279

PAYMENT REQUEST FORM

- [ ] Molokai Ranch, Limited
- [ ] Molokai Ranch Land Co., Limited
- [ ] MRL Management, Limited
- [ ] Wai Ola O' Molokai
- [ ] Molokai Ranch Foundation
- [ ] Molokai Public Utilities

$1765.20 7/1/05

PAYEE: The Gollart Company

Send to: 444 Waiakamilo Road
Honolulu, HI 96817-4903

AMOUNT: ~~$1,824.00~~

DUE DATE:

Other:

DESCRIPTION: Do not accept PO's for Payment

Order is as follows: 1 New Impeller $1571.00
1 Seal Kit $198.00
Shipping Total $55.00

Special Instructions:
Robert needs to make order ASAP.
Company does not accept PO's for payment
Must be Check, Credit Card or COD

ACCOUNT NO:

PROJECT NO: ML506 COST CODE: 31000-000-00

Requested by: Rex Kamakana Date: 7/7/2005

Approved by: Date: 7/8/05

FOR ACCOUNTING USE ONLY CHECK # DATE:

Attn: ~~Roy Sugiyama~~ Yokanda

ATTACHMENT CA-IR-24a

JUL-11-05 MON 09:32 AM MOLOKAI RANCH MAIN OFFIC FAX NO. 8085522808 P. 01

JUL 11 05 09:00a GELLERT CO 808 947 1433 P.1

THE GELLERT CO.,INC.

[illegible]

REMIT TO: [illegible]

INVOICE

NO.

DATE 7-11-05

SOLD TO
MOLOKAI PROPERTIES
100 MAUNALOA HIGHWAY
MAUNALOA,HI 96770

DELIVER TO
SAME

Attn - Yolanda

PRO-FORMA INVOICE

REQ. OR JOB NO.		SHIP VIA	FREIGHT	
		UPS		PREPAID ☐ COLLECT ☐
CUSTOMER P.O. NO.	ORDER DATE	OUR P.O. NO.		SLSM
	7-11-05	STOCK		SMK

DESCRIPTION	QUAN. ORDERED	QUAN. SHIPPED	UNIT PRICE	AMOUNT
AURORA PARTS:				
443-0467-208 8-1/2"DIAM IMPELLER		1		1439.00
476-0253-644 SEAL KIT		1		198.00
FREIGHT UPS				60.00

THANK YOU. We Value Your Business.

MERCHANDISE RECEIVED BY _____ DATE _____

PAYS AS QUAN. ORD. UNLESS OTHERWISE INDICATED

TAX	68.20
	1765.20

TERMS: NET [illegible] OF INVOICE, INTEREST WILL BE CHARGED ON OVERDUE [illegible] ANNUAL RATE OF 15%.
RETURNS: MERCHANDISE MAY NOT BE RETURNED WITHOUT PRIOR AUTHORIZATION. WE RESERVE THE RIGHT TO APPLY A RESTOCKING CHARGE.

34391
CUSTOMER

ROLL 182-2280

To: Roy / Jerry

7/11/05

ATTACHMENT CA-IR-24a

ROLL 182-2281

THE GELLERT COMPANY

PUMPS · COMPRESSORS · HEATERS · TANKS

FACSIMILE TRANSMITTAL

PAX # 808-847-1433 FAXED AM PM

TO: ROBERT BROKATE
COMPANY: MOLOKAI PROP.'S

DATE: JULY 01,2005
SUBJECT: AURORA PUMP
1750 RPM 6 X 6 X 9

A NEW IMPELLER IS P/N 443-0468-208. DIAMETER TO BE 8.125". YOUR COST $1571.00, PLUS FREIGHT.

THE SEAL KIT IS 476-0253-644. WE HAVE THIS IN STOCK. YOUR COST IS $198.00. THIS IS FOR A MOTOR FRAME OF 254 OR BETTER. - I BELIEVE YOU SAID 15 HP, 1750 RPM

GIVE US YOUR MC OR VISA NUMBER AND WE WILL HAVE THESE SHIPPED DIRECT TO YOU. PLEASE ADVISE.

WE SUGGEST YOU GET THE AURORA TRUE SERIAL NUMBER FROM THE OEM REP. THANKS.
REGARDS,

MAC KEMPSHALL Mac

shipping
8 or 10 pnds - kit 45.00
55.00 total shipping

"cod"

444 Waiakamilo Road, Honolulu, Hawaii 96817-4903 • TEL: (808) 847-2695 • FAX: (808) 847-1433
www.gellertco.com

JUL-08-05 FRI 11:36 AM MOLOKAI RANCH MAIN OFFIC FAX NO. 8085820808 P. 01
JUL 08 05 09:55a GELLERT CO 808 847 1433 p.1

THE GELLERT COMPANY

ROLL 182 - 2282

To: Roy
Fr: YR

FACSIMILE TRANSMITTAL

FAX # 808-847-1433 FAXED AM PM

TO: ROBERT BROKATE DATE: JULY 08,2005
COMPANY: MOLOKAI PROP'S SUBJECT: PUMP PARTS

I TALKED TO THE FACTORY TODAY AND WE CAN PROVIDE AN IMPELLER WITHOUT IMPELLER RINGS WHICH YOU DO NOT NEED, USING P/N 443-0467-208 AT $1439.00. 8.125" DIAM.

SO YOUR TOTAL WITH FREIGHT WILL BE $1703.82, INCLUDING UPS BLUE TO MOLOKAI AND TAX

OUR ACCT # AT FHB IS 98054332. THANK YOU. WE WILL ORDER THE IMPELLER WHEN YOU COMPLETE THE TRANSACTION. WE CAN FAX A PRO FORMA INVOICE ON MONDAY.
REGARDS,

MAC KEMPSHALL

$1,765.20

444 Waiakamilo Road, Honolulu, Hawaii 96817-4903 • TEL: (808) 847-2695 • FAX: (808) 847-1433
www.gellertco.com

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56283

56283

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
8/4/2005	735123	DIGIPRINT-PUUNANA WTP	$26.20	$26.20
9/15/2005	744617	DRAWINGS	$6.25	$6.25
		TOTAL	$32.45	$32.45

ROLL 183-0168

MPL Molokai Properties Limited

745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56283

VOID AFTER 90 DAYS

DATE	AMOUNT
9/21/2005	$32.45

PAY TO THE ORDER OF

Thirty Two Dollars And 45 Cents

HONBLUE
ATTN ACCTG DEPT
501 SUMNER ST #3 B1
HONOLULU HI 96817

AUTHORIZED SIGNATURE

⑈056283⑈ ⑆121301028⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

56283

ML506 $26.20

ATTACHMENT CA-IR-24a

Roll 183-0169

HONBLUE

501 Sutcher Street #3 B1 Honolulu, Hawaii 96817 • 1001 Bishop Street Honolulu, Hawaii 96813

Telephone 531.4611 • fax 523.1248

Website www.honblue.com

FEDERAL ID NO. PF 011 1143

INVOICE

SEP 9 2005

[illegible] 08/04/05

INVOICE NUMBER DATE

SILL TO:
C224
MOLOKAI RANCH LTD
AMFAC CENTER HI TOWER
745 FORT ST. STE 600
HONOLULU, HI 96813

SHIP TO:

ORDERED BY	PHONE	PURCHASE ORDER NO.	WORKORDER NO.
HAROLD	531-0158		FR022920

PUNANA WTP 1501B DIGIPRINT SET PRINTING *TOTAL DISCOUNT*	21	1	24X36	126.00	0.240 SF	30.24 -6.05

Approval
Date
Description
Cost Acct #
Job #
Cost Code # ML 506

Orig [illegible] 9/19/05

PLEASE CHECK YOUR WORK CAREFULLY
RETURNS MUST BE MADE WITHIN 5 DAYS OF DELIVERY.

SUBTOTAL	GENERAL EXCISE TAX	POSTAGE / UPS / FUEL SURCHARGE		
24.[illegible]	[illegible]	[illegible]		[illegible]

TERMS: NET 30 - 1.5% (MIN $1)/MO ON ALL PAST DUE ACCOUNTS

WHITE • ORIGINAL YELLOW • CUSTOMER [illegible]

Molokai Ranch, Ltd.
VENDOR CHECK REGISTER REPORT
Payables Management

ATTACHMENT CA-IR-24a

Ranges:	From:	To:		From:	To:
Check Number	First	Last	Check Date	4/1/2005	10/31/2005
Vendor ID	ITC	ITC	Checkbook ID	OPERATING	OPERATING
Vendor Name	First	Last			

Sorted By: Check Number

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code	Amount
2295	ITC	ITC WATER MANAGEMENT, INC.	7/20/2005	OPERATING	PMPAY00000334	$114,923.00
55782	ITC	ITC WATER MANAGEMENT	5/18/2005	OPERATING	PMCHK00000935	$90,235.00
55945	ITC	ITC WATER MANAGEMENT	6/29/2005	OPERATING	PMCHK00000949	$129,450.00
56119	ITC	ITC WATER MANAGEMENT	8/17/2005	OPERATING	PMCHK00000964	$133,770.00
56262	ITC	ITC WATER MANAGEMENT	9/14/2005	OPERATING	PMCHK00000976	$380.00
56268	ITC	ITC WATER MANAGEMENT	9/21/2005	OPERATING	PMCHK00000979	$38,572.00
56322	ITC	ITC WATER MANAGEMENT	10/5/2005	OPERATING	PMCHK00000986	$1,008.70
56336	ITC	ITC WATER MANAGEMENT	10/5/2005	OPERATING	PMCHK00000986 Other	$784.99
56386	ITC	ITC WATER MANAGEMENT	10/20/2005	OPERATING	PMCHK00000991	$15,050.00
Total Checks:	9				Total Amount of Checks:	$524,173.69

-784.99

X NOT FOUND

ATTACHMENT CA-IR-24a

ROLL 185-1739

MOLOKAI RANCH, LIMITED
~~55 MERCHANT STREET, SUITE 2000~~
HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

89-102/1213

02295

July 20, 2005

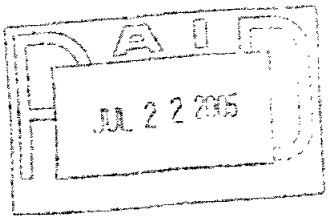
PAY TO THE ORDER OF *********ITC WATER MANAGEMENT********* $ **114,923.00**

One hundred fourteen thousand nine hundred twenty-three and 00/100 dollars DOLLARS

MEMO Invoice#25911
Domestic Water System Improvements

AUTHORIZED SIGNATURE

⑈002295⑈ ⑆121301028⑆ 0080⑈7338 28⑈



ATTACHMENT CA-IR-24a

ROLL 83-1240

7/18/05

ITC Water Manag
A Division Of Irrigation Techno
P.O. Box 458/88-079 Kamehai
Haleiwa, HI 96712

INVOICE

DATE	06/30/05
NUMBER	23011
PAGE	1

TERMS	Prompt Payment
PURCHASE ORDER NO.:	Contract
Job No.:	2528

TO: Molokai Ranch, Ltd.
700 Richards Street, Suite 1204
Honolulu, HI 96813

Attn: Harold Edwards

RECEIVED
JUL 1 2005
MOLOKAI RANCH, LTD.
HONOLULU ACCOUNTING

ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
	Molokai Ranch Domestic Water System Improvements (Please See Pay Estimate No. 3)		114,923.00
		TOTAL	114,923.00

Appr 7-1-05
Date
Dept
PH Company
MC 506 Bldg

Copy to EH 7/01/05

ROLL 183 - 1244

Project Name
Extensive Wastewater Improvements

PAY ESTIMATE

No. 3 | Job No. 2525 | Date 06/30/95

Description	Quantity	Unit	Unit Price	Original Amount	Quantity This Period	Previous Quantity	Quantity To Date	Amount This Period	Previous Amount	Amount To Date
1) Assemble Water Plants										
1. Material	1	LS	17,500.00	$17,500.00	0.40	0.50	0.90	$15,000.00	21,458.00	$36,958.00
2. Pump Assembly	1	LS	12,500.00	$12,500.00	0.40	0.10	0.50	$5,000.00	1,250.00	$6,250.00
3. Assembly	1	LS	10,000.00	$10,000.00	0.00	0.15	0.15	$0.00	1,500.00	$1,500.00
4) Install Media In U. S. Filters										
1. Contractor	1	LS	3,500.00	$3,500.00	0.00	0.15	0.15	$0.00	525.00	$525.00
5) Reservoir Influent Line										
1. Material	1	LS	20,000.00	$20,000.00	0.00	0.95	0.95	$0.00	13,000.00	$13,000.00
2. 14" HDPE connector	900	LF	24.00	$22,000.00	0.70	0.00	0.70	$15,000.00	0.00	$15,000.00
3. Connection Manhole	1	LS	3,000.00	$3,000.00	0.20	0.15	0.35	$750.00	575.00	$1,325.00
6) Pre-Treatment Assembly										
Material	1	LS	2,000.00	$2,000.00	0.50	0.25	0.75	$1,000.00	500.00	$1,500.00
Contractor	1	LS	1,500.00	$1,500.00	0.33	0.19	0.52	$500.00	600.00	$1,100.00
8) Clean & Line Reservoir										
1. Material	1	LS	50,000.00	$50,000.00	0.00	0.00	0.00	$0.00	0.00	$0.00
2. Contractor	1	LS	35,000.00	$35,000.00	0.25	0.04	0.33	$10,000.00	1,500.00	$11,500.00
9) Plant Influent Line										
Material	1	LS	15,000.00	$15,000.00	0.33	0.67	1.00	$5,000.00	10,000.00	$15,000.00
Contractor	1	LS	10,000.00	$10,000.00	0.60	0.15	0.75	$6,000.00	1,500.00	$7,500.00
7) Influent Pump Out										
Material	1	LS	21,000.00	$21,000.00	0.33	0.67	1.00	$16,723.00	0.00	$16,723.00
2. Air Injection	1	LS	2,000.00	$2,000.00	0.00	0.00	0.00	$0.00	0.00	$0.00
3. Contractor	1	LS	2,000.00	$2,000.00	0.00	0.15	0.15	$0.00	300.00	$300.00
2) Backwash Return Line										
Material	1	LS	1,000.00	$1,000.00	1.00	0.00	1.00	$1,000.00	0.00	$1,000.00
Contractor	1	LS	1,000.00	$1,000.00	0.00	0.15	0.15	$0.00	300.00	$300.00
8) Plant & Low Meter Station										
1. Material	1	LS	3,000.00	$3,000.00	0.50	0.50	1.00	$1,500.00	0.00	$1,500.00
2. Pump Assembly	1	LS	3,000.00	$3,000.00	0.00	0.15	0.15	$0.00	375.00	$375.00
3. Assembly	1	LS	4,000.00	$4,000.00	0.25	0.75	1.00	$1,000.00	0.00	$1,000.00
10) 16" Transmission Line										
1. Material	1	LS	35,000.00	$35,000.00	0.05	0.95	1.00	$2,250.00	750.00	$3,000.00
2. 16" HDPE material	5,000	LF	25.00	$50,000.00	0.20	0.67	0.90	$3,000.00	600.00	$3,600.00
3. Connection Manhole	1	LS	5,000.00	$5,000.00	0.20	0.30	0.55	$1,000.00	50.00	$1,050.00

ATTACHMENT CA-IR-24a

ROLL 183-1243

Molokai Ranch
Domestic Water Improvements

PAY ESTIMATE

No. 3 | Job No. 2526
Date 06/30/05

Description	Quantity	Unit	Unit Price	Contract Amount	Quantity This Period	Previous Quantity	Quantity To Date	Amount This Period	Previous Amount	Amount To Date
11) Kalualoa Breaker Tank Bypass										
1. Materials	1	L/S	5,000.00	$5,000.00	0.00	1.00	1.00	$0.00	5,000.00	$5,000.00
2. Pipeline Assembly	1	L/S	2,000.00	$2,000.00	0.35	0.13	0.35	$700.00	350.00	$750.00
3. Appurtenances	1	L/S	3,000.00	$3,000.00	0.00	0.15	0.15	$0.00	450.00	$450.00
12) Double PRV Station										
1. Materials	1	L/S	14,000.00	$14,000.00	0.00	1.00	1.00	$0.00	14,000.00	$14,000.00
2. Pipeline Assembly	1	L/S	5,000.00	$5,000.00	0.40	0.10	0.50	$2,000.00	500.00	$2,500.00
3. Appurtenances	1	L/S	6,000.00	$6,000.00	0.00	0.15	0.15	$0.00	900.00	$900.00
13) Puu Okaoli Valve and Meter Station										
1. Materials	1	L/S	14,000.00	$14,000.00	0.18	0.79	0.96	$2,500.00	11,000.00	$13,500.00
2. Pipeline Assembly	1	L/S	7,000.00	$7,000.00	0.00	0.10	0.10	$0.00	700.00	$700.00
3. Appurtenances	1	L/S	9,000.00	$9,000.00	0.00	0.14	0.14	$0.00	1,300.00	$1,300.00
TOTAL CONTRACT WORK				$502,000.00				$114,923.00	$219,685.00	$334,608.00
Current Change Order Amount				$0.00				$0.00		
Previously Approved Change Order Amount				$0.00					$0.00	
Balance Of Change Order Amount				$0.00				$0.00	$0.00	$0.00
Total				$502,000.00				$114,923.00	$219,685.00	$334,608.00

JUL 1 2005
MOLOKAI RANCH, LTD.
HONOLULU ACCOUNTING

PAY THIS AMOUNT

Approved
Date 6-30-05
Department
Description
GL
Check No. 102506

Reviewed And Approved: Tom Nance 6-29-2005

ITC DOH COMPLIANCE

PAYMENT OK 7/18

ATTACHMENT CA-IR-24a

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

55782

55782

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
4/15/2005	0025800-IN	MKK WATER SYS-PIPES/SCVS	$90,235.00	$90,235.00
		TOTAL	$90,235.00	$90,235.00

ROLL 174-1754

Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

55782

VOID AFTER 90 DAYS

59-102/1213

DATE	AMOUNT
5/18/2005	$90,235.00

PAY TO THE ORDER OF

Ninety Thousand Two Hundred Thirty Five Dollars And 00 Cents

ITC WATER MANAGEMENT
66-079 KAMEHAMEHA HWY
P.O. BOX 458
HALEIWA HI 96712

AUTHORIZED SIGNATURE

⑈055782⑈ ⑆121301028⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

55782

ATTACHMENT CA-IR-24a

Apr 22 05 01:03p p.1

PAGE: 1

Mg 5/18/05

ROLL 174-1755

ITC Water Management
Div. Of Irrigation Technolo
P.O. Box 458
66-079 Kamehameha Hwy.
Haleiwa, HI 96712
(808) 637-5078

ICE NUMBER: D025800-IN
VOICE DATE: 04/15/05
SHIP DATE: 04/14/05
DER NUMBER: 0061468
ORDER DATE: 02/11/05

CUSTOMER NO: 0012175

APR 22 2005

SOLD TO:
Molokai Ranch, Ltd.
P.O. Box 259
Maunaloa HI 96770

SHIP TO:
Molokai Ranch, Ltd.
P.O. Box 259
Maunaloa HI 96770

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
CONTRACT	ITC DELIVERY	KAUNAKAKAI DOCK	PROMPT PAYMENT

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
	MOLOKAI RANCH DOMESTIC WATER SYSTEM IMPROVEMENTS					
*SPEC	EACH	1.000	1.000	0.000	67,777.0000	67,777.00
	MATERIAL (PIPE) ON SITE					
*SPEC	EACH	1.000	1.000	0.000	4,458.0000	4,458.00
	KOFLO MODEL 12-80-4-6EV-9 MIXER (PREPAID)					
*SPEC	EACH	1.000	1.000	0.000	18,000.0000	18,000.00
	ENGINEERING AND PLAN PREPARATION					

per Harold of contract 4/27/05.

Approval
Date 4-22-05
Description
Dept/Acct #
CR Job #
Cost Code # MIL 506 - 31000

PER [illegible] 5/18/05

Contract Price 1552,000
Previous Bill of Sat. 90,235 17% Completed.
431,765 83%

NET INVOICE:	90,235.00
FREIGHT:	.00
SALES TAX:	.00
INVOICE TOTAL:	90,235.00

Copy to EH 4/26/05.

ROLL 174 - 1757

ATTACHMENT CA-IR-24a

Molokai Ranch, Limited
Transaction Authorization Form

Date: 4-8-05

Project Name: DOH COMPLIANCE PROJECT

Type of Transaction:

Contract:

Construction X

Consultant ____

Services ____

Change Order ____

Other ____

Vendor / Consultant / Contractor Name: ITC WATER MGT

Amount: 552,000 Funding Source: ML 506

Description of Services:
FILTER INSTALLATION & PIPELINE WORK, SEE EXHIBIT "A"

Requested By: N. EDWARDS Date Required By: ____

Authorizing Signatures:

4-8-05
Vice President ~~(up to $10,000)~~ Date

4/8/05
~~Chief Financial Officer (up to $25,000)~~ Date
GM OF OPERATIONS

President & CEO (over $25,000 to $500,000) Date

Date Document Completed: 4-8-05

4/8/05
~~Corporate Counsel~~ Date
CONTROLLER

cc: CFO and Project Manager

ROLL 174 - 1758

Project Outline

Page 1
Job # 2526
Molokai Ranch Domestic Water Improvements

1) **Assemble Water Plants** $ 60,000.00
Outfit and plumb 3 U.S. Filter treatment plants. Includes influent and effluent piping, backwash and filter to waste piping, air scour connection lines from unit #1 to units #2&3, valves, fittings and appurtenances not included in the package plants. Foundation work, building modifications and setting of the plants and electrical work to be done by others. There is a four day window of opportunity for the entire installation.

2) **Install Media in U.S Filters** $ 3,500.00
Install Clarifier pellets and sand media in the Filters. This must be completed within the plant assembly window of opportunity. Jointly assisted by Molokai Ranch.

3) **Reservoir Influent Line** $ 43,000.00
Install approximately 800' of 14" HDPE SDR 26 pipe from the 28" cement lined Mahana line to reservoir. The line is to be buried from the 28" connection to the far upwind corner of the reservoir.

4) **Pre-treatment Assembly** $ 8,000.00
Install pre-treatment plumbing for the water in the 14" and 6" reservoir influent lines. Includes 1" HDPE piping and meters.

5) **Clean & Line Reservoir** $140,000.00
Clean silt and old liner from the bottom and sides of the existing reservoir. Install felt backing, liner and boots over piping as required. Due to the unknown silt load in the bottom this may require assistance from Molokai Ranch with the use of a front end loader. Spoils to be deposited on site near the reservoir at the direction of Molokai Ranch.

6) **Plant Influent Line** $ 25,000.00
Install approximately 540' of 12" HDPE and meter from the existing reservoir intake to the new influent pumps at the plant.

7) **Influent Pumps** $ 31,000.00
Design, provide and install three pumps, motor starter and appurtenances for plant influent water. Electrical connections to be done by others.

8) **Backwash Return Line** $ 2,500.00
Install a 3" HDPE line from the existing backwash pond to the 14" influent line for future water recovery.

ROLL 174 - 1759

Project Outline

Page 2
Job # 2526
Molokai Ranch Domestic Water Improvements

9) **Maunaloa Meter Station** **$ 16,000.00**
Install an above ground meter and valve station off the existing 12" potable water line from the Mauna Loa reservoir. Two meters will be recovered from other sites. One meter will service the new 10" transmission line; the other will service the existing 12" line feeding Mauna Loa. The installation will include valves, connection, cement pad and appurtenances.

10) **10" Transmission Line** **$130,000.00**
Install approximately 4000' of 10" HDPE from the Mauna Loa Meter Station to the existing 16" steel line feeding Puu Okolii. Includes connection into the 16" line, disinfection and Bac T testing.

11) **Kaluakoi Breaker Tank Bypass** **$ 10,000.00**
Install a bypass around the existing breaker tank. Remove and salvage the existing meter for use at the Mauna Loa Valve station. Install a connection and 4" PRV from the bypass to the existing 6" line that services Mauna Makani.

12) **Double FPV Station** **$ 25,000.00**
Install an above ground double fixed proportion valve station in the easement area of the Kaulakoi road. Installation to include valves, one reused 8" PFV, cement pad and appurtenances.

13) **Puu Okolii Valve and Meter Station** **$ 30,000.00**
Install an above ground meter and valve station that bypasses the existing filters. Includes an altitude/pressure sustaining valve to control the rate of flow into the tank. Disconnect the existing filters and abandon in-place. Also included is the installation of a 20" saddle meter off the discharge line of the two million gallon tank.

PROJECT TOTAL **$522,000.00**

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

55945

55945

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
6/8/2005	0025870-IN	43% COMPLETE DOH COMPLIANC	129,450.00	$129,450.00
		TOTAL	129,450.00	$129,450.00

ROLL 174 - 1746

Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

55945

VOID AFTER 90 DAYS

DATE	AMOUNT
6/29/2005	$129,450.00

PAY TO THE ORDER OF

One Hundred Twenty Nine Thousand Four Hundred Fifty Dollars And 00 Cen

ITC WATER MANAGEMENT
66-079 KAMEHAMEHA HWY
P.O. BOX 459
HALEIWA HI 96712

AUTHORIZED SIGNATURE

⑈055945⑈ ⑆121301028⑆ 0080⑈7338 28⑈

MOLOKAI PROPERTIES LIMITED

55945

ATTACHMENT CA-IR-24a

06/27/05

ROLL 174-1747

ITC Water Management
Div. Of Irrigation Technolo
P.O. Box 458
66-079 Kamehameha Hwy.
Haleiwa, HI 96712
(808) 637-5078

ICE NUMBER: 0025870-IN
VOICE DATE: 06/08/05
SHIP DATE: 06/06/05
ORDER NUMBER: 0061532
ORDER DATE: 02/11/05

CUSTOMER NO: 0012175

JUN 22 2005
MOLOKAI RANCH, LTD.
HONOLULU ACCOUNTING

SOLD TO:
Molokai Ranch, Ltd.
700 Richards Street
Suite 1204
Honolulu HI 96813

SHIP TO:
Molokai Ranch, Ltd.
700 Richards Street
Suite 1204
Honolulu HI 96813

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
CONTRACT	ITC DELIVERY	JOBSITE	PROMPT PAYMENT

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
	MOLOKAI RANCH DOMESTIC WATER SYSTEM IMPROVEMENTS APPLICATION 2					
*SPEC	EACH	1.000	1.000	0.000	99,000.0000	99,000.00
*SPEC	EACH	1.000	1.000	0.000	30,450.0000	30,450.00

CONTINUATION FROM ABOVE

43% (APPROX) COMPLETED. CONTRACT AMOUNT
$512,000.00 X 43% = $219,685.,00 LESS
$90,235.00 PREVISOULY BILLED =
$129,450.00

SEE ATTACHED PAY ESTIMATE

Approval
Date 6-22-05
Desc
Dist
Off
Cost
ML 506 $1000

PAY WEEK OF 6-27
SEE TO MANCE APPROVAL
LAST PAGE.

NET INVOICE:	129,450.00
FREIGHT:	.00
SALES TAX:	.00
INVOICE TOTAL:	129,450.00

Copy to EH 6/22

ATTACHMENT CA-IR-24a

Transaction Authorization Form

Date: 4-8-05

Project Name: DCN COMPLIANCE PROJECT

Type of Transaction:

Contract:

Construction X

Consultant ____

Services ____

Change Order ____

Other ____

Vendor / Consultant / Contractor Name: ITC WATER MGT

Amount: 552,000 Funding Source: ML 506

Description of Services:
FILTER INSTALLATION + PIPELINE WORK, SEE EXHIBIT "A"

Requested By: H. EDWARDS Date Required By: ____

Authorizing Signatures:

4-8-05
Vice President (up to $10,000) Date

4/8/05
~~Chief Financial Officer (up to $25,000)~~ Date
GM OF OPERATIONS

President & CEO (over $25,000 to $500,000) Date

Date Document Completed: 4-8-05

4/8/05
~~Corporate Controller~~ Date
CONTROLLER

cc: to: CFO and Project Manager

ROLL 174-17448

ROLL 174-1750

ATTACHMENT CA-IR-24a

Hawaii Ranch								No. 2	Job No. 2526	
Domestic Water Improvements									Date	05/03/05
			PAY ESTIMATE							
Description	Quantity	Unit	Unit Price	Contract Amount	Quantity This Period	Previous Quantity	Quantity To Date	Amount This Period	Previous Amount	Amount To Date
1) Assemble Water Plants										
1. Materials	1	L/S	37,500.00	$37,500.00	0.47	0.12	0.56	$17,500.00	4,458.00	$21,958.00
2. Pre-fab Assembly	1	L/S	12,500.00	$12,500.00	0.10	0.00	0.10	$1,250.00	0.00	$1,250.00
3. Assembly	1	L/S	10,000.00	$10,000.00	0.00	0.15	0.15	$0.00	1,500.00	$1,500.00
2) Install Media in U. S. Filters										
1. Installation	1	L/S	3,500.00	$3,500.00	0.00	0.15	0.15	$0.00	525.00	$525.00
3) Reservoir Influent Line										
1. Materials	1	L/S	29,000.00	$29,000.00	0.30	0.65	0.95	$6,000.00	13,000.00	$19,000.00
2. 14" HDPE Installation	500	F	24.00	$19,200.00	0.00	0.00	0.00	$0.00	0.00	$0.00
3. Connection to Manure Line	1	L/S	3,800.00	$3,800.00	0.00	0.15	0.15	$0.00	570.00	$570.00
4) Pre-Treatment Assembly										
1. Materials	1	L/S	2,000.00	$2,000.00	0.25	0.00	0.25	$500.00	0.00	$500.00
2. Installation	1	L/S	4,000.00	$4,000.00	0.00	0.15	0.15	$0.00	600.00	$600.00
5) Clean & Line Reservoir										
1. Materials	1	L/S	50,000.00	$50,000.00	0.00	0.00	0.00	$0.00	0.00	$0.00
2. Cleaning	1	L/S	35,000.00	$35,000.00	0.04	0.00	0.04	$1,500.00	0.00	$1,500.00
3. Lining Installation	1	L/S	55,000.00	$55,000.00	0.00	0.15	0.15	$0.00	8,210.00	$8,210.00
6) Plant Influent Line										
1. Materials	1	L/S	15,000.00	$15,000.00	0.45	0.27	0.67	$5,000.00	4,000.00	$10,000.00
2. Installation	1	L/S	10,000.00	$10,000.00	0.00	0.15	0.15	$0.00	1,500.00	$1,500.00
7) Effluent Pumps										
1. Materials	1	L/S	23,000.00	$23,000.00	0.24	0.33	0.27	$5,500.00	[illegible]	[illegible]
2. Pre-fab Assembly	1	L/S	2,000.00	$2,000.00	0.00	0.00	0.00	$0.00	[illegible]	[illegible]
3. Assembly	1	L/S	6,000.00	$6,000.00	0.00	0.15	0.15	$0.00	[illegible]	[illegible]
8) Backwash Return Line										
1. Materials	1	L/S	1,200.00	$1,200.00	0.00	0.00	0.00	$0.00	0.00	[illegible]
2. Installation	1	L/S	1,300.00	$1,300.00	0.00	0.15	0.15	$0.00	[illegible]	[illegible]
9) Mauna Loa Meter Station										
1. Materials	1	L/S	3,000.00	$3,000.00	0.55	0.00	0.55	$8,000.00	0.00	[illegible]
2. Pre-fab Assembly	1	L/S	1,500.00	$1,500.00	0.25	0.00	0.25	$750.00	0.00	[illegible]
3. Assembly	1	L/S	4,000.00	$4,000.00	0.00	0.15	0.15	$0.00	600.00	[illegible]
10) 10" Transmission Line										
1. Materials	1	L/S	65,000.00	$65,000.00	0.15	0.77	0.92	$10,000.00	50,000.00	$60,000.00
2. Installation	4,000	F	15.00	$60,000.00	2,666.67	0.00	2,666.67	$40,000.00	0.00	$40,000.00
3. Connection to Manure Line	1	L/S	5,000.00	$5,000.00	0.20	0.15	0.35	$1,000.00	[illegible]	[illegible]

RDLL 174-1751

Molokai Ranch Domestic Water Improvements	PAY ESTIMATE							No. 2	Job No. 2528 Date 06/03/05	
Description	Quantity	Unit	Unit Price	Contract Amount	Quantity This Period	Previous Quantity	Quantity To Date	Amount This Period	Previous Amount	Amount To Date
11) Kaluakol Breaker Tank Bypass										
1. Materials	1	L/S	5,000.00	$5,000.00	1.00	0.00	1.00	$5,000.00	0.00	$5,000.00
2. Pre-fab Assembly	1	L/S	2,000.00	$2,000.00	0.13	0.00	0.13	$250.00	0.00	$250.00
3. Assembly	1	L/S	3,000.00	$3,000.00	0.00	0.15	0.15	$0.00	450.00	$450.00
12) Double FPV Station										
1. Materials	1	L/S	14,000.00	$14,000.00	1.00	0.00	1.00	$14,000.00	0.00	$14,000.00
2. Pre-fab Assembly	1	L/S	5,000.00	$5,000.00	0.10	0.00	0.10	$500.00	0.00	$500.00
3. Assembly	1	L/S	6,000.00	$6,000.00	0.00	0.15	0.15	$0.00	900.00	$900.00
13) Puu Okohi Valve and Meter Station										
1. Materials	1	L/S	14,000.00	$14,000.00	0.79	0.00	0.79	$11,000.00	0.00	$11,000.00
2. Pre-fab Assembly	1	L/S	7,000.00	$7,000.00	0.10	0.00	0.10	$700.00	0.00	$700.00
3. Assembly	1	L/S	9,000.00	$9,000.00	0.00	0.14	0.14	$0.00	1,300.00	$1,300.00

TOTAL CONTRACT WORK				$522,000.00				$129,450.00	$90,235.00	$219,685.00
Current Change Order Amount				$0.00				$0.00		
Previously Approved Change Order Amount				$0.00					$0.00	
Subtotal Of Change Order Amounts				$0.00				$0.00	$0.00	$0.00
Total				$522,000.00				$129,450.00	$90,235.00	$219,685.00

Reviewed And Approved: Tom Nance 6-8-2005

ATTACHMENT CA-IR-24a

ATTACHMENT CA-IR-24a

ROLL 183-1250

ITC Water Management

A Division Of Irrigation Technology Corporation
P.O. Box 458/66-079 Kamehameha Hwy.
Haleiwa, HI 96712

INVOICE

DATE	07/29/05
NUMBER	25983
PAGE	1

TERMS	Prompt Payment
PURCHASE ORDER NO.	Contract
Job No.:	2528

TO: Molokai Ranch, Ltd.
700 Richards Street, Suite 1204
Honolulu, HI 96813

Attn: Harold Edwards

AUG 15 2005

ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
	Molokai Ranch Domestic Water System Improvements		133,770.00
	(Please See Pay Estimate No. 4)		
		TOTAL	133,770.00

Approval 8-15-08
Date
Description #
Dept/Acct # ML 506
CR Job # 31008
Cost Code #
Check of 8/15

Chgr HEH 8/17

ROLL 183 - 1251

Molokai Ranch	PAY ESTIMATE							No. 4		Job No 2526	
Domestic Water Improvements										Date	07/31/05
Description	Quantity	Unit	Unit Price	Contract Amount	Quanty This Period	Previous Quantity	Quantity To Date	Amount This Period		Previous Amount	Amount To Date
1) Assemble Water Plants											
1. Materials	1	L/S	37,500.00	$ 37,500.00	0.00	0.99	0.99	$ 0.00		$ 36,958.00	$ 36,958.00
2. Pre-fab Assembly	1	L/S	12,500.00	$ 12,500.00	0.32	0.50	0.82	$ 4,000.00		$ 6,250.00	$ 10,250.00
3. Assembly	1	L/S	10,000.00	$ 10,000.00	0.00	0.15	0.15	$ 0.00		$ 1,500.00	$ 1,500.00
2) Install Media In U. S. Filters											
1. Installation	1	L/S	3,500.00	$ 3,500.00	0.00	0.15	0.15	$ 0.00		$ 525.00	$ 525.00
3) Reservoir Influent Line											
1. Materials	1	L/S	20,000.00	$ 20,000.00	0.05	0.95	1.00	$ 1,000.00		$ 19,000.00	$ 20,000.00
2. 14" HDPE Installation	200	lf	24.00	$ 19,200.00	0.21	0.78	0.99	$ 4,000.00		$ 15,000.00	$ 19,000.00
3. Connection to Molokai Line	1	L/S	3,800.00	$ 3,800.00	0.65	0.35	1.00	$ 2,480.00		$ 1,320.00	$ 3,800.00
4) Pre-Treatment Assembly											
1. Materials	1	L/S	2,000.00	$ 2,000.00	0.00	0.75	0.75	$ 0.00		$ 1,500.00	$ 1,500.00
2. Installation	1	L/S	4,000.00	$ 4,000.00	0.25	0.53	0.78	$ 1,000.00		$ 2,100.00	$ 3,100.00
5) Clean & Line Reservoir											
1. Materials	1	L/S	50,000.00	$ 50,000.00	1.00	0.00	1.00	$ 50,000.00		$ 0.00	$ 50,000.00
2. Cleaning	1	L/S	35,000.00	$ 35,000.00	0.67	0.33	1.00	$ 23,500.00		$ 11,500.00	$ 35,000.00
3. Lining Installation	1	L/S	55,000.00	$ 55,000.00	0.85	0.15	1.00	$ 46,790.00		$ 8,210.00	$ 55,000.00
6) Plant Influent Line											
1. Materials	1	L/S	15,000.00	$ 15,000.00	0.00	1.00	1.00	$ 0.00		$ 15,000.00	$ 15,000.00
2. Installation	1	L/S	10,000.00	$ 10,000.00	0.00	0.95	0.95	$ 0.00		$ 9,500.00	$ 9,500.00
7) Influent Pumps											
1. Materials	1	L/S	23,000.00	$ 23,000.00	0.00	1.00	1.00	$ 0.00		$ 23,000.00	$ 23,000.00
2. Pump Assembly	1	L/S	2,000.00	$ 2,000.00	0.50	0.50	1.00	$ 1,000.00		$ 1,000.00	$ 2,000.00
3. Assembly	1	L/S	6,000.00	$ 6,000.00	0.00	0.15	0.15	$ 0.00		$ 900.00	$ 900.00
8) Backwash Return Line											
1. Materials	1	L/S	1,200.00	$ 1,200.00	0.00	1.00	1.00	$ 0.00		$ 1,200.00	$ 1,200.00
2. Installation	1	L/S	1,300.00	$ 1,300.00	0.00	0.15	0.15	$ 0.00		$ 195.00	$ 195.00
9) Mauna Loa Meter Station											
1. Materials	1	L/S	9,000.00	$ 9,000.00	0.00	1.00	1.00	$ 0.00		$ 9,000.00	$ 9,000.00
2. Pump Assembly	1	L/S	3,000.00	$ 3,000.00	0.00	1.00	1.00	$ 0.00		$ 3,000.00	$ 3,000.00
3. Assembly	1	L/S	4,000.00	$ 4,000.00	0.00	0.90	0.90	$ 0.00		$ 3,600.00	$ 3,600.00
10) 10" Transmission Line											
1. Materials	1	L/S	65,000.00	$ 65,000.00	0.00	1.00	1.00	$ 0.00		$ 65,000.00	$ 65,000.00
2. 10" HDPE Installation	4,000	lf	15.00	$ 60,000.00	0.00	0.98	0.98	$ 0.00		$ 57,500.00	$ 57,500.00
3. Interconnection 14" and 10"	1	L/S	5,000.00	$ 5,000.00	0.00	0.55	0.55	$ 0.00		$ 2,750.00	$ 2,750.00

ATTACHMENT CA-IR-24a

ROLL 183-1252

Federal Reach	PAY ESTIMATE								No 4	Job No 2526	
Dutchess Water Improvements										Date	9/21/05
Description	Quantity	Unit	Unit Price	Contract Amount	Quantity This Period	Previous Quantity	Quantity To Date		Amount This Period	Previous Amount	Amount To Date
11) Kinnakeet Breaker Tank Bypass											
1. Materials	1	L/S	5,600.00	$ 5,600.00	0.00	1.00	1.00		$ 0.00	$ 5,600.00	$ 5,600.00
2. Prevailing Wage Rate	1	L/S	2,000.00	$ 2,000.00	0.00	0.38	0.38		$ 0.00	$ 750.00	$ 750.00
3. Assembly	1	L/S	3,000.00	$ 3,000.00	0.00	0.15	0.15		$ 0.00	$ 450.00	$ 450.00
12) Double FPV Station											
1. Materials	1	L/S	14,000.00	$ 14,000.00	0.00	1.00	1.00		$ 0.00	$ 14,000.00	$ 14,000.00
2. Prevailing Wage Rate	1	L/S	5,000.00	$ 5,000.00	0.00	0.50	0.50		$ 0.00	$ 2,500.00	$ 2,500.00
3. Assembly	1	L/S	6,000.00	$ 6,000.00	0.00	0.15	0.15		$ 0.00	$ 900.00	$ 900.00
13) Pine Orchard Valve and Meter Station											
1. Materials	1	L/S	14,000.00	$ 14,000.00	0.00	0.96	0.96		$ 0.00	$ 13,500.00	$ 13,500.00
2. Prevailing Wage Rate	1	L/S	7,000.00	$ 7,000.00	0.00	0.10	0.10		$ 0.00	$ 700.00	$ 700.00
3. Assembly	1	L/S	9,000.00	$ 9,000.00	0.00	0.14	0.14		$ 0.00	$ 1,300.00	$ 1,300.00
TOTAL CONTRACT PRICE				$ 522,000.00					$ 133,770.00	$ 334,605.00	$ 468,375.00
Current Change Order Amount				$ 0.00					$ 0.00		
Previously Approved Change Order Amount				$ 0.00						$ 0.00	
Submitted Change Order Amount				$ 0.00					$ 0.00	$ 0.00	$ 0.00
Total				$ 522,000.00					$ 133,770.00	$ 334,605.00	$ 468,375.00

Reviewed And Approved [illegible] 9-6-2005

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

ATTACHMENT CA-IR-24a

56268

56268

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
8/31/2005	0026013-IN	COMP-FENCING WTR SYSTEM	$38,572.00	$38,572.00
		TOTAL	$38,572.00	$38,572.00

ROLL 183-1223

MPL Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

56268

VOID AFTER 90 DAYS

59-102/1213

DATE	AMOUNT
9/21/2005	$38,572.00

PAY TO THE ORDER OF

Thirty Eight Thousand Five Hundred Seventy Two Dollars And 00 Cents

ITC WATER MANAGEMENT
66-079 KAMEHAMEHA HWY
P.O. BOX 458
HALEIWA HI 96712

AUTHORIZED SIGNATURE

⑈056268⑈ ⑆121301028⑆ 0080⑈7138284⑈

MOLOKAI PROPERTIES LIMITED

56268

ATTACHMENT CA-IR-24a

9/19/05

INVOICE ****** PAGE: 1

ROLL 183-1224

ITC Water Man
Div. Of Irrig
P.O. Box 458
66-079 Kamehameha Hwy.
Haleiwa, HI 96712
(808) 637-5078

SEP 8 2005

INVOICE NUMBER: 0026013-IN
INVOICE DATE: 08/31/05
SHIP DATE: 08/31/05
ORDER NUMBER: 0061674
ORDER DATE: 08/10/05

CUSTOMER NO: 0012175

SOLD TO:
Molokai Ranch, Ltd.
745 Fort Street Mall
Suite 600
Honolulu HI 96813

SHIP TO:
Molokai Ranch, Ltd.
745 Fort Street Mall
Suite 600
Honolulu HI 96813

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
CONTRACT	ITC DELIVERY	JOBSITE	PROMPT PAYMENT

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
*SPEC	EACH	1.000	1.000	0.000	38,572.0000	38,572.00

MOLOKAI RANCH DOMESTIC WATER SYSTEM
IMPROVEMENTS, APPLICATION 5

Approval
Date 9-5-05
Description
Dept/Acct #
Ck Job # ME506
Cost Code # 31000
PAY WEEK OF 9/19/05

NET INVOICE:	38,572.00
FREIGHT:	.00
SALES TAX:	.00
INVOICE TOTAL:	38,572.00

[illegible] 9/6

ROLL 183-1226

Mookini Ranch	PAY ESTIMATE							No. 5		Job No. 2526	
Domestic Water Improvements										Date	09/31/05
Description	Quantity	Unit	Unit Price	Contract Amount	Quantity This Period	Previous Quantity	Quantity To Date	Amount This Period	Previous Amount	Amount To Date
1) Assemble Water Plants										
1. Materials	1	L/S	37,500.00	$ 37,500.00	0.01	0.99	1.00	$ 562	$ 36,950	$ 37,500
2. Prefab Assembly	1	L/S	12,500.00	$ 12,500.00	0.18	0.82	0.82	$ 2,250	$ 10,250	$ 12,500
3. Assembly	1	L/S	10,000.00	$ 10,000.00	0.85	0.15	1.00	$ 8,500	$ 1,500	$ 10,000
2) Install Media in U. S. Filters										
1. Installation	1	L/S	3,500.00	$ 3,500.00	0.85	0.15	1.00	$ 2,975	$ 525	$ 3,500
3) Reservoir Influent Line										
1. Materials	1	L/S	20,000.00	$ 20,000.00	0.00	1.00	1.00	$ 0	$ 20,000	$ 20,000
2. 12" HDPE Installation	800	F	24.00	$ 19,200.00	0.01	0.99	1.00	$ 200	$ 19,003	$ 19,203
3. Connection to Mauka Line	1	L/S	3,800.00	$ 3,800.00	0.00	1.00	1.00	$ 0	$ 3,800	$ 3,800
4) Pre-Treatment Assembly										
1. Materials	1	L/S	2,000.00	$ 2,000.00	0.25	0.75	1.00	$ 500	$ 1,500	$ 2,000
2. Installation	1	L/S	4,000.00	$ 4,000.00	0.23	0.78	1.00	$ 900	$ 3,100	$ 4,000
5) Clean & Line Reservoir										
1. Materials	1	L/S	50,000.00	$ 50,000.00	0.00	1.00	1.00	$ 0	$ 50,000	$ 50,000
2. Cleaning	1	L/S	35,000.00	$ 35,000.00	0.00	1.00	1.00	$ 0	$ 35,000	$ 35,000
3. Liner Installation	1	L/S	55,000.00	$ 55,000.00	0.00	1.00	1.00	$ 0	$ 55,000	$ 55,000
6) Plant Influent Line										
1. Materials	1	L/S	15,000.00	$ 15,000.00	0.00	1.00	1.00	$ 0	$ 15,000	$ 15,000
2. Installation	1	L/S	10,000.00	$ 10,000.00	0.05	0.95	1.00	$ 500	$ 9,500	$ 10,000
7) Influent Pumps										
1. Materials	1	L/S	23,000.00	$ 23,000.00	0.00	1.00	1.00	$ 0	$ 23,000	$ 23,000
2. Inlet Assembly	1	L/S	2,000.00	$ 2,000.00	0.00	1.00	1.00	$ 0	$ 2,000	$ 2,000
3. Assembly	1	L/S	6,000.00	$ 6,000.00	0.85	0.15	1.00	$ 5,100	$ 900	$ 6,000
8) Backwash Return Line										
1. Materials	1	L/S	1,200.00	$ 1,200.00	0.00	1.00	1.00	$ 0	$ 1,200	$ 1,200
2. Installation	1	L/S	1,200.00	$ 1,200.00	0.85	0.15	1.00	$ 1,100	$ 100	$ 1,200
9) Mauka Line Meter Station										
1. Materials	1	L/S	9,000.00	$ 9,000.00	0.00	1.00	1.00	$ 0	$ 9,000	$ 9,000
2. Meter Assembly	1	L/S	3,000.00	$ 3,000.00	0.00	1.00	1.00	$ 0	$ 3,000	$ 3,000
3. Assembly	1	L/S	4,000.00	$ 4,000.00	0.00	0.90	0.90	$ 0	$ 3,600	$ 3,600
10) 10" Transmission Line										
1. Materials	1	L/S	65,000.00	$ 65,000.00	0.00	1.00	1.00	$ 0	$ 65,000	$ 65,000
2. 10" HDPE Installation	6,000	F	10.00	$ 60,000.00	0.03	0.96	0.99	$ 1,500	$ 57,500	$ 59,000
3. Connection to Mauka Line	1	L/S	5,000.00	$ 5,000.00	0.45	0.55	1.00	$ 2,250	$ 2,750	$ 5,000

ATTACHMENT CA-IR-24a

ROLL 183-1227

Molokai Ranch	PAY ESTIMATE							No. 5	Job No. 2526	
Domestic Water Improvements									Date:	08/31/05
Description	Quantity	Unit	Unit Price	Contract Amount	Quantity This Period	Previous Quantity	Quantity To Date	Amount This Period	Previous Amount	Amount To Date
11) Kalaokai Breaker Tank Bypass										
1. Materials	1	L/S	5,000.00	$ 5,000.00	0.00	1.00	1.00	$ 0	$ 5,000	$ 5,000
2. Pre-fab Assembly	1	L/S	2,000.00	$ 2,000.00	0.63	0.36	1.00	$ 1,250	$ 750	$ 2,000
3. Assembly	1	L/S	3,000.00	$ 3,000.00	0.33	0.15	0.48	$ 1,000	$ 450	$ 1,450
12) Double PPV Station										
1. Materials	1	L/S	14,000.00	$ 14,000.00	0.00	1.00	1.00	$ 0	$ 14,000	$ 14,000
2. Pre-fab Assembly	1	L/S	5,000.00	$ 5,000.00	0.50	0.50	1.00	$ 2,500	$ 2,500	$ 5,000
3. Assembly	1	L/S	6,000.00	$ 6,000.00	0.17	0.15	0.32	$ 1,000	$ 900	$ 1,900
13) Puu Okoki Valve and Meter Station										
1. Materials	1	L/S	14,000.00	$ 14,000.00	0.04	0.96	1.00	$ 500	$ 13,500	$ 14,000
2. Pre-fab Assembly	1	L/S	7,000.00	$ 7,000.00	0.36	0.19	0.46	$ 2,500	$ 700	$ 3,200
3. Assembly	1	L/S	9,000.00	$ 9,000.00	0.39	0.14	0.53	$ 2,500	$ 1,300	$ 4,800

TOTAL CONTRACT WORK				$ 522,000				$ 38,572	$ 468,378	$ 506,950
Current Change Order Amount				$ 0				$ 0		
Previously Approved Change Order Amount				$ 0					$ 0	
Subtotal Of Change Order Amounts				$ 0				$ 0	$ 0	$ 0
Total				$ 522,000				$ 38,572	$ 468,378	$ 506,950

Reviewed And Approved: Tom Nance 9-1-2005

ATTACHMENT CA-IR-24a

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56322

56322

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
9/13/2005	0026031-IN	SEAMETRICS	$1,008.70	$1,008.70
		TOTAL	$1,008.70	$1,008.70

Roll 183 - 1209

Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

56322

VOID AFTER 90 DAYS

59-102/1212

DATE	AMOUNT
10/5/2005	$1,008.70

PAY TO THE ORDER OF

One Thousand Eight Dollars And 70 Cents

ITC WATER MANAGEMENT
66-079 KAMEHAMEHA HWY
P.O. BOX 458
HALEIWA HI 96712

AUTHORIZED SIGNATURE

⑈056322⑈ ⑆121301028⑆ 0060⑈7338 28⑈

MOLOKAI PROPERTIES LIMITED

56322

ATTACHMENT CA-IR-24a

PAGE: 1

10/3/05

ITC Water Management
Div. Of Irrigation Technol
P.O. Box 458
66-079 Kamehameha Hwy.
Haleiwa, HI 96712
(808) 637-5078

[illegible] NUMBER: [illegible]-IN
INVOICE DATE: 09/13/05
SHIP DATE: 08/31/05
ORDER NUMBER: 0061657
ORDER DATE: 08/19/05

23 2005

CUSTOMER NO: 0012175

SOLD TO:
Molokai Ranch, Ltd.
700 Richards Street
Suite 1204
Honolulu HI 96813

SHIP TO:
Molokai Ranch
Attn: Rex Kamakana
100 Maunaloa Hwy
Maunaloa HI 96770

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
WTR-2103	UPS BLUE	MAUNALOA	NET 30 DAYS

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
*SPEC	EACH	1.000	1.000	0.000	545.7000	545.70
	SEAMETRICS IP-101P-40, INSERTION FLOW SENSOR, PVC, SUBMERISBLE					
*SPEC	EACH	1.000	1.000	0.000	422.6600	422.66
	SEAMETRICS FT420W, FLOW COMPUTER, WALL MOUNT					

UPS TRACKING 1Z97X5340353575582

Approval
Date 9-23-05
Description
Dept Acct #
[illegible] # BG
[illegible] # ML 50L
[illegible] 10/3/05

NET INVOICE: [illegible]
FREIGHT: [illegible]
SALES TAX: [illegible]
INVOICE TOTAL: 1,008.[illegible]

ROLL 183-1210

ATTACHMENT CA-IR-24a

ROCL 183 -1201

MOLOKAI PROPERTIES LIMITED

56386

56386

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
9/30/2005	0026065-IN	ML506-WTR SYS APP#6	$15,050.00	$15,050.00
		TOTAL	$15,050.00	$15,050.00

Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

69-102/1213

56386

VOID AFTER 90 DAYS

DATE	AMOUNT
10/20/2005	$15,050.00

PAY TO THE ORDER OF

Fifteen Thousand Fifty Dollars And 00 Cents

ITC WATER MANAGEMENT
66-079 KAMEHAMEHA HWY
P.O. BOX 458
HALEIWA HI 96712

AUTHORIZED SIGNATURE

⑈056386⑈ ⑆121301028⑆ 0080⑈733628⑈

MOLOKAI PROPERTIES LIMITED

56386

ATTACHMENT CA-IR-24a

Pay 10/17/05 ****** PAGE: 1

ITC Water Management
Div. Of Irrigation T
P.O. Box 458
66-079 Kamehameha Hwy.
Haleiwa, HI 96712
(808) 637-5078

INVOICE NUMBER: 0026065-IN
INVOICE DATE: 09/30/05
SHIP DATE: 09/30/05
ORDER NUMBER: 0061719
ORDER DATE: 08/10/05
CUSTOMER NO: 0012175

MOLOKAI RANCH, LTD
HONOLULU ACCOUNTING

SOLD TO:
Molokai Ranch, Ltd.
745 Fort Street Mall
Suite 600
Honolulu HI 96813

SHIP TO:
Molokai Ranch, Ltd.
745 Fort Street Mall
Suite 600
Honolulu HI 96813

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
CONTRACT	ITC DELIVERY	JOBSITE	PROMPT PAYMENT

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
*SPEC	EACH	1.000	1.000	0.000	15,050.0000	15,050.00

MOLOKAI RANCH DOMESTIC WATER SYSTEM
IMPROVEMENTS, APPLICATION 6

Approval
Date 10-1-05
Description
Dept/Acct #
OR Job #
Cost Code # ML-506
Pay week of 10-17

NET INVOICE:	15,050.00
FREIGHT:	.00
SALES TAX:	.00
INVOICE TOTAL:	15,050.00

Copy to EH 10/03

KULL 182-1202

ROLL 18 2 - 1204

Molokai Ranch	PAY ESTIMATE							No. 6	Job No. 2526	
Domestic Water Improvements									Date	08/30/01
Description	Quantity	Unit	Unit Price	Contract Amount	Quantity This Period	Previous Quantity	Quantity To Date	Amount This Period	Previous Amount	Amount To Date
1) Assemble Water Plants										
1. Materials	1	L/S	37,500.00	$ 37,500.00		1.00	1.00	$ 0	$ 37,500	$ 37,500
2. Pre-fab Assembly	1	L/S	12,500.00	$ 12,500.00		1.00	1.00	$ 0	$ 12,500	$ 12,500
3. Assembly	1	L/S	10,000.00	$ 10,000.00		1.00	1.00	$ 0	$ 10,000	$ 10,000
2) Install Media in U. S. Filters										
1. Installation	1	L/S	3,500.00	$ 3,500.00		1.00	1.00	$ 0	$ 3,500	$ 3,500
3) Reservoir Influent Line										
1. Materials	1	L/S	20,000.00	$ 20,000.00		1.00	1.00	$ 0	$ 20,000	$ 20,000
2. 14" HDPE installation	800	LF	24.00	$ 19,200.00		1.00	1.00	$ 0	$ 19,200	$ 19,200
3. Connection to Natural Line	1	L/S	3,800.00	$ 3,800.00		1.00	1.00	$ 0	$ 3,800	$ 3,800
4) Pre-Treatment Assembly										
1. Materials	1	L/S	2,000.00	$ 2,000.00		1.00	1.00	$ 0	$ 2,000	$ 2,000
2. Installation	1	L/S	4,000.00	$ 4,000.00		1.00	1.00	$ 0	$ 4,000	$ 4,000
5) Clean & Line Reservoir										
1. Materials	1	L/S	50,000.00	$ 50,000.00		1.00	1.00	$ 0	$ 50,000	$ 50,000
2. Cleaning	1	L/S	35,000.00	$ 35,000.00		1.00	1.00	$ 0	$ 35,000	$ 35,000
3. Lining installation	1	L/S	55,000.00	$ 55,000.00		1.00	1.00	$ 0	$ 55,000	$ 55,000
6) Plant Influent Line										
1. Materials	1	L/S	15,000.00	$ 15,000.00		1.00	1.00	$ 0	$ 15,000	$ 15,000
2. Installation	1	L/S	10,000.00	$ 10,000.00		1.00	1.00	$ 0	$ 10,000	$ 10,000
7) Influent Pumps										
1. Materials	1	L/S	23,000.00	$ 23,000.00		1.00	1.00	$ 0	$ 23,000	$ 23,000
2. Pre-fab Assembly	1	L/S	2,000.00	$ 2,000.00		1.00	1.00	$ 0	$ 2,000	$ 2,000
3. Assembly	1	L/S	8,000.00	$ 8,000.00		1.00	1.00	$ 0	$ 8,000	$ 8,000
8) Backwash Return Line										
1. Materials	1	L/S	1,200.00	$ 1,200.00		1.00	1.00	$ 0	$ 1,200	$ 1,200
2. Installation	1	L/S	1,300.00	$ 1,300.00		1.00	1.00	$ 0	$ 1,300	$ 1,300
9) Mauna Loa Meter Station										
1. Materials	1	L/S	9,000.00	$ 9,000.00		1.00	1.00	$ 0	$ 9,000	$ 9,000
2. Pre-fab Assembly	1	L/S	3,000.00	$ 3,000.00		1.00	1.00	$ 0	$ 3,000	$ 3,000
3. Assembly	1	L/S	4,000.00	$ 4,000.00	0.10	0.90	1.00	$ 400	$ 3,600	$ 4,000
10) 10" Transmission Line										
1. Materials	1	L/S	65,000.00	$ 65,000.00		1.00	1.00	$ 0	$ 65,000	$ 65,000
2. 10" HDPE installation	4,000	LF	13.50	$ 60,000.00	0.07	0.93	1.00	$ 1,000	$ 58,000	$ 59,000
3. Connection to 10" steel line	1	L/S	5,000.00	$ 5,000.00		1.00	1.00	$ 0	$ 5,000	$ 5,000

ATTACHMENT CA-IR-24a

ROLL 183-1205

Molokai Ranch	PAY ESTIMATE							No. 6	Job No. 2526	
Domestic Water Improvements									Date	09/30/05
Description	Quantity	Unit	Unit Price	Contract Amount	Quantity This Period	Previous Quantity	Quantity To Date	Amount This Period	Previous Amount	Amount To Date
11) Kaluakoi Bracker Tank Bypass										
1. Materials	1	L/S	5,000.00	$ 5,000.00		1.00	1.00	$ 0	$ 5,000	$ 5,000
2. Fire/Air Assembly	1	L/S	2,000.00	$ 2,000.00		1.00	1.00	$ 0	$ 2,000	$ 2,000
3. Assembly	1	L/S	3,000.00	$ 3,000.00	0.52	0.48	1.00	$ 1,560	$ 1,440	$ 3,000
12) Double PPV Station										
1. Materials	1	L/S	14,000.00	$ 14,000.00		1.00	1.00	$ 0	$ 14,000	$ 14,000
2. Fire/Air Assembly	1	L/S	5,000.00	$ 5,000.00		1.00	1.00	$ 0	$ 5,000	$ 5,000
3. Assembly	1	L/S	6,000.00	$ 6,000.00	0.68	0.32	1.00	$ 4,080	$ 1,920	$ 6,000
13) Puu Okoili Valve and Meter Station										
1. Materials	1	L/S	14,000.00	$ 14,000.00		1.00	1.00	$ 0	$ 14,000	$ 14,000
2. Fire/Air Assembly	1	L/S	7,000.00	$ 7,000.00	0.54	0.46	1.00	$ 3,780	$ 3,220	$ 7,000
3. Assembly	1	L/S	9,000.00	$ 9,000.00	0.47	0.53	1.00	$ 4,230	$ 4,770	$ 9,000
TOTAL CONTRACT WORK				$ 522,000				$ 15,050	$ 506,950	$ 522,000
Current Change Order Amount				$ 0				$ 0		
Previously Approved Change Order Amount				$ 0					$ 0	
Subtotal Of Change Order Amounts				$ 0				$ 0	$ 0	$ 0
Total				$ 522,000				$ 15,050	$ 506,950	$ 522,000

Reviewed And Approved: [signature] 9-30-2005

ATTACHMENT CA-IR-24a

LUKE ATTACHMENT CA-IR-24a

ROLL 183-1853

MOLOKAI PROPERTIES LIMITED

56134

56134

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
8/16/2005	050816	REIMB. 08/09-09/17/05 EXP	$391.99	$391.99
		TOTAL	$391.99	$391.99

MPL Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56134

VOID AFTER 90 DAYS

DATE	AMOUNT
8/17/2005	$391.99

PAY TO THE ORDER OF Three Hundred Ninety One Dollars And 99 Cents

ALBERTA NANI LUKE

AUTHORIZED SIGNATURE

⑈056134⑈ ⑆121301028⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

56134

AUG 19 2005

ML 506 $374.67

ROLL 183 - 1854

AUG 16 2005

PERSONAL EXPENSE REPORT

NAME: Nani Luke
DEPT. # 110 DEPT:

CHECK #:
DATE: 8/15/2005

DATE	Vendor's Name/Description of Items / Business Purpose (Include names of people entertained)	Reports	Meals & Entertainment	Meals & Supplies	Subscriptions	Mileage	TOTAL	Account Code
		$15.00	$50.00	$10.00	$ 3.00	$ 0.75		
8/9/2005	Mileage					$ 0.75	$0.75	
Business Purpose*	Mileage for delivery of documents to Department of Health (2 miles)							
8/11/2005	Home Depot ML 506 CAPEX			$ 315.51			$315.51	MC530
Business Purpose*	[illegible]							
8/11/2005	Mileage					$ 4.13	$4.13	
Business Purpose*	Mileage for delivery of materials and supplies to Send to Moolah via Kamoka Air (11 miles)							
8/15/2005	Longs Drugs			$ 8.31			$8.31	
Business Purpose*	Instant coffee for the office							
8/17/05	COMPUSA			41.66			[illegible]	[illegible]
Business Purpose*	USB Serial Adapter							
8/17/05	Kamoka Air Shuttle			77.50			77.50	$0.00 MC530
Business Purpose*	Send USB Serial Adapter							
8/17/05	Mileage (11 miles)					$ 4.13	4.13	$0.00
Business Purpose*	Pick up USB Adapter Ride to Molokai on Air Shuttle							
Business Purpose*							$0.00	
Business Purpose*							$0.00	
				392.95				
	TOTAL	$0.00	$0.00	$ 328.62	$0.00	$ 9.01	[illegible]	
				LESS: Amounts Advanced/VISA			391.99	
				DUE TO/(FROM) EMPLOYEE			[illegible]	

ATTACH RECEIPTS, CHITS, INVOICES

Employee Signature _____ 8/15/2005 Supervisor Signature _____

* Please provide business purpose for these expenses

copy to [illegible] 8/19/05

ATTACHMENT CA-IR-24a

ROLL 183 - 1855

THE HOME DEPOT 1701
421 ALAKAWA STREET
HONOLULU, HI 96817 (808)521-7355

1701 00014 34166 08/11-05
SALE 11 AR6JCB 10:01 AM

THE HOME DEPOT ®

070052002048 10X100 6 MIL		39.79
677646 1X12PVC LINE		
30 @ 8.77		263.10
	SUBTOTAL	302.89
	SALES TAX	12.62
	TOTAL	$315.51
XXXXXXXXXXXX5678 VISA		315.51
AUTH CODE 045500/3149155		TA

1701 14 34166 08/11/2005 8661

NOW HIRING SPECIALTY SALES ASSOCIATES.
APPLY TODAY IN-STORE OR ON-LINE AT:
CAREERS.HOMEDEPOT.COM/SPECIALISTS

ENTER FOR A CHANCE TO WIN A $5,000 HOME DEPOT GIFT CARD!

Your Opinion Counts! We would like to hear about your shopping experience. Enter to win a $5,000 Home Depot Gift Card by completing a brief survey about your store visit at:

www.HomeDepotOpinion.com

You will need the following to enter on-line:

User ID:
70322 68635

Password:
5411 68621

Entries must be entered by 09/10 2005. Entrants must be 18 or older to enter. See complete rules on website. No purchase necessary.

(Esta encuesta tambien se encuentra en español en la pagina del Internet.)

ATTACHMENT CA-IR-24a

ROLL 183 - 1856

[illegible]
604 [illegible] Honolulu HI [illegible]

8/17/05 11 07 0793 08 0004 263736

[illegible]

	[illegible]		[illegible]
**** TAX	1 67	BAL	41.66

VI [illegible] 41.66
[illegible]
[illegible] # 014016
[illegible] #1254
[illegible] NANI

CHANGE 00
Trans Salesperson 0000000777
ITEMS SOLD - 1
8/17/05 11.07 0793 08 0004 263736

CompUSA Satisfaction Promise

At CompUSA we believe in being fair in our customers.
If you are not satisfied with a product you purchased from us and you return the product with the original receipt or invoice within 21 days of purchase or invoice date you may exchange the product or receive a refund, except as explained below.
If you do not have the original receipt, you may exchange unopened product for a CompUSA merchandise card.
- Items must be in new condition, with the original box, packaging, manuals, accessories, and UPC code.
- Opened software, games, and videos may only be exchanged for the same title.
- Open notebook computers, projectors and cameras may only be exchanged for a CompUSA merchandise card.
- Credit card refunds will be credited to the original credit card.
- Purchases made by cash or check [illegible] will be refunded by a [illegible] from [illegible] office within 10 business days.

[illegible]

[illegible]

[illegible]

MOLOKAI AIR SHUTTLE
99 MOKUEA PLACE
HONOLULU, HI 96819
545-4988 – 567-6847

NOTES

RECEIPT

RECEIVED FROM NANI LUKE DATE 8/17/05 NO. 7803

ADDRESS [illegible]

FOR Rex Kamakana $ 1850

MUST CHECK IN 1 HOUR PRIOR TO DEPARTURE
TICKET GOOD FOR 90 DAYS
NO SHOW – NO REFUND
STANDBY ONLY

BY [illegible]

©2001 [illegible]

System: 9/29/2009 11:15:06 AM
User Date: 9/29/2009

Molokai Ranch, Ltd.
VENDOR CHECK REGISTER REPORT
Payables Management

ATTACHMENT CA-IR-24a
User ID: elaineh

Ranges:	From:	To:		From:	To:
Check Number	First	Last	Check Date	9/1/2005	10/31/2005
Vendor ID	PAC ELECTRO	PAC ELECTRO	Checkbook ID	OPERATING	OPERATING
Vendor Name	First	Last			

Sorted By: Check Number

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code		Amount
56300	PAC ELECTRO	PACIFIC ELECTRO MECHANICAL INC	9/28/2005	OPERATING	PMCHK00000982		$21,924.76 ✓
56316	PAC ELECTRO	PACIFIC ELECTRO MECHANICAL INC	9/28/2005	OPERATING	PMCHK00000982	other	$643.23
56389	PAC ELECTRO	PACIFIC ELECTRO MECHANICAL INC	10/20/2005	OPERATING	PMCHK00000991		$3,231.20 ✗
Total Checks: 3					Total Amount of Checks:		$26,799.19

- 643.23

$ 25,155.96

✗ Not Found

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56300

56300

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
9/15/2005	16614	WTR2167 ELETRICAL WORK	$21,924.76	$21,924.76

TOTAL $21,924.76 $21,924.76

ROLL 184-1420

MPL Molokai Properties Limited

748 FORT STREET, SUITE 800 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56300

VOID AFTER 06 DAYS

DATE	AMOUNT
9/28/2005	$21,924.76

PAY TO THE ORDER OF

Twenty One Thousand Nine Hundred Twenty Four Dollars And 76 Cents

PACIFIC ELECTRO MECHANICAL INC

192-E MOHONUA PLACE
HONOLULU HI 96819

AUTHORIZED SIGNATURE

⑈056300⑈ ⑆121301028⑆ 0080⑈7338 28⑈

MOLOKAI PROPERTIES LIMITED

56300

SEP 30 2005

ATTACHMENT CA-IR-24a

9/21/05

ROLL 184 - 1421

...S LIMITED
...e 600
...5813

WEEK OF THE 26th

Purchase Order No. WTR-2197

Department #
Department Name
Date
Est. Delivery Date
Acct No.
Job No. HL 506
Job Acct No. 31000

Vendor Name: Pacific Electro-Mechanical
Address: 192-E Mohonua Place
Honolulu, Hawaii 96819

Fed ID #:
Contact:
Telephone:

Budgeted ____ Unbudgeted ____

Ship to:

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
1			Electrical Work for Filter Conversion	$21,924.76	$21,924.76

Subtotal
GET
Shipping/Handling
TOTAL: $21,924.76

Harold Edwards
Requisitioner Date

Authorized Signature (Approval) Date

Goods/Services Received in Good Order and Condition by

Copy to E & 9/21

White - Vendor Green - Shipping & Receiving Canary - Acctg Dept Pink - Originator - Acctg Dept Gold - Orig - Desk File Copy

Remit To:

PACIFIC ELECTRO-MECHANICAL, INC.

192-E MOHONUA PLACE
HONOLULU, HI 96819
TEL: 808-842-0852 FAX: 808-848-1630

INVOICE NO. 16614

SEP 16 2005

Sold To: Molokai Ranch
Attn: Accounts Payable Department
745 Fort Street Mall Suite 600
Honolulu HI 96813

Tel: 8085310158
Fax: 8085212279

Invoice Date: 9/15/2005

Page Page 1 of 1

Description of Services: Support replacement of filters at Puunana WTP.

Authorized By: Harold Edwards

Customer Order No.:

KOLL 184-4422

BREAKDOWN OF LABOR/SERVICES PERFORMED:

DATE	DESCRIPTION	TECHNICIAN	QTY	UNIT	EXTENDED
3/25/2005	Address concerns via e-mail recontrol issues	Marty J	1	$85.00	$85.00
5/6/2005	Review plans for new plant	Marty J	3	$95.00	$285.00
5/9/2005	Site survey Puunana, plan for demo and new install	Marty J	6	$95.00	$570.00
5/6/2005	Puunana Coordination	Marty J	2.5	$95.00	$237.50
5/20/2005	Specify and order materials for Filter Plant	Marty J	8	$95.00	$760.00
7/21/2005	Gather materials and ship to Molokai	Jeff K	4	$95.00	$380.00
8/1/2005	Install power taps, remove equipment, move conduit	Marty J	7	$95.00	$665.00
8/8/2005	Electrical install	Jeff K	9	$95.00	$855.00
8/8/2005	Demolish old plant, move wall mont instruments	Marty J	10	$95.00	$950.00
8/9/2005	Electrical install	Jeff K	11	$95.00	$1,045.00
8/9/2005	Run conduit	Marty J	6.5	$95.00	$617.50
8/10/2005	Electrical install	Jeff K	11	$95.00	$1,045.00
8/10/2005	Run conduit, wire	Marty J	11	$95.00	$1,045.00
8/11/2005	Electrical install	Jeff K	11	$95.00	$1,045.00
8/11/2005	Run conduit, pull wire and terminate	Marty J	11.5	$95.00	$1,092.50
8/12/2005	Electrical install	Jeff K	9	$95.00	$855.00
8/12/2005	Terminate wiring	Marty J	10	$95.00	$950.00
8/15/2005	Calibrate instruments, startup and demobilize	Marty J	11.5	$95.00	$1,092.50
8/18/2005	Setup alarms logic, dialer, and injection pump pacing	Marty J	11	$95.00	$1,045.00
8/26/2005	Wire in relays to signal drives of draindown, systems training.	Marty J	7.5	$95.00	$712.50
LABOR TOTAL:			161.5		$15,332.50
MATERIALS TOTAL:					$5,026.27
FREIGHT/TRAVEL TOTAL:					$882.14
4.166% HAWAII G.E.T.					$878.93
TOTAL DUE					$21,934.76

Approval
Date
Description
Dept/Acct #
OH Job # M.O. WTR 2167
Cost Code #

Terms: All invoices are due and payable within 30 days of receipt. A service charge of 1-1/2% per month will be computed on all amounts overdue on regular statement dates. Thank you for your prompt payment.

System: 9/28/2009 2:40:03 PM
User Date: 9/28/2009

Molokai Ranch, Ltd.
VENDOR CHECK REGISTER REPORT
Payables Management

ATTACHMENT CA-IR-24a
User ID: elaineh

Ranges:	From:	To:		From:	To:
Check Number	First	Last	Check Date	4/1/2005	10/31/2005
Vendor ID	TOM NANCE	TOM NANCE	Checkbook ID	OPERATING	OPERATING
Vendor Name	First	Last			

Sorted By: Check Number

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code	Amount
55617	TOM NANCE	TOM NANCE WATER	4/13/2005	OPERATING	PMCHK00000922 *	$7,640.00
55646	TOM NANCE	TOM NANCE WATER	4/13/2005	OPERATING	PMCHK00000922	$1,840.00
55895	TOM NANCE	TOM NANCE WATER	6/15/2005	OPERATING	PMCHK00000944 *	$6,518.75
56114	TOM NANCE	TOM NANCE WATER	8/10/2005	OPERATING	PMCHK00000960 *	$6,840.00
56387	TOM NANCE	TOM NANCE WATER	10/20/2005	OPERATING	PMCHK00000991 *	$5,013.87

Total Checks: 5

Total Amount of Checks: $27,852.62

-1840.00

$ 26012.62

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

55617

55617

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
3/22/2005	205061	THRU 03/13 PUUNANA-DOH	$7,640.00	$7,640.00
		TOTAL	$7,640.00	$7,640.00

PDLL 176-1564

MPL Molokai Properties Limited
745 FORT STREET, SUITE 800 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

55617

VOID AFTER 90 DAYS

58-102/1213

DATE	AMOUNT
4/13/2005	$7,640.00

PAY TO THE ORDER OF

Seven Thousand Six Hundred Forty Dollars And 00 Cents

TOM NANCE WATER
RESOURCE ENGINEERING
680 ALA MOANA BLVD., STE. 406
HONOLULU HI 96813-5411

AUTHORIZED SIGNATURE

⑈055617⑈ ⑆121301020⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

55617

SAFEGUARD

ATTACHMENT CA-IR-24a

Roll 176-1565

Tom Nance Water
Resource Engineering

due-date ?
4/13/05

Invoice number 205061
March 22, 2005
Page number 1

PROJECT: 205-2100.0 NEW PUU NANA TREATMENT PLANT

MOLOKAI RANCH, LIMITED
AMFAC CENTER - HAWAII TOWER
745 FORT STREET, SUITE 600
HONOLULU, HAWAII 96813

ATTN: MR. HAROLD EDWARDS

MAR 29 2005
MOLOKAI RANCH
HONOLULU

Professional services rendered thru 03/13/05

Professional Services	Hours	Amount
PRINCIPAL-WATER ENGINEER TOM NANCE	12.00	1,920.00
SR. PROJECT ENGINEER/WATER GREGORY S. FUKUMITSU	2.00	270.00
CLERICAL LINDA A TAJIRI	3.50	210.00
Services Total:	17.50	2,400.00

Reimbursable Expenses	Cost	Amount
LABORATORY ANALYSES 3-11-05 MWH LABORATORIES, INVOICE 142983	5,240.00	5,240.00
Reimbursable Total:		5,240.00
THIS INVOICE TOTAL:		7,640.00

Project Billing Summary	Prior	Current	Total
Professional Services	.00	2,400.00	2,400.00
Reimbursable Expenses	.00	5,240.00	5,240.00
Total	.00	7,640.00	7,640.00

3-31-05
ML 506
22 [illegible]

~~[illegible]~~ ML 506 - 22000

4/11/05

ATTACHMENT CA-IR-24a

ROLL 176 - 1568

MWH Laboratories

Please Remit to:
MWH Laboratories
Dept. 2726
Los Angeles, CA 90084-2726

(626) 386-1100 Fax: (626) 386-1124

INVOICE
142983 LI
03/11/05

Client Code TOMNANCE
Blanket PO
Release #
MWA Job#
Contract #
Vendor#
PO#

TN
GF
TY
GS
LT
JOB

RECEIVED
MAR 14 2005
TOM NANCE
WATER RESOURCE ENGINEERING

Billing Address
Tom Nance
Tom Nance Water Resources Eng.
680 Alamoana Blvd. Suite 406
Honolulu, HI 96813

Report Address
Tom Nance
Tom Nance Water Resources Eng.
680 Alamoana Blvd. Suite 406
Honolulu, HI 96813

Line Item #	Qty	Test Code	Description	Unit Price	Extended Price
896-22	2	@504MOD	EDB, DBCP & TCP	$100.00	$200.00
896-24	2	@525REG	SOCS-DRINKING WATER	$300.00	$600.00
896-01	2	@DIQUAT	DIQUAT & PARAQUAT	$150.00	$300.00
896-03	2	@ML505	PESTICIDES, SDWA	$200.00	$400.00
896-04	2	@ML515.4	HERBICIDES BY 515.4	$200.00	$400.00
896-06	2	@ML531	CARBAMATES-SDWA	$150.00	$300.00
896-07	2	@VOASDWA	VOLATILE ORGANICS BY 524.2	$200.00	$400.00
896-08	24	MET-EA	D W METALS BY ICP/MS EACH	$15.00	$360.00
896-09	2	ALK	ALKALINITY	$15.00	$30.00
896-10	2	CNDW	CYANIDE IN DRINKING WATER	$60.00	$120.00
896-11	2	D1613SUB	2,3,7,8-TCDD DIOXIN IN DRINKING WATER 1613B	$515.00	$1,030.00
896-29	2	DOC	DISSOLVED ORGANIC CARBON	$80.00	$160.00
896-12	2	EC	CONDUCTIVITY, SPECIFIC	$15.00	$30.00
896-13	2	ENDOTHAL	ENDOTHALL BY 548.1	$150.00	$300.00
896-14	2	F	FLUORIDE, RAW WATER	$15.00	$30.00
896-15	2	GLYPHOS	GLYPHOSATE	$150.00	$300.00
896-16	2	HG	MERCURY	$40.00	$80.00
896-17	2	NO2-N	NITRITE BY IC	$15.00	$30.00
896-18	2	NO3	NITRATE-N BY IC	$15.00	$30.00
896-19	2	PH	PH	$10.00	$20.00
896-30	2	TOC	TOTAL ORGANIC CARBON	$50.00	$100.00
896-21	2	TURB	TURBIDITY	$10.00	$20.00
385-22	1	@VOASDWA TB	VOLATILE ORGANICS (VOCS) TRIP BLANK	$0.00	$0.00

Paid By Credit Card

TOTAL DUE: $6,240.00

TERMS = PAY UPON RECEIPT - 18% CHARGE PER YEAR ON PAST DUE ACCOUNTS

MOLOKAI PROPERTIES LIMITED

ATTACHMENT CA-IR-24a

55895

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
5/20/2005	205103	03/14-05/08/05 DOH MURIANA	$6,518.75	$6,518.75
		TOTAL	$6,518.75	$6,518.75

ROLL 176 - 1560

Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

55895

VOID AFTER 90 DAYS

DATE	AMOUNT
6/15/2005	$6,518.75

PAY TO THE ORDER OF

Six Thousand Five Hundred Eighteen Dollars And 75 Cents

TOM NANCE WATER
RESOURCE ENGINEERING
680 ALA MOANA BLVD., STE. 406
HONOLULU HI 96813-5411

AUTHORIZED SIGNATURE

⑈055895⑈ ⑆121301028⑆ 0080⑈7338 28⑈

MOLOKAI PROPERTIES LIMITED

55895

SAFEGUARD

ATTACHMENT CA-IR-24a

ROLL 176 - 1561

Mgr 6/15/05

Tom Nance Water
Resource Engineering

Invoice number 205103
May 20, 2005
Page number 1

[redacted]

PROJECT: 205-2100.0 DOH CERTIFICATION AND ENGINEERING OVERSIGHT FOR THE NEW PUU NANA TREATMENT PLANT

MOLOKAI RANCH, LIMITED
AMFAC CENTER - HAWAII TOWER
745 FORT STREET, SUITE 600
HONOLULU, HAWAII 96813

MAY 25 2005

ATTN: MR. HAROLD EDWARDS

Professional services rendered 03/14/05 thru 05/08/05

Professional Services	Hours	Amount
PRINCIPAL-WATER ENGINEER TOM NANCE	23.00	3,680.00
SR. PROJECT ENGINEER/WATER GREGORY S. FUKUMITSU	18.00	2,430.00
CLERICAL LINDA A. TAJIRI	6.50	390.00
Services Total:	47.50	6,500.00

Reimbursable Expenses	Cost	Amount
BLUEPRINTS 4-21-05 HONBLUE, INVOICE NO. 710487	18.75	18.75
Reimbursable Total:		18.75
THIS INVOICE TOTAL:		6,518.75

Project Billing Summary	Prior	Current	Total
Professional Services	2,400.00	6,500.00	8,900.00
Reimbursable Expenses	5,240.00	18.75	5,258.75
Total	7,640.00	6,518.75	14,158.75

Approval
Date 5-25-05
Desc
Dept/Acct
OR
Cost Code # ML 506 - 72000

MAY 6-17-05 [illegible]

[illegible] 6/01

680 Ala Moana Boulevard, Suite 406 • Honolulu, Hawaii 96813-5411 • Phone [illegible] • Fax [illegible] • E-mail [illegible]

ATTACHMENT CA-IR-24a

ROLL 176-1203

HONBLUE

501 Sumner Street #3 81 Honolulu, Hawaii 96817 • 1001 Bishop Street Honolulu, Hawaii 96813

Telephone 531-4617 • fax 528.7345

Website www.honblue.com

FEDERAL ID SAL NO. 99-0021443

INVOICE

710487 04/21/05

INVOICE NUMBER DATE

BILL TO
2221
TOM NANCE WATER RESOURCES ENG
680 ALA MOANA BLVD.
SUITE 406
HONOLULU, HI 96813

SHIP TO

ORDERED BY	PHONE	PURCHASE ORDER NO.	WORKORDER NO.
GENE	537-1141		22210840

205-21 MOLOKAI RANCH 3009E DIGIPRINT MIN-W/DEL AREA	1				18.000 EA	18.00

PLEASE CHECK YOUR WORK CAREFULLY.
RETURNS MUST BE MADE WITHIN 3 DAYS OF DELIVERY.

SUBTOTAL	SALES TAX	POSTAGE / UPS		
18.00	0.75			18.75

TERMS: NET 30 - 1.5% (MIN $1)/MO ON ALL PAST DUE ACCOUNTS

WHITE • ORIGINAL YELLOW • CUSTOMER PINK • ACCOUNTING

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56114

56114

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
7/27/2005	205137	05/09-07/17/05 SCVS.	$6,840.00	$6,840.00
		TOTAL	$6,840.00	$6,840.00

ROLL 185-0098

MPL Molokai Properties Limited
746 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-162/1213

56114

VOID AFTER 90 DAYS

DATE	AMOUNT
8/10/2005	$6,840.00

PAY TO THE ORDER OF

Six Thousand Eight Hundred Forty Dollars And 00 Cents

TOM NANCE WATER
RESOURCE ENGINEERING
680 ALA MOANA BLVD., STE. 406
HONOLULU HI 96813-5411

AUTHORIZED SIGNATURE

⑈056114⑈ ⑆121301028⑆ 0080⑈7338 28⑈

MOLOKAI PROPERTIES LIMITED

56114

RECEIVED
AUG 12 2005

ATTACHMENT CA-IR-24a

Tom Nance Water
Resource Engineering

AUG 2 2005
MOLOKAI RANCH, LTD.

Invoice number 205137
July 27, 2005
Page number 1

PROJECT: 205-2100.0 DOH CERTIFICATION AND ENGINEERING OVERSIGHT FOR THE NEW PUU NANA TREATMENT PLANT

MOLOKAI RANCH, LIMITED
AMFAC CENTER - HAWAII TOWER
745 FORT STREET, SUITE 600
HONOLULU, HAWAII 96813

ATTN: MR. HAROLD EDWARDS

ROLL 185-0099

Professional services rendered 05/09/05 thru 07/17/05

Professional Services	Hours	Amount
PRINCIPAL-WATER ENGINEER TOM NANCE	30.00	4,800.00
SR. PROJECT ENGINEER/WATER GREGORY S. FUKUMITSU	12.00	1,620.00
CLERICAL LINDA A. TAJIRI	7.00	420.00
Services Total:	49.00	6,840.00
THIS INVOICE TOTAL:		6,[illegible]00

Approval
Date 8-1-05
Description
Dept/Acct #
OR Job #
Cost Code # ML SOL
PAY NEXT OF 8/08/05

Project Billing Summary	Prior	Current	Total
Professional Services	8,900.00	6,840.00	15,740.00
Reimbursable Expenses	5,258.75	.00	5,258.75
Total	14,158.75	6,840.00	20,998.75

8/1/05

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56387

56387

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
9/23/2005	205166	07/18-09/11/05 DOH COMP	$5,013.87	$5,013.87
		TOTAL	$5,013.87	$5,013.87

ROLL 185-0067

MPL Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56387

VOID AFTER 90 DAYS

DATE	AMOUNT
10/20/2005	$5,013.87

PAY TO THE ORDER OF

Five Thousand Thirteen Dollars And 87 Cents

TOM NANCE WATER
RESOURCE ENGINEERING
680 ALA MOANA BLVD., STE. 406
HONOLULU HI 96813-5411

AUTHORIZED SIGNATURE

⑈056387⑈ ⑆121301028⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

56387

ATTACHMENT CA-IR-24a

10/17/05

Tom Nance Water
Resource Engineering

Invoice number 205166
September 23, 2005
Page number 1

ROLL 185-0068

PROJECT: 205-2100.0 DOH CERTIFICATION AND ENGINEERING OVERSIGHT FOR THE NEW PUU NANA TREATMENT PLANT

MOLOKAI RANCH, LIMITED
AMFAC CENTER - HAWAII TOWER
745 FORT STREET, SUITE 600
HONOLULU, HAWAII 96813

SEP 28 2005

ATTN: MR. HAROLD EDWARDS

Professional services rendered 07/18/05 thru 09/11/05

Professional Services	Hours	Amount
PRINCIPAL-WATER ENGINEER TOM NANCE	25.00	4,000.00
ASSOC. CIVIL ENGINEER/WATER TODD A. YONAMINE	3.50	332.50
CLERICAL LINDA A. TAJIRI	6.50	390.00
Services Total:	35.00	4,722.50

Reimbursable Expenses	Cost	Amount
BLUEPRINTS		
8-09-05 HONBLUE, INVOICE NO. 736153	119.75	119.75
8-11-05 HONBLUE, INVOICE NO. 736877	171.62	171.62
Reimbursable Total:		291.37
THIS INVOICE TOTAL:		5,013.87

Project Billing Summary	Prior	Current	Total
Professional Services	15,740.00	4,722.50	20,462.50
Reimbursable Expenses	5,258.[illegible]	291.37	5,550.12
Total	20,998.[illegible]	5,0[illegible]	26,012.62

Approval
9-27-05
Description
Dept/Acct #
Job # ML 506 - 230
Cost Code

10-17-05 + PAY NGGK

System: 9/25/2009 6:28:10 PM
User Date: 9/25/2009

Molokai Ranch, Ltd.
VENDOR CHECK REGISTER REPORT
Payables Management

ATTACHMENT CA-IR-24a

User ID: elainneh

Ranges:	From:	To:		From:	To:
Check Number	First	Last	Check Date	4/1/2005	6/30/2006
Vendor ID	TRIL	TRIL	Checkbook ID	OPERATING	OPERATING
Vendor Name	First	Last			

Sorted By: Check Number

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code		Amount
2294	TRIL	TRI-L CONSTRUCTION, INC.	7/20/2005	OPERATING	PMPAY00000334	Split	$31,540.78 (A)
56147	TRIL	TRI-L CONSTRUCTION, INC.	8/24/2005	OPERATING	PMCHK00000968	ML507	$13,625.00 *
56179	TRIL	TRI-L CONSTRUCTION, INC.	8/31/2005	OPERATING	PMCHK00000971		$17,196.22 (B)
57436	TRIL	TRI-L CONSTRUCTION, INC.	6/28/2006	OPERATING	PMCHK00001093	Other	$671.66
Total Checks:	4					Total Amount of Checks:	$63,033.66

6/30/2005 79430
740

$12665.78 (C) ML506
18875.00 ML507
$31,540.78 (A)

ML 506
(C) 12665.78
(B) 17196.22
$ [illegible],2.00

MOLOKAI RANCH, LIMITED
55 MERCHANT STREET, SUITE 2600
HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

99-102/1213

02294

July 20, 2005

PAY TO THE ORDER OF *********TRI-L Construction********* $****31,540.78****

*******Thirty-one thousand five hundred forty and 78/100******** DOLLARS

MEMO Inv#739 and 740

AUTHORIZED SIGNATURE

⑈002294⑈ ⑆121301078⑆ 0080⑈7336 28⑈

ROLL 185-0093

PAID
JUL 22 2005

ML506 $ 12,665.78
ML507 18,875.00
$ 31,540.78

ROLL 185-0094

Tri-I, Construction, Inc.

PO Box 898
Kaunakakai, HI 96748

Progress invoice

DATE	INVOICE #
6/29/2005	740

BILL TO	JOB LOCATION
Molokai Ranch, Ltd. 5745 Fort Street, Suite 600 Honolulu, HI 96813	RECEIVED JUL 1 2005 MOLOKAI RANCH, LTD.

CONTRACT NO.	TERMS	DUE DATE	PROJECT
	Net 15	7/14/2005	PN- DOH Comp...

ITEM	DESCRIPTION	Est Amt	Total %	Prior Amt	CURR AMT
18500 - Mob.	Mobilization - Material	300.00	100.00%		300.00T
18500 - Mob.	Mobilization - Labor	940.00	100.00%		940.00T
18500 - Mob.	Mobilization - Equipment	1,250.00	100.00%		1,250.00T
22000 - Eart...	Fill compact trenches in bldg (Material)	750.00	100.00%		750.00T
22000 - Eart...	Fill compact trenches in bldg (Labor)	1,600.00	100.00%		1,600.00T
22000 - Eart...	Fill compact trenches in bldg (Equipment)	400.00	100.00%		400.00T
30000 - Con...	Install reinforcing & pour concrete (Material)	1,550.00	100.00%		1,550.00T
30000 - Con...	Install reinforcing & pour concrete (Labor)	2,400.00	100.00%		2,400.00T
30000 - Con...	Install reinforcing & pour concrete (Equipment)	750.00	100.00%		750.00T
		23,436.00	42.41%		9,940.00
Mark-Up	Mark-Up	3,866.94	42.41%		1,640.10T
		27,302.94	42.41%		11,580.10
Profit	Profit	1,365.15	42.41%		579.01T

Subtotal	$12,159.11
Sales Tax	$506.67
Total	$12,665.78
Balance Due	$12,665.78

Date 7-30-05
Check # 5026

PATNISKI OK 7/18

Signature for invoice

Original 7/1

ATTACHMENT CA-IR-24a

ROLL 185-0095

Tri-L Construction, Inc.

PO Box 898
Kaunakakai, HI 96748

07/05

Progress Invoice

DATE	INVOICE #
6/29/2005	739

BILL TO	JOB LOCATION
Molokai Ranch, Ltd. Attn: Harold Edwards 745 Fort Street, Suite 600 Honolulu, HI 96813	RECEIVED JUL 1 2005 MOLOKAI RANCH LTD HONOLULU ACCOUNTING

CONTRACT NO.	TERMS	DUE DATE	PROJECT
	Net 15	7/14/2005	PF- PUUNENE ...

ITEM	DESCRIPTION	Est Amt	Total %	Prior Amt	CURR AMT
60400 - Cha...	Chain link 9 gage commercial w/1 5/8 top rail & 2 3/8 line posts & 2.5" gate and corner posts, 3 barb,s, 2 ea 20' gates & personnel gates	15,500.00	100.00%		15,500.00
60400 - Cha...	Chain link 9 gage commercial w/1 5/8 top rail & 2 3/8 line posts & 2.5" gate and corner posts, 3 barb,s, 2 ea 20' gates & personnel gates	13,500.00	25.00%		3,375.00

RECEIVED JUN 0 2005 MOLOKAI RANCH, LTD HONOLULU ACCOUNTING

Subtotal	$18,875.00
Sales Tax	$0.00
Total	$18,875.00
Balance Due	$18,875.00

6-30-05

ML 516 - 3/05

FY06 CAPGI

DOH COMPLIANCE
CAPGI - FENCING

PAY WEEK OF 7/18

Copy to CH 7/13/05

MOLOKAI PROPERTIES LIMITED

ATTACHMENT CA-IR-24a

56147

56147

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
6/29/2005	740	MATERIAL/LABOR- DOH COMP	$12,666.78	$0.00
6/29/2005	739	DOH COMP-CHAIN LINK 9 GAUG	$18,879.00	$0.00
7/20/2005	2394		31,546.78)	$0.00
8/12/2005	754	ML506 DOH-CHAIN LINK	$13,625.00	$13,625.00
		TOTAL	$13,625.00	$13,625.00

ROLL 185-0096

Molokai Properties Limited

746 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56147

VOID AFTER 90 DAYS

DATE	AMOUNT
8/24/2005	$13,625.00

PAY TO THE ORDER OF

Thirteen Thousand Six Hundred Twenty Five Dollars And 00 Cents

TRI-L CONSTRUCTION, INC.

P.C. BOX 898
KAUNAKAKAI HI 96748

AUTHORIZED SIGNATURE

⑈056147⑈ ⑆121301028⑆ 0080⑈7338 28⑈

MOLOKAI PROPERTIES LIMITED

56147

AUG 2 5 2005

ATTACHMENT CA-IR-24a

ROLL 185-0097

Tri-L Construction, Inc.

PO Box 898
Kaunakakai, HI 96748

Progress Invoice

DATE	INVOICE #
8/12/2005	754

BILL TO	JOB LOCATION
Molokai Ranch, Ltd. Attn: Harold Edwards 745 Fort Street, Suite 600 Honolulu, HI 96813	RECEIVED AUG 15 2005

CONTRACT NO.	TERMS	DUE DATE	PROJECT
	Net 15	8/27/2005	PF- PUUNENE

ITEM	DESCRIPTION	Est Amt	Total %	Prior Amt	CURR AMT
60400 - Cha...	Chain link 9 gage commercial w/1 5/8 top rail & 2 3/8 line posts & 2.5" gate and corner posts, 3 barb,s, 2 ea 20' gates & personnel gates LABOR	13,500.00	100.00%	3,375.00	10,125.00T
60400 - Cha...	Chain link 9 gage commercial w/1 5/8 top rail & 2 3/8 line posts & 2.5" gate and corner posts, 3 barb,s, 2 ea 20' gates & personnel gates EQUIPMENT	3,500.00	100.00%		3,500.00T

Approval
Date
Description
Dept/Acct #
OR Job # ML 50L
Cost Code # 31000

Change to EIF 8/17

Subtotal	$13,625.00
Sales Tax (4.167%)	~~$562.75~~
Total	~~$14,192.75~~
Balance Due	~~$14,192.75~~

Changed to ML507

PAY $13,625.00

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56179

56179

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
8/12/2005	755	FINAL PYMT DON COMPLIANCE	$17,196.22	$17,196.22
		TOTAL	$17,196.22	$17,196.22

ROLL185-0076

Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

56179

VOID AFTER 90 DAYS

96-102/1213

DATE	AMOUNT
8/31/2005	$17,196.22

PAY TO THE ORDER OF

Seventeen Thousand One Hundred Ninety Six Dollars And 22 Cents

TRI-L CONSTRUCTION, INC.

P.O. BOX 898
KAUNAKAKAI HI 96748

AUTHORIZED SIGNATURE

⑈056179⑈ ⑆121301028⑆ 0080⑈233828⑈

MOLOKAI PROPERTIES LIMITED

56179

2005

ATTACHMENT CA-IR-24a

ROLL 185-0077

Tri-L Construction, Inc.

PO Box 898
Kaunakakai, HI 96748

Mary Tahay
8/31/05

Progress Invoice

DATE	INVOICE #
8/12/2005	755

BILL TO	JOB LOCATION
Molokai Ranch, Ltd. 5745 Fort Street, Suite 600 Honolulu, HI 96813	AUG 22

CONTRACT NO.	TERMS	DUE DATE	PROJECT
	Net 15	8/27/2005	PN- DOH Comp...

ITEM	DESCRIPTION	Est Amt	Total %	Prior Amt	CURR AMT
Mark-Up	Mark-Up	3,866.94	100.00%	1,640.10	2,226.84T
		27,302.94	57.59%		15,722.84
Profit	Profit	1,365.15	100.00%	579.01	786.14T

Approval
Date 8-25-05
Description
Acct #
Job #
Acct Code # ML 506-3100

PAY ~~[illegible]~~ 8/29/05

CONTRACT AMT 29,862.00
1ST PAYMENT 12,665.73
FINAL - 17,196.22

Subtotal	$16,508.98
Sales Tax (4.167%)	$687.93
Total	$17,196.91
Balance Due	$17,196.91

PAY → $17,196.22

Copy to EA 8/31/05

System: 9/28/2009 3:13:55 PM
User Date: 9/28/2009

Molokai Ranch, Ltd.
VENDOR CHECK REGISTER REPORT
Payables Management

ATTACHMENT CA-IR-24a

User ID: elainneh

Ranges:	From:	To:		From:	To:
Check Number	First	Last	Check Date	4/1/2005	10/31/2005
Vendor ID	US FILTER	US FILTER	Checkbook ID	OPERATING	OPERATING
Vendor Name	First	Last			

Sorted By: Check Number

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code	Amount
56003	US FILTER	US FILTER/MEMCOR-WTC	7/27/2005	OPERATING	PMCHK00000954	$316,671.00
56148	US FILTER	US FILTER/ MEMCOR-WTC	8/24/2005	OPERATING	PMCHK00000966	$45,400.00
Total Checks:	2				Total Amount of Checks:	$362,071.00

MOLOKAI PROPERTIES LIMITED

ATTACHMENT CA-IR-24a

56003

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
6/27/2005	10003459	DOH COMPLIANCE #110301	316,671.00	$316,671.00
		TOTAL	316,671.00	$316,671.00

ROLL 185-0238

MPL Molokai Properties Limited

745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56003

VOID AFTER 90 DAYS

DATE	AMOUNT
7/27/2005	$316,671.00

PAY TO THE ORDER OF

Three Hundred Sixteen Thousand Six Hundred Seventy One Dollars And 00

US FILTER/MEMCOR-WTC

2704 PAYSPHERE CIRCLE
CHICAGO IL 60674

AUTHORIZED SIGNATURE

⑈056003⑈ ⑆121301028⑆ 0080⑈733826⑈

MOLOKAI PROPERTIES LIMITED

56003

SAFEGUARD

ATTACHMENT CA-IR-24a

USFilter
A Siemens Business

MEMCOR MICROFLEX
GENERAL FILTER PRODUCTS
600 ARRASMITH TRAIL
AMES, IA 50010

TELEPHONE 515 268 6422
FAX 515 268 6423
WEBSITE www.usfilter.com

INVOICE

REMIT TO:
US FILTER / MEMCOR - WTC
2704 PAYSPHERE CIRCLE
CHICAGO, IL 60674

Original

Molokai Properties Limited
dba Mokokai Ranch
745 Fort Street Mall
Suite 600
Honolulu HI
96813

Delivery Address
Molokai Properties Limited
dba Mokokai Ranch
745 Fort Street Mall
Suite 600
Honolulu HI
96813

RECEIVED
JUL 5 2005
MOLOKAI PROPERTIES

Customer: 4906 Invoice: 10003459 Date: 06-27-05

Quantity	Unit	Item Code	Amount	Unit Tax	Discount	Amount

Order Number : 110301
Order Date : 02-10-05
Customer PO : signed quote

SHIP ALL GOODS WITH THE EXCEPTION OF THE FILTER AND CLARIFIER MEDIA TO THE FOLLOWING ADDRESS:

USFILTER - MEMCOR
600 ARRASMITH TRAIL
AMES, IA 50010-9021

CONTACT: GARRY JOHNSON AT (515) 268-6515

SHIP ALL FINISHED EQUIPMENT AS WELL AS MEDIA TO THE FOLLOWING LOCATION IN TWO SEPERATE COMPLETE SHIPMENTS (ONE FOR EQUIPMENT FROM AMES AND ONE FOR ALL MEDIA):

PORT OF SEATTLE, WA
ADDRESS AND INSTRUCTIONS COORDINATED WITH ALOHA CARGO TRANSPORT

CONTACT: BOB SMITH AT (206) 892-2720 OR (206) 619-8005
FAX: (206) 508-7620

*48 HOURS NOTIFICATION IS REQUIRED PRIOR TO ALL DELIVERIES

Dispatch Note: 14755

1.00 ea	2002864010	120700.00 ea	No		120700.00
	SHOP ASSY TM-350A UNIT#1				
2.00 ea	2002864011	86114.00 ea	No		172229.00
	SHOP ASSY TM-350A UNIT#2 & #3				
1.00 ea	2002864032	5600.00 ea	No		5600.00
	CHEMICAL FEED ASSY ALUM				
1.00 ea	2002864033	4750.00 ea	No		4750.00
	CHEMICAL FEED ASSY AUTO CTRL				
1.00 ea	2002864031	7321.00 ea	No		7321.00
	CHEMICAL FEED ASSY POLYMER				

Carry Forward: 310600.00

Copy with 1/2

KOLLIDS - 241

ATTACHMENT CA-IR-24a

ROLL 185-239

USFilter
A Siemens Business

MEMCOR, MICROFILTER
GENERAL FILTER PROTECTION
800 ARRASMITH TRAIL
AMES, IA 50010

TELEPHONE 515 268 6422
FACSIMILE 515 268 6429
[illegible] www.usfilter.com

INVOICE

REMIT TO:
US FILTER / MEMCOR - WTC
2704 PAYSPHERE CIRCLE
CHICAGO, IL 60674

Customer: 4906 Invoice 10003459 Date: 06-27-05

Quantity	Unit	Item Code	Amount	Unit Tax Discount	Amount
				Carry forward:	310600.00
		Dispatch Note: 14755			
		Dispatch Note: 14818			
1.00	ea	VRT CHANGE ORDER	6071.00 ea	Yes	6071.00

pay 7/27/05

Approval
Date 7-15-05
Description
Dept/Acct # [illegible]
OR Acct. # [illegible] by PN
Cost Code # ML 506
PAY WEEK OF 7/23

Goods	Costs	Total $
310600.00	6071.00	316671.26

Delivery : FOB Shipping Point Frr Alld
Payment : 100% Net 30 Days
When remitting, please reference : 4906/10003459 Please remit in U

USFilter

A Siemens Business

USFilter
441 Main Street
Sturbridge, MA 01566
Phone: 508.347.7344
Fax: 508.347.7049

USFilter
1728 Paonia Street
Colorado Springs, CO 80915
Phone: 719.622.5320
Fax: 719.622.5399

USFilter
600 Arrasmith Trail
Ames, IA 50010-9021
Phone: 515.268.8400
Fax: 515.232.2571

ROLL 185-0242

TO: Molokai Ranch Water System
Attention : Harold Edwards
745 Fort St., Suite #600
Honolulu, HI 96813

NO. 05QC2065MFM, Rev. 1

DATE February 8, 2005

REFERENCE:

MOLOKAI RANCH WATER TREATMENT PLANT

USFilter proposes to furnish materials, equipment, and technical service, as described below and on the following pages:

Model 3TM-350A Trimite System (three tanks)

Pricing and any additional information you may require will be provided by our sales representative in your area. The address is:

Engineered Systems
333 Uhuru Street
Kailua, HI 96734
Attention: Paul Scott
Phone number 808-263-2232
Fax number 808-263-3928

ROLL 185-0243

PROPOSAL AND ORDER FORM

To: Molokai Ranch
745 Fort St., Suite #600
Honolulu, HI 96813
Attention: Harold Edwards

Reference: Molokai Ranch Water System

Proposal Date: February 8, 2005

USFilter proposes to furnish materials, equipment and/or technical service in accordance with Proposal Number 05QC2065MFM. Materials, equipment and/or technical service not shown below or on attachments to this proposal are EXCLUDED:

Microfloc Trimite Package Water Treatment Plants, Model 3TM-350A

Technical Service:
The Total Price shown below includes six 8-hour day(s) and one trip to the jobsite. Additional technical service will be billed at the rate of US$960 per day plus travel and living expenses at cost plus 5%.

Total Price $356,000.00
(Not including duty taxes or use taxes)

This price is firm for 30 days after proposal date. Prices are subject to 1.5% per month escalation if shipments are delayed by purchaser.

Payment Terms: 100% due 30 days after date of invoice. No discounts or retainage is allowed.

Other (specify):

Freight: ☒ F.O.B. shipping points, with freight prepaid to the west coast in domestic crating.

☐ Other (Specify) (FOB/CIF Port of _____) (Ex Works)

Shipment(s) Via: Truck

Shipments: Equipment to arrive at seaport by 6 July, 2005.

Drawings: Six sets of information drawings will be issued approximately 5 weeks after receipt and approval of purchase order.

Manuals: Six copies of English language owner's manuals are included. Additional manuals will cost $150 each.

NOTE: Any order resulting from this proposal is subject to the terms and conditions attached. Purchaser's acceptance of this offer is expressly limited to such terms and conditions without change or addition.

PURCHASER:

Name:

Address:

Accepted by: D. A. NICHOLS

Title: CEO Date: 10/2/2005

Molokai Properties Limited

PRESENTED BY: Engineered Systems

Signature:

Paul Scott

Approved by USFilter

By:

Date:

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56148

56148

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
7/29/2005	12003522	FIELD ASSY-DOH COMPLIANCE	$45,400.00	$45,400.00
		TOTAL	$45,400.00	$45,400.00

ROLL 185- 0244

MPL Molokai Properties Limited

745 FORT STREET, SUITE 800 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

56148

VOID AFTER 90 DAYS

59-102/1213

DATE	AMOUNT
8/24/2005	$45,400.00

PAY TO THE ORDER OF

Forty Five Thousand Four Hundred Dollars And 00 Cents

US FILTER/ MEMCOR-WTC

2704 PAYSPHERE CIRCLE
CHICAGO IL 60674

AUTHORIZED SIGNATURE

⑈056148⑈ ⑆121301028⑆ 0080⑈7336 28⑈

MOLOKAI PROPERTIES LIMITED

56148

AUG 26 2005

ATTACHMENT CA-IR-24a

8/22/05

USFilter
A Siemens Business

INVOICE

Page 2

US F
2704 PAYSPHERE CIRCLE
CHICAGO, IL 60674

Customer: 4906 Invoice [illegible] Date: 07-29-05

Quantity	Unit	Item Code	Amount	Unit Tax Discount	Amount
				Carry Forward:	45400.00

Dispatch Note: 15156

ROLL 185-0245

Approval
Date 8/03/05
Description
Dept/Acct #
Job #
Cost Code # 06506
PAY WEEK OF 8/22/05

Conda
45400.00

Total $
45400.00

Delivery : FOB Shipping Point Art Alld
Payment : 100% Net 30 Days
When remitting, please reference : [illegible] Please remit in US Dollars

[illegible]

ATTACHMENT CA-IR-24a

USFilter
A Siemens Business

MEMCOR MICROFILTER
GENERAL FILTER PRODUCTS
600 ARRASMITH TRAIL
AMES, IA 50010

TELEPHONE 515 268 8422
FACSIMILE 515 268 8422
WEBSITE www.usfilter.com

INVOICE

REMIT TO:
US FILTER / MEMCOR - WTC
2704 PAYSPHERE CIRCLE
CHICAGO, IL 60674

Original

Molokai Properties Limited
dba Mokokai Ranch
745 Fort Street Mall
Suite 600
Honolulu HI
96813

Delivery Address
Molokai Properties Limited
dba Mokokai Ranch
745 Fort Street Mall
Suite 600
Honolulu HI
96813

RECEIVED
AUG 2 2005
CONTROLLER ACCOUNTING

Customer: 4906 Invoice: 10003422 Date: 07-29-05

Quantity	Unit	Item Code	Amount	Unit Tax	Discount	Amount

Order Number : 110301
Order Date : 02-10-05
Customer PO : signed quote
SHIP ALL GOODS WITH THE EXCEPTION OF THE FILTER AND CLARIFIER MEDIA TO THE FOLLOWING ADDRESS:

USFILTER - MEMCOR
600 ARRASMITH TRAIL
AMES, IA 50010-9021

CONTACT: GARRY JOHNSON AT (515) 268-8515

SHIP ALL FINISHED EQUIPMENT AS WELL AS MEDIA TO THE FOLLOWING LOCATION IN TWO SEPERATE COMPLETE SHIPMENTS (ONE FOR EQUIPMENT FROM AMES AND ONE FOR ALL MEDIA):

PORT OF SEATTLE, WA
ADDRESS AND INSTRUCTIONS COORDINATED WITH ALOHA CARGO TRANSPORT

CONTACT: BOB SMITH AT (206) 892-2720 OR (206) 619-8005
FAX: (206) 588-7620

*48 HOURS NOTIFICATION IS REQUIRED PRIOR TO ALL DELIVERIES

Dispatch Note: 15156

1.00 ea	2002864001 FIELD ASSY TM-350A UNIT#1	15150.00 ea	No		15150.00
2.00 ea	2002864002 FIELD ASSY TM-350A UNIT#2 & #3	15125.00 ea	No		30250.00

Carry forward: 45400.00

ROLL 185-0247

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56040

56040

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
7/7/2005	003593	WTR2119 PUMPS (ML506)	$3,994.74	$3,994.74
		TOTAL	$3,994.74	$3,994.74

KOLL 185-0466

MPL Molokai Properties Limited

745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaumakani Branch
Kaumakani, HI 96748

56040

VOID AFTER 90 DAYS

50-102/1213

DATE	AMOUNT
8/3/2005	$3,994.74

Three Thousand Nine Hundred Ninety Four Dollars And 74 Cents

PAY TO THE ORDER OF

USA BLUE BOOK

P.O. BOX 9004
GURNEE IL 60031-9004

AUTHORIZED SIGNATURE

⑈056040⑈ ⑆121301028⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

56040

ATTACHMENT CA-IR-24a

ROLL 185-0468

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813

Purchase Order No. WTR - 2119

Department # 610
Department Name
Date 7/1/05
Est. Delivery Date
Acct No.
Job No. CAP DX
Job Acct No. ML 506
Budgeted Unbudgeted

Vendor Name: USA Bluebook
Address: P. Obox 9004
Gurnee, IL 60031-9004

Fed ID #:
Contact:
Telephone:

Ship to:

RECEIVED
JUL 13 2005
MOLOKAI RANCH LTD
HONOLULU ACCOUNTING

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
1	ea	60824	240 GPD 80 PSI C7 Series Pump		1247.84
1	ea	61150	MP-100 Analog Digital Conve		169.00
1	ea	76033	192 GPD 60 PSI C9 Series Pump		1320.88
1	ea	76022	192 GPD 60 PSI C7 Series Pump		1109.68

Scott Brokate 7/1/05
Requisitioner Date

Authorized Signature (Approval) Date

Robert Brokate 7/11/05
Goods/Services Received in Good Order and Condition by

Subtotal:	3647.40
GET	
Shipping/Handling	147.34
TOTAL	3994.74

copy to EH 7/11/05

White - Vendor Green - Shipping & Receiving Canary - Acctg Dept Pink - Originator Fiscal Copy Good - Mfg Dept File Copy

USABlueBook

NEW
Remit to:
P.O. Box 9004
Gurnee, IL 60031-9004

INVOICE

TEL: (847) 689-9700
FAX: (847) 689-3020
TOLL FREE: 800-548-1020
FED I.D.N.: 36-3645970

INVOICE NO. 863593
PAGE 1 of 1
DATE 07/07/05

CUSTOMER PO #	SHIP DATE	SALESPERSON	TERMS	TAX CODE	SALES ORDER #	PAY	FREIGHT	SHIP VIA
WTR2119	07/07/05	END	1%/10 NET 30	ILNONIL	869566	01	FXD/PPD	UPSBLUE

USA STOCK #	DESCRIPTION	ORDERED	SHIPPED	BACK ORDER	U/M	PRICE	PER	EXTENSION
CI16	Order from Catalog I16	1	1	0	EA	.00	EA	.00
76833	192 GPD; 60 PSI (C931-313BI)	1	1	0	EA	1320.86	EA	1320.86
	LMI C9 Series Pump							
	Ser# 0506967583-1		1					
63824	240 GPD; 60 PSI (C771-26S)	1	1	0	EA	1247.84	EA	1247.84
	LMI C7 Series Pump							
	Ser# 0503948433-3		1					
76822	192 GPD; 60 PSI (C731-313BI)	1	1	0	EA	1189.68	EA	1189.68
	LMI C7 Series Pump							
	Ser# 0505958665-2		1					
61158	MP-100 Analog to Digital Conve	1	1	0	EA	169.00	EA	169.00
	for LMI A7, B7, OR C7 Pumps							
HC	Hard Copy	1	1	0	EA	.00	EA	.00
DA	CR Released	1	1	0	EA	.00	EA	.00

JUL 13 2005
WORKSTATION ENGINEERING

THANK YOU for your business!	MERCHANDISE	MISCELLANEOUS	DISCOUNT	TAX	FREIGHT	TOTAL DUE
1.5% MONTHLY CHARGE 30 DAYS PAST DUE Discounts apply to merchandise only	3847.48	.00	.00	.00	147.34	3994.82

[illegible]

IMPORTANT
Please include this customer # on the face of your remittance check

[illegible]
PEOPLES GAS
[illegible]
[illegible], IL 60[illegible]

[illegible]
PEOPLES GAS
PO BOX [illegible]
[illegible], IL 60[illegible]

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56141

56141

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
7/25/2005	012669	WTR2134 TUBES DOH-COMPLIAN	$248.97	$248.97
7/25/2005	012670	WTR2099 PVC COUPLING-VALVE	$641.59	$641.59
7/28/2005	015082	WTR2099 SPEAR BALL	$31.22	$31.22
7/29/2005	015802	WTR2133 PVC-50-SP-4	$316.22	$316.22
		TOTAL	$1,238.00	$1,238.00

ROLL 185-0449

MPL Molokai Properties Limited

745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

56141

VOID AFTER 90 DAYS

59-102/1213

DATE	AMOUNT
8/17/2005	$1,238.00

PAY TO THE ORDER OF

One Thousand Two Hundred Thirty Eight Dollars And 00 Cents

USA BLUE BOOK

P.O. BOX 9004
GURNEE IL 60031-9004

AUTHORIZED SIGNATURE

⑈056141⑈ ⑆121301028⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

56141

AUG 2005

ROLL 185-0451

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813

Purchase Order No. WTR - 2134

Department #
Department Name: Water Dept
Date: 7/21/05
Est. Delivery Date
Acct No.
Job No.
Job Acct No.: 01506

Budgeted _____ Unbudgeted _____

Vendor Name: USA Bluebook
Address: P.O. Box 9004
Gurnee, IL 60031-9004

Fed ID #:
Contact:
Telephone: 1-800-548-1234

Ship to:

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
6	ea	68395	1/4 Tube X 1/4 NPT	.67	4.02
12	ea	68398	3/8 Tube X 1/2 NPT	.94	11.28
10	ea	68397	3/8 Tube X 3/8 NPT	.80	8.00
12	ea	68400	1/2 Tube X 1/2 NPT	1.03	12.36
6	ea	68412	1/4 Tube X 1/4 Tube	1.00	6.00
6	ea	68413	3/8 Tube X 1/4 Tube	1.24	7.44
10	ea	68415	1/2 Tube X 3/8 Tube	1.39	13.90
12	ea	68416	1/2 Tube X 1/2 Tube	1.55	18.60
4	ea	68425	1/2 Tube X 1/2 Tube	2.23	8.92
6	ea	68419	1/4 Tube X 1/4 Tube X 1/4 Tube	1.68	10.08
6	ea	68420	3/8 Tube X 3/8 Tube X 3/8 Tube	2.22	13.32
6	ea	68421	1/2 Tube X 1/2 Tube X 1/2 Tube	2.67	16.02
2	ea	16987	Y Strainer 1" True Union	45.39	90.78

Robert Brokaw 7-21-05
Requisitioner Date

Subtotal: 220.72
GET
Shipping/Handling: 28.25
TOTAL: 248.97

7-27-05
Authorized Signature (Approval) Date

Goods/Services Received in Good Order and Condition by

Wayne H 7/29

White - Vendor Green - Shipping & Receiving Canary - Acctg Dept Pink - Originator Acctg Copy Gold - Dept File Copy

ATTACHMENT CA-IR-24a

USABlueBook

NEW
Remit to:
P.O. Box 9004
Gurnee, IL 60031-9004

INVOICE

TEL: (847) 689-9781
FAX: (847) 689-3001
TOLL FREE: 1-800-493-9876
F.E.I.N.: 36-3648787

AUG 1 [illegible]

INVOICE NO.	012669
PAGE	1 of 1
DATE	07/25/05

CUSTOMER P.O. #	SHIP DATE	SALESPERSON	TERMS	TAX CODE	SALES ORDER #	W/H	FREIGHT	SHIP VIA
WTR2134	07/25/05	LJM	1%/10 NET 30	ILNONIL	878370	01	FXD/PPD	PRIORITYMAIL

USA STOCK #	DESCRIPTION	ORDERED	SHIPPED	BACK ORDER	U/M	PRICE	PER	EXTENSION
C116	Order from Catalog 116	1	1	0	EA	.00	EA	.00
16987	Y-Strainer 1" True union Transparent PVC,20 mesh Screen	2	2	0	EA	45.39	EA	90.78
68400	1/2" Tube x 1/2" NPT (Male) Polypropylene Male Connector	12	12	0	EA	1.03	EA	12.36
68412	1/4" Tube x 1/4" Tube Polypropylene Union Connector	6	6	0	EA	1.00	EA	6.00
68397	3/8" Tube x 3/8" NPT (Male) Polypropylene Male Connector	10	10	0	EA	.80	EA	8.00
68413	3/8" Tube x 1/4" Tube Polypropylene Union Connector	6	6	0	EA	1.24	EA	7.44
68398	3/8" Tube x 1/2" NPT (Male) Polypropylene Male Connector	12	12	0	EA	.94	EA	11.28
68421	1/2"Tube x 1/2"Tube x 1/2"Tube Polypropylene Union Tee	6	6	0	EA	2.67	EA	16.02
68395	1/4" Tube x 1/4" NPT (Male) Polypropylene Male Connector	6	6	0	EA	.67	EA	4.02
68420	3/8"Tube x 3/8"Tube x 3/8"Tube Polypropylene Union Tee	6	6	0	EA	2.22	EA	13.32
68425	1/2" Tube x 1/2" Tube Polypropylene Bulkhead Union	4	4	0	EA	2.23	EA	8.92
68415	1/2" Tube x 3/8" Tube Polypropylene Union Connector	10	10	0	EA	1.39	EA	13.90
68419	1/4"Tube x 1/4"Tube x 1/4"Tube Polypropylene Union Tee	6	6	0	EA	1.68	EA	10.08
68416	1/2" Tube x 1/2" Tube Polypropylene Union Connector	12	12	0	EA	1.55	EA	18.60
FQ	Freight Quote on File	1	1	0	EA	.00	EA	.00
CA	CR Released	1	1	0	EA	.00	EA	.00

THANK YOU for your business!

1.5% MONTHLY CHARGE 30 DAYS PAST DUE
Discounts apply to merchandise only.

MERCHANDISE	MISCELLANEOUS	DISCOUNT	TAX	FREIGHT	TOTAL DUE
220.72	.00	.00	.00	26.25	248.97

Should it become necessary to refer your unpaid balance to a collection agency, a collection fee, not to exceed 25% of the balance referred, plus reasonable attorney's fees, and court costs when necessary, will be added to the balance due.

****IMPORTANT ****
Please include this customer # on the face of your remittance check.

1
MOLOKAI RANCH

100 MAUNALOA HIGHWAY
MAUNALOA, HI 96770
ATTN ROBERT BRUKATE

[illegible]
MOLOKAI RANCH

PO BOX [illegible]
MAUNALOA, HI [illegible]

ATTACHMENT CA-IR-24a

878570

WTR 2134

ROLL 185-0455

QUOTATION
USA BLUEBOOK
A Division of Utility Supply of America, Inc.
PO Box 9004
Gurnee, IL 60031-9004
Toll free: 1-800-548-1234
Fax: (847) 689-3030

NO 180584
Page 1
07/22/05

Ship-to: 1
MOLOKAI RANCH

100 MAUNALOA HIGHWAY
MAUNALOA, HI 96770

Bill-to: 942004
MOLOKAI RANCH

PO BOX 259
MAUNALOA, HI 96770

REFERENCE #	EXPIRES	SLSP	TERMS	WH	FREIGHT	SHIP VIA
07/19/05	08/18/05	MMG	1%/10 NET 30	01	FXD/PPD	PRIORITYMAIL

QUOTED BY: MMG | QUOTED TO: ROBERT BROKATE

ITEM	DESCRIPTION	QUANTITY	UM	PRICE	UM	EXTENSION
68395	1/4" Tube x 1/4" NPT (Male) Polypropylene Male Connector	6	EA	.67	EA	4.02
68398	3/8" Tube x 1/2" NPT (Male) Polypropylene Male Connector	12	EA	.94	EA	11.28
68397	3/8" Tube x 3/8" NPT (Male) Polypropylene Male Connector	10	EA	.80	EA	8.00
68400	1/2" Tube x 1/2" NPT (Male) Polypropylene Male Connector	12	EA	1.03	EA	12.36
68412	1/4" Tube x 1/4" Tube Polypropylene Union Connector	6	EA	1.00	EA	6.00
68413	3/8" Tube x 1/4" Tube Polypropylene Union Connector	6	EA	1.24	EA	7.44
68415	1/2" Tube x 3/8" Tube Polypropylene Union Connector	10	EA	1.39	EA	13.90
68416	1/2" Tube x 1/2" Tube Polypropylene Union Connector	12	EA	1.55	EA	18.60
68425	1/2" Tube x 1/2" Tube Polypropylene Bulkhead Union	4	EA	2.23	EA	8.92
68419	1/4"Tube x 1/4"Tube x 1/4"Tube Polypropylene Union Tee	6	EA	1.68	EA	10.08
68420	3/8"Tube x 3/8"Tube x 3/8"Tube Polypropylene Union Tee	6	EA	2.22	EA	13.32
68421	1/2"Tube x 1/2"Tube x 1/2"Tube Polypropylene Union Tee	6	EA	2.67	EA	16.02
16997	Y-Strainer 1" True union Transparent PVC, 20 mesh Screen	2	EA	45.39	EA	90.78
FQ	Freight Quote on File	1	EA	.00	EA	.00

Any quoted item(s) without a 5 digit stock # is not normally stocked

CONTINUED

ATTACHMENT CA-IR-24a

ROLL 185-0456

QUOTATION
USA BLUEBOOK NO. 180504
A Division of Utility Supply of America, Inc.
PO Box 9004 Page 2
Gurnee, IL 60031-9004
Toll Free: 1-800-548-1234 07/22/05
Fax: (847) 689-3030

Ship-to: 1
MOLOKAI RANCH

100 MAUNALOA HIGHWAY
MAUNALOA, HI 96770

Bill-to: 942004
MOLOKAI RANCH

PO BOX 259
MAUNALOA, HI 96770

REFERENCE #	EXPIRES	SLSP	TERMS	WH	FREIGHT	SHIP VIA
07/19/05	08/18/05	MMG	1%/10 NET 30	01	FXD/PPD	PRIORITYMAIL

QUOTED BY: MMG | QUOTED TO: ROBERT BROKATE

ITEM	DESCRIPTION	QUANTITY	UM	PRICE	UM	EXTENSION

by USA BlueBook and is not normally returnable for credit UNLESS it is determined to be defective and covered under the vendor's warranty. With this in mind, please carefully review this quote BEFORE ordering to be certain it is appropriate for your application.

TO ORDER --
For your convenience, you may simply sign below and return via fax to 847-689-3030. We will process your order promptly and fax a confirmation so you know we have it. If you prefer to call your order in or have additional questions or concerns, you may contact our Customer Service Department @ 800-548-1234. Please note any changes to the quantities or shipping address. Thanks for choosing USABlueBook.

Authorization Signature

PO Number (if required)

MERCHANDISE	MISC	TAX	FREIGHT	TOTAL
220.72	.00	[illegible]		[illegible]

USE THIS QUOTE # ON PO's!

ATTACHMENT CA-IR-24a

JUL-22-'05 12:05PM MOLOKAI RANCH (LAW) 521-5279 FAX NO. 8085220808

ROLL 185 - 0457

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813

Purchase Order No. WTR - 21331

Department #
Department Name Water
Date 7/21/05
Est. Delivery Date
Acct No. MPL336
Job No. 3160
Job Acct No.

Budgeted _____ Unbudgeted _____

Vendor Name: USA Bluebook
Address: P.O. Box 9004
Gurnee, IL 60031-9004

Fed ID #:
Contact:
Telephone: 1-800-548-1234

Ship to:

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
			See Attached Listing		
6	ea		1/4" Tube X 1/4 " NPT	$2.85	$17.10
6	ea		3/8 Tube x 3/8 NPT	$4.36	$26.16
6	ea		1/2 " Tube x 3/8 " NPT	$4.99	$29.94
12	ea		3/8 Tube x 1/2 NPT	$4.45	$53.40
12	ea		1/2 Tube x 1/2 NPT	$4.79	$57.48
6	ea		1/4 Tube x 1/4 NOT	$3.74	$22.44
6	ea		3/8 Tube x 3/8 Tube	$6.04	$36.24
10	ea		3/8 Tube x 1/4 Tube	$4.61	$46.10
12	ea		1/2 Tube x 1/2 Tube	$6.46	$77.52
12	ea		1/2 Tube x 1/2	$6.81	$81.72
2	ea		OC-PVC 1/2 x 1/2	$158.11	$316.22 B/O

left message w/ Robert to find out if items were received 7/21/05 pm

Subtotal:	$764.32
GET	
Shipping/Handling	$66.62
TOTAL:	$830.94

Robert Brokate 7/21/05
Requisitioner Date

Authorized Signature (Approval) Date

Goods/Services Received in Good Order and Condition by

Copy to CA 7/27

8/10/2005 → 830.94
316.22 B/O
$514.72

8/10/2005

ATTACHMENT CA-IR-24a

USABlueBook

NEW
Remit to:
P.O. Box 9004
Gurnee, IL 60031-9004

INVOICE

TEL: (847) 689-9781
FAX: (847) 689-3001
TOLL FREE: 1-800-493-9876
F.E.I.N.: 36-3645787

INVOICE NO.	015402
PAGE	1 of 1
DATE	07/29/05

CUSTOMER P.O. #	SHIP DATE	SALESPERSON	TERMS	TAX CODE	SALES ORDER #	W/H	FREIGHT	SHIP VIA
WTR2133	07/29/05	JGO	1%/10 NET 30	ILNONIL	878236	01	FXD/PPD	UPSBLUE

USA STOCK #	DESCRIPTION	ORDERED	SHIPPED	BACK ORDER	U/M	PRICE	PER	EXTENSION
2162-GCPV	UC-PVC-50-GP-4, 1/2" x 1/2" INJ QUILL PVC/CER 4" LNGTH	2	2	0	EA	158.11	EA	316.22

THE ABOVE ITEM WAS CUSTOM ORDERED FOR YOUR APPLICATION AND IS NON-RETURNABLE.
1-2 WEEKS DELVIERY ON SPECIAL ORDER

O-RINGS AND SS GRIPPERS ARE NOT QUOTED BECAUSE THESE FITTINGS DO NOT REQUIRE THE USE OF A SS GRIPPER OR AN ORING.

KDW 105-0458

THANK YOU for your business!

1.5% MONTHLY CHARGE 30 DAYS PAST DUE
Discounts apply to merchandise only.

MERCHANDISE	MISCELLANEOUS	DISCOUNT	TAX	FREIGHT	TOTAL DUE
316.22	.00	.00	.00	.00	316.22

Should it become necessary to refer your unpaid balance to a collection agency, a collection fee, not to exceed 25% of the balance referred, plus reasonable attorney's fees, and court costs when necessary, will be added to the balance due.

****IMPORTANT****
Please include this customer # on the face of your remittance check

SHIP TO
1
MOLOKAI RANCH

120 MAUNALOA HIGHWAY
MAUNALOA, HI 96770
ATTN ROBERT SROKATE

SOLD TO
[illegible]
MOLOKAI RANCH

[illegible]
[illegible]

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED

56039

56039

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
7/11/2005	934-865632-4	WTR2124 PUMP (ML506)	$742.87	$742.87
		TOTAL	$742.87	$742.87

R04 185-0747

Molokai Properties Limited
745 FORT STREET, SUITE 600 • HONOLULU, HI 96813

BANK OF HAWAII
Kaunakakai Branch
Kaunakakai, HI 96748

59-102/1213

56039

VOID AFTER 90 DAYS

DATE	AMOUNT
8/3/2005	$742.87

PAY TO THE ORDER OF

Seven Hundred Forty Two Dollars And 87 Cents

W.W. GRAINGER, INC.
ATTN ACCTS RECEIVABLE
DEPT 561 - 831601364
PALATINE IL 60038-0001

AUTHORIZED SIGNATURE

⑈056039⑈ ⑆121301028⑆ 0080⑈733828⑈

MOLOKAI PROPERTIES LIMITED

56039

AUG 5

ROLL 185-D748

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813

Purchase Order No. WTR - 2124

Department #
Department Name: Water
Date: 7/7/05
Est. Delivery Date:
Acct No.:
Job No.:
Job Acct No.:

Budgeted / Unbudgeted

Vendor Name: Grainger
Address: 4397 Lawehana St.
Honolulu, HI 96818

Fed ID #:
Contact:
Telephone: (808) 423-0028

Ship to:

JUL 28 2005
MOLOKAI RANCH LTD.

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
2	ea		Pump, Centrigula 1/3		$654.00

Robert B. / Rex Kauzkaca 7/7/05
Requisitioner Date

Authorized Signature (Approval) Date

Goods/Services Received in Good Order and Condition by

Subtotal:	$654.00
GET	52%.07
Shipping/Handling	$52.20
TOTAL:	$7[illegible]

7/7

White - Vendor Green - Shipping & Receiving Canary - Acctg. Dept. Pink - Requisitioner Acctg. Copy Gold - Acctg. Dept. File Copy

ATTACHMENT CA-IR-24a

ROLL 185-0749

GRAINGER

PAGE 1 OF 1

4397 LAWEHANA ST
HONOLULU, HI 96818-3138

ORIGINAL INVOICE

GRAINGER ACCOUNT NUMBER	561 831601364
INVOICE NUMBER	934-865632-4
INVOICE DATE	07/11/2005
DUE DATE	08/10/2005
AMOUNT DUE	$742.87

SHIP TO
ROBERT BROKATE
MOLOKAI RANCH
MAUNALOA HWY
MAUNALOA, HI 96770

PO NUMBER: WTR2124
CALLER: ROBERT BROKATE
CUSTOMER PHONE: (808)[illegible]
DELIVERY NUMBER: 8182523010

BILL TO
HDG2003 00040450 1 MB 0309 01
ATTN: ACCOUNTS PAYABLE
MOLOKAI RANCH LIMITED
745 FORT STREET MALL #600
HONOLULU, HI 96813-3805

040450

RECEIVED
JUL 21 2005
MOLOKAI RANCH LTD
HONOLULU ACCOUNTS

THANK YOU!

FEI NUMBER 36-1150280

FOR QUESTIONS ABOUT THIS INVOICE OR ACCOUNT CALL (808)423-0028

[illegible]	[illegible]	DESCRIPTION	QUANTITY	[illegible]	[illegible]	[illegible]
	4TE50-2	PUMP,CENTRIFUGAL,1/3HP	2		377.00	654.00

[illegible]

INVOICE SUB TOTAL	654.00
SHIPPING CHARGE	69.20
TAX	29.87

[illegible]

AMOUNT DUE $742.87

12:23 PM

Molokai Public Utilities, Inc.
Group: <Selected Assets>
Activity Status: Active

MAIN System No: 000120.000 Entity:

Co Asset No	120	Description	CAP MP105 Papahaku Line Bypass	Exch?	No

Class		G/L Asset Acct No	000-176-00
Location		G/L Accum Acct No	000-186-00
Department		G/L Expense Acct No	100-890-00
Acquisition Date	07/01/2004	Purchase Order No	
Mfg Serial No		Vendor/Mfg	
Custodian		Insurance Category	
Warranty Date		User Numeric 1	0
User Field 1		User Field 2	
User Field 3		User Field 4	
User Field 5		User Field 6	
User Field 7		User Field 8	
User Field 9		User Field 10	
Replacement Value	0.00	RV Override?	0.00

	Tax	Internal	State	AMT	ACE	Book 6	Book 7
Prop Type	P	P	P	P	P	P	P
Serv Date	00/00/0000	07/01/2004	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
Acq Value	$0.00	$61,447.52	$0.00	$0.00	$0.00	$0.00	$0.00
Depr Meth	NO	SL	NO	NO	NO	NO	NO
Est Life	00 yrs 00 mo	30 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo
ADS Life	00 yrs 00 mo	N/A	N/A	00 yrs 00 mo	00 yrs 00 mo	N/A	N/A
Bus Use%	100.00	100.00	100.00	100.00	100.00	100.00	100.00
179/Bonus	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
168(k)%	0	0	0	0	0	0	0
Salvage	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ITC Amt	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Date	00/00	00/00	00/00	00/00	00/00	00/00	00/00
Beg YTD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Accm	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Thru Date	00/00	08/2009	00/00	00/00	00/00	00/00	00/00
168(k)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Curr YTD	$0.00	$341.37	$0.00	$0.00	$0.00	$0.00	$0.00
Curr Accm	$0.00	$10,582.62	$0.00	$0.00	$0.00	$0.00	$0.00
NetValue	$0.00	$50,864.90	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Date	00/00	06/2009	00/00	00/00	00/00	00/00	00/00
Prd YTD	$0.00	$2,048.25	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Accm	$0.00	$10,241.25	$0.00	$0.00	$0.00	$0.00	$0.00

MPK 9 2 ATTACHMENT CA-IR-24a
LINE 13

ATTACHMENT CA-IR-24a

MP449 LINE 13

ATTACHMENT CA-IR-24a

System: 9/24/2009 9:31:04 AM
User ID: elainen

Molokai Public Utilities, Inc.
Audit Costs

Transaction Number / Description	Document Type / Posting Date	Vendor Name / Document Number	Employee / Transaction Quantity	Distribution Amount
Job Number MP105		MPU-Papahaku Ranch Land Bypass	Job Status:	Inactive
Cost Code Number:31000-000 -00 - Sitework		Cost Element Type: Onsite	Cost Code Status:	Active
00000000000000588	PM	ITC WATER MANAGEMENT		36,700.52
1ST PYT-BY PASS LINE	6/23/2004	0024958-IN	1.00	
00000000000000630	PM	ITC WATER MANAGEMENT		24,747.00
FINAL PYMT-BY PASS LINE	7/31/2004	0025026-IN	1.00	
			Cost Code Number Total:	$61,447.52
			Cost Element Total:	$61,447.52
Cost Code Number:90000-000 -00 - Contra		Cost Element Type: Other	Cost Code Status:	Active
1789	GL			(61,447.52)
Capitalz MP105 Papahaku Bypass	5/31/2005		(1.00)	
			Cost Code Number Total:	($61,447.52)
			Cost Element Total:	($61,447.52)
			Job Total:	$0.00

MOLOKAI PUBLIC UTILITIES, INC

0428

ATTACHMENT CA-IR-24a

0428

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
07/14/2004	0024958-IN	1ST PYT-BY PASS LINE	$36,700.52	$36,700.52
		TOTAL	$36,700.52	$36,700.52

ROLL 1 19 - 971

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii
59-102/1213

0428

VOID AFTER 90 DAYS

DATE	AMOUNT
7/14/2004	$36,700.52

PAY TO THE ORDER OF

Thirty Six Thousand Seven Hundred Dollars And 52 Cents

ITC WATER MANAGEMENT

P.O. BOX 458
HALEIWA HI 96712

⑈000428⑈ ⑆121301028⑆ 0001⑈408496⑈

MOLOKAI PUBLIC UTILITIES, INC.

0428

****** INVOICE ******

ATTACHMENT CA-IR-24a

ITC Water Management
Div. Of Irrigation Technololgy
P.O. Box 458
66-079 Kamehameha Hwy.
Haleiwa, HI 96712
(808) 637-5078

INVOICE NUMBER: 0024958-IN
INVOICE DATE: 06/11/04
SHIP DATE: 06/10/04
ORDER NUMBER: 0060949
ORDER DATE: 08/29/03

CUSTOMER NO: 0012175

JUN 17 2004

SOLD TO:
Molokai Ranch, Ltd.
P.O. Box 259
Maunaloa HI 96770

SHIP TO:
Attn: Harold Edwards

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
CONTRACT	ITC DELIVERY	JOBSITE	PROMPT PAYMENT

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
*SPEC	EACH	1.000	1.000	0.000	36,700.5200	36,700.52

PAPOHAKU RANCHLANDS SUB-DIVISION
UPPER ZONE BY-PASS LINE, 70%
COMPLETE. CONTRACT AMOUNT $82,490.00
X 70% = $57,743.00 LESS $21042.48
PREVIOUSLY BILLED = $36,700.52.

Approval
Date 6-16-04
Description [illegible] copy of contract
Cont/Acct # MPU/105 (Bay pass) - 3/[illegible]-03
OR Job # MPU-105
Cost Code # [illegible]
7/[illegible]/04

NET INVOICE:	36,700.52
FREIGHT:	.00
SALES TAX:	.00
INVOICE TOTAL:	36,700.52

Copy to EH 6/23

ROLL 119-278

0456

ATTACHMENT CA-IR-24a

DATE	INVOICE	DESCRIPTION	AMOUNT	
7/26/2004	0025026-IN	FINAL PYMT-BY PASS LINE	$24,747.00	$24,747.00
		TOTAL	$24,747.00	$24,747.00

KULL 179-345

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 500
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii
59-102/1213

0456

VOID AFTER 90 DAYS

DATE	AMOUNT
8/18/2004	$24,747.00

PAY TO THE ORDER OF

Twenty Four Thousand Seven Hundred Forty Seven Dollars And 00 Cents

ITC WATER MANAGEMENT

P.O. BOX 458
HALEIWA HI 96712

⑈000456⑈ ⑆121301028⑆ 0001⑈408496⑈

MOLOKAI PUBLIC UTILITIES, INC.

0456

TO REORDER, CALL YOUR LOCAL SAFEGUARD DISTRIBUTOR AT 800 845-6389

****** INVOICE ******

PAGE: 1

ATTACHMENT CA-IR-24a

ITC Water Management
Div. Of Irrigation Technololgy
P.O. Box 458
66-079 Kamehameha Hwy.
Haleiwa, HI 96712
(808) 637-5078

INVOICE NUMBER: 0025026-IN
INVOICE DATE: 07/26/04
SHIP DATE: 07/23/04
ORDER NUMBER: 0061018
ORDER DATE: 08/29/03

CUSTOMER NO: 0012175

SOLD TO:
Molokai Ranch, Ltd.
P.O. Box 259
Maunaloa HI 96770

SHIP TO:
Attn: Harold Edwards

AUG 3 2004

JUL 28 2004

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
CONTRACT	ITC DELIVERY	JOBSITE	PROMPT PAYMENT

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
*SPEC	EACH	1.000	1.000	0.000	24,747.0000	24,747.00

PAPOHAKU RANCHLANDS SUB-DIVISION
UPPER ZONE BY-PASS LINE, 100% COMPLETE.
CONTRACT AMOUNT $82, 490.00 LESS
$57,743.00 PREVIOUSLY BILLED = $24,747.00.

Approval
Date 7-29-04
Account # 01P105 3 [illegible]
Project # Acct # [illegible]

CAPEX-MPD
[illegible] 8/14/04

NET INVOICE:	24,747.00
FREIGHT:	.00
SALES TAX:	.00
INVOICE TOTAL:	24,747.00

[illegible]

ROLL 119 - 376

TRANSACTION AUTHORIZATION FORM (ATTACH PROPOSAL)

Date Prepared: 08/29/03

ATTACHMENT CA-IR-24a

Contracting Entity: MOLOKAI PUBLIC UTILITIES, INC

Vendor / Customer: ITC WATER MANAGEMENT

Project Name: Upper Zone Bypass Line, Papohaku Ranchlands Subdivision

Description: Design-build approximately 2,900lf of 6" HDPE bypass line and a pressure reducing/pressure sustaining valve station to expand the upper pressure zone in Papohaku Ranchlands.

Note: This work is required of Kaluakoi Residential, LLC to release to market 21 lots in this zone (20-26 acre lot sizes).

Type of Contract:

___ Full Construction Contract	___ RFQs
___ Change Order No. ___	___ Counter offer
_X_ Contractor Services Contract	___ Commercial Lease Agreement
___ Amendment No. ___	___ Comml Lease Amendment
___ Consultant Services Contact	___ Residential Lease Agreement
___ Amendment No. ___	___ Res Lease Amendment
___ Letter Agreement	___ Other Lease Agreement
___ Letter Amendment	Describe _____

Funding Source: Capital Cost – Charge to job _____

Operating Cost – Charge to department (not applicable)

Amount:

Base Services		$ 82,490.00
Type	LS ~~or T&M or NTE~~	
Taxes GET / RPT	included ~~/ not included~~	
Reimbursables / CAM	included ~~/ not included~~	$
Reimbursables	_____ % of actual	
Total value of contract:		$ 82,490.00 ~~Negotiated~~ / Bid ~~/ Other~~

Term: Start: 3 months to prepare plans and obtain permits from NTP; 30 day construction
Duration / Completion date: 5 months
Payment Terms: Progress payments with December and January for materials and construction work.

Originator: Harold Edwards Date: August 29, 2003

Acknowledgements & Approvals:

For Division _____ Date _____

For Finance _____ Date _____

For Company _____ Date 8/18/04

Form of contract reviewed by:
Date contract mailed out:
Date contract returned:

Additional comments:

Copy of RFP attached and results are:

ITC Water Management	$82,490.00
Maui Master Builders, Inc	$134,000.00
Tri-L Construction	$141,704.65
Goodfellow Bros Inc	$170,000.00

TAF distribution: Original to Originator Copy to Contract file

K0LL 171-347

ATTACHMENT CA-IR-24a

Molokai Public Utilities, Inc.
Group: <Selected Assets>
Activity Status: Active

MAIN System No: 000128.000 Entity:

Co Asset No	128	Description	Well 17 Repairs (Pac Machinery & other)	Exch?	No

Class	P	G/L Asset Acct No	000-176-00
Location	100	G/L Accum Acct No	000-186-00
Department		G/L Expense Acct No	100-890-00
Acquisition Date	11/30/2007	Purchase Order No	
Mfg Serial No		Vendor/Mfg	
Custodian		Insurance Category	
Warranty Date		User Numeric 1	0
User Field 1		User Field 2	
User Field 3		User Field 4	
User Field 5		User Field 6	
User Field 7		User Field 8	
User Field 9		User Field 10	
Replacement Value	0.00	RV Override?	0.00

	Tax	Internal	State	AMT	ACE	Book 6	Book 7
Prop Type	P	P	P	P	P	P	P
Serv Date	00/00/0000	11/30/2007	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
Acq Value	$0.00	$52,657.58	$0.00	$0.00	$0.00	$0.00	$0.00
Depr Meth	NO	SL	NO	NO	NO	NO	NO
Est Life	00 yrs 00 mo	10 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo
ADS Life	00 yrs 00 mo	N/A	N/A	00 yrs 00 mo	00 yrs 00 mo	N/A	N/A
Bus Use%	100.00	100.00	100.00	100.00	100.00	100.00	100.00
179/Bonus	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
168(k)%	0	0	0	0	0	0	0
Salvage	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ITC Amt	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Date	00/00	00/00	00/00	00/00	00/00	00/00	00/00
Beg YTD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Accm	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Thru Date	00/00	08/2009	00/00	00/00	00/00	00/00	00/00
168(k)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Curr YTD	$0.00	$877.62	$0.00	$0.00	$0.00	$0.00	$0.00
Curr Accm	$0.00	$9,215.07	$0.00	$0.00	$0.00	$0.00	$0.00
NetValue	$0.00	$43,442.51	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Date	00/00	06/2009	00/00	00/00	00/00	00/00	00/00
Prd YTD	$0.00	$5,265.76	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Accm	$0.00	$8,337.45	$0.00	$0.00	$0.00	$0.00	$0.00

MPU 9.2 LINE 14

ATTACHMENT CA-IR-24a

System: 9/28/2009
User Date: 9/28/2009

2:30:19 PM

MPU 9.2
LINE 14

HISTORICAL DETAILED TRIAL BALANCE FOR 2008

1
elaineh

Molokai Public Utilities, Inc.

ATTACHMENT CA-IR-24a

General Ledger

Ranges:	From:	To:			
Date:	9/1/2007	11/30/2007	Subtotal By:	No Subtotals	Include: Posting
Account:	000-176-00	000-176-00	Sorted By:	Department	

Account: 000-176-00 **Description:** Water Property - MPU **Beginning Balance:** $6,400,669.53

Trx Date	Jrnl No.	Orig. Audit Trail	Orig. Master Name	Distribution Reference	Debit	Credit
9/25/2007	2,840	PMTRX00000330	PACIFIC MACHINERY	WTR2526 GASKIT KIT-CORE CHARGE	$46,520.40	
10/30/2007	2,895	PMTRX00000338	HAWTHORNE PACIFIC CORI	WTR2526 CORE CREDIT		$507.85
10/30/2007	2,896	PMTRX00000338	HAWTHORNE PACIFIC CORI	WTR2526 CORE CREDIT		$496.15
10/30/2007	2,897	PMTRX00000338	HAWTHORNE PACIFIC CORI	WTR2526 CORE CREDIT		$2,005.86
10/30/2007	2,898	PMTRX00000338	HAWTHORNE PACIFIC CORI	WTR2526 CORE CREDIT		$1,077.39
10/30/2007	2,899	PMTRX00000338	HAWTHORNE PACIFIC CORI	WTR2526 CORE CREDIT		$5,292.69
10/30/2007	2,900	PMTRX00000338	HAWTHORNE PACIFIC CORI	WTR2526 CORE CREDIT		$3,045.99
10/30/2007	2,901	PMTRX00000338	HAWTHORNE PACIFIC CORI	WTR2526 CORE CREDIT		$5,058.59
10/30/2007	2,902	PMTRX00000338	HAWTHORNE PACIFIC CORI	WTR2526 CORE CREDIT		$713.51
10/30/2007	2,920	GLTRX00001862		HAWTHORNE/CORES WELL17 10/07	$26,966.00	
10/30/2007	2,920	GLTRX00001862		HAWTHORNE/CORES WELL17 10/07		$4,253.98
10/30/2007	2,921	GLTRX00001870		Hawthorne/Cores Well17 10/07		$26,966.00
10/30/2007	2,921	GLTRX00001870		Hawthorne/Cores Well17 10/07	$4,253.98	
11/1/2007	2,921	GLREV00001870		Hawthorne/Cores Well17 10/07	$26,966.00	
11/1/2007	2,921	GLREV00001870		Hawthorne/Cores Well17 10/07		$4,253.98
11/30/2007	597	GLTRX00001886		Rec BOH Debit-Am Membrane	$1,622.99	

			Net Change	Ending Balance		
Account:	000-176-00	Totals:	$52,657.58	$6,453,327.11	$106,329.37	$53,671.79

	Accounts	Beginning Balance	Net Change	Ending Balance	Debit	Credit
Grand Totals:	1	$6,400,669.53	$52,657.58	$6,453,327.11	$106,329.37	$53,671.79

Molokai Public Utilities, Inc.
Group: <Detailed Asset>
Activity Status: Active

MAIN System No: 000128.000 Entity:

Co Asset No	128	Description	Well 17 Repairs (Pac Machinery & other)	Exch?	No

Class	P	G/L Asset Acct No	000-176-00
Location	100	G/L Accum Acct No	000-186-00
Department		G/L Expense Acct No	100-890-00
Acquisition Date	11/30/2007	Purchase Order No	
Mfg Serial No		Vendor/Mfg	
Custodian		Insurance Category	
Warranty Date		User Numeric 1	0
User Field 1		User Field 2	
User Field 3		User Field 4	
User Field 5		User Field 6	
User Field 7		User Field 8	
User Field 9		User Field 10	
Replacement Value	0.00	RV Override?	0.00

	Tax	Internal	State	AMT	ACE	Book 6	Book 7
Prop Type	P	P	P	P	P	P	P
Serv Date	00/00/0000	11/30/2007	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
Acq Value	$0.00	$52,657.58	$0.00	$0.00	$0.00	$0.00	$0.00
Depr Meth	NO	SL	NO	NO	NO	NO	NO
Est Life	00 yrs 00 mo	10 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo
ADS Life	00 yrs 00 mo	N/A	N/A	00 yrs 00 mo	00 yrs 00 mo	N/A	N/A
Bus Use%	100.00	100.00	100.00	100.00	100.00	100.00	100.00
179/Bonus	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
168(k)%	0	0	0	0	0	0	0
Salvage	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ITC Amt	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Date	00/00	00/00	00/00	00/00	00/00	00/00	00/00
Beg YTD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Accm	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Thru Date	00/00	09/2009	00/00	00/00	00/00	00/00	00/00
168(k)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Curr YTD	$0.00	$1,316.54	$0.00	$0.00	$0.00	$0.00	$0.00
Curr Accm	$0.00	$9,653.89	$0.00	$0.00	$0.00	$0.00	$0.00
NetValue	$0.00	$43,003.69	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Date	00/00	06/2009	00/00	00/00	00/00	00/00	00/00
Prd YTD	$0.00	$5,265.76	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Accm	$0.00	$8,337.45	$0.00	$0.00	$0.00	$0.00	$0.00

ATTACHMENT CA-IR-24a

MOLOKAI PUBLIC UTILITIES, INC.

ATTACHMENT CA-IR-24a

1040

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
8/24/2007	PS600045397.	WTR2526 GASKIT KIT-CORE	CH$46,520.40	$46,520.40
		TOTAL	$46,520.40	$46,520.40

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

104

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii

59-102/1213

VOID AFTER 90 DAYS

DATE	AMOUNT
10/3/2007	$46,520.40

Forty Six Thousand Five Hundred Twenty Dollars And 40 Cents

PAY TO THE ORDER OF

HAWTHORNE PACIFIC CORP

16945 CAMINO SAN BERNARDO
SAN DIEGO CA 92127-2499

MP

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE. RED IMAGE DISAPPEARS WITH HEAT.

⑈001040⑈ ⑆121301028⑆ 0001⑉408496⑈

MOLOKAI PUBLIC UTILITIES, INC.

SAFEGUARD MSFMS01043-1SC

TO REORDER, CALL YOUR LOCAL SAFEGUARD DISTRIBUTOR AT 808-845-9399

HB2BKP0010000 M02SF019485

ATTACHMENT CA-IR-24a

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
KAHULUI, MAUI 877-6538
HILO, HI 961-3481
KONA, HI 329-4521
LIHUE, KAUAI 245-4057

INVOICE

SOLD TO
MOLOKAI RANCH LTD.
ATTN ACCOUNTS PAYABLE
745 FORT ST STE 600
HONOLULU, HI 96813

SHIP TO
Parts Service
CALL THOMAS UPON COMPLETION

Sonny
Kathleen 3pm.

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PS600045397	08-24-07	2155900	WTR2526	50	2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60C668135	07-20-07	WILL CALL

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

PARTS SALES PERSON: Glen Kita

QUANTITY	ITEM	DESCRIPTION	N/R	UNIT PRICE	EXTENSION
12	160-9874	*GASKET KIT	S	38.76	465.12
7	203-7767	*GASKET KIT	S	9.92	69.44
2	0R-8515	HEAD GP CYL	S	1812.17	3624.34
2	0R-8515	CORE CHARGE	S	2527.26	5054.52
1	9X-6451	PLUG	S	27.71	27.71
2	0R-5926	REB CART G	S	894.97	1789.94
2	0R-5926	CORE CHARGE	S	957.80	1915.60
1	0R-5513	CORE AS-OIL	S	1012.93	1012.93
1	0R-5513	CORE CHARGE	S	473.82	473.82
7	211-0592	BEARING - MA	S	47.00	329.00
2	253-1752	PLATE-THRUST	S	35.68	71.36
16	2N-2766	LOCK NUT	S	4.78	76.48
24	5M-2894	WASHER	S	.24	5.76
12	129-9452	GASKET	S	4.54	54.48
1	6N 1396	*GASKET	S	20.28	20.28
12	9Y-9497	BEARING ROD	S	29.16	349.92
12	150-1156	BOLT - OIL J	S	1.49	17.88
1	129-0372	*FILTER AS	S	53.81	53.81
1	137-5541	PUMP AS	S	108.82	108.82
1	112-1579	*SEAL O RING	S	13.86	13.86
1	101-2749	ADAPTER INLE	S	147.15	147.15
1	9X-7371	*SEAL O RING	S	[illegible]	19.07
1	112-1580	*SEAL O RING	S	[illegible]	10.30
1	0R 4680	PUMP GP	S	486	483.66
1	0R-4680	CORE CHARGE	S	484.81	484.81

* NON RETURNABLE PARTS

TERMS:
NET CASH FOR PAYMENT ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE. 1-1/2% PER MONTH SERVICE CHARGE ON BALANCE NOT PAID DURING THE MONTH FOLLOWING DATE OF INVOICE (ANNUAL PERCENTAGE RATE IS 18%)

PLEASE PAY THIS AMOUNT ▶

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PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

RETURNED PARTS, OR PRODUCTS IF ACCEPTED UNDER THE TERMS OF OUR RETURN POLICY, MAY BE SUBJECT TO A RESTOCKING CHARGE

A California Corporation FIN 95-1585539

Original

ATTACHMENT CA-IR-24a

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
KAHULUI, MAUI 877-6538
HILO, HI 961-3481
KONA, HI 329-4521
LIHUE, KAUAI 245-4057

INVOICE

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MOLOKAI RANCH LTD.
ATTN ACCOUNTS PAYABLE
745 FORT ST STE 600
HONOLULU, HI 96813

SHIP TO
CALL THOMAS UPON COMPLETION

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PS600045397	08-24-07	2155900	WTR2526	50	2	2

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60C668135	07-20-07	WILL CALL

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION
24	108-5603		SCREW	15.39	369.36
24	9L-7712		NUT	.16	3.84
12	10R-1706		ARM A ROCKER	72.68	872.16
12	10R-1706		CORE CHARGE	17.12	205.44
24	106-1792		STUD TAPER	11.11	266.64
6	10R-1266		INJ GP FUEL	475.30	2851.80
6	10R-1266		CORE CHARGE	242.41	1454.46
12	101-7788		LIFTER AS	120.72	1448.64
2	1R-1808	*	FILTER AS LU	24.83	49.66
5	163-0926		TUBE AS-OIL	55.31	276.55
2	163-0926		TUBE AS-OIL	55.31	110.62
1	226-5973	*	GASKET KIT	1361.98	1361.98
1	226-5969	*	GASKET KIT	139.68	139.68
1	226-5969	*	GASKET KIT	139.68	139.68
1	226-5970	*	GASKET KIT	64.39	64.39
1	226-5971	*	GASKET KIT	204.80	204.80
1	216-4592	*	GASKET KIT	65.76	65.76
5	203-7767	*	GASKET KIT	9.92	49.60
1	8C-5059	*	KIT GASKET	199.14	199.14
5	163-0926		TUBE AS-OIL	55.31	276.55
1	0R-8210		PUMP GP	670.98	670.98
1	0R-8210		CORE CHARGE	1028.91	1028.91
24	134-2263		RING	1.16	27.84
6	10R-1266		INJ GP FUEL	475.30	2851.80
6	10R-1266		CORE CHARGE	242.41	1454.46
12	10R-1441		CYL PACK	539.27	6471.24
12	10R-1441		CORE CHARGE	402.58	4830.96

* NON RETURNABLE PARTS

TERMS:
NET CASH FOR PAYMENT ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE. 1.1/2% PER MONTH SERVICE CHARGE ON BALANCE NOT PAID DURING THE MONTH FOLLOWING DATE OF INVOICE (ANNUAL PERCENTAGE RATE IS 18%)

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PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

RETURNED PARTS, OR PRODUCTS IF ACCEPTED UNDER THE TERMS OF OUR RETURN POLICY, MAY BE SUBJECT TO A RESTOCKING CHARGE

A California Corporation FIN 95-1583539

Original

ATTACHMENT CA-IR-24a

ORIGINAL

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
KAHULUI, MAUI 877-6538
HILO, HI 961-3481
KONA, HI 329-4521
LIHUE, KAUAI 245-4057

INVOICE

SOLD TO
MOLOKAI RANCH LTD.
ATTN ACCOUNTS PAYABLE
745 FORT ST STE 600
HONOLULU, HI 96813

SHIP TO
CALL THOMAS UPON COMPLETION

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PS600045397	08-24-07	2155900	WTR2526	50	2	3

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60C668135	07-20-07	WILL CALL

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION
			TOTAL PARTS		44427 00 T
			STATE TAX		2093 40 T
B/O STOCK ORDER--SURFACE					

* NON RETURNABLE PARTS

TERMS:
NET CASH FOR PAYMENT ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE. 1-1/2% PER MONTH SERVICE CHARGE ON BALANCE NOT PAID DURING THE MONTH FOLLOWING DATE OF INVOICE (ANNUAL PERCENTAGE RATE IS 18%)

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RETURNED PARTS, OR PRODUCTS IF ACCEPTED UNDER THE TERMS OF OUR RETURN POLICY, MAY BE SUBJECT TO A RESTOCKING CHARGE

A California Corporation FIN 95-1583539

PLEASE PAY THIS AMOUNT ▶ 46520.40 ✓✓

AMOUNT CREDITED ▶

PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

Original

ATTACHMENT CA-IR-24a

Hawthorne

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813
Ph: (808) 660-2883 Fax: (808) 552-2908

Purchase Order No. WPR - 2526

Department #
Department Name
Date
Est. Delivery Date
Acct No. MPU-575-01
Job No. 000-176-00
Job Ac... 2417 Overhaul

...geted

Ship to:

Co...
Telep...

Quan	...t of	Item Number	Detailed Description	U... Price	Amount
			overhaul		538.27
			0045397		
			Please see attach invoice		
			core charge		7,077.94
			tx on core		359.19

Rex Kamakana 7/19/07
Requisitioner Date

8/28/07
Authorized Signature (Approval) Date

Goods/Services Received in Good Order and Condition by

Subtotal:	
GET	
Shipping/Handling	
TOTAL:	418520.40

White - Vendor Green - Shipping & Receiving Canary - Originator - Acctg. Pink - Acctg. Copy Gold - Orig. - Dept. File Copy

1050

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
9/27/2007	SS612162079	WTR2579 LABOR CHARGE WELL1	$22,612.02	$4,414.19
9/28/2007	PS600047494	WTR2576 ALTERNATOR, CORE C	$1,103.92	$1,103.92
10/26/2007	PC600005476	WTR2526 CORE CREDIT	($507.65)	$0.00
10/26/2007	PC60005477	WTR2526 CORE CREDIT	($496.15)	$0.00
10/26/2007	PC600005478	WTR2526 CORE CREDIT	$2,005.86)	$0.00
10/26/2007	PC600005479	WTR2526 CORE CREDIT	$1,077.39)	$0.00
10/26/2007	PC600005480	WTR2526 CORE CREDIT	$5,292.69)	$0.00
10/26/2007	PC600005481	WTR2526 CORE CREDIT	$3,045.99)	$0.00
10/26/2007	PC600005482	WTR2526 CORE CREDIT	$5,058.59)	$0.00
10/26/2007	PC600005483	WTR2526 CORE CREDIT	($713.51)	$0.00
		TOTAL	$5,518.11	$5,518.11

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

105

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii

59-102/1213

VOID AFTER 90 DAYS

DATE	AMOUNT
10/31/2007	$5,518.11

Five Thousand Five Hundred Eighteen Dollars And 11 Cents

PAY TO THE ORDER OF

HAWTHORNE PACIFIC CORP.

94-025 FARRINGTON HIGHWAY
WAIPAHU HI 96797

MP

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SAFEGUARD MSFMS01043-1SC

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ATTACHMENT CA-IR-24a
ORIGINAL

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
KAHULUI, MAUI 877-6538
HILO, HI 961-3481
KONA, HI 329-4521
LIHUE, KAUAI 245-4057

INVOICE

SOLD TO
MOLOKAI RANCH LTD.
ATTN ACCOUNTS PAYABLE
745 FORT ST STE 600
HONOLULU, HI 96813

SHIP TO
SONNY
336 0334

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PS600047494	09-28-07	2155900	WTR2576 Kat	50	2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60C675424	09-26-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

PARTS SALES PERSON: Glen Kita

QUANTITY	ITEM	DESCRIPTION	*NR	UNIT PRICE	EXTENSION
1	OR-7942	ALTERNATOR	N	687.53	687.53
1	OR-7942	CORE CHARGE	N	366.71	366.71
		TOTAL PARTS			1054.24 T
		STATE TAX			49.68 T

RECEIVED

Approved [signature]
Date 10/10/07
Account # MPU-575-01
Project # _____ Acct. # _____

RECEIVED
OCT 10 2007
DISCOUNTED

* NON RETURNABLE PARTS

TERMS:
NET CASH FOR PAYMENT ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE. 1-1/2% PER MONTH SERVICE CHARGE ON BALANCE NOT PAID DURING THE MONTH FOLLOWING DATE OF INVOICE (ANNUAL PERCENTAGE RATE IS 18%).

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RETURNED PARTS, OR PRODUCTS IF ACCEPTED UNDER THE TERMS OF OUR RETURN POLICY, MAY BE SUBJECT TO A RESTOCKING CHARGE.

A California Corporation FIN 95-1583539

PLEASE PAY THIS AMOUNT ▶ 1103.92 ✓

AMOUNT CREDITED ▶

PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

Original

Hawthorn Pacific Cat Alternator

ATTACHMENT CA-IR-24a

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813
Ph: (808) 660-2883 Fax: (808) 552-2908

Purchase Order No. WTR - 2576

Department #
Department Name
Date
Est. Delivery Date
Acct No. MPL-575-01
Job No.
Job Acct No.

Budgeted _____ Unbudgeted _____

Vendor Name: Hawthorne
Address:

Fed ID #:
Contact:
Telephone:

Ship to:

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
			alternator		697.52
			core charge		366.71
				Subtotal:	1064.24
				GET	49.09
				Shipping/Handling	
				TOTAL	1113.33

Carmen Reyes 07/26/07
Requisitioner Date

Clem A Reyes Jr. 7/26/07
Authorized Signature (Approval) Date

10/24/07

Goods/Services Received in Good Order and Conditiion by

White - Vendor Green - Shipping & Receiving Canary - Originator - Acctg. Pink - Acctg. Copy Gold - Orig. - Dept. File Copy

ATTACHMENT CA-IR-24a

Date:10/26/2007 Time:10:33:17 PM

Core Charges

ORIGINAL

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
KAHULUI, MAUI 877-6638
HILO, HI 961-3481
KONA, HI 326-4521
LIHUE, KAUAI 245-4057

INVOICE

SOLD TO
MOLOKAI RANCH LTD.
ATTN ACCOUNTS PAYABLE
745 FORT ST STE 600
HONOLULU, HI 96813

SHIP TO

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PC600005476	10-26-07	2155900	NTR 20216		2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60R106121	10-25-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION
PARTS SALES PERSON: Francis Guerrero ENG SVC					
1	OR-4680 CR		CORE CREDIT	S 484 81	484.81
			TOTAL PARTS		484.81 T
			STATE TAX		22.84 T
			* * * CREDIT MEMO * * *		

000-176-00

* NON RETURNABLE PARTS

TERMS:
NET CASH FOR PAYMENT ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE. 1-1/2% PER MONTH SERVICE CHARGE ON BALANCE NOT PAID DURING THE MONTH FOLLOWING DATE OF INVOICE (ANNUAL PERCENTAGE RATE IS 18%)

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PLEASE PAY THIS AMOUNT ▶ CREDIT MEMO

AMOUNT CREDITED ▶ 507.65 ✓

PLEASE REMIT TO: 15945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2400

RETURNED PARTS, OR PRODUCTS IF ACCEPTED UNDER THE TERMS OF OUR RETURN POLICY, MAY BE SUBJECT TO A RESTOCKING CHARGE

A California Corporation P/N 95-1583539

Original

ATTACHMENT CA-IR-24a

ORIGINAL

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
KAHULUI, MAUI 877-5538
HILO, HI 961-3461
KONA, HI 329-4521
LIHUE, KAUAI 245-4057

INVOICE

SOLD TO
MOLOKAI RANCH LTD.
ATTN ACCOUNTS PAYABLE
745 FORT ST STE 600
HONOLULU, HI 96813

SHIP TO

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PC600005477	10-26-07	2155900			2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60R106127	10-25-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION
PARTS SALES PERSON: Francis Guerrero -ENG SVC					
1-	OR 5513 CR		CORE CREDIT	S 473 82	473 82
			TOTAL PARTS		473.82 T
			STATE TAX		22.33 T
			* * * CREDIT MEMO * * *		

* NON RETURNABLE PARTS

TERMS:
NET CASH FOR PAYMENT ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE. 1-1/2% PER MONTH SERVICE CHARGE ON BALANCE NOT PAID DURING THE MONTH FOLLOWING DATE OF INVOICE (ANNUAL PERCENTAGE RATE IS 18%).

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RETURNED PARTS, OR PRODUCTS IF ACCEPTED UNDER THE TERMS OF OUR RETURN POLICY, MAY BE SUBJECT TO A RESTOCKING CHARGE

A California Corporation FIN 95-1595559

PLEASE PAY THIS AMOUNT	CREDIT MEMO
AMOUNT CREDITED	496.15 ✓✓

PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

Original

ATTACHMENT CA-IR-24a

ORIGINAL

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
KAHULUI, MAUI 877-6636
HILO, HI 961-3481
KONA, HI 329-4521
LIHUE, KAUAI 245-4057

INVOICE

SOLD TO
MOLOKAI RANCH LTD.
ATTN ACCOUNTS PAYABLE
745 FORT ST STE 600
HONOLULU, HI 96813

SHIP TO

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PC600005478	10-26-07	2155900			2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60R106128	10-25-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

QUANTITY	ITEM	*NR	DESCRIPTION	UNIT PRICE	EXTENSION
PARTS SALES PERSON: Francis Guerrero ENG SVC					
2-	OR-5926 CR		CORE CREDIT	S 957 80	1915.60
			TOTAL PARTS		1915 60 T
			STATE TAX		90.26 T
			* * * CREDIT MEMO * * *		

* NON RETURNABLE PARTS

TERMS:
NET CASH FOR PAYMENT ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE. 1-1/2% PER MONTH SERVICE CHARGE ON BALANCE NOT PAID DURING THE MONTH FOLLOWING DATE OF INVOICE (ANNUAL PERCENTAGE RATE IS 18%)

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A California Corporation FIN 95-1583336

PLEASE PAY THIS AMOUNT ▶ CREDIT MEMO

AMOUNT CREDITED ▶ 2005.86 ✓

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ORIGINAL

HAWTHORNE CAT

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INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PC600005479	10-26-07	2155900			2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60R106129	10-25-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

QUANTITY	ITEM	N/R	DESCRIPTION	UNIT PRICE	EXTENSION
PARTS SALES PERSON: Francis Guerrero -ENG SVC					
1-	0R 8210 CR		CORE CREDIT	N 1028.91	1028 91
			TOTAL PARTS		1028.91 T
			STATE TAX		48.48 T
			* * * CREDIT MEMO * * *		

* NON RETURNABLE PARTS

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A California Corporation FEIN 95-1580559

PLEASE PAY THIS AMOUNT ▶ CREDIT MEMO

AMOUNT CREDITED ▶ 1077.39 ✓

PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
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Original

ATTACHMENT CA-IR-24a

ORIGINAL

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SHIP TO

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PC600005480	10-26-07	2155900			2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60R106130	10-25-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION
PARTS SALES PERSON: Francis Guerrero -ENG SVC					
2-	OR-8515 CR		CORE CREDIT	S 2527 26	5054 52
			TOTAL PARTS		5054.52 T
			STATE TAX		238.17 T
			* * * CREDIT MEMO * * *		

* NON RETURNABLE PARTS

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A California Corporation FIN 95-1583535

PLEASE PAY THIS AMOUNT	CREDIT MEMO
AMOUNT CREDITED	5292.69

PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

Original

ATTACHMENT CA-IR-24a

ORIGINAL

HAWTHORNE CAT

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INVOICE

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SHIP TO

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PC600005481	10-26-07	2155900			2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60R106131	10-25-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION
PARTS SALES PERSON: Francis Guerrero -ENG SVC					
12-	10R-1266 CR		CORE CREDIT	S 242 41	2908.92
			TOTAL PARTS		2908.92 T
			STATE TAX		137.07 T
			* * * CREDIT MEMO * * *		

* NON RETURNABLE PARTS

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A California Corporation FIN 95-1583535

PLEASE PAY THIS AMOUNT	CREDIT MEMO
AMOUNT CREDITED	3045.99 ✓

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Original

ATTACHMENT CA-IR-24a

ORIGINAL

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
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KONA, HI 329-4521
LIHUE, KAUAI 245-4057

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SHIP TO

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PC600005482	10-26-07	2156900			2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60R106132	10-25-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACHINE NO.

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION
PARTS SALES PERSON: Francis Guerrero ENG SVC					
12	OR 1441 CR		CORE CREDIT	N 402 58	4830 96
			TOTAL PARTS		4830 96 T
			STATE TAX		227 63 T
			* * * CREDIT MEMO * * *		

* NON RETURNABLE PARTS

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A California Corporation FIN 95-1583539

PLEASE PAY THIS AMOUNT	CREDIT MEMO
AMOUNT CREDITED	5058.59 ✓✓

PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

Original

ATTACHMENT CA-IR-24a

Date:10/26/2007 Time:10:40 30 PM

ORIGINAL

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HAWTHORNE MACHINERY CO

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HONOLULU, HI 96813

SHIP TO

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
PC600005483	10-26-07	2155900			2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
60R106135	10-26-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.

QUANTITY	ITEM	*M/R	DESCRIPTION	UNIT PRICE	EXTENSION
PARTS SALES PERSON: Francis Guerrero -ENG SVC					
1	OR 7942 CR		CORE CREDIT	N 681.40	681.40
Alternator Core			TOTAL PARTS		681.40 T
			STATE TAX		32.11 T
			* * * CREDIT MEMO * * *		

NOTE: This core credit, I believe is one of three credits (1-3) for the faulty alternators. I spoke to Lisa Kong at Hawthorne Pacific, she said to send the other 2 alternator's and well will get credit for it. Thanks. Sonny

10/29/07

* NON RETURNABLE PARTS

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PLEASE PAY THIS AMOUNT	CREDIT MEMO
AMOUNT CREDITED	713.51

PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2490

Original

System: 9/28/2009 12:21:59 PM
User Date: 9/28/2009

Molokai Public Utilities, Inc.
CROSS-REFERENCE REPORT BY JOURNAL ENTRY FOR 2008
General Ledger

ATTACHMENT CA-IR-24a
User ID: elaineh

Ranges:	From:	To:		From:	To:
Journal Entry	2920	2921	Date	First	Last
Source Document	First	Last	Account	First	Last
Audit Trail Code	First	Last			

Include: Posting

Sort by: Journal Entry

Journal Entry	Trx Date	Source Document	Audit Trail Code	Account	Description	Debit	Credit
2,920	10/30/2007	GJ	GLTRX00001862				
				000-176-00	Water Property - MPU	$26,966.00	
				000-176-00	Water Property - MPU		$4,253.98
				100-575-01	R&M-Plant		$22,712.02
	Total Distributions:		3		Totals:	$26,966.00	$26,966.00
2,921	10/30/2007	GJ	GLTRX00001870				
				000-176-00	Water Property - MPU		$26,966.00
				000-176-00	Water Property - MPU	$4,253.98	
				100-575-01	R&M-Plant	$22,712.02	
	Total Distributions:		3		Totals:	$26,966.00	$26,966.00
2,921	11/1/2007	GJ	GLREV00001870				
				000-176-00	Water Property - MPU	$26,966.00	
				000-176-00	Water Property - MPU		$4,253.98
				100-575-01	R&M-Plant		$22,712.02
	Total Distributions:		3		Totals:	$26,966.00	$26,966.00
Total Journal Entries:			2		Grand Totals:	$80,898.00	$80,898.00

ATTACHMENT CA-IR-24a
ORIGINAL

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
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HILO, HI 961-3481
KONA, HI 329-4521
LIHUE, KAUAI 245-4057

INVOICE

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ATTN ACCOUNTS PAYABLE
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HONOLULU, HI 96813

SHIP TO
MOLOKAI RANCH

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
SS612162079	09-27-07	2155900	P.O.# WTR~~2526~~/REX WTR2579	089	2	5

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
6102625	08-30-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.
AA	3412E	0BDT01595		11345.0	ECC7167

QUANTITY	ITEM	DESCRIPTION	*N/R	UNIT PRICE	EXTENSION
3	307-9921	ABSORBENT PA	S	53.03	159.09
1	FREIGHT CHARGE	FREIGHT CHARGE	N	95.26	95.26
1	FREIGHT CHARGE	FREIGHT CHARGE	N	93.36	93.36
		TOTAL PARTS	SEG. 02		2443.28 *
	FIELD LABOR	84.00 RT HOURS			8820.00
	FIELD LABOR	49.00 OT HOURS			5145.00
	FIELD LABOR	25.00 DT HOURS			2625.00
	SHOP LABOR	20.00 RT HOURS			1700.00
		TOTAL LABOR	SEG. 02		18290.00 *
		SEGMENT 02 TOTAL			20733.28 T
		SALES TAX			1213.46 T

Service Invoice

* NON RETURNABLE PARTS

TERMS:
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A California Corporation FIN 95-1583539

PLEASE PAY THIS AMOUNT ▶ 26966.00 /

AMOUNT CREDITED ▶

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SAN DIEGO, CA. 92127-2499

Original

ATTACHMENT CA-IR-24a

ORIGINAL

HAWTHORNE CAT

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HONOLULU, HI 96813

SHIP TO
MOLOKAI RANCH

Attn: Katheeen, is this a separate invoice from the $45K?

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
SS612162079	09-27-07	2155900	P.O.# WTR2526/REX	089	2	1

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
6102625	08-30-07	2579

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.
AA	3412E	0BDT01595		11345.0	ECC7167

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION

OVERHAUL

TRAVEL TO/FROM

		F/R LBR	2100.00 *
1.00	SHIP WORK TRUCK		863.29
7.00	TECHS TO MOLOK		2055.97
	TOTAL MISC CHGS	SEG. 01	2919.26 *
	SEGMENT 01 TOTAL		6019.26 T

OVERHAUL

CUSTOMER COMPLAINT:
CUSTOMER COMPLAINING ENGINE BURNING TWO GALLONS OF OIL IN ONE DAY.
CAUSE OF FAILURE:
POSSIBLE WORN PISTON RINGS IN ONE OR MORE CYLINDERS. NOTICE EXCESSIVE BLOW BY COMING OUT OF BREATHERS.
RESULTANT DAMAGE:
EXCESSIVE OIL CONSUMPTION
REPAIR COMMENTS:

* NON RETURNABLE PARTS

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A California Corporation FIN 95-1593538

PLEASE PAY THIS AMOUNT ▶ CONT'D

AMOUNT CREDITED ▶

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Original

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
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SHIP TO
MOLOKAI RANCH

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
SS612162079	09-27-07	2155900	P.O.# WTR2526/REX	089	2	2

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
6102625	08-30-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.
AA	3412E	0BDT01595		11345.0	ECC7167

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION

9/14/07 HAD SOMEONE FROM MOLOKAI RANCH PICK UP US TO GET SERVICE TRUCK AT MAINTAINCE SHOP. CHECKED IN HOTEL AND DROPPED OFF LUGGAGE. HEADED TO JOBSITE. TO OFF LOAD SUPPLIES AND SET UP FOR NEXT DAY. CLEANED UP AROUND SHED AREA. OFF LOADED TRUCK AND SET UP PARTS UNDER SHED. WENT TO AIRPORT TO GET OTHER SUPPLIES FROM KAMAKA AIRLINES. PICKED UP FUEL FOR GENERATOR AND SERVICE TRUCK. 9/15/07 SET UP GENERATOR AND LIGHTING IN INCLOSER. SET UP WORK AREA AND BEGAN DRAINING COOLANT AND ENGINE OIL. REMOVED AIR FILTER ASSEMBLY, WATER PIPING, AIR INLET PIPING, CONTROL PANEL AND HOSES. REMOVED VALVE COVERS, ROCKER ASSEMBLY, VALVE BRIDGES, INJECTORS AND INJECTOR SLEEVES. SET UP CHAIN HOIST AND REMOVED FUEL MANIFOLDS AND HEADS. REMOVED OIL PAN, ROD CAPS, AND REMOVED PISTON PACKS. REMOVEDAFTER COOLERR ASSEMBLY OFF OF ENGINE AND REMOVEDAFTER COOLERR CORE. WHILE REMOVING PARTS OFF OF ENGINE. NOTICE #9 VALVE SUPPORT BROKEN, FUEL AND OIL HOSES BRITTLE. 9/16/07 CLEANED UP ENGINE BLOCK WITH SOLVENT. REMOVED LIFTERS AND INSPECTED LIFTERS AND CAMSHAFT FOR WEAR O.K. REPLACED LIFTERS WITH NEW RETAINERS. STARTEDREPLACEMENTT OF MAIN BEARINGS. REMOVED MAIN CAPS, CLEANED AND INSPECTED BEARING WEAR. O.K. AFTER INSPECTION REPLACED BEARINGS AND THRUST PLATES. CLEANED AND INSPECTED ROD JOURNALS AND INSTALLED NEW PISTON PACKS. CLEANED BLOCK SPACER PLATES AND STARTED

* NON RETURNABLE PARTS

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A California Corporation FIN 95-1583539

PLEASE PAY THIS AMOUNT ▶ CONT'D

AMOUNT CREDITED ▶

PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

Original

ATTACHMENT CA-IR-24a

ORIGINAL

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HAWTHORNE MACHINERY CO

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LIHUE, KAUAI 245-4057

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MOLOKAI RANCH

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
SS612162079	09-27-07	2155900	P.O.# WTR2526/REX	089	2	3

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
6102625	08-30-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.
AA	3412E	0BDT01595		11345.0	ECC7167

QUANTITY	ITEM	*N/R	DESCRIPTION	UNIT PRICE	EXTENSION

CLEANING NEW HEAD FOR ASSEMBLY. INSTALLED SPACER PLATES AND RIGHT SIDE HEAD. 9/17/ 07. CLEANED FUEL MANIFOLDS, INSTALLED ON RIGHT SIDE. CLEANED UP PARTS AND INSTALLED HEAD BOLTS, VALVE BRIDGES, PUSH ROD, ROCKER ASSEMBLY.TORQUED HEAD BOLTS, INSTALLED INJECTOR SLEEVES AND INJECTORS. BECAUSE HEAD GASKET WAS DAMAGED DURING SHIPMENT, COMPLETED HEAD INSTALLATION ON LEFT SIDE WHEN PART ARRIVED AFTER LUNCH. REPLACED OIL COOLER ASSEMBLY. REMOVED WATER PUMP OFF OF ENGINE. USING TORCH, HEATED UP TURBO EXHAUST SNAIL AND REMOVED TURBO CARTRIDGES 9/18/07. FINISHED UP LEFT SIDE HEAD ASSEMBLY INSTALLED ROCKER, INJECTOR SLEEVES AND INJECTORS.COULDN'TT FINISH #11 WAITING ON ROCKER SUPPORT. SET VALVE LASH . INSTALLED TURBO CARTRIDGES. CLEANED OIL PAN AND PIPING. INSTALLED REMAN OIL PUMP AND PIPING AND PAN ON ENGINE. ASSEMBLEAFTER COOLERR AND INSTALLED ON ENGINE. CLEANED ROCKER BASE AND COVERS. 9/19/07. INSTALLED LAST ROCKER ASSEMBLY AND SET VALVE LASH. INSTALLED BASE COVERS AND MOUNTED ECM AND CONTROL PANEL. INSTALLED WATER PUMP AND PIPING, INLET PIPING AND AIR CLEANER ASSEMBLY. CONNECTED ELECTRICAL WIRING AND HOSE ASSEMBLY REPLACED OIL FILTER AND FUEL FILTERS 9/20/07 FILLED ENGINE UP WITH OIL. FILLED ENGINE WITH COOLANT. PRIMED FUEL SYSTEM AND STARTED ENGINE, ONCE STARTED HOOKED UP COMPUTER AND MONITORED ENGINE STATS STARTED CLEANING UP RUBBISH AND PACKING SUPPLIES AND

* NON RETURNABLE PARTS

TERMS:
NET CASH FOR PAYMENT ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE 1-1/2% PER MONTH SERVICE CHARGE ON BALANCE NOT PAID DURING THE MONTH FOLLOWING DATE OF INVOICE ANNUAL PERCENTAGE RATE IS 18%.

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RETURNED PARTS, OR PRODUCTS IF ACCEPTED UNDER THE TERMS OF OUR RETURN POLICY, MAY BE SUBJECT TO A RESTOCKING CHARGE

A California Corporation FIN 95-1583539

PLEASE PAY THIS AMOUNT ▶ CONT'D

AMOUNT CREDITED ▶

PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

Original

HAWTHORNE CAT

HAWTHORNE PACIFIC CORP
A DIVISION OF
HAWTHORNE MACHINERY CO

WAIPAHU, OAHU 677-9111
KAHULUI, MAUI 877-6538
HILO, HI 961-3481
KONA, HI 329-4521
LIHUE, KAUAI 245-4057

INVOICE

SOLD TO
MOLOKAI RANCH LTD.
ATTN ACCOUNTS PAYABLE
745 FORT ST STE 600
HONOLULU, HI 96813

SHIP TO
MOLOKAI RANCH

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	SALESMAN	T/C	PAGE
SS612162079	09-27-07	2155900	P.O.# WTR2526/REX	089	2	4

DOCUMENT NUMBER	DOCUMENT DATE	SHIP VIA
6102625	08-30-07	

MAKE	MODEL	SERIAL NUMBER	EQUIPMENT NUMBER	METER READING	MACH ID NO.
AA	3412E	0BDT01595		11345.0	ECC7167

QUANTITY	ITEM	DESCRIPTION	*N/R	UNIT PRICE	EXTENSION
		PARTS CORES ON SERVICE TRUCK. 9/21/07. WENT TO MONITOR ENGINE STATS AND CHECK ENGINE FOR LEAKS. O.K. AFTER ENGINE CHECKED OUT, ARRANGED FOR OUR FLIGHT OUT AND CHECKED OUT OF HOTEL ROOM. MADE ARRANGEMENTS TO GET SERVICE TRUCK BACK TO OAHU.			
25	1U-5516	DISC	S	1.49	37.25
12	1U-8846	GASKET MAKER	S	18.98	227.76
12	2N-7174	GASKET	S	.85	10.20
2	4N-1156	GASKET	S	1.96	3.92
3	4N-4668	BREATHER A	S	69.96	209.88
2	4N-5962	HOSE	N	13.25	26.50
2	5N-5561	COMPOUND	S	48.85	97.70
2	6L-4714	FILTER-- AIR	S	114.32	228.64
24	6N-6872	SPRING LFTR	S	7.90	189.60
2	6V-3536	DOWEL	N	4.07	8.14
2	8C-3680	CONDITIONER	S	111.44	222.88
4	8N-0879	CLAMP	S	23.57	94.28
2	8T-7766	MANDREL	S	30.85	61.70
24	107-9570	SEAL-O-RING	S	3.18	76.32
4	109-0072	SEAL O RING	S	5.94	23.76
1	122-0163	BRACKET-SHAF	N	172.87	172.87
1	129-0372	FILTER AS	S	70.81	70.81
1	132-3144	HARNESS AS-W	N	22.24	22.24
12	222-3117	CLEANER-BRAK	S	3.02	36.24
4	233-8580	GLASSES-SAFE	S	10.19	40.76
1	246-5180	GLOVESBX/100	S	14.76	14.76
2	248-5513	REGULATOR-TE	S	42.94	85.88
2	276-0500	GLOVE IMPACT	S	33.37	66.74
2	276-0501	GLOVE IMPACT	S	33.37	66.74

* NON RETURNABLE PARTS

TERMS:
NET CASH FOR PAYMENT ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE. 1.00% PER MONTH SERVICE CHARGE ON BALANCE NOT PAID DURING THE MONTH FOLLOWING DATE OF INVOICE (ANNUAL PERCENTAGE RATE IS 18%)

PLEASE PAY THIS AMOUNT ▶ CONT'D

AMOUNT CREDITED ▶

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PLEASE REMIT TO: 16945 CAMINO SAN BERNARDO
SAN DIEGO, CA. 92127-2499

RETURNED PARTS, OR PRODUCTS IF ACCEPTED UNDER THE TERMS OF OUR RETURN POLICY, MAY BE SUBJECT TO A RESTOCKING CHARGE

A California Corporation FIN 95-1583539

Original

Hawthorne

MOLOKAI PROPERTIES LIMITED
745 Fort Street, Suite 600
Honolulu, Hawaii 96813
Ph: (808) 660-2883 Fax: (808) 552-2908

ATTACHMENT CA-IR-24a

Purchase Order No. WTR - 2579

Department #
Department Name
Date 10/4/07
Est. Delivery Date
Acct No. MPU-515-01
Job No.
Job Acct No.

Vendor Name: Hawthorne
Address:

Budgeted _____ Unbudgeted _____

Fed ID #:
Contact:
Telephone:

Ship to:

Quan	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
			* please see attached		
			invoice # 5561216 2579		
			segment of total		5019.24
			seg. 05		2442.28
			seg. 07		18290.00
			sales tx		1210.46

Sonny Reyes 10/04/07
Requisitioner Date

10/4/07
Authorized Signature (Approval) Date

X X Jaau
Goods/Services Received in Good Order and Condition by

Subtotal:	
GET	
Shipping/Handling	
TOTAL:	26966.00

White - Vendor Green - Shipping & Receiving Canary - Originator - Acctg. Pink - Acctg. Copy Gold - Orig. - Dept. File Copy

System: 9/28/2009 12:23:15 PM
User Date: 9/28/2009

Molokai Public Utilities, Inc.
CROSS-REFERENCE REPORT BY JOURNAL ENTRY FOR 2008
General Ledger

ATTACHMENT CA-IR-24a

User ID: elaineh

Ranges:	From:	To:		From:	To:
Journal Entry	597	597	Date	11/1/2007	11/30/2007
Source Document	First	Last	Account	First	Last
Audit Trail Code	First	Last			

Include: Posting

Sort by: Journal Entry

Journal Entry	Trx Date	Source Document	Audit Trail Code			
597	11/30/2007	GJ	GLTRX00001886			
Account		Description			Debit	Credit
000-123-30		Due to/from MRL				$1,622.99
000-176-00		Water Property - MPC			$1,622.99	
Total Distributions:		2		Totals:	$1,622.99	$1,622.99
Total Journal Entries:		1		Grand Totals:	$1,622.99	$1,622.99

System: 9/28/2009 12:25:03 PM
User Date: 9/28/2009

HISTORICAL DETAILED TRIAL BALANCE FOR 2008

1
elaineh

Molokai Ranch, Ltd. **ATTACHMENT CA-IR-24a**

General Ledger

Ranges:	From:	To:			
Date:	11/1/2007	11/30/2007	Subtotal By:	No Subtotals	Include: Posting
Account:	000-123-30	000-123-30	Sorted By:	Department	

Account: 000-123-30 **Description:** Due from Molokai Public Utiliti **Beginning Balance:** $3,729,008.25

Trx Date	Jrnl No.	Orig. Audit Trail	Orig. Master Name	Distribution Reference	Debit	Credit
11/1/2007	64,019	GLREV00031943		Rcd Wtr usage adj Nursry 10/07	$4,368.60	
11/19/2007	64,324	PMTRX00010516	KAMAKA AIR INC.	AWB 270069-239208	$170.32	
11/21/2007	64,422	PMTRX00010521	KAMAKA AIR INC.	AWB 251792-251794	$49.43	
11/26/2007	64,579	PMTRX00010532	SPRINT	11/18/07 ACCT#922370677	$15.50	
11/30/2007	6,805	GLTRX00032003		PAYROLL 11/07	$599.10	
11/30/2007	6,805	GLTRX00032003		PAYROLL 11/07	$45.83	
11/30/2007	6,805	GLTRX00032003		PAYROLL 11/07	$2.65	
11/30/2007	6,805	GLTRX00032003		PAYROLL 11/07	$4.25	
11/30/2007	6,880	GLTRX00032076		Rec BOH Transfers 11/07	$2,427.36	
11/30/2007	11,838	GLTRX00032037		BOH-Air, Lodge,Webex,MPU,Wai	$1,622.99	
11/30/2007	18,553	GLTRX00031997		Rec Wk Comp for 11/07	$378.00	
11/30/2007	19,361	GLTRX00032095		Rec Gas Usage-Water Rev 11/07	$762.98	
11/30/2007	19,417	GLTRX00032105		Auto Shop & Vehicle R&M	$82.02	
11/30/2007	19,419	GLTRX00032105		Rec Fuel allocation for 609	$91.04	
11/30/2007	19,426	GLTRX00032061		Rec Admin Fee Mpu&Mosco 11/07	$800.00	
11/30/2007	23,049	GLTRX00032109		Rec 609-water alloc Med & Dent	$862.32	
11/30/2007	23,051	GLTRX00032109		Rec 609 allocation -Union	$9.34	
11/30/2007	24,879	GLTRX00032106		Rec Deprn alloc for Water-609	$306.55	
11/30/2007	25,618	GLTRX00032108		Record Nextel - Cell	$60.07	
11/30/2007	25,619	GLTRX00032108		Record Electricity allocation	$27.00	
11/30/2007	25,622	GLTRX00032108		Record Equipment Rental alloc	$11.62	
11/30/2007	25,623	GLTRX00032108		Record vehicle registrations	$40.68	
11/30/2007	25,624	GLTRX00032108		Record Admin& Gen allocation	$35.17	
11/30/2007	25,625	GLTRX00032108		Rec Verizon-Stable Fax 5522308	$13.56	
11/30/2007	25,626	GLTRX00032107		Rec Ins/refund alloc Water 609	$665.55	
11/30/2007	25,627	GLTRX00032107		Rec 609 alloc-Workers Comp	$11.07	
11/30/2007	42,905	GLTRX00032068		Water charges from MPU 11/07		$287.50
11/30/2007	43,096	GLTRX00032060		Rec 610 > MPU water treatment	$20,543.00	
11/30/2007	56,174	GLTRX00032091		Rec 820 Med allocation	$92.29	
11/30/2007	64,835	GLTRX00032103		Correct Sprint entry 11/07		$15.50

			Net Change	Ending Balance		
Account:	000-123-30	Totals:	$33,795.49	$3,762,803.74	$34,098.49	$303.00

	Accounts	Beginning Balance	Net Change	Ending Balance	Debit	Credit
Grand Totals:	1	$3,729,008.25	$33,795.49	$3,762,803.74	$34,098.49	$303.00

ATTACHMENT CA-IR-24a

11/1/2007	###	USD	####	MC Misc Debit	BAI-699	(123.00)	1453040000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150764096 ETK HONOL HI10-30 -07	XXXXXXXXXXXX5147/
11/1/2007	###	USD	####	MC Misc Debit	BAI-699	(15.00)	1453040000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150764391 ETK HONOL HI10-30 -07	XXXXXXXXXXXX5147/
11/1/2007	###	USD	####	MC Misc Debit	BAI-699	(10.35)	4140000 MERCHANT PURCHASE TERMINAL 469216 WEBEX WEBEX COM 916 861 3 CA10-31 -07	XXXXXXXXXXXX5147/
11/2/2007	###	USD	####	MC Misc Debit	BAI-699	(65.00)	1453050000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150765174 ETK HONOL HI10-31 -07	XXXXXXXXXXXX5147/
11/2/2007	###	USD	####	MC Misc Debit	BAI-699	(97.10)	1453050000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150765181 ETK HONOL HI10-31 -07	XXXXXXXXXXXX5147/
11/5/2007	###	USD	####	MC Misc Debit	BAI-699	(30.00)	1453070000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150766390 ETK HONOL HI11-02 -07	XXXXXXXXXXXX5147/
11/5/2007	###	USD	####	MC Misc Debit	BAI-699	(65.00)	1453070000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150766797 ETK HONOL HI11-02 -07	XXXXXXXXXXXX5147/
11/5/2007	###	USD	####	MC Misc Debit	BAI-699	(44.90)	1530700000 MERCHANT PURCHASE TERMINAL 471705 PACIFIC WIN KAHULUI HI11-03 -07	XXXXXXXXXXXX5147/
11/5/2007	###	USD	####	MC Misc Debit	BAI-699	(44.90)	1530700000 MERCHANT PURCHASE TERMINAL 471705 PACIFIC WIN KAHULUI HI11-03 -07	XXXXXXXXXXXX5147/
11/7/2007	###	USD	####	MC Misc Debit	BAI-699	(144.43)	1700000000 MERCHANT PURCHASE TERMINAL 442684 ALA MOANA HOTEL ADV DEP 808 95548 HI11-05 -07	XXXXXXXXXXXX5147/
11/7/2007	###	USD	####	MC Misc Debit	BAI-699	(2.50)	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768150 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/7/2007	###	USD	####	MC Misc Debit	BAI-699	(2.50)	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768151 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/7/2007	###	USD	####	MC Misc Debit	BAI-699	(65.00)	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768431 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/7/2007	###	USD	####	MC Misc Debit	BAI-699	(97.10)	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768583 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/8/2007	###	USD	####	MC Misc Debit	BAI-699	(144.43)	1700000000 MERCHANT PURCHASE TERMINAL 442684 ALA MOANA HOTEL ADV DEP 808 95548 HI11-05 -07	XXXXXXXXXXXX5147/
11/8/2007	###	USD	####	MC Misc Debit	BAI-699	(2.50)	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768150 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/8/2007	###	USD	####	MC Misc Debit	BAI-699	(2.50)	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768151 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/8/2007	###	USD	####	MC Misc Debit	BAI-699	(65.00)	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768431 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/8/2007	###	USD	####	MC Misc Debit	BAI-699	(97.10)	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768583 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/8/2007	###	USD	####	MC Misc Debit	BAI-699	(44.90)	1231230000 MERCHANT PURCHASE TERMINAL 471705 PACIFIC WIN KAHULUI HI11-07 -07	XXXXXXXXXXXX5147/
11/9/2007	###	USD	####	MC Debit Reversal	BAI-252	144.43	1700000000 MERCHANT PURCHASE TERMINAL 442684 ALA MOANA HOTEL ADV DEP 808 95548 HI11-05 -07	XXXXXXXXXXXX5147/
11/9/2007	###	USD	####	MC Debit Reversal	BAI-252	2.50	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768150 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/9/2007	###	USD	####	MC Debit Reversal	BAI-252	2.50	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768151 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/9/2007	###	USD	####	MC Debit Reversal	BAI-252	65.00	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768431 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/9/2007	###	USD	####	MC Debit Reversal	BAI-252	97.10	1453100000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150768583 ETK HONOL HI11-05 -07	XXXXXXXXXXXX5147/
11/9/2007	###	USD	####	MC Misc Debit	BAI-699	(220.00) ①	1201650000 MERCHANT PURCHASE TERMINAL 466100 AMER MEMBRANE TECH A STUART FL11-07 -07	XXXXXXXXXXXX5147/
11/9/2007	###	USD	####	MC Misc Debit	BAI-699	(195.00)	1201650000 MERCHANT PURCHASE TERMINAL 466100 AMER MEMBRANE TECH A STUART FL11-07 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(130.00)	1453130000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150771054 ETK HONOL HI11-08 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(15.00)	1453140000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150771830 ETK HONOL HI11-09 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(160.09)	1453140000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150771923 ETK HONOL HI11-09 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(64.20)	1453140000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150771924 ETK HONOL HI11-09 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(64.20)	1453140000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150771927 ETK HONOL HI11-09 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(123.00)	1453140000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150771930 ETK HONOL HI11-09 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(64.20)	1453140000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150771933 ETK HONOL HI11-09 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(123.00)	1453140000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150771935 ETK HONOL HI11-09 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(97.10)	1453140000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150772007 ETK HONOL HI11-09 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(954.41)	40470000 MERCHANT PURCHASE TERMINAL 461043 SEARS ROEBUCK 1158 HONOLULU HI11-08 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(44.90)	7331490000 MERCHANT PURCHASE TERMINAL 471705 PACIFIC WIN KAHULUI HI11-10 -07	XXXXXXXXXXXX5147/
11/13/2007	###	USD	####	MC Misc Debit	BAI-699	(44.90)	7331490000 MERCHANT PURCHASE TERMINAL 471705 PACIFIC WIN KAHULUI HI11-10 -07	XXXXXXXXXXXX5147/
11/14/2007	###	USD	####	MC Misc Debit	BAI-699	(90.09)	1453170000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150773458 ETK HONOL HI11-12 -07	XXXXXXXXXXXX5147/
11/14/2007	###	USD	####	MC Misc Debit	BAI-699	(90.09)	1453170000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150773459 ETK HONOL HI11-12 -07	XXXXXXXXXXXX5147/
11/15/2007	###	USD	####	MC Misc Debit	BAI-699	(1,207.99) ①	2710000 MERCHANT PURCHASE TERMINAL 419304 HURRICANE PROTECTION TEC305 85890 FL11-13 -07	XXXXXXXXXXXX5147/
11/15/2007	###	USD	####	MC Misc Debit	BAI-699	(88.08)	1453180000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150774199 ETK HONOL HI11-13 -07	XXXXXXXXXXXX5147/
11/16/2007	###	USD	####	MC Misc Debit	BAI-699	(389.63)	1700010000 MERCHANT PURCHASE TERMINAL 442684 PRINCE HOTELS HAWAII HONOLULU HI11-15 -07	XXXXXXXXXXXX5147/
11/16/2007	###	USD	####	MC Misc Debit	BAI-699	(104.10)	1453190000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150775140 ETK HONOL HI11-14 -07	XXXXXXXXXXXX5147/
11/16/2007	###	USD	####	MC Misc Debit	BAI-699	(104.10)	1453190000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150775141 ETK HONOL HI11-14 -07	XXXXXXXXXXXX5147/
11/19/2007	###	USD	####	MC Misc Debit	BAI-699	(123.00)	1453200000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150776438 ETK HONOL HI11-15 -07	XXXXXXXXXXXX5147/
11/19/2007	###	USD	####	MC Misc Debit	BAI-699	(30.00)	1453200000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150776443 ETK HONOL HI11-15 -07	XXXXXXXXXXXX5147/
11/19/2007	###	USD	####	MC Misc Debit	BAI-699	(30.00)	1453210000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150776766 ETK HONOL HI11-16 -07	XXXXXXXXXXXX5147/
11/19/2007	###	USD	####	MC Misc Debit	BAI-699	(15.00)	1453210000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150776775 ETK HONOL HI11-16 -07	XXXXXXXXXXXX5147/
11/20/2007	###	USD	####	MC Misc Debit	BAI-699	(15.00)	1700000000 MERCHANT PURCHASE TERMINAL 442684 ALA MOANA HOTEL 808 95548 HI11-16 -07	XXXXXXXXXXXX5147/
11/23/2007	###	USD	####	MC Misc Debit	BAI-699	(295.75)	1700000000 MERCHANT PURCHASE TERMINAL 442684 ALA MOANA HOTEL 808 95548 HI11-20 -07	XXXXXXXXXXXX5147/
11/23/2007	###	USD	####	MC Misc Debit	BAI-699	(295.00)	1700000000 MERCHANT PURCHASE TERMINAL 442684 ALA MOANA HOTEL 808 95548 HI11-20 -07	XXXXXXXXXXXX5147/
11/23/2007	###	USD	####	MC Bank Prepared Deposit	BAI-173	295.75	1700000000 MERCHANT REFUND TERMINAL 442684 ALA MOANA HOTEL 808 95548 HI11-20 -07 12 00 AM	XXXXXXXXXXXX5147/
11/28/2007	###	USD	####	MC Misc Debit	BAI-699	(30.00)	1453310000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150782840 ETK HONOL HI11-26 -07	XXXXXXXXXXXX5147/
11/28/2007	###	USD	####	MC Misc Debit	BAI-699	(72.00)	1453310000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150782843 ETK HONOL HI11-26 -07	XXXXXXXXXXXX5147/
11/28/2007	###	USD	####	MC Misc Debit	BAI-699	(30.00)	1453310000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150782871 ETK HONOL HI11-26 -07	XXXXXXXXXXXX5147/
11/28/2007	###	USD	####	MC Misc Debit	BAI-699	(137.01)	1453310000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150782887 ETK HONOL HI11-26 -07	XXXXXXXXXXXX5147/
11/28/2007	###	USD	####	MC Misc Debit	BAI-699	(130.00)	1453310000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783207 ETK HONOL HI11-26 -07	XXXXXXXXXXXX5147/
11/28/2007	###	USD	####	MC Misc Debit	BAI-699	(64.90)	5833100000 MERCHANT PURCHASE TERMINAL 471705 MESA AIR 533210271452HONOLULU HI11-26 -07	XXXXXXXXXXXX5147/
11/28/2007	###	USD	####	MC Misc Debit	BAI-699	(64.90)	5833100000 MERCHANT PURCHASE TERMINAL 471705 MESA AIR 533210271452HONOLULU HI11-26 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(107.50)	3321180000 MERCHANT PURCHASE TERMINAL 408802 PARTY EXPRESS 570 45572 PA11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(4.95)	3320310000 MERCHANT PURCHASE TERMINAL 441800 ORIENTAL TRADING CO 800 22804 NE11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(64.20)	1453320000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783781 ETK HONOL HI11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(64.20)	1453320000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783798 ETK HONOL HI11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(97.10)	1453320000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783799 ETK HONOL HI11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(64.20)	1453320000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783802 ETK HONOL HI11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(64.20)	1453320000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783805 ETK HONOL HI11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(64.20)	1453320000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783808 ETK HONOL HI11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(64.20)	1453320000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783811 ETK HONOL HI11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(98.09)	1453320000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783812 ETK HONOL HI11-27 -07	XXXXXXXXXXXX5147/
11/29/2007	###	USD	####	MC Misc Debit	BAI-699	(60.00)	1453320000 MERCHANT PURCHASE TERMINAL 451239 ISLAND AIR 2150783816 ETK HONOL HI11-27 -07	XXXXXXXXXXXX5147/
11/30/2007	###	USD	####	MC Misc Debit	BAI-699	(974.07)	1700010000 MERCHANT PURCHASE TERMINAL 442684 PRINCE HOTELS HAWAII HONOLULU HI11-29 -07	XXXXXXXXXXXX5147/
						(7,989.48) Debit Card		

Σ① = 1622.99 MPU - Well 17

ATTACHMENT CA-IR-24a

Molokai Public Utilities, Inc.
Group: <Selected Assets>
Activity Status: Active

MAIN System No: 000118.000 Entity:

Co Asset No	118	Description	CAP MP102 Meter Replacement	Exch?	No

Class		G/L Asset Acct No	000-176-00
Location		G/L Accum Acct No	000-186-00
Department		G/L Expense Acct No	100-890-00
Acquisition Date	07/01/2004	Purchase Order No	
Mfg Serial No		Vendor/Mfg	
Custodian		Insurance Category	
Warranty Date		User Numeric 1	0
User Field 1		User Field 2	
User Field 3		User Field 4	
User Field 5		User Field 6	
User Field 7		User Field 8	
User Field 9		User Field 10	
Replacement Value	0.00	RV Override?	0.00

Vendors:
ITC 17,379.00
Badger 49,121.06
FNW 572.91
67,072.97

	Tax	Internal	State	AMT	ACE	Book 6	Book 7
Prop Type	P	P	P	P	P	P	P
Serv Date	00/00/0000	07/01/2004	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
Acq Value	$0.00	$67,072.97	$0.00	$0.00	$0.00	$0.00	$0.00
Depr Meth	NO	SL	NO	NO	NO	NO	NO
Est Life	00 yrs 00 mo	10 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo
ADS Life	00 yrs 00 mo	N/A	N/A	00 yrs 00 mo	00 yrs 00 mo	N/A	N/A
Bus Use%	100.00	100.00	100.00	100.00	100.00	100.00	100.00
179/Bonus	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
168(k)%	0	0	0	0	0	0	0
Salvage	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ITC Amt	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Date	00/00	00/00	00/00	00/00	00/00	00/00	00/00
Beg YTD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Accm	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Thru Date	00/00	08/2009	00/00	00/00	00/00	00/00	00/00
168(k)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Curr YTD	$0.00	$1,117.88	$0.00	$0.00	$0.00	$0.00	$0.00
Curr Accm	$0.00	$34,654.38	$0.00	$0.00	$0.00	$0.00	$0.00
NetValue	$0.00	$32,418.59	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Date	00/00	06/2009	00/00	00/00	00/00	00/00	00/00
Prd YTD	$0.00	$6,707.30	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Accm	$0.00	$33,536.50	$0.00	$0.00	$0.00	$0.00	$0.00

MPUI
ATTACHMENT CA-IR-24a

ATTACHMENT CA-IR-24a

System: 9/24/2009 11:37:43 AM
User Date: 9/24/2009

Molokai Public Utilities, Inc.
VENDOR CHECK REGISTER REPORT
Payables Management

User ID: elaineh

Ranges:	From:	To:		From:	To:
Check Number	First	Last	Check Date	5/1/2002	2/28/2003
Vendor ID	ITC WATER	ITC WATER	Checkbook ID	First	Last
Vendor Name	First	Last			

Sorted By: Check Date

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code	Amount	
0004	ITC WATER	ITC WATER MANAGEMENT	7/25/2002	BOH-DISBURSEMEN	PMCHK00000002	$2,850.00	✓
0047	ITC WATER	ITC WATER MANAGEMENT	10/30/2002	BOH-DISBURSEMEN	PMCHK00000012	$4,652.00	✓
0057	ITC WATER	ITC WATER MANAGEMENT	11/13/2002	BOH-DISBURSEMEN	PMCHK00000015	$1,393.00	✓
0124	ITC WATER	ITC WATER MANAGEMENT	2/12/2003	BOH-DISBURSEMEN	PMCHK00000029	$4,462.00	X
0131	ITC WATER	ITC WATER MANAGEMENT	2/19/2003	BOH-DISBURSEMEN	PMCHK00000030	$4,022.00	✓
Total Checks:	5				Total Amount of Checks:	$17,379.00	

X NOT FOUND

ATTACHMENT CA-IR-24a

MOLOKAI PUBLIC UTILITIES, INC.

0004

0004

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
6/21/02	23738	METER REPLCMT-PANIOLO HALE	$2,850.00	$2,850.00
		TOTAL	$2,850.00	$2,850.00

ROLL 133 - 2338

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii
59-102/1213

0004

VOID AFTER 90 DAYS

DATE 7/25/02

AMOUNT $2,850.00

Two Thousand Eight Hundred Fifty Dollars And 00 Cents

PAY TO THE ORDER OF

ITC WATER MANAGEMENT

P.O. BOX 458
HALEIWA HI 96712

⑈000004⑈ ⑆121301028⑆ 0001⑉408496⑈

MOLOKAI PUBLIC UTILITIES, INC.

0004

JUL 29 2002

ATTACHMENT CA-IR-24a

MPU

POSTED

ITC Water Management

A DIV. OF IRRIGATION TECHNOLOGY CORP.

P.O. Box 458 • 66-079 Kam Hwy.
Haleiwa, Hawaii 96712
Phone: (808) 637-5078 • FAX: (808) 637-4779

JUN 26 2002

MOLOKAI RANCH, LTD
HONOLULU ACCOUNTING

INVOICE

INVOICE DATE	INVOICE NO.	PAGE
6/21/02	23738	1

TERMS	CUSTOMER NO.
DUE ON REC	12175

SOLD TO
Molokai Ranch, Ltd.
Amfac Center Hawaii Tower
745 Fort Street Suite 600
Honolulu, HI 96813
Lani-Accts Paya

SHIP TO
Attn: Harold Edwards

ORDER NO.	ORDER DATE	PURCHASE ORDER NO.	SHIP DATE	SHIP VIA	F.O.B.
59681		AGREEMENT		I.T.C. Delivery	JOBSITE

QUANTITY ORDERED / QUANTITY SHIPPED	ITEM NO. / QTY. BACK ORDER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
		PANIOLO HALE METER REPLACEMENT		2,850.00

Approval
Date 6-25-02
Description meter replacmt Paniolo Hale
Dept/Acct #
CR Job # MP102
Cost Code # 31000-400-00

pay w/o 7/22 ✓

SUB TOTAL	2,850.00
FREIGHT	
TAX (DEBIT)	
TOTAL	2,850.00

JOB 2201-023

Copy to EH 6/28/02

ATTACHMENT CA-IR-24a

MOLOKAI PUBLIC UTILITIES, INC.

0047

0047

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
9/30/02	0023919-IN	INSTALL FIRE METER	$4,652.00	$4,652.00
		TOTAL	$4,652.00	$4,652.00

ROLL 133 - 2735

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 800
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii
99-102/1213

0047

VOID AFTER 90 DAYS

DATE 10/30/02

AMOUNT $4,652.00

Four Thousand Six Hundred Fifty Two Dollars And 00 Cents

PAY TO THE ORDER OF

ITC WATER MANAGEMENT

P.O. BOX 458
HALEIWA HI 96712

⑈000047⑈ ⑆121301028⑆ 0001⑈408496⑈

MOLOKAI PUBLIC UTILITIES, INC.

0047

NOV 1 2002

ATTACHMENT CA-IR-24a

ROLL 133-2336

MPN

****** INVOICE ******

PAGE: 1

ITC Water Management
Div. Of Irrigation Technololgy
P.O. Box 458
66-079 Kamehameha Hwy.
Haleiwa, HI 96712
(808) 637-5078

INVOICE NUMBER: 0023919-IN
INVOICE DATE: 09/30/02 ✓
SHIP DATE: 09/27/02
ORDER NUMBER: 0059960
ORDER DATE: 04/30/02 ✓

CUSTOMER NO: 0012175

RECEIVED OCT 7 2002 MOLOKA'I RANCH, LTD. HONOLULU ACCOUNTING

SOLD TO:
Molokai Ranch, Ltd.
Amfac Center Hawaii Tower
745 Fort Street Suite 600
Honolulu HI 96813

SHIP TO:
KENANA KAI

RECEIVED OCT 15 2002 MOLOKA'I RANCH, LTD. HONOLULU ACCOUNTING

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
H. EDWARDS	ITC DELIVERY	JOBSITE	NET 30 DAYS

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
*SPEC	EACH	1.000	1.000	0.000	4,652.0000	4,652.00

INSTALLATION OF FIRE METER, GATE VALVE
AND APPURTENANCES AT KENANA KAI.

Approval
Date 10-4-02
Description
Dept/Acct #
OR Job # MP 102
Cost Code # 71000

Pay 10/28

PAID 10/07/02

NET INVOICE:	4,652.00
FREIGHT:	.00
SALES TAX:	.00
INVOICE TOTAL:	4,652.00

ATTACHMENT CA-IR-24a

MOLOKAI PUBLIC UTILITIES, INC

0057

0057

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
10/15/02	0023953-IN	PAPOHAKU METER REPLACMENT	$1,393.00	$1,393.00
		TOTAL	$1,393.00	$1,393.00

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii

59-102/1213

0057

VOID AFTER 90 DAYS

DATE	AMOUNT
11/13/02	$1,393.00

PAY TO THE ORDER OF

One Thousand Three Hundred Ninety Three Dollars And 00 Cents

ITC WATER MANAGEMENT

P.O. BOX 458
HALEIWA HI 96712

⑈000057⑈ ⑆121301028⑆ 0001⑈408496⑈

MOLOKAI PUBLIC UTILITIES, INC.

0057

ROLL 133-2329

ATTACHMENT CA-IR-24a

****** INVOICE ****** PAGE: 1

POSTED

ITC Water Management
Div. Of Irrigation Technololgy
P.O. Box 458
66-079 Kamehameha Hwy
Haleiwa, HI 96712
(808) 637-5078

RECEIVED
OCT 22 2002
MOLOKAI RANCH, LTD
HONOLULU ACCOUNTING

INVOICE NUMBER: 0023953-IN
INVOICE DATE: 10/15/02
SHIP DATE: 06/30/02
ORDER NUMBER: 0059990
ORDER DATE: 06/01/02

CUSTOMER NO: 0012175

SOLD TO:
Molokai Ranch, Ltd.
Amfac Center Hawaii Tower
745 Fort Street Suite 600
Honolulu HI 96813

SHIP TO:
Attn: Harold Edwards

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
AGREEMENT	ITC DELIVERY	JOBSITE	NET 30 DAYS

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
	PAPOHAKU BEACH PARK METER REPLACEMENT					
*SPEC	EACH	1.000	1.000	0.000	1,393.0000	1,393.00
	LABOR, EQUIPMENT, MATERIALS AND SUPERVISION TO INSTALL CUSTOMER SUPPLIED 2" COMPOUND FLOW METER.					

Approval
Date 10-22-02
Description
Dept/Acct # MP102
OR Job # KA meter replacement
Cost Code # 8/11-4m

NET INVOICE:	1,393.00
FREIGHT:	.00
SALES TAX:	.00
INVOICE TOTAL:	1,393.00

Pay 11/11

ATTACHMENT CA-IR-24a

KOLC 153-2332

PURCHASE ORDER

MOLOKAI RANCH, LTD.
55 Merchant St., Ste. 2000, Honolulu, HI 96813

PURCHASE ORDER CD- 02138

VENDOR NAME ITC WATER MANAGEMENT
ADDRESS
FED ID#
CONTACT
TELEPHONE
SHIP TO

RECEIVED NOV 14 2002 MOLOKAI RANCH, LTD. HONOLULU ACCOUNTING

Date 10/22/02
Dept. No.
Dept. Name
Est Delivery Date
Account No. - -
Project No. MP 102 % CapEx
Cost Code No. - -
Work Order No.
Budgeted ☐ Unbudgeted ☐

Please type or press firmly when printing with ball point pen

Quan.	Unit of Meas.	Item Number	Detailed Description	Unit Price	Amount
1			Install new 2" compound meter & related fittings		LS $1,393.00

SUBTOTAL
FREIGHT/SHIPPING
G.E.T
TOTAL 1,393.00

Requisitioner (please print) Date

TAF ON FILE KW 267 10.25.02
Authorized Signature Date

Goods/Services Received in Good Order and Condition by Date

White - Vendor Blue - Acctg. Dept. Green - Shipping & Receiving Canary - Originator/Acctg. Copy Pink - Originator's Work Copy Gold - Originator's Dept. File Copy

ROLL 133 - 2554

ATTACHMENT CA-IR-24a

Contract No. ____

Date prepared: 10-22-02

TRANSACTION AUTHORIZATION FORM (ATTACH PROPOSAL)

Contracting Entity: Molokai Public Utilities, Inc.

Vendor / Customer: ITC Water Management

Project Name: Kaluakoi Meter Replacements

Description: Installation of new 2" compound meter & related fittings at Papohaku Beach Park

NOV 11 MOLOKAI RANCH LTD HONOLULU

Type of Contract:

___ Full Construction Contract ___ Change Order No. ___ ___ Contractor Services Contract ___ Amendment No. ___ ___ Consultant Services Contact ___ Amendment No. ___ ___ Letter Agreement ___ Letter Amendment _X_ Purchase Order	___ DROA ___ Counter offer ___ Commercial Lease Agreement ___ Comml Lease Amendment ___ Residential Lease Agreement ___ Res Lease Amendment ___ Other Lease Agreement Describe _____

Funding Source: Capital Cost – Charge to job Molokai Public Utilities – MP102

Operating Cost – Charge to department _____

Amount:

Base Services		$ 1,393.00	
Type	LS ~~or T&M or NTE~~		
Taxes GET / RPT	included / ~~not included~~		
Reimbursables / CAM	included / ~~not included~~		
Reimbursables	___ % of actual		
Total value of contract:		$ 1,393.00	Negotiated / ~~Bid / Other~~

Term:

Start	By agreement
Duration / Completion date	1 day
Payment Terms:	net 30 days

Originator: _____ Date _____

Acknowledgements & Approvals:

[signature] 10-22-02
For Division Date

[signature] 10/25/02
For Finance Date

[signature] 10-22-02
For Company Date

Form of contract reviewed by:
Date contract mailed out:
Date contract returned:

Additional comments:
Work ordered early May and completed in mid-June 2002 and billed just recently. Funding is available from the original meter replacement budget which at this time still has a net underrun. The cashflow has been adjusted to reflect the change in timing for this work.

TAF distribution: Original to Originator Copy to Contract file

ATTACHMENT CA-IR-24a

MOLOKAI PUBLIC UTILITIES, INC.

0131

0131

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
1/24/03	0024104-IN	INSTALL GATE VALVE	$4,022.00	$4,022.00
		TOTAL	$4,022.00	$4,022.00

Roll 133 - 2326

MOLOKAI PUBLIC UTILITIES, INC.
748 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii
59-102/1213

0131

VOID AFTER 90 DAYS

DATE	AMOUNT
2/19/03	$4,022.00

PAY TO THE ORDER OF

Four Thousand Twenty Two Dollars And 00 Cents

ITC WATER MANAGEMENT

P.O. BOX 458
HALEIWA HI 96712

⑈000131⑈ ⑆121301028⑆ 0001-408496⑈

MOLOKAI PUBLIC UTILITIES, INC

0131

FEB 20 2003

ROLL 133-2325

ATTACHMENT CA-IR-24a

****** INVOICE ****** PAGE: 1

ITC Water Management
Div. Of Irrigation Technololgy
P.O. Box 458
66-079 Kamehameha Hwy.
Haleiwa, HI 96712
(808) 637-5078

RECEIVED
JAN 28 2003
MOLOKAI RANCH, LTD
HONOLULU ACCOUNTING

INVOICE NUMBER: 0024104-IN
INVOICE DATE: 01/24/03
SHIP DATE: 01/22/03
ORDER NUMBER: 0060138
ORDER DATE: 01/24/03

CUSTOMER NO: 0012175

SOLD TO:
Molokai Ranch, Ltd.
Amfac Center Hawaii Tower
745 Fort Street Suite 600
Honolulu HI 96813

SHIP TO:
Attn: Harold Edwards

CUSTOMER P.O.	SHIP VIA	F.O.B	TERMS
CD-02123	ITC DELIVERY	JOBSITE	NET 30 DAYS

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
*SPEC	EACH	1.000	1.000	0.000	4,022.0000	4,022.00

LABOR, EQUIPMENT, MATERIALS AND
SUPERVISION TO INSTALL ISOLATION
GATE VALVE AND CUSTOMER SUPPLIED
FLOW METER AT KALUAKOI

RECEIVED
JAN 30 2003
MOLOKAI RANCH, LTD
HONOLULU ACCOUNTING

1-30-03
Acct # MP102
Job #
Code # 5[illegible]

pay 2/17

NET INVOICE:	4,022.00
FREIGHT:	.00
SALES TAX:	.00
INVOICE TOTAL:	4,022.00

copy to EH 2/5/3

System: 9/24/2009 10:56:22 AM
User Date: 9/24/2009

Molokai Public Utilities, Inc.
VENDOR CHECK REGISTER REPORT
Payables Management

ATTACHMENT CA-IR-24a
User ID: elaineh

Ranges:	From:	To:		From:	To:
Check Number	First	Last	Check Date	6/1/2002	3/31/2003
Vendor ID	BADGE METER	BADGE METER	Checkbook ID	First	Last
Vendor Name	First	Last			

Sorted By: Check Date

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code	Amount
111	BADGE METER	BADGER METER, INC.	7/3/2002	BOH-DISBURSEMEN	PMPAY00000004	$10,583.14
0003	BADGE METER	BADGER METER, INC.	7/25/2002	BOH-DISBURSEMEN	PMCHK00000002	$632.96
0006	BADGE METER	BADGER METER, INC.	8/7/2002	BOH-DISBURSEMEN	PMCHK00000003	$15,545.85
0012	BADGE METER	BADGER METER, INC.	9/11/2002	BOH-DISBURSEMEN	PMCHK00000006	$5,367.32
0016	BADGE METER	BADGER METER, INC.	9/25/2002	BOH-DISBURSEMEN	PMCHK00000007	$16,037.16
0019	BADGE METER	BADGER METER, INC.	10/2/2002	BOH-DISBURSEMEN	PMCHK00000008	$954.63

Total Checks: 6

Total Amount of Checks: $49,121.06

MPU 9.2
LINE 7D

ATTACHMENT CA-IR-24a

Transaction Number / Description	Document Type / Posting Date	Vendor Name / Document Number	Employee / Transaction Quantity	Distribution Amount
Job Number MP102	MPU Meter Replacement		Job Status:	Inactive
Cost Code Number:31000-000 -00 -	Sitework	Cost Element Type: Onsite	Cost Code Status:	Active
0000000000000009 3" ISOLATION VALVE	PM 6/27/2002	ITC WATER MANAGEMENT 23736	1.00	3,904.00 -
0000000000000009 3" ISOLATION VALVE	PM 7/5/2002	ITC WATER MANAGEMENT 23736	1.00	-3,904.00)-
0000000000000029 RCDL W/ TRACE	PM 8/21/2002	BADGE METER, INC. 631168	1.00	1,090.85
0000000000000074 INSTALL FIRE METER	PM 10/16/2002	ITC WATER MANAGEMENT 0023919-IN	1.00	4,652.00
			Cost Code Number Total:	$5,742.85
Cost Code Number:31000-400 -00 -	Water System	Cost Element Type: Onsite	Cost Code Status:	Active
0000000000000008 METER REPLCMT-PANIOLO HALE	PM 6/27/2002	ITC WATER MANAGEMENT 23738	1.00	2,650.00
0000000000000010 METER BOX	PM 6/27/2002	FNW HONOLULU 014-8520657	1.00	572.91
0000000000000011 RCDL W/ TRACE	PM 6/27/2002	BADGE METER, INC. 621263	1.00	423.25
0000000000000012 RCDL W/ TRACE	PM 6/27/2002	BADGE METER, INC. 621262	1.00	325.69
0000000000000013 RCDL 70B W/ TRACE	PM 6/27/2002	BADGE METER, INC. 621261	1.00	223.30
0000000000000014 RCDL 35B W/ TRACE	PM 6/27/2002	BADGE METER, INC. 621260	1.00	2,242.39
0000000000000015 6" FIRE SERVICE ASSEMBLY	PM 6/27/2002	BADGE METER, INC. 621258	1.00	6,162.23
0000000000000016 COMPOUND SERIES METER 2"	PM 6/27/2002	BADGE METER, INC. 621259	1.00	1,206.08
0000000000000019 8" FIRE SVC ASSEMBLY	PM 7/17/2002	BADGE METER, INC. 625580	1.00	15,515.35
0000000000000020 RCDL W/ REGISTER	PM 7/17/2002	BADGE METER, INC. 626496	1.00	632.96
0000000000000030 RCDL W/ TRACE	PM 8/28/2002	BADGE METER, INC. 631688	1.00	339.21
0000000000000031 RCDL W/ TRACE	PM 8/28/2002	BADGE METER, INC. 631687	1.00	474.56
0000000000000032 RCDL W/ TRACE	PM 8/28/2002	BADGE METER, INC. 631686	1.00	535.34
0000000000000033 COMPOUND SERIES METER 3"	PM 8/28/2002	BADGE METER, INC. 632310	1.00	2,727.66

Transaction Number / Description	Document Type / Posting Date	Vendor Name / Document Number	Employee / Transaction Quantity	Distribution Amount
0000000000000036 RCDL W/ TRACE	PM 9/11/2002	BADGE METER, INC. 633819	1.00	13,390.56
0000000000000037 RCDL 170B W/ TRACE	PM 9/11/2002	BADGE METER, INC. 633820	1.00	852.82
0000000000000038 TURBO SERIES METER	PM 9/11/2002	BADGE METER, INC. 633821	1.00	1,262.00
0000000000000039 TURBO SERIES	PM 9/11/2002	BADGE METER, INC. 633822	1.00	621.78
0000000000000040 RCDL 120B W/ TRACE	PM 9/17/2002	BADGE METER, INC. 634756	1.00	854.63
0000000000000087 PAPOHAKU METER REPLACMENT	PM 10/23/2002	ITC WATER MANAGEMENT 0023953-IN	1.00	1,393.00
0000000000000176 KK VILLAS METER REPLACE	PM 1/22/2003	ITC WATER MANAGEMENT 0024092-IN	1.00	4,462.00
0000000000000187 INSTALL GATE VALVE	PM 1/31/2003	ITC WATER MANAGEMENT 0024104-IN	1.00	4,022.00
			Cost Code Number Total:	$61,330.12
			Cost Element Total:	$67,072.97

Cost Code Number:90000-000 -00 - Contra Cost Element Type: Other Cost Code Status: Active

1787 Cap MP102 Meter Replacement	GL 5/31/2005		(1.00)	(67,072.97)
			Cost Code Number Total:	($67,072.97)
			Cost Element Total:	($67,072.97)
			Job Total:	$0.00

ATTACHMENT CA-IR-24a

ROLL 133-2026

MOLOKAI PUBLIC UTILITIES, INC
745 FORT STREET, SUITE 800
HONOLULU, HI 96813

Date: July 3, 2002

111

59-102 /1213

PAY TO THE ORDER OF ****BADGER METER, INC.**** $ **10,583.14***

***Ten thousand five hundred eighty-three and 14/10DOLLARS

Bank of Hawaii

MEMO Inv#621258 to #621263

6 invoices

⑆121301028⑆ 0001-408496⑈ 111

PAID
JUL 5 2002

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 245036
Milwaukee, WI 53224-9536 (414) 355-0400
FAX (414) 371-5962

20-Milwaukee Facility

621263	5/20/02
TERMS: 30 DAYS NET	
NET 30 DAYS	

D-U-N-S 00-606-0710
FED I.D. #39-0143390
GST #123748141

Mail all remittances to:

[redacted]

SOLD TO

MOLOKAI RANCH LTD
55 MERCHANT ST SUITE 2000
HONOLULU HI 96813

RECEIVED
MAY 30 2002
MOLOKAI RANCH LTD

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		4/24/02	5/15/02	ROADRUNNER		0005
249364	1 / 105	MM	3			UC	
7999	TERRY-NAM		7999 AA				Q
							1US

1	1	1/FB170T RCDL 170B W/TRACE	413.000	413.00
		Serial Number: B 18045654 18045654		
		Sub Total		413.00
		Freight		10.25
		Total		423.25

Approval
Date 5-31-02
Description
Dept/Acct #
OR Job #
Cost Code # [illegible]

7/1

31000 · 400-00
MPU-Meter MPU02

Copy to EA 6/20/02

Goods covered by this invoice were produced in compliance with the provisions of the Fair Labor Standards Act of 1938, as amended.

ROLL 1 3 - 2 0 2 1

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 245036
Milwaukee, WI 53224-9536 (414) 355-0400
FAX (414) 371-5952

20-Milwaukee Facility

621262	5/20/02
TERMS: 30 DAYS NET	
NET 30 DAYS	

D-U-N-S 00-606-9710
FED I.D. #39-0143290
GST 0123746141

Mail all remittances to:
[redacted]

SOLD TO

MOLOKAI RANCH LTD
55 MERCHANT ST SUITE 2000
HONOLULU HI 96813

MAY 30 2002

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		[illegible]	5/15/02	ROADRUNNER		0005
249351	1 / 105	MM	3			UC	
7999	TERRY-NAM		7999 AA				Q
							1US

1	1	1/FB120T RCDL 120B W/TRACE	318.210	318.21
		Serial Number: B 17560302 17560302		
		Sub Total		318.21
		Freight		7.68
		Total		325.89

Approval
Date 5-31-02
Description
Dept/Acct #
OR Job #
Cost Code # MPU CAPEX [illegible]

7/1

21000.400-00
MPU Meter MP102

Copy to EA 6/28/02

ROLL 157-2027

Goods covered by this invoice were produced in compliance with the provisions of the Fair Labor Standards Act of 1938, as amended.

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 245036
Milwaukee, WI 53224-9536 (414) 355-0400
FAX (414) 371-5952

20-Milwaukee Facility

521261	5/20/02
TERMS: 30 DAYS NET	
NET 30 DAYS	

D-U-N-S 00-809-9710
FED ID #39-0143280
GST #123746141

Mail all remittances to:

[redacted]

SOLD TO

MOLOKAI RANCH LTD
55 MERCHANT ST SUITE 2000
HONOLULU HI 96813

RECEIVED
MAY 30 2002
MOLOKAI

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		4/24/02	5/15/02	ROADRUNNER		0005	
249349	1 / 105	MM	3				UC	
7999	TERRY-NAM		7999 AA					Q
							1US	

1	1	1/FB70T RCDL 70B W/TRACE	218.170	218.17
		Serial Number: B 18156268 18156268		
		Sub Total		218.17
		Freight		5.13
		Total		223.30

Approval
Date 5-31-02
Description
Dept/Acct #
OR Job #
Cost Code # MPU [illegible]

31000 400 00
MPU meter MP102

Copy to EX 6/28/02

ROLL 133-2031

Goods covered by this invoice were produced in compliance with the provisions of the Fair Labor Standards Act of 1938, as amended

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 245036
Milwaukee, WI 53224-9536 (414) 355-0400
FAX (414) 371-5952

20 Milwaukee Facility

621260	5/20/02
TERMS: 30 DAYS NET	
NET 30 DAYS	

D-U-N-S 00-606-9710
FED I.D. #38-0142290
GST #123746141

Mail all remittances to:
[redacted]

SOLD TO

MOLOKAI RANCH LTD
55 MERCHANT ST SUITE 2000
HONOLULU HI 96813

MAY 30 2002

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

ROLL 133-2033

510187	VERBAL		4/24/02	5/15/02	ROADRUNNER	0005	
249346	1 / 105	MM	3			UC	
7999	TERRY-NAM		7999 AA				Q
						1US	

12	12	1/FB35T RCDL 35B W/TRACE	184.730	2,216.76
		Serial Number: B 18112874 18112885		
		Sub Total		2,216.76
		Freight		25.63
		Total		2,242.39

Approval
Date 5-31-02
Description
Dept Acct #
OR Job #
Cost Code # [illegible]

31000-400 00

MP102

Copy to EH 6/28/02

Records entered by this invoice were produced in accordance with the provisions of the Fair Credit Reporting Act, 1970 as amended

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 748036
Milwaukee, WI 53224-9536 (414) 355-0400
FAX (414) 371-5952

20-Milwaukee Facility

621258	5/20/02
TERMS: 30 DAYS NET	
NET 30 DAYS	

D-U-N-S 60-608-5710
FED I.D. #39-0143260
GST #123749141

Mail all remittances to:
[redacted]

SOLD TO

MOLOKAI RANCH LTD
55 MERCHANT ST SUITE 2000
HONOLULU HI 96813

RECEIVED
MAY 30 2002
MOLOKAI RANCH LTD
HONOLULU

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		4/24/02	5/20/02	ROADRUNNER		0005
249340	1 / 105	MM	3			UC	
7999	TERRY-NAM		7939 AA				Q
							1DS

1	1	1/FFSAA6 6" FIRE SERVICE ASSEMBLY-AMES	5970.000	5,970.00
		Serial Number: B 17848882 17848882		
		Sub Total		5,970.00
		Freight		192.23
		Total		6,162.23

Approval
Date 5-31-02
Description
Dept/Acct #
OR Job #
Cost Code # [illegible]

31000 400.00 [illegible]

copy to EH 6/20/02

ROLL 133-2037

Goods covered by this invoice were produced in compliance with the provisions of the Fair Labor Standards Act of 1938, as amended.

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 245036
Milwaukee, WI 53224-9536 (414) 355-0400
FAX (414) 371-5952

20 Milwaukee Facility

621259	5/20/02
TERMS: 30 DAYS NET	
NET 30 DAYS	

D-U-N-S 00-606-9710
FED I.D. #39-0143260
GST #123746141

Mail all remittances to:
[redacted]

RECEIVED
MAY 30 2002

SOLD TO

MOLOKAI RANCH LTD
55 MERCHANT ST SUITE 2000
HONOLULU HI 96813

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

ROLL 133-2035

510187	VERBAL			4/24/02	5/15/02	ROADRUNNER		0005
249344	1 / 105	MM	3				UC	
7999	TERRY-NAM			7999 AA				Q
								1US

1	1	1/FC170 COMPOUND SERIES METER 2"	1190.700	1,190.70
		Serial Number: B 01028916 01028916		
		Sub Total		1,190.70
		Freight		15.38
		Total		1,206.08

Approval
Date 5-31-02
Description
Dept/Acct #
OR Job #
Cost Code # [illegible]

31000-400.00 MP102

Copy to EH 6/28/02

Goods covered by this invoice were produced in compliance with the [illegible]

MOLOKAI PUBLIC UTILITIES, INC.

0003

0003

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
5/20/02	621263	RCDL W/ TRACE	$423.25	$0.00
5/20/02	621262	RCDL W/ TRACE	$325.89	$0.00
5/20/02	621261	RCDL 70B W/ TRACE	$223.30	$0.00
5/20/02	621260	RCDL 35B W/ TRACE	$2,242.39	$0.00
5/20/02	621258	6" FIRE SERVICE ASSEMBLY	$6,162.23	$0.00
5/20/02	621259	COMPUND SERIES METER 2"	$1,206.08	$0.00
7/1/02	626458	RCDL W/ REGISTER	$632.96	$632.96
7/3/02	111		10,583.14)	$0.00
		TOTAL	$632.96	$632.96

ROLL 133-2024

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii

50-102/1213

0003

VOID AFTER 90 DAYS

DATE 7/25/02

AMOUNT $632.96

Six Hundred Thirty Two Dollars And 96 Cents

PAY TO THE ORDER OF

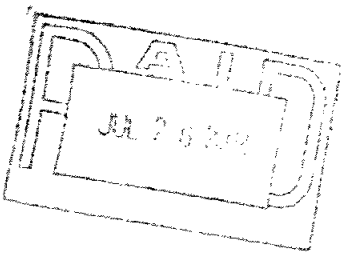
BADGER METER, INC.

BOX 88223
MILWAUKEE WI 53288-0223

⑈000003⑈ ⑆121301028⑆ 0001⑈408496⑈

MOLOKAI PUBLIC UTILITIES, INC.

0003



ATTACHMENT CA-IR-24a

ROLL 133-2025

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 245036
Milwaukee, WI 53224-9536 (414) 355-0400
FAX (414) 371-5992

Mail all remittances to:
Box 88223
Milwaukee, WI 53288-0223

MPM

26 Milwaukee Facility

INVOICE NO.	DATE
626458	7/01/02

TERMS: 30 DAYS NET
NET 30 DAYS

RECEIVED
JUL 15 2002
MOLOKAI RANCH LTD
HONOLULU

SOLD TO

MOLOKAI RANCH LTD
745 FORT STREET
MALL STE 600
HONOLULU HI 96813-3801

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

CUSTOMER NO.	CUSTOMER PURCHASE ORDER NO.	DATE SHIPPED	SHIPPED VIA	SHIP CONTACT NO.
510197	HAROLD 07/01/02	7/01/02	7/01/02 UPS BLUE	0005

CUSTOMER ORDER NO.	TRIP CODE	ROUTE	CODE	ACCT #	CITY	BILL #	CO	NO.
258743	1 / 105	MM	3			0212115542	UC	

SALESMAN NO.	SALESMAN NAME	ACCOUNT #	AGENT #	ACCT #	AGENT #	
7999	TERRY-NAM	7999 AA				Q

1US

QUANTITY ORDERED	QUANTITY SHIPPED	LN/PART NUMBER	DESCRIPTION	UNIT PRICE	MONTH USD
12	12	1/FB35R	RCDL 35B W/REGISTER	40.380	484.56
		Serial Number: B	18292364 18292375		
		Sub Total			484.56
		Freight			148.40
		Total			632.96

Approval
Date 7-8-02
Description
Dept/Acct # MP102 MPM-Meter
CR Job # 3/17-01
Cost Code

Pay 7.22.02

Copy to EH 7/17/02

ATTACHMENT CA-IR-24a

MOLOKAI PUBLIC UTILITIES, INC.

0006

0006

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
6/25/02	625580	8" FIRE SVC ASSEMBLY	$15,545.85	$15,545.85
		TOTAL	$15,545.85	$15,545.85

ROLL 133 - 2022

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii
50-102/1213

0006

VOID AFTER 90 DAYS

DATE 8/7/02

AMOUNT $15,545.85

Fifteen Thousand Five Hundred Forty Five Dollars And 85 Cents

PAY TO THE ORDER OF

BADGER METER, INC.

BOX 88223
MILWAUKEE WI 53288-0223

⑈000006⑈ ⑆121301028⑆ 0001⑈408495⑈

MOLOKAI PUBLIC UTILITIES, INC.

0006

PAID
AUG 9 2002

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

MPH Inc.

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 245036
Milwaukee, WI 53224-9536 (414) 355-0400
FAX (414) 371-5952

20 Milwaukee Facility

POSTED

INVOICE NO.	DATE
625580	6/25/02

TERMS: 30 DAYS NET
NET 30 DAYS

Mail all remittances to:
Box 88223
Milwaukee, WI 53288-0223

SOLD TO
MOLOKAI RANCH LTD
55 MERCHANT ST SUITE 2010
HONOLULU HI 96813

RECEIVED
JUL 5 2002
MOLOKAI RANCH, LTD
HONOLULU ACCOUNTING

SHIP TO
MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

CUSTOMER NO.	CUSTOMER PURCHASE ORDER				DATE SHIPPED			
510187	VERBAL			4/24/02	6/25/02			0005
249334	1 / 105	MM	6				UC	
7999	TERRY-NAM			7999 AA				Q
								1US

QUANTITY ORDERED	QUANTITY SHIPPED	UNIT PRICE	DESCRIPTION	UNIT PRICE	AMOUNT
2	2	1/FFSAA8	8" FIRE SERVICE ASSEMBLY-AMES	7567.000	15,134.00
		Serial Number: B	17848886 17848887		
		Sub Total			15,134.00
		Freight			411.85
		Total			15,545.85

7-5-02
Badger Meter 8" fire sec assembly
MP102 31[illegible]

* copy to EH 7/17/02

pay w/o 8-5-02

Goods covered by this invoice were produced in compliance with the provisions of the Fair Labor Standards Act of 1938, as amended.

Roll 133 - 2023

ATTACHMENT CA-IR-24a

MOLOKAI PUBLIC UTILITIES, INC.

0013

0012

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
8/7/02	631188	RCDL W/ TRACE	$1,090.85	$1,090.85
8/12/02	631688	RCDL W/ TRACE	$539.21	$539.21
8/12/02	631687	RCDL W/ TRACE	$474.56	$474.56
8/12/02	631686	RCDL W/ TRACE	$535.04	$535.04
8/15/02	632310	COMPOUND SERIES METER 3"	$2,727.66	$2,727.66
		TOTAL	$5,367.32	$5,367.32

ROLL 133 - 2016

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii

96-102/1213

0013

VOID AFTER 90 DAYS

DATE 9/11/02

AMOUNT $5,367.32

Five Thousand Three Hundred Sixty Seven Dollars And 32 Cents

PAY TO THE ORDER OF

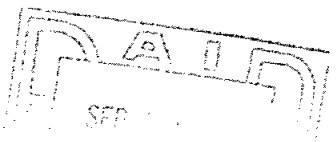
BADGER METER, INC.

BOX 88223
MILWAUKEE WI 53288-0223

⑈000013⑈ ⑆121301026⑆ 0001-408496⑈

MOLOKAI PUBLIC UTILITIES, INC.

0013



ORIGINAL INVOICE

PAGE 1

MPW

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box [illegible]
Milwaukee, WI 53224-9536 (414) [illegible]
FAX (414) 371-5952

Milwaukee Facility

INVOICE	DATE
631198	8/07/02

TERMS: 30 DAYS NET
NET 30 DAYS

POSTED

Mail all remittances to:
Box 88223
Milwaukee, WI 53288-0223

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

AUG 15 2002

SHIP TO

MOLOKAI RANCH LTD
C/O SOLAND MUNITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		7/31/02	8/07/02	UPS BLUE	0005
262610	1 / 105	MM 2			0212143208	UC
7999	TERRY-NAM		7999 AA			Q
QUOTE:2278						1US

ORDERED	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
5	5	1/FB70T	RCDL 70B W/TRACE	218.170	1,090.85
		TYPE	M70 B81		
		SIZE	1" (1 X 10 3/4)		
		BOTTOM ID	BRONZE BTM		
		THRUST ROLLER	PLASTIC		
		BOLTS	STAINLESS STEEL		
		REGISTRATION	TRANSMITTER REGISTER TRACE		
		HOUSING ENGRAVING	BADGER SERIAL NO ON HOUSING		
		REGISTRATION FACE	STANDARD		
		REGISTRATION ACCESS	PIT		
		ANTENNA OPTIONS	MTG KIT, SELFSTANDING, KNUCKLES (CO		
		UNIT OF MEASURE	GALLON		
		CLMP/CVP	PLASTIC SHROUD/PLASTIC LID (BLACK)		
		SEAL SCREW	STD SEAL SCREW		
		LEAD LENGTH	3 FOOT		
		PACKAGING	TWIN PACK		
		TESTING	AWWA STANDARD		
		Serial Number: B	16406421 16406895		
		Sub Total			[illegible]
		Total			[illegible]

KOLL133 - 2017

ATTACHMENT CA-IR-24a

ROLL 133 - 2018

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box [illegible]
Milwaukee, WI 53224-9530 [illegible]
FAX (414) 371-5952

Mail all remittances to:
Box 88223
Milwaukee, WI 53288-0223

[illegible] Milwaukee Facility

631688	8/12/02

TERMS: 30 DAYS NET
NET 30 DAYS

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

POSTED

510187	VERBAL		7/18/02	8/12/02	UPS BLUE		0005
260916	1 / 105	MM	3			0212147320	UC
7999	TERRY-NAM		7999 AA				Q
QUOTE:2278							1US

QUANTITY ORDERED	QUANTITY SHIPPED	ENTRANT NUMBER	DESCRIPTION	PRICE	AMOUNT
1	1	1/FB170T	RCDL 170B W/TRACE	426.410	426.41
		TYPE	M170 B81		
		SIZE	2"		
		HOUSING	EL LONG DRILLED TEST PLUG		
		THRUST ROLLER	STAINLESS STEEL		
		BOLTS	STAINLESS STEEL		
		REGISTRATION	TRANSMITTER REGISTER TRACE		
		HOUSING ENGRAVING	BADGER SERIAL NO ON HOUSING		
		REGISTRATION FACE	STANDARD		
		REGISTRATION ACCESS	PIT		
		ANTENNA OPTIONS	MTG KIT, SELFSTANDING, KNUCKLES (CO		
		UNIT OF MEASURE	GALLON		
		CLMP/CVR	PLASTIC SHROUD/PLASTIC LID (BLACK)		
		SEAL SCREW	STD SEAL SCREW		
		LEAD LENGTH	6 FOOT		
		PACKAGING	SINGLE PACK		
		TESTING	AWWA STANDARD		
		Serial Number: B	18233257 19233257		
		Sub Total			426.41
		Freight			[illegible]

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box [illegible]
Milwaukee, WI 53224-[illegible]
FAX (414) 371-[illegible]

Mail all remittances to:
Box 88223
Milwaukee, WI 53288-0223

[illegible] Milwaukee Facility POSTED

[illegible]31687	8/12/02

TERMS: 35 DAYS NET
NET 35 DAYS

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

AUG 20 2002
MOLOKAI RANCH LTD
HONOLULU AC [illegible]

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		7/18/02	8/12/02	UPS BLUE		0005
260915	1 / 105	MM	3			0212147044	UC
7999	TERRY-NAM		7999 AA				Q
QUOTE:2278							1US

2	2	1/FB35T	RCDL 35B W/TRACE	184.730	369.46
		TYPE	M35 B81		
		SIZE	3/4" (3/4 X 9)		
		BOTTOM ID	BRONZE BTM		
		THRUST ROLLER	PLASTIC		
		BOLTS	STAINLESS STEEL		
		REGISTRATION	TRANSMITTER REGISTER TRACE		
		HOUSING ENGRAVING	BADGER SERIAL NO ON HOUSING		
		REGISTRATION FACE	STANDARD		
		REGISTRATION ACCESS	PIT		
		ANTENNA OPTIONS	MTG KIT, SELFSTANDING, KNUCKLES (CO		
		UNIT OF MEASURE	GALLON		
		CLMP/CVR	PLASTIC SHROUD/PLASTIC LID (BLACK)		
		SEAL SCREW	STD SEAL SCREW		
		LEAD LENGTH	3 FOOT		
		PACKAGING	SINGLE PACK		
		TESTING	AWWA STANDARD		
		Serial Number: B	18420959 18420960		
		Sub Total			369.46
		Freight			105.10
		[illegible]			[illegible]

ROLL 133 - 2019

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 2450
Milwaukee, WI 53224-0548 (414) 355-7400
FAX (414) 371-5952

Mail all remittances to:
Box 88221
Milwaukee, WI 53288-0223

631686	8/12/02

TERMS: 30 DAYS NET
NET 30 DAYS

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

AUG 26 2002
MOLOKAI RANCH LTD
HONOLULU ACCOUNTING

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		7/18/02	8/12/02	UPS BLUE		0005
260914	1 / 105	MM	3			0212147348	UC
7999	TERRY-NAM		7999 AA				Q
QUOTE:2278							1US

2	2	1/FB70T	RCDL 70B W/TRACE	218.170	436.34
		TYPE	M70 B81		
		SIZE	1" (1 X 10 3/4)		
		BOTTOM ID	BRONZE BTM		
		THRUST ROLLER	PLASTIC		
		BOLTS	STAINLESS STEEL		
		REGISTRATION	TRANSMITTER REGISTER TRACE		
		HOUSING ENGRAVING	BADGER SERIAL NO ON HOUSING		
		REGISTRATION FACE	STANDARD		
		REGISTRATION ACCESS	PIT		
		ANTENNA OPTIONS	MTG KIT, SELFSTANDING, KNUCKLES (CO		
		UNIT OF MEASURE	GALLON		
		CLMP/CVR	PLASTIC SHROUD/PLASTIC LID (BLACK)		
		SEAL SCREW	STD SEAL SCREW		
		LEAD LENGTH	3 FOOT		
		PACKAGING	FOUR PACK		
		TESTING	AWWA STANDARD		
		Serial Number: B	18406907 18406926		
		Sub Total			436.34
		Freight			[illegible]
					[illegible]

Approval
Date 8-12-02
Signature
Department # [illegible]
Office # [illegible]
Project # [illegible]

ROLL 133-2020

ORIGINAL INVOICE

PAGE

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 2191
Milwaukee, WI 53201-2191 (414) 371-2160
FAX (414) 371-5957

Make all remittances to:
Box 88223
Milwaukee, WI 53288-0223

INVOICE NO.	DATE
618330	8/15/02

TERMS: 30 DAYS NET
NET 30 DAYS

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

AUG 27 2002

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		7/18/02	8/15/02	EMERY AIR	0006
260913	1 / 105	MM 3			1719979811	UC
7999	TERRY-NAM		7999 AA			Q
QUOTE:2278						1US

ORDERED	SHIPPED	PART NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
2	2	1/FC400	COMPOUND SERIES METER 3"	1254.130	2,508.26
		TYPE	COMPOUND SERIES METER		
		SIZE	3"		
		HOUSING	ROUND		
		BOLTS	STAINLESS STEEL W/O EYEBOLTS		
		METER S/N PRIMARY	ERT 8 DIGIT S/N		
		REGISTRATION	DOUBLE RTR TRACE W/ SUMMATOR/SPLITT		
		REGISTRATION FACE	STANDARD		
		REGISTRATION ACCESS	PIT		
		ANTENNA OPTIONS	MTG KIT, SELFSTANDING, KNUCKLES (CO		
		UNIT OF MEASURE	GALLON		
		CIMP/CVR	PLASTIC SHROUD/PLASTIC LID (BLACK)		
		COVER S/N OUTSIDE	ERT 8 DIGIT METER S/N		
		SEAL SCREW	STD SEAL SCREW		
		LEAD LENGTH	10 FOOT		
		PACKAGING	SINGLE PACK		
		TESTING	AWWA STANDARD (TS-143)		
		Serial Number: B	02002019 02002020		
		Sub Total			
		Freight			

Received
Date
Convention
Dept/Area
Job #
Expense

ROLL 133-2021

ATTACHMENT CA-IR-24a

MOLOKAI PUBLIC UTILITIES, INC.

0019

0019

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
9/5/02	634756	RCDL 120B W/ TRACE	$954.63	$954.63
		TOTAL	$954.63	$954.63

ROLL 133-2008

MOLOKAI PUBLIC UTILITIES, INC.
748 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii
53-102/1213

0019

VOID AFTER 90 DAYS

10/2/02 DATE

$954.63 AMOUNT

Nine Hundred Fifty Four Dollars And 63 Cents

PAY TO THE ORDER OF

BADGER METER, INC.

BOX 88223
MILWAUKEE WI 53288-0223

⑈000019⑈ ⑆121301028⑆ 0001⑈408498⑈

MOLOKAI PUBLIC UTILITIES, INC.

0019

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 2223
Milwaukee, WI 53224-9536 (414) 355-0400
FAX (414) 371-0796

Mail all remittances to
Box 88223
Milwaukee, WI 53288-0223

INVOICE NO.	DATE
634756	9/05/02

TERMS: 30 DAYS NET
NET 30 DAYS

POSTED

SEP 13 2002

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

CUSTOMER NO.	CUSTOMER PURCHASE ORDER NO.	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	SHIP CLASS NO.
510187	VERBAL	7/31/02	9/05/02	UPS BLUE	0006

SALES ORDER NO.	SHIP CLASS	SHIP	FG	ACCT #	SOV	CID	CO	DIV
262612	1 / 105	MM	2			0212229643	UC	

SALESMAN NO.	SALESMANAGER	AGENT 1	AGENT 2	AGENT 3	AGENT 4	AGENT 5	
7999	TERRY-NAM	7999 AA					0

QUOTE:2278 1US

SHIPPED	ORDERED	UN/PART NUMBER	DESCRIPTION	UNIT PRICE	EXT PRICE
3	3	1/FB120T	RCDL 120B W/TRACE	318.210	954.63
		TYPE	M120 EB2		
		SIZE	1 1/2		
		HOUSING	EL LONG DRILLED TEST PLUG		
		THRUST ROLLER	STAINLESS STEEL		
		BOLTS	STAINLESS STEEL		
		REGISTRATION	TRANSMITTER REGISTER TRACE		
		HOUSING ENGRAVING	BADGER SERIAL NO ON HOUSING		
		REGISTRATION FACE	STANDARD		
		REGISTRATION ACCESS	PIT		
		ANTENNA OPTIONS	MTG KIT, SELFSTACKING, SPRINKLER ICO		
		UNIT OF MEASURE	GALLON		
		CLMP/CVR	PLASTIC SHROUD/PLASTIC LID	(BLACK)	
		SEAL SCREW	STD SEAL SCREW		
		LEAD LENGTH	6 FOOT		
		PACKAGING	SINGLE PACK		
		TESTING	AWWA STANDARD		
		Serial Numbers: B	18674937 18674938		
		Sub Total			[illegible]

Approval
Date
Description
DeptAcct
OR Job
Cost Code

ROLL 173-2009

ATTACHMENT CA-IR-24a

MOLOKAI PUBLIC UTILITIES INC

0016

0016

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
8/27/02	633819	RCDL W/ TRACE	$13,300.56	$13,300.56
8/27/02	633820	RCDL 170B W/ TRACE	$852.82	$852.82
8/27/02	633821	TURBO SERIES METER	$1,262.00	$1,262.00
8/27/02	633822	TURBO SERIES	$621.78	$621.78
		TOTAL	$16,037.16	$16,037.16

KDLL 13-201D

MOLOKAI PUBLIC UTILITIES, INC.
745 FORT STREET MALL, SUITE 600
HONOLULU, HI 96813

Bank of Hawaii
Main Branch
Honolulu, Hawaii

59-102/1213

0016

VOID AFTER 90 DAYS

DATE 9/25/02

AMOUNT $16,037.16

Sixteen Thousand Thirty Seven Dollars And 16 Cents

PAY TO THE ORDER OF

BADGER METER, INC.

BOX 88223
MILWAUKEE WI 53288-0223

⑈000016⑈ ⑆121301028⑆ 0001⑈40849⑈

MOLOKAI PUBLIC UTILITIES, INC.

0016

SEP

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box [illegible]
Milwaukee, WI 53224-9536 (414) [illegible]
FAX (414) 371-5952

Mail all remittances to:
Box 88223
Milwaukee, WI 53288-0223

[illegible] Milwaukee Facility

[illegible]3819	8/27/02

TERMS: 30 DAYS NET
NET 30 DAYS

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

SEP 7 2002

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

POSTED

510187	VERBAL		7/31/02	8/27/02	ROADRUNNER		0005
262602	1 / 10S	MM	2			42032698B	UC
7999	TERRY-NAM		7999 AA				Q
QUOTE:2278							1US

72	72	1/FB35T RCDL 35B W/TRACE	184.730	13,300.56
		TYPE M35 B81		
		SIZE 3/4" (SHORT 7 1/2)		
		BOTTOM ID BRONZE BTM		
		THRUST ROLLER PLASTIC		
		BOLTS STAINLESS STEEL		
		REGISTRATION TRANSMITTER REGISTER TRACE		
		HOUSING ENGRAVING BADGER SERIAL NO ON HOUSING		
		REGISTRATION FACE STANDARD		
		REGISTRATION ACCESS PIT		
		ANTENNA OPTIONS MTG KIT, SELFSTANDING, KNUCKLES (CG		
		UNIT OF MEASURE GALLON		
		CLMP/CVR PLASTIC SHROUD/PLASTIC LID (BLACK)		
		SEAL SCREW STD SEAL SCREW		
		LEAD LENGTH 3 FOOT		
		PACKAGING SIX PACK		
		TESTING AWWA STANDARD		
		Serial Number: B 18420249 18420320		
		Sub Total		[illegible]
		Total		[illegible]

ROLL 133-2011

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box [illegible]
Milwaukee, WI 53224-9535 (414) [illegible]
FAX (414) [illegible]

Mail all remittances to:
Box 88223
Milwaukee, WI 53288-0223

633820	8/27/02
TERMS: 30 DAYS NET	
NET 30 DAYS	

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

SEP 7 2002

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		7/31/02	8/27/02	ROADRUNNER		0005
262614	1 / 105	MM	2			42032698B	UC
7999	TERRY-NAM		7999 AA				Q
QUOTE:2278							1US

2	2	1/FB170T	RCDL 170B W/TRACE	426.410	852.82
		TYPE	M170 B81		
		SIZE	2"		
		HOUSING	EL LONG DRILLED TEST PLUG		
		THRUST ROLLER	STAINLESS STEEL		
		BOLTS	STAINLESS STEEL		
		REGISTRATION	TRANSMITTER REGISTER TRACE		
		HOUSING ENGRAVING	BADGER SERIAL NO ON HOUSING		
		REGISTRATION FACE	STANDARD		
		REGISTRATION ACCESS	PIT		
		ANTENNA OPTIONS	MTG KIT, SELFSTANDING, KNUCKLES (CO		
		UNIT OF MEASURE	GALLON		
		CLMP/CVR	PLASTIC SHROUD/PLASTIC LID (BLACK)		
		SEAL SCREW	STD SEAL SCREW		
		LEAD LENGTH	6 FOOT		
		PACKAGING	SINGLE PACK		
		TESTING	AWWA STANDARD		
		Serial Number: B	16233749 [illegible]		
		Sub Total			852.82
		Total			[illegible]

ROLL 133-2012

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box 2400 [illegible]
Milwaukee, WI 53224-95[illegible] (414) [illegible]
FAX (414) 371-5052

Mail all remittances to:
Box 88223
Milwaukee, WI 53288-0223

[illegible] Milwaukee Facility

[illegible]821	8/27/02

TERMS 30 DAYS NET
[illegible] 30 DAYS

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

SEP 7 2002

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		7/31/02	8/27/02	ROADRUNNER		0005
262615	1 / 105	MM	2			42032698B	UC
7999	TERRY-NAM		7999 AA				V
							1US

QUANTITY ORDERED	QUANTITY SHIPPED	PART NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
2	2	1/FT450	TURBO SERIES METER ASSY 3"	631.000	1,262.00
		TYPE	TURBO SERIES METER		
		SIZE	3"		
		HOUSING	ROUND		
		STRAINER	W/O INTEGRAL STRAINER		
		BOLTS	STAINLESS STEEL		
		REGISTRATION	ELECTRONIC TRANSMITTER GENERIC		
		HOUSING ENGRAVING	BADGER SERIAL NO ON HOUSING		
		TRANSMITTER	DIGITAL		
		FLOW RATE	PER MINUTE		
		REGISTRATION FACE	STANDARD		
		REGISTRATION ACCESS	2-WIRE INTEGRATED SUBMERSIBLE CONNE		
		UNIT OF MEASURE	GALLON		
		CLMP/CVR	PLASTIC SHROUD/PLASTIC LID (BLACK)		
		COVER S/N OUTSIDE	BMI 8 DIGIT METER S/N		
		COVER ENGRAVING	NOT APPLICABLE		
		SEAL SCREW	STD SEAL SCREW		
		WIRE TERMINATION	SUBMERSIBLE CONNECTION (CAPPED)		
		LEAD LENGTH	6 FOOT		
		PACKAGING	SINGLE PACK		
		TESTING	AWWA STANDARD ([illegible])		
		PRODUCT AVAILABILITY	BUILD TO ORDER		

Serial Number: [illegible]

[illegible]

KOLL 153-2013

ROLL 134 - 2014

ORIGINAL INVOICE

PAGE 1

Badger Meter, Inc.
4545 W. Brown Deer Rd. P.O. Box [illegible]
Milwaukee, WI 53224-9536 [illegible]
FAX (414) 371-5992

Milwaukee Facility

633822	8/27/02

TERMS: 35 DAYS NET
DIST: 30 DAYS

Mail all remittances to:
Box 88221
Milwaukee, WI 53288-0223

SOLD TO

MOLOKAI RANCH LTD
715 FORT STREET
SUITE 600
HONOLULU HI 96813

SEP 7 2004

SHIP TO

MOLOKAI RANCH LTD
C/O ISLAND UTILITIES SERVICE
MOLOKAI INDUSTRIAL PARK
MOLOKAI HI 96748

510187	VERBAL		7/31/02	8/27/02	ROADRUNNER		0005
262619	1 / 105	MM	2			42032698B	UC
7999	TERRY-NAM		7999 AA				Q
QUOTE:2278							1U8

ORDER QUANTITY	SHIPPED QUANTITY	PART NUMBER / DESCRIPTION	UNIT PRICE	EXTENSION
1	1	1/FT450FH TURBO SERIES F.H. 3"	621.780	621.78
		SIZE 3"		
		HOUSING ALUMINUM		
		BOLTS STAINLESS STEEL		
		REGISTRATION REGISTER (LOCAL)		
		CONNECTIONS 2 1/2-7 1/2 NH W/SCRN STD		
		REGISTRATION FACE STANDARD		
		UNIT OF MEASURE GALLON		
		CLMP/CVR BRONZE SHROUD/BRONZE CUP LID		
		COVER ENGRAVING BMI S/N ON COVER OUTSIDE		
		SEAL SCREW STD SEAL SCREW		
		MOUNTING POSITION STREET W/O SEALED METER		
		PACKAGING SINGLE PACK		
		TESTING BADGER STANDARD (TS-135 OR 223)		
		Serial Number: B 18335295 18335295		
		Sub Total		621.78
		Total		621.78
		PAYABLE FACSIMILE ENDORSED WITH CONDITIONS		

AUG 07

System: 9/24/2009 11:38:51 AM
User Date: 9/24/2009

Molokai Public Utilities, Inc.
VENDOR CHECK REGISTER REPORT
Payables Management

Page: 1
User ID: elainch

Ranges:	From:	To:		From:	To:
Check Number	First	Last	Check Date	5/1/2002	2/28/2033
Vendor ID	FNW HONOLULU	FNW HONOLULU	Checkbook ID	First	Last
Vendor Name	First	Last			

Sorted By: Check Date

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code	Amount
110	FNW HONOLULU	FNW HONOLULU	7/3/2002	BOH-DISBURSEMEN	PMPAY00000004	$572.91
Total Checks: 1					Total Amount of Checks:	$572.91

MOLOKAI PUBLIC UTILITIES, INC
745 FORT STREET, SUITE 600
HONOLULU, HI 96813

Date July 3, 2002

110

99-102 /1213

PAY TO THE ORDER OF ****FNW HONOLULU***** $ ****572.91*****

*****Five hundred seventy-two and 91/100***** DOLLARS

Bank of Hawaii

Invoice #014-5520657

⑆121301028⑆ 0001⑈408496⑈ 110

ROLL 135-660

ATTACHMENT CA-IR-24a

ORIGINAL INVOICE

FROM
FNW HONOLULU
801 KOOWAA ST
HONOLULU, HI
96817

REMIT TO
FNW HONOLULU
PO BOX 6005
PORTLAND, OR
97228
(808) 832-7473

INVOICE NUMBER	
014-[illegible]	

POSTED

PAY THIS AMOUNT	INVOICE DATE	PAGE
572.91	6/06/02	1

SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE

BILL TO
MOLOKAI RANCH LTD
AMFAC CENTER
HAWAII TOWER
745 FORT STREET, SUITE 800
HONOLULU, HI 96813-3605

SHIP TO
C/O DOCK KAUNAKAKAI MOLOKAI
HAROLD EDWARDS 552 2741
KAUNALOA, HI 96770-0008

JUN 17 2002

BR	CUSTOMER NO.	SHIPPING DATE	SHIPPED VIA	SHIPPING	CUSTOMER PURCHASE ORDER	CUSTOMER JOB DESCRIPTION
014	48859	6/03/02	Our Truck	Collect	HAROLD	

L/C	QUANTITY ORDERED	QUANTITY SHIPPED	BACK ORDERED	ITEM DESCRIPTION	UNIT PRICE	U/M	DISC.	EXTENSION
1	60	60		FORD YLL-T 3/4"METER BOX LID	8.00000	EA		480.00
2	5	5		FORD CBLL-T 1" METER BOX LID	14.00000	EA		70.00

JUN 2002

CHRGE FOR KALUAKOI MTR BOX REPLACEMENT.

6/12-02
KA meter replacements 6/3 & 6/4 see I.O
Capex: MPU [illegible] 31000-400.00 [illegible] MPU03

KULL 135-661

OTHER CHARGES

Pay w/o 7-1-02

SUB TOTAL	560.00
OTHER CHARGES	.00
TAX 4.166	22.91
TOTAL DUE	572.91

Cmt to Eff 4/28/02

Past due balance will be charged a SERVICE CHARGE at an ANNUAL PERCENTAGE RATE of 18%

ATTACHMENT CA-IR-24a

Molokai Public Utilities, Inc.
Group: <Selected Assets>
Activity Status: Active

MAIN System No: 000115.000 Entity:

Co Asset No	115	Description	CAP KAJ120 Emergency Bypass Line for Moana Makani	Exch?	No

Class		G/L Asset Acct No	000-176-00
Location		G/L Accum Acct No	000-186-00
Department		G/L Expense Acct No	100-890-00
Acquisition Date	07/01/2004	Purchase Order No	
Mfg Serial No		Vendor/Mfg	
Custodian		Insurance Category	
Warranty Date		User Numeric 1	0
User Field 1		User Field 2	
User Field 3		User Field 4	
User Field 5		User Field 6	
User Field 7		User Field 8	
User Field 9		User Field 10	
Replacement Value	0.00	RV Override?	0.00

	Tax	Internal	State	AMT	ACE	Book 6	Book 7
Prop Type	P	P	P	P	P	P	P
Serv Date	00/00/0000	07/01/2004	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
Acq Value	$0.00	$65,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
Depr Meth	NO	SL	NO	NO	NO	NO	NO
Est Life	00 yrs 00 mo	05 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo	00 yrs 00 mo
ADS Life	00 yrs 00 mo	N/A	N/A	00 yrs 00 mo	00 yrs 00 mo	N/A	N/A
Bus Use%	100.00	100.00	100.00	100.00	100.00	100.00	100.00
179/Bonus	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
168(k)%	0	0	0	0	0	0	0
Salvage	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ITC Amt	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Date	00/00	00/00	00/00	00/00	00/00	00/00	00/00
Beg YTD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Beg Accm	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Thru Date	00/00	08/2009	00/00	00/00	00/00	00/00	00/00
168(k)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Curr YTD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Curr Accm	$0.00	$65,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
NetValue	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Date	00/00	06/2009	00/00	00/00	00/00	00/00	00/00
Prd YTD	$0.00	$13,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prd Accm	$0.00	$65,000.00	$0.00	$0.00	$0.00	$0.00	$0.00

MPUC ATTACHMENT CA-IR-24a

MPU 9.2

ATTACHMENT CA-IR-24a

System: 9/24/2009 9:52:09 AM
User ID: elainen

Kaluakoi Land LLC
Audit Costs

Transaction Number / Description	Document Type / Posting Date	Vendor Name / Document Number	Employee / Transaction Quantity	Distribution Amount
Job Number KAJ120		Filteration Chlorination Sys.	Job Status:	Inactive
Cost Code Number:41000-400-00		Water System	Cost Element Type: Offsite / Cost Code Status:	Active
0000000000000018	PM	ITC WATER MANAGEMENT		34,000.00
POTABLE WATERLINE	2/28/2002	23499	1.00	
0000000000000049	PM	ITC WATER MANAGEMENT		17,602.00
MOANA MAKANI FILTER BYPASS	3/27/2002	23535	1.00	
0000000000000055	PM	ITC WATER MANAGEMENT		13,398.00
MOANA MAKANI FILTER BYPASS	3/31/2002	23583	1.00	
			Cost Code Number Total:	$65,000.00
			Cost Element Total:	$65,000.00
Cost Code Number:90000-000-00		Contra	Cost Element Type: Other / Cost Code Status:	Active
635	GL			(65,000.00)
Reclass KAJ120 WIP to MPU	5/31/2005		(1.00)	
			Cost Code Number Total:	($65,000.00)
			Cost Element Total:	($65,000.00)
			Job Total:	$0.00

ATTACHMENT CA-IR-24a

Kaluakoi Land

ITC Water Management

A DIV. OF IRRIGATION TECHNOLOGY CORP.

P.O. Box 458 • 68-079 Kam Hwy.
Haleiwa, Hawaii 96712
Phone: (808) 637-5078 • FAX: (808) 637-4779

INVOICE

INVOICE DATE	INVOICE NO	PAGE
1/31/02	23499	1

TERMS	CUSTOMER NO
DUE ON REC	12175

ROLL 155-520

SOLD TO
Molokai Ranch, Ltd.
Amfac Center Hawaii Tower
745 Fort Street Suite 600
Honolulu, HI 96813
Lani-Accts Paya

SHIP TO
Attn: Harold Edwards

ORDER NO.	ORDER DATE	PURCHASE ORDER NO.	SHIP DATE	SHIP VIA	F.O.B.
59439				I.T.C. Delivery	JOBSITE

QUANTITY ORDERED / QUANTITY SHIPPED	ITEM NO. / QTY. BACK ORDER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
		6" HDPE POTABLE WATERLINE, MAUNALOA TO KALUAKOI ENTRANCE		
		6100' OF RECYCLED 6" HDPE PIPE @ $5.00/FT (MATERIALS ONLY)		30,500.00
		PRESSURE REDUCING STATION (MATERIALS ONLY)		2,400.00
		AIR RELEASE AND SAMPLE PORTS (MATERIALS ONLY)		1,400.00

FEB 14 2002
MOLOKAI RANCH LTD.
HONOLULU ACCOUNTING

FEB 13 2002

2-13-01
KA 100
31000

KA 218
Moana Makani

Filter Bypass 65K

SUB TOTAL	34,300.00
FREIGHT	
TAX (DEUT)	
TOTAL	34,300.00

JOB 2206

KA 120 - 41000 - 400-00
KA 100 - ~~[illegible]~~

ATTACHMENT CA-IR-24a

KALUAKOI LAND, LLC

0009

0009

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
1/31/02	23499	POTABLE WATERLINE	$34,300.00	$0.00
2/22/02	105		34,300.00	$0.00
3/1/02	23535	MOANA MAKANI FILTER BYPASS	$17,602.00	$17,602.00
		TOTAL	$17,602.00	$17,602.00

0009

KALUAKOI LAND, LLC
745 FORT STREET, SUITE 800
HONOLULU, HAWAII 96813

Bank of Hawaii Main Branch Honolulu, Hawaii

59-102/1213

DATE 3/27/02

AMOUNT $17,602.00

Seventeen Thousand Six Hundred Two Dollars And 00 Cents

PAY TO THE ORDER OF

ITC WATER MANAGEMENT

P.O. BOX 458
HALEIWA HI 96712

⑈000009⑈ ⑆121301028⑆ 0001⑈135139⑈

KALUAKOI LAND, LLC

0009

MAR 28 2002

ATTACHMENT CA-IR-24a

KK LAND

ITC Water Management

A DIV. OF IRRIGATION TECHNOLOGY CORP.

P.O. Box 458 • 66-079 Kam Hwy.
Haleiwa, Hawaii 96712
Phone: (808) 637-5078 • FAX: (808) 637-4772

INVOICE

INVOICE DATE	INVOICE NO.	PAGE
3/01/02	23535	1

TERMS	CUSTOMER NO.
DUE ON REC	12175

RECEIVED
MAR 5 2002

SOLD TO
Molokai Ranch, Ltd.
Amfac Center Hawaii Tower
745 Fort Street Suite 600
Honolulu, HI 96813
Lani-Accts Paya

SHIP TO
Attn: Harold Edwards

ORDER NO.	ORDER DATE	PURCHASE ORDER NO.	SHIP DATE	SHIP VIA	F.O.B.
59477		AGREEMENT		I.T.C. Delivery	

QUANTITY ORDERED / QUANTITY SHIPPED	ITEM NO. / QTY. BACK ORDER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
		MOANA MAKANI FILTER BYPASS LINE.		
		6100 FEET OF RECYCLED 6" HDPE PIPE, 93% COMPLETE. $49,400 LESS $30,500 PREVIOUSLY BILLED.		15,442.00
		PRESSURE REDUCING STATION, 95% COMPLETE. $4,800 LESS $2,400 PREVIOUSLY BILLED.		2,160.00

Approval
Date 3-13-02
Description
Dept/Acct #
OR Job # KA 100
Cost Code # 32000

Copy to EH 3/7 K #218

SUB TOTAL	17,602.00
FREIGHT	
TAX (GROUT)	
TOTAL	17,602.00

JOB 2206

KA100 KAJ120 41000
400 00

Pay March 4

KOLL 135-512

KALUAKOI LAND, LLC

ATTACHMENT CA-IR-24a

0015

0015

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
3/27/02	23583	MOANA MAKANI FILTER BYPASS	$13,098.00	$13,098.00
		TOTAL	$13,098.00	$13,098.00

ROLL 135-472

KALUAKOI LAND, LLC
745 FORT STREET, SUITE 800
HONOLULU, HAWAII 96813

Bank of Hawaii — Main Branch, Honolulu, Hawaii

0015

92-102/1213

DATE 4/3/02

AMOUNT $13,098.00

Thirteen Thousand Ninety Eight Dollars And 00 Cents

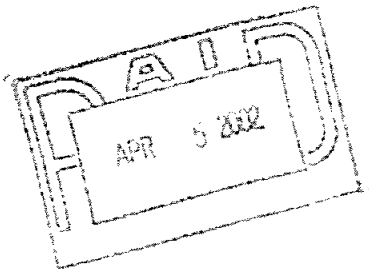
PAY TO THE ORDER OF

ITC WATER MANAGEMENT
P.O. BOX 458
HALEIWA HI 96712

⑈000015⑈ ⑆121301028⑆ 0006⑈135139⑈

KALUAKOI LAND, LLC

0015



ATTACHMENT CA-IR-24a

ITC Water Management

A DIV. OF IRRIGATION TECHNOLOGY CORP.

P.O. Box 458 • 68-079 Kam Hwy.
Haleiwa, Hawaii 96712
Phone: (808) 637-5078 • FAX: (808) 637-4779

INVOICE

INVOICE DATE	INVOICE NO	PAGE
3/27/02	23583	1

TERMS	CUSTOMER NO
DUE ON REC	12175

APR 1 2002

SOLD TO
Molokai Ranch, Ltd.
Amfac Center Hawaii Tower
745 Fort Street Suite 600
Honolulu, HI 96813
Lani-Accts Paya

SHIP TO
Attn: Harold Edwards

ROLL 135-473

ORDER NO.	ORDER DATE	PURCHASE ORDER NO.	SHIP DATE	SHIP VIA	F.O.B.
59524		AGREEMENT	3/27/02	I.T.C. Delivery	JOBSITE

QUANTITY ORDERED / QUANTITY SHIPPED	ITEM NO. / QTY. BACK ORDER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
		MOANA MAKANI FILTER BYPASS LINE		
		6100 FEET OF RECYCLED 6" HDPE PIPE, 100% COMPLETE. $49,400 LESS $44,942.		3,458.00
		PRESSURE REDUCING STATION, 100% COMPLETE. $4,800 LESS $4,560.		240.00
		PIG AND FLUSH PIPELINE. 100% COMPLETE.		3,500.00
		AIR RELEASE VALVES AND SAMPLE PORTS, 100% COMPLETE. $2,800 LESS $1,400.		1,400.00
		CERTIFICATION OF PIPELINE FOR POTABLE WATER. 100% COMPLETE.		4,500.00

Approval
Date 4-2-02
Description
Dept/Acct # KH218
OR Job #
Cost Code #

KA100-KA1120-41000-[illegible]-00

SUB TOTAL	13,098.00
FREIGHT	
TAX (MEUT)	
TOTAL	13,098.00

JOB 2206

Pay w/o 4/22 on Apr cap [illegible]

copy to EH 4/2

CTC = $ 1002 pd

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-25 **Ref: MPU 9.2, 9.3, 9.4, and 9.5.**

In Docket No. 02-0371, an issue with the veracity of the accounting records supporting the reported net plant in service was raised. As a result of that issue, the remaining net book value originally included in the application, $13,137, was written off as part of the settlement between the parties and adopted by the Commission. The fully depreciated plant is still reflected on the Company's books.

a. Given that the Company is still reflecting $4,931,896 of fully depreciated plant and assuming that all of it is still used and useful for utility purposes, please discuss whether the Company has evaluated its depreciation practices and useful lives estimates to determine whether modifications are necessary.

RESPONSE: No, the Company has not evaluated its depreciation practices. The Company believes that the cost of doing so is not warranted under existing conditions.

1. If the Company has evaluated its depreciation practices, please provide a copy of the results of that analysis.

RESPONSE: Not applicable. See response to part a above.

CA-IR-25 (cont.)

2. If the Company has not evaluated its depreciation practices, please explain why it should not do so, given that it apparently has $4,931,896 of plant still used and useful that has been fully depreciated.

RESPONSE: The Company believes that the time and funds required for such an evaluation is not warranted by current economic and other conditions. The likely result of such an evaluation would be to establish some remaining life portion for the existing $4.9 million of plant which would result in a downward adjustment in the accumulated depreciation and an increase in net plant. It would also result in an increase in book depreciation expense, both of which would result in an increase in rate base and revenue requirement.

b. Assuming that the Company believes that the accounting practices and the record keeping of the predecessor in interest are the primary causes for having almost $5 million of fully depreciated plant, please state the basis for this contention, if not already discussed elsewhere.

CA-IR-25 (cont.)

RESPONSE: The Company does believe that predecessor owners took actions and had policies that resulted in the depreciation prior to current ownership. The Company believes this because these amounts were depreciated before the Company was acquired by the current owners.

SPONSOR: Robert O'Brien

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-26 **Ref: MPU 9.2, 9.3, 9.4, and 9.5.**

a. If not already discussed elsewhere, please confirm that all plant, property and equipment are dedicated entirely to the purposes of MPU utility services and are not used for any other non-regulated purposes.

RESPONSE: See the response to CA-IR-2c(1) and also response to CA-IR-3d(1).

b. If there are any items that are used for any other purpose than to serve MPU's regulated utility service customers, please identify each item.

RESPONSE: Not applicable. See response to part a above.

SPONSOR: Robert O'Brien

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-27 **Ref: Application.**

a. The Company has apparently added over $1.5 million in plant since the last rate proceeding (Docket No. 02-0371). Please identify how these plant additions were financed and where the applicable obligations are reflected in the instant filing.

RESPONSE: The funds required to provide for capital expenditures and to cover operating losses were provided by the Company's parent.

b. If there were any financing arrangements entered into by the Company, please identify the appropriate Commission approved applications under which the Company obtained the Commission's authority to enter into such financing arrangements.

RESPONSE: There were no financing arrangements entered into by the Company.

SPONSOR: Robert O'Brien

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-28 **Ref: MPU 9.2, 9.3, 9.4, and 9.5.**

a. If not already explained elsewhere, please reconcile the plant that reflected for book depreciation purposes of $6,590,283 on MPU 9.4 and $5,437,377 on MPU 9.6. In the Company's response, please note that there appear to be a number of items listed on MPU 9.4 and 9.6 that do not appear to correspond with a matching item on the other schedule in terms of total cost and in-service date.

RESPONSE: See Attachment CA-IR-28a.

b. For each of the reconciling items that are listed for book purposes but not listed for tax purposes, please explain why these items are not depreciated for tax purposes.

RESPONSE: See Attachments CA-IR-28a and CA-IR-28b.

SPONSOR: Robert O'Brien

ATTACHMENT
CA-IR-28a

MPU
Reconciliation between Book Plant and Tax Plant

	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
	PER BOOK			PER TAX DEPRECIATION					
Line #	Description	DATE	AMOUNT	Description	DATE	AMOUNT	On Tax Not On Book [6] - [3]	On Book Not On Tax [3] - [6]	Description
1	Fully Depreciated Plant		$4,931,896			$4,931,896			
2									
3				Equipment	12/31/02	3,156	3,156		
4				Equipment	12/31/03	65,887	65,887		
5	HDPE Pipe for Papohaku Ranchlands	12/31/03	21,042					21,042	
6	Road Plates 3-each 5'x8' A-36 Steel	12/31/03	2,508					2,508	
7									
8	Engine Alum-Teck Pacific Machinery	5/31/04	23,877					23,877	
9	Solar Electric System MKK Solar	5/31/04	5,244					5,244	
10	Caterpillar Engine Model 3412E	6/30/04	78,499					78,499	
11	Caterpillar Engine - retention	6/30/04	8,722					8,722	
12	CAP MP105 Papohaku Line Bypass	7/1/04	61,448					61,448	
13	CAP MP102 Meter Replacement	7/1/04	67,073					67,073	
14	CAP KAJ140 Excess Water Pressure	7/1/04	46,760					46,760	
15	Bypass Line for Moana Makani	7/1/04	65,000					65,000	
16	CAP MP103 Well 17 Permit	7/1/04	24,119					24,119	
17	MP104-Repower Well 17	7/1/04	3,351					3,351	
18				Water System	5/30/05	194,908	194,908		
19				Equipment	6/30/05	5,671	5,671		
20	14 Water Meters M35 B81 3/4"	4/30/05	2,621					2,621	
21	Dechlorination Bazooka, Liquid Feed	7/31/05	1,434					1,434	
22	Puunana Treatment Plant Upgrade	9/30/05	1,012,378					1,012,378	
23	Controls for Mahana Pumps	4/30/06	13,925	Equipment	4/30/06	13,925			
24				Water System	2/2/06	46,875	46,875		
25				Water System	6/30/06	14,100	14,100		
26				Water System	6/30/06	2,253	2,253		
27				Water System	6/30/06	28,323	28,323		
28				Water System	9/30/07	24,335	24,335		
29	Turbine Pump-Beylik Drilling	2/8/07	46,875					46,875	
30	Mahana Pump replacement install	6/29/07	14,100					14,100	
31	Control Piping Install	6/29/07	2,253					2,253	
32	Well 17 Repairs	11/30/07	52,658					52,658	
33				Water System	2/29/08	114	114		
34				Equipment	7/31/08	1,434	1,434		
35									
36									
37									
38	TOTAL		$6,485,783			$ 5,332,877	$ 387,056	$ 1,539,962	
39									
40									
41	DIFFERENCE					(1,152,906)		(1,152,906)	

ATTACHMENT
CA-IR-28b

MPU and WOM
Reconciliation of Plant Additions
Recorded on Books and Used for Tax Depreciation

A review of the accounting and tax records for MPU and WOM has been completed by Robert O'Brien ("RLO") to develop a response to CA-IR-28 in Docket No. 2009-0048 and CA-IR 23 in Docket No. 2009-0049. As a result of this reconciliation work and for reasons that will be explained below, it is recommended that all income tax elements be removed from the cost of service and revenue requirements of both MPU and WOM.

MOLOKAI PUBLIC UTILITIES, INC.

With regard to MPU, after a review of the accounting and tax records, it was determined that the plant balances recorded on Exhibit MPU 9.2 in column 2 totaling $6,485,783 compared to the plant balances shown on Exhibit MPU 9.6 in column 3 totaling $5,322,877 through fiscal year end ("FYE") June 30, 1998 as shown on Attachment CA-IR-28a (copy attached for reference) in columns 3 and 6, respectively on line 38, cannot be satisfactorily reconciled without a significant amount of work. Even if that is done, there is a strong likelihood that the differences once identified could still not be explained because of the passage of time and the changing of personnel, mainly at the Tax Accounting Firm. Most of the variances appear to result from differences during the preparation of the tax returns which were prepared from records supplied by each Company but without significant contact with the Company personnel to determine if the amounts used for the MPU plant additions for tax purposes in each year were in agreement with the book amounts for the comparable year. Based on the work done in

MPU and WOM
Reconciliation of Plant Additions
Recorded on Books and Used for Tax Depreciation

this case, the Company believes that its recorded book amounts shown on the general ledger as presented on Exhibit MPU 9.2 are accurate. This means that the differences between those book amounts and the tax amounts are the result of reflecting different amounts (not the recorded book amounts) as depreciable plant for tax depreciation when the tax returns were prepared for each year.

For example, please refer to Attachment CA-IR-28a, line 22 which reflects the cost of the upgrade work on the Puunana Treatment Plant in the amount of $1,012,378. The work was completed and the total amount of the plant addition was transferred from construction work in progress to plant in service on MPU's accounting records in FYE 6-30-06 but was not recorded as an addition to tax plant for depreciation calculation purposes in the preparation of that year's tax return. This treatment for tax purposes was incorrect and also contrary to the book treatment even though that plant amount should have been reflected in the calculation of tax depreciation on the tax return for the FYE 6-30-06. The following explanation will describe the events that resulted in this plant amount not being included on the tax depreciation plant for 2006.

Schedule MPU-TAX-Pg-1 attached hereto shows under the heading "WIP" which stands for Work-in-Process, (on the line labeled "A") that Molokai Ranch ("MR") consolidated book numbers reflected a balance at 6-30-05 (in the column labeled "B") in the amount of $364,234.53 for account "000-152-50 ml506). Next to that number in the column headed "Add" is an amount on line A of $648,143.96 reflecting the additions to WIP in the FYE 6-30-06. Finally, under the column headed "Cap" on line A, there is a

MPU and WOM
Reconciliation of Plant Additions
Recorded on Books and Used for Tax Depreciation

reduction in the amount of $1,012,378.49 which removes the total of the first two amounts from the WIP section of the consolidated Fixed Assets from MR. There is another amount on the line labeled "C" reflecting an amount of WIP at 6-30-05 of $3,351.24 for MPU which was also removed by a reduction in the column headed "Cap". The total of these two amounts is $1,015,729.73 which is reflected on MPU-TAX-Pg-2.

On MPU-TAX-Pg-2, on the line labeled "D" in the column headed "PP&E" (property plant and equipment) there is a PP&E balance at 6-30-05 in the amount of $5,321,711.52 for MPU with an addition in the amount of $1,015,729.73 under the column headed "Cap" with a total for the PP&E for MPU of $6,337,441.25 at 6-30-06.

The above data clearly indicates that there was an addition to the PP&E in FYE 6-30-06 in the amount of $1,015,729.73 which included the addition to plant as shown on the accounting records for MPU in the amount of $1,012,378.49 and should have been reflected on the tax plant records also. However, the Tax Accounting Firm personnel believed that, because the $1,015,729.73 was included under the "Cap" column on the PP&E schedule instead of under the "Add" column, it was possible that the people compiling the FYE 6-30-06 tax data thought that the $1,015,729.73 amount was being capitalized on another part of the balance sheet and not as part of PP&E. Therefore, the $1,015,729.73 amount, was not included on the plant for tax depreciation in 2006.

After some discussion with the Tax Accounting Firm personnel, it was surmised that because of the large amount of tax-loss carry-forwards ("TLC") on the consolidated tax return, there probably was not much emphasis to verify such plant additions. This is

MPU and WOM
Reconciliation of Plant Additions
Recorded on Books and Used for Tax Depreciation

because the additional tax depreciation would not provide any benefit to the consolidated tax filing since additional tax depreciation would only add to that TLC. The Tax Accounting Firm also informed RLO that all it would be extremely difficult to get any support for prior years (before 2006 when most of the differences occurred) and that reconciliations of other years could show the same sort of results. In addition, any backup detail for the tax returns before 2006 is in storage and would be extremely time consuming to locate and retrieve such information. Moreover, for the years going back to 2000, it is highly unlikely that there is any support in the files.

RLO confirmed that the TLC was substantial and that any accelerated tax depreciation or other tax credits, such as the Hawaii Capital Goods Excise Tax Credit ("HCGETC") would not have been used by the consolidated entity because of the significant TLC. In addition, the TLC would not provide any benefit to MPU since MPU did not file a separate income tax return and also has significant TLC.

WAI'OLA O MOLOKA'I

With regard to WOM, as shown on the response to CA-IR-23a, all of the differences are prior to 2001, with the most significant differences occurring from the period 1987 to 1997. In our discussions with WOM's Tax accountants, they indicated that they would not likely be able to provide data for reconciliation or an explanation of the differences if they can be supported. This means that, even if the tax workpapers can

MPU and WOM
Reconciliation of Plant Additions
Recorded on Books and Used for Tax Depreciation

be located, it is not likely we can determine why there was a difference based on the current records reviewed.

RECOMMENDATION

Management believes that its book amounts reflected on both MPU (Exhibit MPU 9.2) and WOM (Exhibit WOM 9.2) are supported as actual costs and represent the correct amounts to be included in plant in service and included in rate base. Based on the work done on the reconciliation of the asset balances between book and tax, it appears that management cannot support the accuracy of the plant balances that have been included in the consolidated tax returns for the calculation of the tax depreciation. The specific activity with the Upgrade of the Puunana Treatment Plant clearly shows that the correct amount was recorded on the MPU accounting records and also included as part of the consolidated plant balances, was provided to the tax accounting firm, but was not correctly reflected in the Tax plant amounts used in the consolidated tax return in that year.

In addition, the fact that the Tax Accounting Firm provided information, as supported by the consolidated Federal income tax returns, that the accelerated tax depreciation and the HCGETC amounts would not have been utilized by the consolidated entity to reduce income tax expense because of the significant TLC, indicates that neither MPU nor WOM nor the consolidated company has received benefits in the form of deferred income taxes or tax credits reducing the payment of income taxes. This is an

MPU and WOM
Reconciliation of Plant Additions
Recorded on Books and Used for Tax Depreciation

important factor in the determination of what amounts for deferred income taxes or HCGETC can be used to reduce rate base. Since neither the utility (MPU or WOM) nor its parent through the consolidated income tax return have been able to defer any income tax or reduce any income tax by use of the HCGETC, neither of those amounts can be used to reduce rate base since there has been no tax deferral.

As a result of the above investigation, each Company is proposing to remove all elements related to the income tax expenses, accumulated deferred income tax, HCGETC from the determination of revenue requirement in this proceeding since there have been no benefits resulting from those elements that have been used by MPU or WOM or on its consolidated tax return. RLO will identify each of the components to be removed and will include an update of each Company's exhibits in its rebuttal testimony or in response to subsequent information requests.

Revised [illegible]

Molokai [illegible] Consolidated

Fixed Assets

Fy06 90-6/30/06

B

For 6/30/06

MPU-TAX-Pg-1

Add quarter changes to Add, Cap, Reclass, Sale/Writeoffs

		6/30/05	Add	Cap	Reclass/Adjs	Sale/Writeoff	6/30/06				6/30/05	Add	Cap	ADJS	Sale/Writeoff	6/30/06
	WIP															
	000-180-00 m6233	373,136.60					373,136.60		0.00							
	000-180-35 m6232	36,032.87					36,032.87		0.00							
	000-150-30	0.00					0.00		0.00							
	000-150-00	0.00					0.00		0.00							
	000-151-00	0.00					0.00		0.00							
	000-151-60	0.00					0.00		0.00							
I PDR Hawaii	000-151-40	0.00	37,488.41		119,698.17		157,187.58		0.00							
	000-151-41	0.00	178,279.73				178,279.73		0.00							
	000-151-65	0.00					0.00		0.00							
	000-152-10 m504	28,853.92	15,389.32				44,243.24		0.00							
	000-152-40 m505	820.00	4,700.00				5,520.00		0.00							
A	000-152-30 m506	364,234.53	948,148.85	(1,012,378.40)			0.00		0.00	A						
	000-152-10 m507	0.00	32,340.30				32,340.30		0.00							
	000-159-20 m508	0.00	16,821.80				16,821.80		0.00							
	000-153-30	0.00	8,208.32				8,208.32		0.00							
	000-159-00	0.00					0.00		0.00	MPU WIP						
		796,246.22	930,721.96	(1,012,378.40)	119,698.17	0.00	842,290.95		0.00		453,708.69					
									0.00	ALPHA WIP						
	ABCR	383,994.85					383,994.85		0.00		380,904.00					
	Kal Land	421,562.57					421,562.57		0.00							
	Kal QCS	36,887.18	295.02	(13,295.00)			23,887.40		0.00	KAL WIP						
C	Kaneldo	51,266.80	92,204.40	36,082.97			120,153.87		0.00							C
	MPU	3,551.24		(3,551.24)			0.00		0.00							
	Mesco	0.00					0.00		0.00		585,409.72					
		895,330.65	92,500.48	19,235.95	0.00	0.00	949,066.81		0.00		0.00 Reclassed to Mesco					
									0.00		585,409.72					
	Total WIP	1,995,876.96	889,222.44	(994,342.84)	119,698.17	0.00	1,790,457.67		0.00							
					VIP Change >	54,578.77										
	Land								0.00							
R/E Held for Rese	800-102-00	13,218,323.67				(565,905.00)	12,652,427.67	resale	0.00							
	000-150-00				10,728,175.47		10,728,175.47									
Land	000-188-00	888,010.06			Beg Note	(19,470.09)	868,539.97		0.00							
R JE	Cooks Land	0.00			0.00		0.00	ELIM	0.00							
X	Kal 188 Water	[illegible]			-		26,587.00		0.00							
	K Golf	[illegible]			-		2,193,228.32		0.00	6/30/03 Kal						
	K Publicly	[illegible]			-		2,397,238.34		0.00		7,128,648.27					
	K Residential	[illegible]			(1,236,015.00)	(204,619.00)	247,721.00	resale	0.00							
	K Roads	[illegible]			-	-	6,726.51		0.00	6/30/04 Kal						
	K Real Estate	[illegible]			-	-	833,691.21		0.00		5,665,414.27					
	MPU 188	[illegible]			-	-	12,649.55		0.00							
	Mesco 188	[illegible]			-	-	16,610.46		0.00	ALPHA land						
	Alpha 182-10	[illegible]			1,236,015.00	(178,945.00)	1,061,870.00	resale	0.00							
	Alpha 188	13,061,698.97	0.00	0.00	(10,728,175.47)	-	1,833,517.50		0.00		11,901,690.97					
	Total Land	33,191,885.16	0.00	0.00	0.00	(583,045.09)	32,227,845.06		0.00							
									0.00							
	Other Land Devel, Land Impry, LH Impry, Bldgs, Water Systems								0.00		6/30/05	Add	Cap	ADJS	Sale/Writeoff	6/30/06
Land Dev	000-100-00	164,071.22				-	164,071.22		0.00		0.00					0.00
Land Improvemer	000-173-00	7,165,928.22				-	7,165,928.22		0.00	000-168-00	(2,746,058.00)	(350,637.40)				(3,096,695.40)
Land Improvemer	000-178-00	[illegible]			-	-	386,886.25		0.00	Golf 000-183	(83,258.00)	(67,007.26)				(150,265.26)
Leasehold Impro	000-174-00	9,792.37				-	9,792.37		0.00	000-186-00	(9,103.28)	(1,342.49)				(10,445.77)
Building	000-175-00	86,771,882.57				(48,468.25)	86,723,414.32		0.00	000-188-00	(11,985,814.63)	(1,606,055.00)			25,478.66	(13,566,391.04)
Building	KFC 175 (MRL)	235,345.67				-	235,345.67		0.00	KFC 188 (MRL)	(80,307.70)	(15,782.50)				(152,090.20)
Building	Cinemas 175	1,352,399.41				-	1,352,399.41		0.00	Cinemas 188	(5,818.80)	(67,103.09)				(66,914.81)
Building	Wade's 175	0.00	0.00			-	0.00		0.00	Wade's	0.00					0.00
	Total	45,861,318.77	0.00	0.00	0.00	(48,468.25)	45,812,850.52		0.00		(15,457,907.61)	(2,008,856.80)	0.00	0.00	25,478.66	(17,541,285.75)
									0.00							
									0.00							
	Reclass to R/E	0.00							0.00							
									0.00							
	Land	92,887,080.83	930,222.44	(994,342.84)	119,698.17	(1,012,388.35)	92,148,271.27		0.00		(15,457,907.61)	(2,008,856.80)	0.00	0.00	25,478.66	(17,541,285.75)
									0.00							
	Note: 6/30/04 was missing ELIM entry for Cooke land sale. Person Tyler JE 193.								0.00							

ATTACHMENT CA-IR-28b

Revised [illegible]

Molokai Ranch Consolidated
Fixed Assets
FY04/05--6/30/06

For 6/30/06

Add quarter changes to Add, Cap, Reclass, Sales/Writeoffs

	PP&E	6/30/05	Add	Cap	Reclass/Adjs (Invoice Adjs)	Sales Writeoff	6/30/06	
Furniture	000-170-00	2,513,040.82	795.32				2,513,836.14	f
Furniture	KFC 170 (MRL)	112,643.15	0.00				112,643.15	f
Furniture	Cinemas 170	500,022.35					500,022.35	f
Furniture	Golf 170	780.67					780.67	f
Furniture	Residential 170	[illegible]					1,000.84	f
Equipment	000-171-00	4,532,866.81	58,712.63		(40.00)	(98,296.29)	4,493,243.22	e
Equipment	KFC 171(MRL)	3,187.67	0.00		-		3,187.67	e
Equipment	Cinemas 171	59,870.19	724.85		-		60,595.14	e
Equipment	Golf 171	[illegible]	10,774.09	15,290.04	-		696,588.49	e
Equipment	Poolside 171	[illegible]			-		888.78	e
Equipment	MPU 171	[illegible]	15,068.28		-		214,823.36	e
Equipment	Maceo 171	[illegible]			-		16,831.62	e
Vehicles	000-172-00	1,826,881.38	38,903.04		-	(140,773.86)	1,726,010.56	v
Water Systems	000-176-00	19,136,900.56			-		19,136,900.56	w
Water Systems	MPU 176	[illegible]		1,016,128.78	-		8,837,641.36	w
Water Systems	Maceo 176	[illegible]			-		997,898.36	w
Water Systems	Wailua	3,705,327.82			-		3,705,327.82	w
Livestock	000-178-00	103,811.85			-	(6,712.09)	97,099.83	x
Breeding Herd	000-179-00	207,185.75	4,800.00		7,723.48	(9,408.68)	209,301.55	c
Cattle Property	000-179-02	3,335,149.31			-	-	3,335,149.31	c
	Total	42,561,328.41	129,381.04	1,031,025.81	7,723.48	(195,223.17)	43,514,235.56	
	Grand Total	123,608,409.24	1,096,803.53	26,082.97	127,492.65	(1,297,821.50)	123,563,006.89	
	WIP	1,693,878.60	999,222.44	(994,342.64)	118,099.17	0.00	1,796,457.57	
						94,678.77		
	Land	79,173,201.90	0.00	0.00	0.00	(1,013,898.23)	78,159,303.66	
		80,867,080.50	999,222.44	(994,342.64)	118,099.17	(919,219.46)	79,955,761.23	
	Plant, etc	42,641,328.41	129,381.09	1,031,025.81	7,723.48	(195,223.17)	43,514,235.56	
	Total	123,508,409.24	1,096,603.53	36,982.97	127,492.65	(1,113,042.73)	123,563,006.89	
	Land & Plant	121,814,530.34	129,381.09	1,031,025.81	7,723.48	(1,297,821.50)	121,775,069.19	
						(98,481.15)		
		6/30/05				Changes >	6/30/06	
		85,027,843.81				(9,690,951.66)	85,337,561.85	
	MRL	798,340.22	936,721.96	(1,013,378.49)	118,099.17	0.00	842,380.86	
		86,427,534.23	103,247.84	0.00	11,974,523.95	(1,000,806.50)	98,503,298.62	
	Kaluakoi	514,440.50	22,600.48	18,059.85	0.00	0.00	565,402.72	
		14,425,313.14	28,133.12	1,031,025.81	(1,296,013.00)	(204,619.83)	14,084,258.07	
	Aloha	360,854.09	0.00	0.00	0.00	0.00	360,854.09	
	Aloha	11,981,992.87	0.00	0.00	(10,728,173.47)	0.00	1,253,817.39	

Accum Depn MPU-TAX-pg-2

		6/30/05	Add	Cap	ADJS	Sales Writeoff	6/30/06
0.00							
0.00	000-160-00 Furn & Fix	(2,213,807.92)	(95,691.54)				(2,309,199.39)
0.00	KFC 160 (MRL)	(112,643.15)	0.00				(112,643.15)
0.00	Cinemas 160	(296,269.49)	(1,818.06)				(297,896.57)
0.00	Golf 160	(118.45)	(157.39)				(275.84)
0.00	Residential 170	(799.48)	(319.79)				(1,119.27)
0.00	000-161-00 Equip	(3,134,214.06)	(249,550.80)			98,258.22	(3,285,506.64)
0.00	KFC 161(MR	(1,881.79)	(365.06)				(2,246.85)
0.00	Cinemas 161	(53,068.18)	(1,831.99)				(54,900.18)
0.00	Golf 161	(112,060.34)	(119,371.15)				(231,431.49)
0.00	Poolside 161	(399.65)	(104.76)				(504.41)
0.00	MPU 161	(61,164.90)	(28,588.54)				(89,753.44)
0.00	Maceo 161	(8,585.45)	(746.20)				(9,331.65)
0.00	000-162-00 Vehicles	(1,487,746.48)	(50,597.42)			140,773.86	(1,397,570.03)
0.00	000-168-00 Water Sys	(4,927,570.32)	(749,133.77)				(5,676,704.09)
0.00	MPU 168	(4,685,896.61)	(33,805.30)				(4,719,701.91)
0.00	Maceo 168	(586,628.44)	(60,755.05)				(647,383.49)
0.00	Wailua	(1,872,908.87)	(134,788.07)				(2,007,696.94)
0.00	000-169-00 Livestock	(93,054.87)	(1,485.32)			3,705.17	(90,835.02)
0.00	000-180-00 Breeding Hd	(158,040.58)	(5,216.93)			7,261.80	(156,495.71)
0.00	000-180-02 Cattle Prop	(2,042,898.10)	(155,436.45)				(2,198,334.55)
0.00		(22,975,099.90)	(1,734,392.86)	0.00	0.00	162,040.87	(23,916,451.61)
	NET						
	WIP	1,796,457.57	0.00	0.00	0.00	0.00	0.00
	LAND	80,839,677.57	(15,492,937.83)	(2,093,898.88)	0.00	0.00	26,478.66
			(15,492,937.83)	(2,093,898.88)	0.00	0.00	26,478.66
	Plant, etc	19,667,914.06	(22,340,878.69)	(1,734,592.63)	0.00	0.00	192,040.07
	Total	82,123,049.32	(37,828,866.73)	(3,828,069.56)	0.00	0.00	217,518.75
	Land & Plant >Incl WIP Rcv >	80,337,561.85	(37,828,866.73)	(3,828,069.56)	0.00	0.00	217,518.75
							(2,013,898.23)
		80,337,561.85					
	Net Values:						
		842,380.86	0.00	0.00	0.00	0.00	0.00
		71,995,282.87	(32,154,666.80)	(3,468,811.38)	0.00	0.00	217,518.75
		565,402.72	0.00	0.00	0.00	0.00	0.00
		8,086,641.82	(5,672,217.93)	(358,175.24)	0.00	0.00	0.00
		360,854.09	0.00	0.00	0.00	0.00	0.00
		1,253,817.39	0.00	0.00	0.00	0.00	0.00
		82,105,949.32					

ATTACHMENT CA-IR-28b

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-29 **Ref: MPU 9.2, 9.3, 9.4, and 9.5.**

a. The Company added over $23,000 in plant in 2003. Please discuss why no plant additions in 2003 were eligible for the Hawaii State Capital Goods Excise Tax Credit. If these items were reflected in the 6/30/04 amount of $131,774 as shown on MPU 9.7, please provide the appropriate reconciliation that supports the response.

RESPONSE: See Attachment CA-IR-28b.

b. The Company added over $384,000 in plant in 2004. Please explain and reconcile why the Company has recognized only $131,774 (as of 6/30/04) on MPU 9.7.

RESPONSE: See the response to part a above.

c. The Company added over $1,016,000 in plant in 2005. Please explain and reconcile why the Company has recognized only $131,774 on MPU 9.7.

RESPONSE: See the response to part a above.

d. The Company added about $14,000 to plant in service in 2006. Please reconcile the amount to the $15,358 reflected on MPU 9.7.

RESPONSE: See the response to part a above.

CA-IR-29 (cont.)

e. The Company added about $116,000 to plant in service in 2007. Please reconcile the amount to the $63,228 reflected on MPU 9.7.

RESPONSE: See the response to part a above.

f. The Company had no additions in 2008. Even accounting for the split test year, the additions in the last six months of 2007 totaled $52,658. Please reconcile the amount to the $52,772 reflected on MPU 9.7.

RESPONSE: See the response to part a above.

g. Please explain why there is no forecasted capital excise goods excise tax credit for either 2009 or 2010 even though the Company is proposing to add over $100,000 in years 2009 and 2010, combined. Assuming that the decision to omit any additions to the capital goods excise tax credit is related to Act 178, Session Laws of Hawaii 2009, the language indicates that plant placed into service between the May 1, 2009 and December 31, 2009 are not eligible for the credit. However, the Company is proposing to put four items into service on or about January 1, 2010, please explain why these items are not eligible.

CA-IR-29 (cont.)

RESPONSE: The Company should have included a HCGETC on the asset additions in 2009 and 2010 included on Exhibit MPU 9-2. However, as noted in the response to CA-IR-22, there were no additions during the year ended June 30, 2009 and also the plant additions in the Test Year.

SPONSOR: Robert O'Brien

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-30 **Ref: MPU 9.8.**

It appears that the Company has excluded its forecasted level of general and administrative expenses from the determination of working cash. Please explain why.

RESPONSE: The general and administrative expenses were excluded from the working cash due to a formula error. The administrative expenses should be included.

SPONSOR: Robert O'Brien

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-31 **Ref: MPU 10.1, WP MPU 10.1, MPU-T-100.**

In Docket No. 02-0371, MPU reported that it recorded $41,894 in personnel charges and no employee taxes & benefits. Its original test year estimate for personnel charges was $81,525, which it later revised to $68,815. Its original estimate for employee taxes & benefits was $17,856, which was later revised to $14,324.

a. Please provide the following information for each of the years 2002 through the test year.

1. identify each of the positions whose costs are reflected in the direct salaries and wages or personnel charges;

RESPONSE: See Confidential Attachment CA-IR-31a(1), filed under and subject to Amended Protective Order, issued in this docket on November __, 2009, for the data requested from 2002 to June 30, 2009.

2. identify the salary or wage rate for each position;

RESPONSE: See Confidential Attachment CA-IR-31a(1), filed under and subject to Amended Protective Order, issued in this docket on November __, 2009.

CA-IR-31 (cont.)

3. for each of the positions paid by wage, provide the number of hours charged to the company separated by straight and overtime;

RESPONSE: See Confidential Attachments CA-IR-31a(3) (Parts A through C), filed under and subject to Amended Protective Order issued in this docket on November __, 2009, for the requested data for the years 2006 through the test year ended June 30, 2010. Specifically, (Part A) is a copy of the general ledger which shows the monthly charges to salaries and wages (S&W), (Part B) is a copy of the journal entries supporting the charges to the general ledger, and (Part C) is a payroll summary for the month of August for the years 2005 through 2007. See Confidential Attachment CA-IR-25a(3) (Part C) in Docket No. 2009-0049 for copies of the payroll summary for the month of August for the years 2008 and 2009, as payroll for these and current years is processed through Wai'ola O Moloka'i, Inc. (WOM). For reference purposes, please note the use of the following breakdowns within WOM: Dept. # 101

CA-IR-31 (cont.)

WOM; Dept. # 301 MPU; and Dept. # 401 MOSCO, Inc.

4. identify the function of the position and provide detailed description of the duties and responsibilities for that position; and

RESPONSE: See Confidential Attachment CA-IR-31a(4), filed under and subject to Amended Protective Order issued in this docket on November __, 2009.

5. identify the number of months that each position was filled or expected to be filled in each year.

RESPONSE: The Company expects these positions to be filled for the test year. In general these positions have been filled for all or most of each of the prior years.

b. If not clearly evident in the response to part a. above, please provide the annual salary and wage increases in each of the years.

RESPONSE: See Confidential Attachment CA-IR-31a(1), filed under and subject to Amended Protective Order, issued in this docket on November __, 2009, which contains the annual salary effective June 30, 2009 and the date and amount of each hourly wage rate.

CA-IR-31 (cont.)

c. Please justify the granted or expected level of salary and wage increases identified in parts a. and/or b.

RESPONSE: In general, the increases granted were for changes in positions and responsibilities as shown in the position column on Confidential Attachment CA-IR-31a(1), filed under and subject to Amended Protective Order, issued in this docket on November __, 2009.

d. Assuming that there were any increases in the number of positions in any of the years from 2002 forward, please justify the need for the position.

RESPONSE: There have been no increases in the number of field positions during this period.

SPONSOR: Robert O'Brien

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-32 **Ref: MPU 10.1, WP MPU 10.1, MPU-T-100.**

a. On page 20 of MPU-T-100, the Company indicates that it has granted a 3.0 percent increase in the salaries and wages for the test year. If not already provided in response to another information request, please explain why an increase in these current economic times is justified.

RESPONSE: The 3.0 percent referenced in MPU-T-100 refers to the change in total payroll between the amount expensed in 2007 of $133,706 and the pro forma expense in the test year of $145,601, which is $11,895 or an annual increase for 2008, 2009 and 2010 of 2.9 percent. As shown on Confidential Attachment CA-IR-31a(1), filed under and subject to Amended Protective Order, issued in this docket on November __, 2009, the only increase after June 30, 2007 was an increase to one employee to recognize a change in position. While the Company planned to give the employees this increase because it would have been the first increase in over three years for some employees and close to seven year for others, the Company has delayed the increase for six months an expects an implementation by

CA-IR-32 (cont.)

January 1, 2010 which would be in effect for one-half of test year.

b. If not already provided elsewhere, please provide a copy of any analysis or study performed by or on behalf of the Company that indicates that an increase in the test year is necessary.

RESPONSE: There was no analysis. See the response to part a above for the Company's rationale.

SPONSOR: Robert O'Brien

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-33 **Ref: MPU 10.1, WP MPU 10.1, MPU-T-100.**

a. Please provide copies of time reports for all direct charges reflected on the Company's books for each of the years 2004 through 2009 year-to-date. If this is voluminous, please provide copies of any summary or "rolled-up" reports that identifies the employee and the reported hours.

RESPONSE: See Confidential Attachment CA-IR-31a(3), filed under and subject to Amended Protective Order issued in this docket on November __, 2009.

b. If not already provided in response to another request, please provide the total annual salary and wage for any position that has been or is either directly charged or allocated to the Company.

RESPONSE: See Confidential Attachment CA-IR-31a(1), filed under and subject to Amended Protective Order, issued in this docket on November __, 2009.

c. If not already provided elsewhere, please confirm that these are all of the employees who directly charge the three utility companies (MPU, WOM, and MOSCO).

CA-IR-33 (cont.)

RESPONSE: The employees listed on Workpaper MPU-10.1 are the only employees who will charge time to the three utility companies in the test year.

1. If not, please provide a complete list of all employees who directly charge time to the three utility companies.

RESPONSE: Not applicable. See response to part c above.

2. If the positions do represent a comprehensive list, please discuss why MOSCO is apparently much easier to operate and maintain, since MPU has projected the following manhours for MPU, WOM and MOSCO.

Forecasted manhours		
	2009	2010
MPU	7821	8757
WOM	4867	5699
MOSCO	1872	2184
Total	14560	16640

As the table above shows, Company's management appears to project that MOSCO will require nominal labor (around one man year's worth of time), where the other two utility companies will require much more time. Please explain the apparent discrepancy.

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-33 (cont.)

RESPONSE: MOSCO is a small wastewater system that requires little maintenance, no meter readings and serves approximately 400 mostly multi-family customers. The 1,872 hours in 2009 and 2,184 hours in 2010 shown above are reasonable and are greater than the 1,443 hours included in MOSCO's last rate case with a test year ended December 31, 2004. This increase is reasonable during the intervening 5 or 6 year period based on the aging of the MOSCO plant and the increase in need for maintenance.

SPONSOR: Robert O'Brien

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-34 **Ref: MPU 10.1, WP MPU 10.1, MPU-T-100.**

a. Please discuss whether the Company has evaluated the cost effectiveness of requesting bids for a third party to provide operating and maintenance services as a possible means by which to reduce costs. If so, please discuss the results of that evaluation and provide copies of any relevant documents.

RESPONSE: The Company has not requested bids for a third party to provide operating and maintenance services to provide service to the three utilities.

b. If the Company has not conducted any such evaluations, please discuss why not.

RESPONSE: The Company believes that the current employee complement is the most efficient and cost effective way to provide service to customers of Molokai Public Utilities, Inc. (MPU), Wai'ola O Moloka'i, Inc. (WOM) and MOSCO, Inc. (MOSCO). These employees are familiar with the service territories and with the facilities providing service, including some facilities that are not owned by the utilities. Any outside provider would have to incur significant start-up costs and may have to be supplemented by other personnel

CA-IR-34 (cont.)

for the operation and maintenance of facilities required to service the utilities and their customers that are owned by others.

SPONSOR: Robert O'Brien

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-35 **Ref: MPU 10.1, WP MPU 10.1, MPU-T-100.**

a. Please provide a copy of the premiums or appropriate vendor notifications that support each of the employee benefits. Please provide copies for each of the past three years.

RESPONSE: See Attachment CA-IR-35a.

b. If there have been any notable increases in the premiums or costs associated with any of the benefits, please discuss whether the Company has sought bids or proposals from other vendors as a means by which to minimize its costs.

RESPONSE: The Company has not sought other bids since the reduction in number of employees being covered has recently occurred.

c. Assuming that the costs on workpaper MPU 10.1 represent the costs that the Company has to pay, please identify the cost that the employee is expected to pay towards medical, dental and any other applicable benefit.

RESPONSE: Employees presently only pay for the family portion of the dental coverage. The Company pays for all other benefits.

d. Please provide a copy of the election form for each employee for the current year.

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-35 (cont.)

RESPONSE: See Confidential Attachment CA-IR-35d filed under and subject to Amended Protective Order, issued in this docket on November __, 2009.

SPONSOR: Robert O'Brien

ATTACHMENT
CA-IR-35a

WAI'OLA O MOLOKAI 2512

2512

DATE	INVOICE	DESCRIPTION	AMOUNT	NET AMOUNT
6/15/2006	26230000200607A	07/06 GRP#2623-0005 WTR	$110.07	$110.07
		TOTAL	$110.07	$110.07

KULL 185-2060

WAI'OLA O MOLOKAI
~~55 MERCHANT STREET, SUITE 2000~~
HONOLULU, HI 96813

BANK OF HAWAII
KAUNAKAKAI BRANCH
KAUNAKAKAI, HI 96748
59-102/1213

2512

DATE	AMOUNT
6/30/2006	$110.07

PAY TO THE ORDER OF

One Hundred Ten Dollars And 07 Cents

HAWAII DENTAL SERVICE

700 BISHOP ST. STE. 700
HONOLULU HI 96813-4196

AUTHORIZED SIGNATURE

⑈002512⑈ ⑆121301028⑆ 0041 020547⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

WAI'OLA O MOLOKAI 2512

PAID
JUN 30

RECEIVED JUL 21 2006

POSTED

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623 - 0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 7/17/2006
COVERAGE PERIOD: 8/1/2006 - 8/31/2006
INVOICE NUMBER: 26230000200608

CURRENT MONTH PREMIUMS: DIVISION 0005

	ID NUMBER	SUBSCRIBER'S NAME	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS
			S	SP	C	
1	[redacted]	[redacted]	1	0	0	25.36
2			1	0	0	25.36
3			1	0	0	25.36
4			1	0	0	25.36
5			1	0	0	25.36
6			1	0	0	25.36
		TOTAL CURRENT BILLING:	6	0	0	152.16

Approval
Date 7-21-06
Description
Dept/Acct #
OR Job #
Cost Code #

S = Subscriber, SP = Spouse, C = Child/Children

AUG 1 8

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623 - 0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 8/15/2006
COVERAGE PERIOD: 9/1/2006 - 9/30/2006
INVOICE NUMBER: 26230000200609

Waiola

CURRENT MONTH PREMIUMS: DIVISION 0005

	ID NUMBER	SUBSCRIBER'S NAME	CURRENT ENROLLMENT COUNT S	SP	C	CURRENT MONTH PREMIUMS
1	[redacted]	[redacted]	1	0	0	25.36
2			1	0	0	25.36
3			1	0	0	25.36
4			1	0	0	25.36
5			1	0	0	25.36
6			1	0	0	25.36
		TOTAL CURRENT BILLING:	6	0	0	152.16

Herald

Approval
Date 8-21-06
Description 09/06 ORPH2623-0005 WTR
Dept/Acct # 000-218-10
OR Job #
Cost Code #

S = Subscriber, SP = Spouse, C = Child/Children

Waiola

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 9/15/2006
COVERAGE PERIOD: 10/1/2006 - 10/31/2006
INVOICE NUMBER: 26230000200610

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	6	0	0	152.16	0.00	0.00	0.00	152.16
DIVISION TOTAL:		6	0	0	152.16	0.00	0.00	0.00	**152.16**

Harold

Approval
Date 9-22-06
Description
Item/Acct # 000-218-10
WR Job #
Cost Code #

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 10/16/2006
COVERAGE PERIOD: 11/1/2006 - 11/30/2006
INVOICE NUMBER: 26230000200611

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	6	0	0	152.16	0.00	0.00	0.00	152.16
DIVISION TOTAL:		6	0	0	152.16	0.00	0.00	0.00	**152.16**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005** WAIOLA
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 11/14/2006
COVERAGE PERIOD: 12/1/2006 - 12/31/2006
INVOICE NUMBER: 26230000200612

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	5	0	0	126.80	0.00	0.00	0.00	126.80
DIVISION TOTAL:		5	0	0	126.80	0.00	0.00	0.00	**126.80**

000-218-00

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005** WAIOLA

DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 12/15/2006

COVERAGE PERIOD: 1/1/2007 - 1/31/2007

INVOICE NUMBER: 26230000200701

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	5	0	0	126.80	0.00	0.00	0.00	126.80
DIVISION TOTAL:		5	0	0	126.80	0.00	0.00	0.00	**126.80**

000-218-10

POSTED

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005** Naiola

DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 1/15/2007

COVERAGE PERIOD: 2/1/2007 - 2/28/2007

INVOICE NUMBER: 26230000200702

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	4	0	0	101.44	(25.36)	0.00	(25.36)	76.08
TWO PARTY	44.81	1	0	1	44.81	0.00	89.62	89.62	134.43
DIVISION TOTAL:		5	0	1	146.25	(25.36)	89.62	64.26	**210.51**

810-218-10

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005** WAIOLA

DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 2/15/2007
COVERAGE PERIOD: 3/1/2007 - 3/31/2007
INVOICE NUMBER: 26230000200703

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	6	0	0	152.16	0.00	25.36	25.36	177.52
TWO PARTY	44.81	1	0	1	44.81	0.00	0.00	0.00	44.81
DIVISION TOTAL:		7	0	1	196.97	0.00	25.36	25.36	**222.33**

800-218

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

W MOLA 000-218-10

GROUP-DIVISION NUMBER: **2623 - 0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 3/15/2007
COVERAGE PERIOD: 4/1/2007 - 4/30/2007
INVOICE NUMBER: 26230000200704

CURRENT MONTH PREMIUMS: DIVISION 0005

	ID NUMBER	SUBSCRIBER'S NAME	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS
			S	SP	C	
1	***_**_****	[redacted]	1	0	0	25.36
2	***_**_****		1	0	0	25.36
3	***_**_****		1	0	0	25.36
4	***_**_****		1	0	0	25.36
5	***_**_****		1	0	0	25.36
6	***_**_****		1	0	1	44.81
7	***_**_****		1	0	0	25.36
		TOTAL CURRENT BILLING:	7	0	1	196.97 ✓

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005** Waiola

DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 4/16/2007

COVERAGE PERIOD: 5/1/2007 - 5/31/2007

INVOICE NUMBER: 26230000200705

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	6	0	0	152.16	0.00	0.00	0.00	152.16
TWO PARTY	44.81	1	0	1	44.81	0.00	0.00	0.00	44.81
DIVISION TOTAL:		7	0	1	196.97	0.00	0.00	0.00	**196.97** ✓

000-218-15

S = Subscriber, SP = Spouse, C = Child/Children

ATTACHMENT CA-IR-35a

Malia,
Please approve & fax back to me.
Thanks,
Anti

HDS
Hawaii Dental Service
DELTA DENTAL
700 Bishop Street, Suite 700
Honolulu, HI 96813-4196

GROUP-DIVISION NUMBER: 2623-0000

MOLOKAI PROPERTIES LIMITED
DBA MOLOKAI RANCH
745 FORT ST MALL STE 600
HONOLULU, HI 96813

BILLING DATE: 05/15/2007
COVERAGE PERIOD: 06/01/2007 - 06/30/2007
PAYMENT DUE BY: 06/04/2007
INVOICE NUMBER: 26230000200706

GROUP SUMMARY

DIVISION	CURRENT ENROLLMENT COUNT S	SP	C	CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	TOTAL DUE
MRL 0002	18	8	26	995.64	(146.25)	166.06	19.81	1,015.45
KLC 0004	11	6	3	453.33	0.00	101.44	101.44	554.77
WAI 0005	7	0	1	196.97	0.00	0.00	0.00	196.97
TOTAL:	36	14	29	1,645.94	(146.25)	267.50	121.25	1,767.19

000-248-
800-248-

Malia
Approval
5/22/07

MRL
110-470 $90.72
345-470 $44.81
495-470 $25.36
800-248-10 $894.56
$1015.45

BALANCE FORWARD:	1,411.35
PAYMENT RECEIVED:	1,607.72
ACCOUNTING ADJUSTMENT:	196.37
TOTAL AMOUNT DUE: $	1,767.19

S = Subscriber, SP = Spouse, C = Child/Children

Please direct billing inquiries to Premium Billing/Accounts Receivable at 526-9266 or call toll free at 1-800-232-2533 Ext. 266.

Please detach and send with your payment. Retain the top portion for your records.

INVOICE NUMBER: 26230000200706 GROUP-DIVISION NUMBER: 2623-0000 PAYMENT DUE BY: 06/04/2007

REMITTANCE ADVICE

TOTAL AMOUNT DUE: $ 1,767.19

- Please do not include correspondence with your payment.
- To ensure proper credit to your account please indicate Group-Division Number on your check.
- Make checks payable to Hawaii Dental Service.
- Enclose Remittance Advice with payment and mail to:

Hawaii Dental Service
P.O. Box 30500
Honolulu, HI 96820-0500

AMOUNT ENCLOSED:

Mahalo!

26230000200706000000176719000 0001767198

HAWAII DENTAL SERVICE

WMOLA

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 6/15/2007
COVERAGE PERIOD: 7/1/2007 - 7/31/2007
INVOICE NUMBER: 26230000200707

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	5	0	0	126.80	0.00	0.00	0.00	126.80
TWO PARTY	44.81	1	0	1	44.81	0.00	0.00	0.00	44.81
FAMILY	83.03	1	1	3	83.03	0.00	0.00	0.00	83.03
DIVISION TOTAL:		7	1	4	254.64	0.00	0.00	0.00	**254.64**

000-218-10

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 7/16/2007
COVERAGE PERIOD: 8/1/2007 - 8/31/2007
INVOICE NUMBER: 26230000200708

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	5	0	0	126.80	0.00	0.00	0.00	126.80
TWO PARTY	44.81	1	0	1	44.81	0.00	0.00	0.00	44.81
FAMILY		0	0	0	0.00	(83.03)	0.00	(83.03)	(83.03)
DIVISION TOTAL:		6	0	1	171.61	(83.03)	0.00	(83.03)	88.58

000-258-10

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005** Waida

DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 8/14/2007

COVERAGE PERIOD: 9/1/2007 - 9/30/2007

INVOICE NUMBER: 26230000200709

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	5	0	0	126.80	0.00	0.00	0.00	126.80
TWO PARTY	44.81	1	0	1	44.81	0.00	0.00	0.00	44.81
DIVISION TOTAL:		6	0	1	171.61	0.00	0.00	0.00	**171.61** ✓

000-218-4

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 9/17/2007
COVERAGE PERIOD: 10/1/2007 - 10/31/2007
INVOICE NUMBER: 26230000200710

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	4	0	0	101.44	(25.36)	0.00	(25.36)	76.08
TWO PARTY	44.81	1	0	1	44.81	0.00	0.00	0.00	44.81
DIVISION TOTAL:		5	0	1	146.25	(25.36)	0.00	(25.36)	**120.89**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

Page

GROUP-DIVISION NUMBER: **2623-0005** Waiola

DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 10/15/2007

COVERAGE PERIOD: 11/1/2007 - 11/30/200

INVOICE NUMBER: 26230000200711

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	3	0	0	76.08	(25.36)	0.00	(25.36)	50.7
TWO PARTY	44.81	2	1	1	89.62	0.00	44.81	44.81	134.4
DIVISION TOTAL:		5	1	1	165.70	(25.36)	44.81	19.45	**185.1**

000-218-

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623 - 0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 12/14/2007
COVERAGE PERIOD: 1/1/2008 - 1/31/2008
INVOICE NUMBER: 26230000200801

CURRENT MONTH PREMIUMS: DIVISION 0005 WAI'OLA

	ID NUMBER	SUBSCRIBER'S NAME	CURRENT ENROLLMENT COUNT S	SP	C	CURRENT MONTH PREMIUMS
1	***_**_****	[redacted]	1	0	0	25.36
2	***_**_****		1	0	0	25.36
3	***_**_****		1	0	0	25.36
4	***_**_****		1	0	1	44.81
5	***_**_****		1	1	0	44.81
		TOTAL CURRENT BILLING:	5	1	1	165.70

Wai'ola

Approval: Malia
Description: GR DIV 2623-005 1/1-1/31/08
Account #: 000-218-10
Project #:
Cost Code #:

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 11/19/2007
COVERAGE PERIOD: 12/1/2007 - 12/31/2007
INVOICE NUMBER: 26230000200712

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	3	0	0	76.08	0.00	0.00	0.00	76.08
TWO PARTY	44.81	2	1	1	89.62	0.00	0.00	0.00	89.62
DIVISION TOTAL:		5	1	1	165.70	0.00	0.00	0.00	**165.70**

WAIOLA

Approval

000-218-10

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 1/15/2008
COVERAGE PERIOD: 2/1/2008 - 2/29/2008
INVOICE NUMBER: 26230000200802

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	3	0	0	76.08	0.00	0.00	0.00	76.08
TWO PARTY	44.81	2	1	1	89.62	0.00	0.00	0.00	89.62
DIVISION TOTAL:		5	1	1	165.70	0.00	0.00	0.00	**165.70**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 2/14/2008
COVERAGE PERIOD: 3/1/2008 - 3/31/2008
INVOICE NUMBER: 26230000200803

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	3	0	0	76.08	0.00	0.00	0.00	76.08
TWO PARTY	44.81	2	1	1	89.62	0.00	0.00	0.00	89.62
DIVISION TOTAL:		5	1	1	165.70	0.00	0.00	0.00	**165.70** ✓

WAI'OLA

Approval
Date
Description GR DIV# 2623-0005 WTR
Dept Acct 000-218-10
Cost Code

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 3/17/2008
COVERAGE PERIOD: 4/1/2008 - 4/30/2008
INVOICE NUMBER: 26230000200804

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	3	0	0	76.08	0.00	0.00	0.00	76.08
TWO PARTY	44.81	2	1	1	89.62	0.00	0.00	0.00	89.62
DIVISION TOTAL:		5	1	1	165.70	0.00	0.00	0.00	**165.70**

WAI'OLA

Approval
Date
Description
Date Acct 000-218-10
Of
Code

S = Subscriber, SP = Spouse, C = Child/Children

ATTACHMENT CA-IR-35a

POSTED

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 4/15/2008
COVERAGE PERIOD: 5/1/2008 - 5/31/2008
INVOICE NUMBER: 26230000200805

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	3	0	0	76.08	0.00	0.00	0.00	76.08
TWO PARTY	44.81	2	1	1	89.62	0.00	0.00	0.00	89.62
DIVISION TOTAL:		5	1	1	165.70	0.00	0.00	0.00	**165.70**

Approval NS
Date
Description GR 2623-0005 WA
Dept/Acct # 000-218-01
OR Job #
Cost Code #

S = Subscriber, SP = Spouse, C = Child/Children

ATTACHMENT CA-IR-35a

vendor

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **2623-0005**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 5/15/2008
COVERAGE PERIOD: 6/1/2008 - 6/30/2008
INVOICE NUMBER: 26230000200806

DIVISION SUMMARY: DIVISION 0005

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	25.36	3	0	0	76.08	0.00	0.00	0.00	76.08
TWO PARTY	44.81	2	1	1	89.62	0.00	0.00	0.00	89.62
DIVISION TOTAL:		5	1	1	165.70	0.00	0.00	0.00	**165.70**

GR 2623-0005
000-210-10 165.70

Approval
Date
Description
Dept/Acct #
OR Job #
Cost Code #

S = Subscriber, SP = Spouse, C = Child/Children

HDS
Hawaii Dental Service

000-218-10

Initial Payment

Hawaii Dental Service
700 Bishop Street Suite 700
Honolulu, Hawaii 96813

www.deltadentalhi.org

Phone: (808) 529-9248
1 (800) 232-2533 ext. 248

Fax: (808) 529-9207
1 (866) 590-7989

Desired Start Date: 07/01/08

Group Name: WAIOLA O MOLOKAI

Calculation of First Month's Premium

Rate Type	# of employees enrolling at each rate type		Rate		Total
1 Party	3	X	$ 29.84	=	$ 89.52
2 Party	2	X	$ 59.68	=	$ 119.36
3 Party+	1	X	$ 90.15	=	$ 90.15
Total Number of Eligible Employees Enrolled =	6		First Month's Total Premium Due	=	$ 299.03

Please attach all completed HDS Enrollment Forms along with a check for the first month's premium (as calculated above). Be sure to review the completed HDS Enrollment Forms for completeness and accuracy to avoid delays in processing.

(For HDS Use Only)

HDS Group Number: ___ ___ ___ ___

Date Received: ___ ___/___ ___/___ ___ Received By: _____

Check Received: ☐ Yes ☐ No Check Date: ___ ___/___ ___/___ ___ Check Number: _____

TOTAL AMOUNT DUE: $ _____

AMOUNT RECEIVED: $ _____

BALANCED DUE: $ _____

Number of Enrollment Forms received: _____

Date forwarded to Accounting: _____

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 7/14/2008
COVERAGE PERIOD: 8/1/2008 - 8/31/2008
INVOICE NUMBER: 39900000200808

ADDS, TERMS AND DEPENDENT CHANGES SINCE LAST GROUP BILL: DIVISION 0002

	ID NUMBER	SUBSCRIBER'S NAME	ENROLLMENT DESCRIPTION	EFFECTIVE DATE OF CHANGE			ENROLLMENT CHANGE			PREMIUM ADJUSTMENTS		
				Mo.	Day	Year	S	SP	C	LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT
1	***-**-****	[redacted]	ADD	7	1	2008	1	0	0	0.00	29.84	29.84
2	***-**-****	[redacted]	ADD	7	1	2008	1	0	0	0.00	29.84	29.84
3	***-**-****	[redacted]	ADD	7	1	2008	1	0	0	0.00	29.84	29.84
4	***-**-****	[redacted]	ADD	7	1	2008	1	0	0	0.00	29.84	29.84
5	***-**-****	[redacted]	ADD	7	1	2008	1	1	3	0.00	90.15	90.15
6	***-**-****	[redacted]	ADD	7	1	2008	1	0	1	0.00	59.68	59.68
7	***-**-****	[redacted]	ADD	7	1	2008	1	1	0	0.00	59.68	59.68
		MEMBERSHIP ADJUSTMENT TOTAL:								**0.00**	**328.87**	**328.87**

S = Subscriber, SP = Spouse, C = Child/Children

RECEIVED
AUG 19 2008
MOLOKA'I RANCH, LTD.
HONOLULU ACCOUNTING

DELTA DENTAL

HDS
Hawaii Dental Service
700 Bishop Street, Suite 700
Honolulu, HI 96813-4196

GROUP-DIVISION NUMBER: **3990-0000** 292

MOLOKAI PROPERTIES LIMITED
745 FORT ST STE 600
HONOLULU, HI 96813

BILLING DATE: 08/14/2008
COVERAGE PERIOD: 09/01/2008 - 09/30/2008
PAYMENT DUE BY: 09/03/2008
INVOICE NUMBER: 39900000200809

GROUP SUMMARY

DIVISION	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
	S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
0001	7	3	6	359.34	0.00	0.00	0.00	359.34
0002	7	2	4	328.87	0.00	0.00	0.00	328.87
TOTAL:	14	5	10	688.21	0.00	0.00	0.00	**688.21**

Elaine
Approval E Hammond
Date
Description 110-470-00 179.67
Acct # 495-470-00 179.67
Job # 609-470-00 328.87
Code #

BALANCE FORWARD:	1,376.42
PAYMENT RECEIVED:	688.21
ACCOUNTING ADJUSTMENT:	(688.21)
TOTAL AMOUNT DUE: $	**688.21**

S = Subscriber, SP = Spouse, C = Child/Children

Please direct billing inquiries to Premium Billing/Accounts Receivable at 529-9285 or call toll free at 1-800-232-2533 Ext. 285.

DELTA DENTAL

HDS
Hawaii Dental Service
700 Bishop Street, Suite 700
Honolulu, HI 96813-4196

RECEIVED
SEP 19 2008
MOLOKA'I RANCH, LTD.
HONOLULU ACCOUNTING

GROUP-DIVISION NUMBER: **3990-0000** 288

MOLOKAI PROPERTIES LIMITED
745 FORT ST STE 600
HONOLULU, HI 96813

BILLING DATE: 09/15/2008
COVERAGE PERIOD: 10/01/2008 - 10/31/2008
PAYMENT DUE BY: 10/05/2008
INVOICE NUMBER: 39900000200810

GROUP SUMMARY

DIVISION	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
	S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
0001	7	3	6	359.34	0.00	0.00	0.00	359.34
0002	7	2	4	328.87	0.00	0.00	0.00	328.87
TOTAL:	14	5	10	688.21	0.00	0.00	0.00	**688.21**

Approval E Hammond
Date 9-22-08
Description 3990-0000 10/11-10/31/08
Dept/Acct # 495-470-00 179.67
OR Job # 110-470-00 179.67
Cost Code # 609-470-00 328.87

BALANCE FORWARD:	688.21
PAYMENT RECEIVED:	688.21
ACCOUNTING ADJUSTMENT:	0.00
TOTAL AMOUNT DUE: $	**688.21**

S = Subscriber, SP = Spouse, C = Child/Children

Please direct billing inquiries to Premium Billing/Accounts Receivable at 529-9285 or call toll free at 1-800-232-2533 Ext. 285.

DELTA DENTAL

HDS
Hawaii Dental Service

GROUP-DIVISION NUMBER: 3990-0000

MOLOKAI PROPERTIES LIMITED
745 FORT ST STE 600
HONOLULU, HI 96813

RECEIVED
OCT 17 2008
MOLOKA'I RANCH, LTD.
HONOLULU ACCOUNTING

BILLING DATE: 10/14/2008
COVERAGE PERIOD: 11/01/2008 - 11/30/2008
PAYMENT DUE BY: 11/03/2008
INVOICE NUMBER: 39900000200811

GROUP SUMMARY

DIVISION	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
	S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
0001	7	3	6	359.34	0.00	0.00	0.00	359.34
0002	7	2	4	328.87	0.00	0.00	0.00	328.87
TOTAL:	14	5	10	688.21	0.00	0.00	0.00	**688.21**

Approval E Hammond
Date 3990-0000 11/01 - 11/30
Description 110-470 $ 359.34
Dept/Acct # 609-470 $ 328.87
OR Job #
Cost Code #

BALANCE FORWARD:	688.21
PAYMENT RECEIVED:	688.21
ACCOUNTING ADJUSTMENT:	0.00
TOTAL AMOUNT DUE: $	688.21

S = Subscriber, SP = Spouse, C

Plea 285 or call toll free at 1-800-232-2533 Ext. 285.

Need to cancel. Justin!

DELTA DENTAL

HDS
Hawaii Dental Service

GROUP-DIVISION NUMBER: 3990-000

MOLOKAI PROPERTIES LIMITED
745 FORT ST STE 600
HONOLULU, HI 96813

RECEIVED
NOV 17 2008
MOLOKA'I RANCH, LTD.
HONOLULU ACCOUNTING

BILLING DATE: 11/13/2008
COVERAGE PERIOD: 12/01/2008 - 12/31/2008
PAYMENT DUE BY: 12/03/2008
INVOICE NUMBER: 39900000200812

GROUP SUMMARY

DIVISION	CURRENT ENROLLMENT COUNT S	SP	C	CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	TOTAL DUE
0001	7	3	6	359.34	0.00	0.00	0.00	359.34
0002	6	1	4	269.19	(179.04)	0.00	(179.04)	90.15
TOTAL:	13	4	10	628.53	(179.04)	0.00	(179.04)	**449.49**

Elaine
Approval E Hanamoto
Date 11-19-08
Description 3990-0000 12/01-12/31 179.67
Dept/Acct # 110-470-00
OR Job # 609-470-00 90.15
Cost Code # 495-470-00 179.67

NW

BALANCE FORWARD:	688.21
PAYMENT RECEIVED:	688.21
ACCOUNTING ADJUSTMENT:	0.00
TOTAL AMOUNT DUE: $	449.49

S = Subscriber, SP = Spouse, C = Child/Children

Please direct billing inquiries to Premium Billing/Accounts Receivable at 529-9285 or call toll free at 1-800-232-2533 Ext. 285.

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 12/12/2008
COVERAGE PERIOD: 1/1/2009 - 1/31/2009
INVOICE NUMBER: 39900000200901

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	4	0	0	119.36	0.00	0.00	0.00	119.36
TWO PARTY	59.68	1	0	1	59.68	0.00	0.00	0.00	59.68
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		6	1	4	269.19	0.00	0.00	0.00	**269.19**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 1/15/2009
COVERAGE PERIOD: 2/1/2009 - 2/28/2009
INVOICE NUMBER: 39900000200902

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	4	0	0	119.36	0.00	0.00	0.00	119.36
TWO PARTY	59.68	1	0	1	59.68	0.00	0.00	0.00	59.68
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		6	1	4	269.19	0.00	0.00	0.00	**269.19**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 2/13/2009
COVERAGE PERIOD: 3/1/2009 - 3/31/2009
INVOICE NUMBER: 39900000200903

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	4	0	0	119.36	0.00	0.00	0.00	119.36
TWO PARTY	59.68	1	0	1	59.68	0.00	0.00	0.00	59.68
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		6	1	4	269.19	0.00	0.00	0.00	**269.19**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 3/13/2009
COVERAGE PERIOD: 4/1/2009 - 4/30/2009
INVOICE NUMBER: 39900000200904

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	4	0	0	119.36	0.00	0.00	0.00	119.36
TWO PARTY	59.68	1	0	1	59.68	0.00	0.00	0.00	59.68
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		6	1	4	269.19	0.00	0.00	0.00	**269.19**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 4/14/2009
COVERAGE PERIOD: 5/1/2009 - 5/31/2009
INVOICE NUMBER: 39900000200905

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	3	0	0	89.52	(29.84)	0.00	(29.84)	59.68
TWO PARTY	59.68	2	1	1	119.36	0.00	59.68	59.68	179.04
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		6	2	4	299.03	(29.84)	59.68	29.84	**328.87**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 5/14/2009
COVERAGE PERIOD: 6/1/2009 - 6/30/2009
INVOICE NUMBER: 39900000200906

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	3	0	0	89.52	0.00	0.00	0.00	89.52
TWO PARTY	59.68	2	1	1	119.36	0.00	0.00	0.00	119.36
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		6	2	4	299.03	0.00	0.00	0.00	**299.03**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 6/15/2009
COVERAGE PERIOD: 7/1/2009 - 7/31/2009
INVOICE NUMBER: 39900000200907

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	3	0	0	89.52	0.00	0.00	0.00	89.52
TWO PARTY	59.68	2	1	1	119.36	0.00	0.00	0.00	119.36
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		6	2	4	299.03	0.00	0.00	0.00	**299.03**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 7/14/2009
COVERAGE PERIOD: 8/1/2009 - 8/31/2009
INVOICE NUMBER: 39900000200908

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	3	0	0	89.52	0.00	0.00	0.00	89.52
TWO PARTY	59.68	2	1	1	119.36	0.00	0.00	0.00	119.36
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		6	2	4	299.03	0.00	0.00	0.00	**299.03**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 8/14/2009
COVERAGE PERIOD: 9/1/2009 - 9/30/2009
INVOICE NUMBER: 39900000200909

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	3	0	0	89.52	0.00	0.00	0.00	89.52
TWO PARTY	59.68	2	1	1	119.36	0.00	0.00	0.00	119.36
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		6	2	4	299.03	0.00	0.00	0.00	**299.03**

S = Subscriber, SP = Spouse, C = Child/Children

HAWAII DENTAL SERVICE

GROUP-DIVISION NUMBER: **3990-0002**
DIVISION: MOLOKAI PROPERTIES LIMITED

BILLING DATE: 9/14/2009
COVERAGE PERIOD: 10/1/2009 - 10/31/2009
INVOICE NUMBER: 39900000200910

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
SINGLE	29.84	3	0	0	89.52	0.00	0.00	0.00	89.52
TWO PARTY	59.68	1	0	1	59.68	(59.68)	0.00	(59.68)	0.00
FAMILY	90.15	1	1	3	90.15	0.00	0.00	0.00	90.15
DIVISION TOTAL:		5	1	4	239.35	(59.68)	0.00	(59.68)	**179.67**

S = Subscriber, SP = Spouse, C = Child/Children

PACIFIC GUARDIAN

06/06—06/07

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

ATTACHMENT CA-R-35a

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 06/28/2006: FOR PERIOD 06/01/2006 THRU 07/01/2006

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

COPY

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:						4						
	FEMALE:						0						

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 11,424.42

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 10,855.12

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$791.70	$3,430.70	$10,292.10	$41,168.40

MINIMUM PREMIUM $10.00/MONTHLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 47.76

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 47.76

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature Dennis Ikeda Phone Number (808) 534-9547 Date 07/18/06

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 06/28/2006: FOR PERIOD 06/01/2006 THRU 07/01/2006

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

KALUAKOI WATER
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

COPY

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:						2						
	FEMALE:						0						

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 3,129.62

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 3,129.62

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$791.70	$3,430.70	$10,292.10	$41,168.40

MINIMUM PREMIUM $10.00/MONTHLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 13.77

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 13.77

Make check payable to: Pacific Guardian Lif

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE O HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature Dennis Ikeda Phone Number (808)534-9547 Date 07/18/06

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 09/19/2006: FOR PERIOD 07/01/2006 THRU 10/01/2006

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval	nf
Date	10/10/06
Description	
Dept/Acct #	609-480
OR Job #	
Cost Code #	

MKL

CS

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:							4	4	4			
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 39,414.26

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 35,429.61

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$791.70	$3,430.70	$10,292.10	$41,168.40

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 155.89

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 155.89 /

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature Dennis Ikeda-Controller Phone Number 534-9547 Date 10/6/06

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

MRC

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 09/19/2006: FOR PERIOD 07/01/2006 THRU 10/01/2006

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

KALUAKOI WATER
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval	NJ
Date	10/10/06
Description	
Dept/Acct #	609-480
OR Job #	
Cost Code #	

MRC

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:							2	2	2			
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 11,972.77

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 11,972.77

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$791.70	$3,430.70	$10,292.10	$41,168.40

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 52.68

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 52.68 ✓

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature Dennis Ikeda-Controller Phone Number 534-9547 Date 10/06/06

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 12/18/2006: FOR PERIOD 10/01/2006 THRU 01/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval
Date 1/5/07
Description
Dept/Acct # 609-480
OR Job #
Cost Code #

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:										4	5	5
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 40,411.40

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 39,165.12

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$791.70	$3,430.70	$10,292.10	$41,168.40

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 172.33 ✓

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 172.33

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA Phone Number 534-9547 Date 1/5/2007

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 12/18/2006: FOR PERIOD 10/01/2006 THRU 01/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

KALUAKOI WATER
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval
Date 1/5/07
Description
Dept/Acct # 609-480
OR Job #
Cost Code #

RECEIVED
JAN - 4 2007

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:										2	2	2
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 9,896.07

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 9,896.07

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$791.70	$3,430.70	$10,292.10	$41,168.40

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 43.54

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 43.54

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA-Controller Phone Number 534-9547 Date 1/5/2007

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 03/28/2007: FOR PERIOD 01/01/2007 THRU 04/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval [signature] nf
Date 4/5/07 MRL
Description
Dept/Acct # 609-480
OR Job #
Cost Code #

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:	5	6	6									
	FEMALE:	0	0	0									

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 53,156.73

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 48,366.00

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 212.81

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 212.81 ✓✓

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA Phone Number 534-9518 Date 4/9/07

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 03/28/2007: FOR PERIOD 01/01/2007 THRU 04/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

KALUAKOI WATER
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval	nf
Date	4/5/07
Description	
Dept/Acct #	609-480
OR Job #	
Cost Code #	

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:	1	1	1									
	FEMALE:	0	0	0									

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 6,987.66

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 6,987.66

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 30.75

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 30.75 ✓

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA Phone Number 534-9518 Date 4/9/07

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 06/18/2007: FOR PERIOD 04/01/2007 THRU 07/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval [signature]
Date 7/10/07
Description
Dept/Acct # 609-480
OR Job #
Cost Code #

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:				6	6	6						
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 47,044.03

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 45,984.35

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 202.33

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $_____ EMPLOYER $ 202.33 ✓✓

Make check payable to: Pacific Guardian Lif

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE O HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA-CONTROLLER Phone Number (808) 534-9518 Date 7/10/07

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

U 1198AIR

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT

State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 06/18/2007: FOR PERIOD 04/01/2007 THRU 07/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

KALUAKOI WATER
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval [signature] rd
Date 7/30/07
Description
Dept/Acct # 609-480
Off Code #
Cost Code #

paid $ 24.46
Should be $ 30.00
Bal Due $ 5.54

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:				1	1	1						
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 5,559.93

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 5,559.93

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 24.46 30.00

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $_____ EMPLOYER $ 24.46

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature [signature] DENNIS IKEDA-CONTROLLER Phone Number (808) 534-9518 Date 7/10/07

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

PACIFIC GUARDIAN

07/07—06/08

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 06/18/2007: FOR PERIOD 04/01/2007 THRU 07/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval
Date 7/10/07
Description
Dept/Acct # 609-480
OR Job #
Cost Code #

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:				6	6	6						
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 47,044.03

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 45,984.35

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 202.33

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $_____ EMPLOYER $ 202.33 ✓✓

Make check payable to: Pacific Guardian Lif

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE C HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA-CONTROLLER Phone Number (808) 534-9518 Date 7/10/07

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 06/18/2007: FOR PERIOD 04/01/2007 THRU 07/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

KALUAKOI WATER
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval [signature] rf
Date 7/30/07
Description
Dept/Acct # 609-480
Cl/Job #
Cost Code #

paid $ 24.46
Should be $ 30.00
Bal Due $ 5.54

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:				1	1	1						
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 5,559.93

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 5,559.93

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 24.46 30.00

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $_____ EMPLOYER $ 24.46

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature [signature] DENNIS IKEDA-CONTROLLER Phone Number (808) 534-9518 Date 7/10/07

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

ATTACHMENT CANR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 09/24/2007: FOR PERIOD 07/01/2007 THRU 10/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval
Date 10/9/07
Description
Dept/Acct # 609-480
OR Job #
Cost Code #

Section A. Fill in the number of male and female employees as of the 12th of each month		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:							5	5	5			
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 38,206.02

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 38,206.02

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 168.11 ✓

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 168.11

Make check payable to: Pacific Guardian Lif

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA Phone Number (808) 534-9547 Date 10/8/07
CONTROLLER

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

ATTACHMENT CA-NR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 09/24/2007: FOR PERIOD 07/01/2007 THRU 10/01/2007

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

KALUAKOI WATER
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0000054046
AGT NO: 0000050053
AON CONSULTING, INC.

Approval	
Date	10/9/07
Description	
Dept/Acct #	609-480
OR Job #	
Cost Code #	

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:							1	1	1			
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 10,370.52

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 10,370.52

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 45.63

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 45.63 ✓

Make check payable to: Pacific Guardian Li

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA-Controller Phone Number (808) 534-9547 Date 10/8/07

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

ATTACHMENT CANR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 12/18/2007: FOR PERIOD 10/01/2007 THRU 01/01/2008

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI, INC.
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0007193556
AGT NO: 0000050053
AON CONSULTING, INC.

Approval	NJ
Date	12/27/07
Description	4th Qtr TDI
Dept/Acct #	609-480
OR Job #	
Cost Code #	

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:										5	5	5
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 35,505.61

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 35,321.19

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 155.41

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 155.41 ✓

Make check payable to: Pacific Guardian Lif

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE O HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA-CONTROLLER Phone Number 534-9547 Date 1/1/08

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVI-131 Revised 11-01

ATTACHMENT GA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 12/18/2007: FOR PERIOD 10/01/2007 THRU 01/01/2008

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

KALUAKOI WATER LLC
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0007165730
AGT NO: 0000050053
AON CONSULTING, INC.

Approval
Date 12/27/07
Description 4th Qtr TDI
Dept/Acct # 609-480
OR Job #
Cost Code #

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:										1	1	1
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 5,952.22

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 5,952.22

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$820.26	$3,554.46	$10,663.38	$42,653.52

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 30.00

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 30.00

Make check payable to: Pacific Guardian Lif

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE O HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature DENNIS IKEDA-CONTROLLER Phone Number 534-9547 Date 1/1/2008

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVI 131 Revised 11-01

PAYMENT REQUEST FORM

X	MPL

PAYEE:	Pacifice Guardian Life	AMOUNT:	$195.02 ✓
Send to:	1440 Kapiolani Blvd, Ste 1700	DUE DATE:	5/15/2008
	Honolulu, HI 96814	Other:	

DESCRIPTION: Quarterly TDI-WaiOla
36760/10001 1ST QTR

Special Instructions:

ACCOUNT NO: 609-480-00

Requested by: Elaine Hammond Date: 05/15/08

Approved by: Dennis Ikeda Date: 05/15/08

FOR ACCOUNTING USE ONLY CHECK # DATE:

MPL

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

ATTACHMENT CA-IR-35a

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 03/25/2008: FOR PERIOD 01/01/2008 THRU 04/01/2008

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI
609-480-

WAI OLA O MOLOKAI, INC.
C/O ~~JING MALABANAN~~ Tanya Sing Chow
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0007193556
AGT NO: 0000050053
AON CONSULTING, INC.

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:	5	5	5									
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 44,743.22

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 44,324.01

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$842.56	$3,651.09	$10,953.28	$43,813.12

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 195.02

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 195.02

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature Elaine Hammond Phone Number 808-534-9503 Date 5/15/08

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

PAYMENT REQUEST FORM

X	MPL

PAYEE:	Pacifice Guardian Life	AMOUNT:	$30.00 ✓
Send to:	1440 Kapiolani Blvd, Ste 1700	DUE DATE:	5/15/2008
	Honolulu, HI 96814	Other:	

DESCRIPTION: Quarterly TDI-Kal Water
36760/10002 1st QTR

Special Instructions:

ACCOUNT NO: 609-480-00 SAH

Requested by: Elaine Hammond Date: 05/15/08

Approved by: Dennis Ikeda Date: 05/15/08

FOR ACCOUNTING USE ONLY CHECK # DATE:

MPL

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

ATTACHMENT CA-IR-35a

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 03/25/2008: FOR PERIOD 01/01/2008 THRU 04/01/2008

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

K Water
609-480-0

KALUAKOI WATER LLC
C/O J~~ING MALABANAN~~ Tanya Sing Chow
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0007165730
AGT NO: 0000050053
AON CONSULTING, INC.

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:	1	1	1									
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 6,537.75

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 6,461.67

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$842.56	$3,651.09	$10,953.28	$43,813.12

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 30.00

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 30.00

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature Elaine M Hammond Phone Number 808-534-9503 Date 5/15/08

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

PACIFIC GUARDIAN

04/01/08—06/30/09

PAYMENT REQUEST FORM

X MOLOKAI PROPERTIES LTD.

PAYEE: Pacific Guardian Life
Send to: 1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

AMOUNT: $30.00
DUE DATE:
Other:

DESCRIPTION:
Kaluakoi Water LLC
Account 10001
04/01/2008 thru 07/01/2008

Special Instructions:

ACCOUNT NO: 609-480-00

PROJECT NO:
COST CODE:

Requested by: Elaine Hammond
Date:

Approved by: Elaine Hammond E Hammond
Date: 8/13/2008

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

ATTACHMENT 1 CANR-354

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 08/07/2008: FOR PERIOD 04/01/2008 THRU 07/01/2008

KALUAKOI WATER LLC
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10002
DOL NO: 0007165730
AGT NO: 0000090881
ATLAS INSURANCE AGENCY: PANG, BONI

********** T D I S E C O N D N O T I C E **********

YOUR AUDIT REPORT AND PREMIUM ARE DUE BY 08/22/08. IF REPORT AND PREMIUM HAVE BEEN SUBMITTED, PLEASE DISREGARD THIS NOTICE.

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:				1	1	0						
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 2728.80

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 2728.80

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$842.56	$3,651.09	$10,953.28	$43,813.12

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 30.00

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $_____ EMPLOYER $ 30.00

Make check payable to: Pacific Guardian Lif

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE C HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature V Hammond Phone Number 5349503 Date 8/13/08

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

PAYMENT REQUEST FORM

X	MOLOKAI PROPERTIES LTD.

PAYEE: Pacific Guardian Life
Send to: 1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

AMOUNT: $167.73
DUE DATE:
Other:

DESCRIPTION:
WaiOla O Molokai Inc.
Account 10001
04/01/2008 thru 07/01/2008

Special Instructions:

ACCOUNT NO: 609-480-00

PROJECT NO: **COST CODE:**

Requested by: Elaine Hammond **Date:**

Approved by: Elaine Hammond E Hammond **Date:** 8/13/2008

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

ATTACHMENT CA-R-35a

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 08/07/2008: FOR PERIOD 04/01/2008 THRU 07/01/2008

WAI OLA O MOLOKAI, INC.
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0007193556
AGT NO: 0000090881
ATLAS INSURANCE AGENCY: PANG, BONN

********** T D I S E C O N D N O T I C E **********

YOUR AUDIT REPORT AND PREMIUM ARE DUE BY 08/22/08. IF REPORT AND PREMIUM HAVE BEEN SUBMITTED, PLEASE DISREGARD THIS NOTICE.

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:				5	5	6						
	FEMALE:												

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 38,122.23

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 38,122.23

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$842.56	$3,651.09	$10,953.28	$43,813.12

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 167.73

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ Ø EMPLOYER $ 167.73

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature R Diamond Phone Number 5349503 Date 8/13/08

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

PAYMENT REQUEST FORM

X	MOLOKAI PROPERTIES LTD.

PAYEE: Pacific Guardian Life
Send to: 1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

AMOUNT: $288.23
DUE DATE:
Other:

DESCRIPTION:
WaiOla O Molokai Inc.
Account 10001
07/01/2008 thru 10/01/2008

Special Instructions:

ACCOUNT NO: 609-480-00

PROJECT NO: **COST CODE:**

Requested by: Elaine Hammond **Date:** 10/27/08

Approved by: Elaine Hammond E Hammond **Date:** 10/27/2008

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

ATTACHMENT CA-IR-35a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 09/18/2008: FOR PERIOD 07/01/2008 THRU 10/01/2008

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI, INC.
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0007193556
AGT NO: 0000090881
ATLAS INSURANCE AGENCY: PANG, BON

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:							7	7	7			
	FEMALE:							1	1	1			

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 68 294.69

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 65507.39

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$842.56	$3,651.09	$10,953.28	$43,813.12

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 288.23

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $_____ EMPLOYER $ 288.23 ✓

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature Y Hammond Phone Number 5349503 Date 10-27-0

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

MOS

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X Mosco, Inc.

PAYEE:	Pacific Guardian Life	AMOUNT:	$36.97
Send to:	Pacific Guardian Tower	DUE DATE:	Immediate
	1440 Kapiolani Blvd., Suite 1700	Other:	
	Honolulu, HI 96814		

DESCRIPTION: Acct 10001
10/01/08-01/01/09

Special Instructions:

ACCOUNT NO: 100-480-00

Requested by: TANYA SING CHOW Date: 02/13/09

Approved by: ELAINE HAMMOND Date: 02/13/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

PAYMENT REQUEST FORM

X MOLOKAI PROPERTIES LTD.

PAYEE: Pacific Guardian Life
Send to: 1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

AMOUNT: $246.45
DUE DATE:
Other:

DESCRIPTION:
WaiOla O Molokai Inc.
Account 10001
10/01/2008 thru 01/01/2009

Special Instructions:

ACCOUNT NO:		
	Wai 100-480-00	**$101.04**
	MPU 100-480-00	**$108.44**
	MOS 100-480-00	**$36.97** ✓

PROJECT NO: **COST CODE:**

Requested by: Elaine Hammond **Date:**

Approved by: Elaine Hammond E Hammond **Date:** 2/18/2009

FOR ACCOUNTING USE ONLY CHECK # DATE:

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

ATTACHMENT CA-R-35a

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 12/18/2008: FOR PERIOD 10/01/2008 THRU 01/01/2009

PLEASE SUBMIT PAYMENT WITHIN 31 DAYS OF THE ABOVE DATE.

WAI OLA O MOLOKAI, INC.
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0007193556
AGT NO: 0000090881
ATLAS INSURANCE AGENCY: PANG, BONN

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:										6	6	6
	FEMALE:										1	1	1

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 60857.99

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 56010.75

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$842.56	$3,651.09	$10,953.28	$43,813.12

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 246.45

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ -0- EMPLOYER $ 246.45

Make check payable to: Pacific Guardian Life

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE OF HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW.

Signature Elaine Hammond Phone Number 5349503 Date 2-12-09

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

GVL-131 Revised 11-91

	Total Bill:		246.45
MPU (610)	44%	$	108.44
WAI (615)	41%	$	101.04
MOS (620)	15%	$	36.97
		$	246.45

ATTACHMENT CA-IR-35a

	4th qtr	tdi
Waiola		
	6785.88	6785.88
	6159.86	6159.86
	5912.29	5912.29
	6993.89	6993.89
	15002.02	10953.28
	11751.78	10953.28
	8252.27	8252.27
	60857.99	56010.75
Mpl	16,253.73	10953.28
	8,377.05	8377.05
	5,808.67	5808.67
	357.00	357
	31,251.39	10953.28
	12,500.55	10953.28
	8,252.25	8252.25
	82,800.64	55,654.81

MOS

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	WaiOla O Molokai-MPU-Mosco

POSTED

PAYEE:	Pacific Guardian Life	*AMOUNT:*	$255.38
Send to:	1440 Kapiolani Blvd., Suite 1700	*DUE DATE:*	
	Honolulu, HI 96814	*Other:*	

DESCRIPTION:

WaiOla O Molokai Inc.

Account 10001

1/01/2009 thru 04/01/2009

Special Instructions:

ACCOUNT NO:	Wai 100-480-00	**$104.71**
	MPU 100-480-00	**$112.37**
	MOS 100-480-00	**$38.30** ✓

PROJECT NO: *COST CODE:*

Requested by: Elaine Hammond *Date:*

Approved by: Elaine Hammond *Date:* 5/5/2009

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-NR-3a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 03/25/2009: FOR PERIOD 01/01/2009 THRU 04/01/2009

WAI OLA O MOLOKAI, INC.
C/O JING MALABANAN
745 FORT STREET MALL, SUITE 600

HONOLULU, HI 96813

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0007193556
AGT NO: 0000090881
ATLAS INSURANCE AGENCY: PANG, BONNIE

TDI QUARTERLY AUDIT AND PREMIUM NOTICE.

THIS REPORT SHOULD BE REMITTED TO US BY APRIL 30, 2009
ALONG WITH ANY PREMIUM AMOUNT DUE AND PAYABLE.

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:	6	6	6									
	FEMALE:	1	1	1									

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 61977.64

2. TOTAL AMOUNT OF TAXABLE WAGES ON WHICH PREMIUM IS BASED. $ 58044.09

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$877.69	$3,803.32	$11,409.97	$45,639.88

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 255.38

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ Ø EMPLOYER $ 255.38

Make check payable to: Pacific Guardian Li

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW. All returned checks will be charged a $50 service fe

Signature Elaine Hammond Phone Number 534-9503 Date 5-5-09

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

OVL-131 Revised 11-01

MOS

PAYMENT REQUEST FORM

X WaiOla O Molokai-MPU-Mosco

POSTED

PAYEE:	Pacific Guardian Life	AMOUNT:	$255.38 ✓
Send to:	1440 Kapiolani Blvd., Suite 1700	DUE DATE:	
	Honolulu, HI 96814	Other:	

DESCRIPTION: Acct 10001 04/01-07/01 MOSCO

WaiOla O Molokai Inc.

Account 10001

4/01/2009 thru 07/01/2009

Special Instructions:

ACCOUNT NO:		
	Wai 100-480-00	$104.71
	MPU 100-480-00	$112.37
	MOS 100-480-00	$38.30 ✓

PROJECT NO: COST CODE:

Requested by: Elaine Hammond Date:

Approved by: Elaine Hammond E Hammond Date: 7/17/2009

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-135a

EMPLOYER'S PREMIUM STATEMENT
State of Hawaii Temporary Disability Insurance and Riders

PACIFIC GUARDIAN LIFE

PACIFIC GUARDIAN TOWER
1440 KAPIOLANI BOULEVARD, SUITE 1700
HONOLULU, HAWAII 96814
PHONE (808) 942-1282

DATE 06/25/2009: FOR PERIOD 04/01/2009 THRU 07/01/2009

WAI OLA O MOLOKAI, INC.
C/O JING MALABANAN
119 MERCHANT STREET, SUITE 408

HONOLULU, HI 96813

RECEIVED
JUN 29 2009
MOLOKA'I RANCH, LTD.
HONOLULU ACCOUNTING

GROUP NO: 0000036760
ACCT NO: 10001
DOL NO: 0007193556
AGT NO: 0000090881
ATLAS INSURANCE AGENCY: PANG, BONNIE

TDI QUARTERLY AUDIT AND PREMIUM NOTICE.

THIS REPORT SHOULD BE REMITTED TO US BY JULY 31, 2009
ALONG WITH ANY PREMIUM AMOUNT DUE AND PAYABLE.

Section A. Fill in the number of male and female employees as of the 12th of each month.		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	MALE:				6	6	6						
	FEMALE:				1	1	1						

Section B. EMPLOYERS: PLEASE COMPLETE INFORMATION REQUIRED IN EACH BLANK.

1. TOTAL WAGES INCLUDING BOARD, LODGING OR OTHER REMUNERATION PAID TO ELIGIBLE EMPLOYEES DURING THE ABOVE TIME PERIOD. $ 61977.63

2. TOTAL AMOUNT OF COVERED WAGES ON WHICH PREMIUM IS BASED. $ 58044.08

MAXIMUM COVERED WAGES PER PERSON:

WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
$877.69	$3,803.32	$11,409.97	$45,639.88

MINIMUM PREMIUM $30.00/QUARTERLY

3. PREMIUM DUE (LINE #2 X RATE) RATE: .0044 $ 255.38

AMOUNT OF THIS PREMIUM PAID BY: EMPLOYEES $ 0 EMPLOYER $ 255.38

Make check payable to: Pacific Guardian Lif

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT, SUBMITTED PURSUANT TO THE PROVISIONS OF THE STATE C HAWAII TEMPORARY DISABILITY LAW IS TRUE AND CORRECT IN ACCORDANCE WITH SUCH LAW. All returned checks will be charged a $50 service fee

Signature Elaine Hammond Phone Number 5349503 Date 7/17/09

SEND ONE COPY WITH REQUIRED PAYMENT TO PACIFIC GUARDIAN LIFE. RETAIN ONE COPY FOR YOUR RECORDS.

RDLL 183-2014

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: JULY 01, 2006

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	7-1-2006	8-1-2006	2 of 3

12008 79722 19 070106 00002337.60 C

GROUP LEADER: JING MALABANAN
KALUA KAI WATER LLC
SUITE 800
745 FORT STREET
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$233.76	$935.04	$233.76CR	$701.28
13=2 PTY	2	0	$467.52	$935.04	$.00	$935.04
14=FAMILY	1	0	$701.28	$701.28	$.00	$701.28
TOTAL PACKAGE 036	7	0		$2571.36	$233.76CR	$2337.60
TOTAL CURRENT PERIOD	7	0		$2571.36	$233.76CR	$2337.60

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2337.60

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: AUGUST 01, 2006

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	8-1-2006	9-1-2006	2 of 3

12008 79722 19 080106 00002571.36 C

GROUP LEADER: JING MALABANAN
KALUA KAI WATER LLC
SUITE 600
745 FORT STREET
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$233.76	$935.04	$.00	$935.04
13=2 PTY	2	0	$467.52	$935.04	$.00	$935.04
14=FAMILY	1	0	$701.28	$701.28	$.00	$701.28
TOTAL PACKAGE 036	7	0		$2571.36	$.00	$2571.36
TOTAL CURRENT PERIOD	7	0		$2571.36	$.00	$2571.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2571.36

PLEASE KEEP THIS COPY FOR YOUR RECORDS

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: SEPTEMBER 01, 2006

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	9-1-2006	10-1-2006	2 of 3

12008 79722 19 090106 00001870.08 C

GROUP LEADER: JING MALABANAN
KALUA KAI WATER LLC
SUITE 600
745 FORT STREET
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$233.76	$701.28	$467.52CR	$233.76
13=2 PTY	2	0	$467.52	$935.04	$.00	$935.04
14=FAMILY	1	0	$701.28	$701.28	$.00	$701.28
TOTAL PACKAGE 036	6	0		$2337.60	$467.52CR	$1870.08
TOTAL CURRENT PERIOD	6	0		$2337.60	$467.52CR	$1870.08

TOTAL PRIOR UNPAID BILLS $2571.36

TOTAL AMOUNT DUE $4441.44

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: OCTOBER 01, 2006

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	10-1-2006	11-1-2006	2 of 3

12008 79722 19 100106 00002337.60 C

GROUP LEADER: JING MALABANAN
KALUA KAI WATER LLC
SUITE 600
745 FORT STREET
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$233.76	$701.28	$.00	$701.28
13=2 PTY	2	0	$467.52	$935.04	$.00	$935.04
14=FAMILY	1	0	$701.28	$701.28	$.00	$701.28
TOTAL PACKAGE 036	6	0		$2337.60	$.00	$2337.60
TOTAL CURRENT PERIOD	6	0		$2337.60	$.00	$2337.60

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2337.60

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: NOVEMBER 01, 2006

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	11-1-2006	12-1-2006	2 of 3

24002 79722 19 110106 00002337.60 C

GROUP LEADER: JING MALABANAN
KALUA KAI WATER LLC
SUITE 600
745 FORT STREET
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$233.76	$701.28	$.00	$701.28
13=2 PTY	2	0	$467.52	$935.04	$.00	$935.04
14=FAMILY	1	0	$701.28	$701.28	$.00	$701.28
TOTAL PACKAGE 036	6	0		$2337.60	$.00	$2337.60
TOTAL CURRENT PERIOD	6	0		$2337.60	$.00	$2337.60

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2337.60

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: DECEMBER 01, 2006

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	12-1-2006	1-1-2007	2 of 3

24002 79722 19 120106 00002103.84 C

KALUA KAI WATER LLC
SUITE 600
745 FORT STREET
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	2	0	$233.76	$467.52	$.00	$467.52
13=2 PTY	2	0	$467.52	$935.04	$.00	$935.04
14=FAMILY	1	0	$701.28	$701.28	$.00	$701.28
TOTAL PACKAGE 036	5	0		$2103.84	$.00	$2103.84
TOTAL CURRENT PERIOD	5	0		$2103.84	$.00	$2103.84

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2103.84

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: JANUARY 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	1-1-2007	2-1-2007	2 of 3

24002 79722 19 010107 00002257.38 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	2	0	$250.82	$501.64	$.00	$501.64
13=2 PTY	2	0	$501.64	$1003.28	$.00	$1003.28
14=FAMILY	1	0	$752.46	$752.46	$.00	$752.46
TOTAL PACKAGE 036	5	0		$2257.38	$.00	$2257.38
TOTAL CURRENT PERIOD	5	0		$2257.38	$.00	$2257.38

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2257.38

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: FEBRUARY 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	2-1-2007	3-1-2007	2 of 3

24002 79722 19 020107 00002257.38 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	2	0	$250.82	$501.64	$.00	$501.64
13=2 PTY	2	0	$501.64	$1003.28	$.00	$1003.28
14=FAMILY	1	0	$752.46	$752.46	$.00	$752.46
TOTAL PACKAGE 036	5	0		$2257.38	$.00	$2257.38
TOTAL CURRENT PERIOD	5	0		$2257.38	$.00	$2257.38

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2257.38

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: MARCH 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	3-1-2007	4-1-2007	2 of 3

24002 79722 19 030107 00002257.38 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	2	0	$250.82	$501.64	$.00	$501.64
13=2 PTY	2	0	$501.64	$1003.28	$.00	$1003.28
14=FAMILY	1	0	$752.46	$752.46	$.00	$752.46
TOTAL PACKAGE 036	5	0		$2257.38	$.00	$2257.38
TOTAL CURRENT PERIOD	5	0		$2257.38	$.00	$2257.38

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2257.38

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: APRIL 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	4-1-2007	5-1-2007	2 of 3

24002 79722 19 040107 00003009.84 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$250.82	$752.46	$501.64	$1254.10
13=2 PTY	2	0	$501.64	$1003.28	$.00	$1003.28
14=FAMILY	1	0	$752.46	$752.46	$.00	$752.46
TOTAL PACKAGE 036	6	0		$2508.20	$501.64	$3009.84
TOTAL CURRENT PERIOD	6	0		$2508.20	$501.64	$3009.84

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3009.84

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: MAY 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	5-1-2007	6-1-2007	2 of 3

24002 79722 19 050107 00002508.20 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$250.82	$752.46	$.00	$752.46
13=2 PTY	2	0	$501.64	$1003.28	$.00	$1003.28
14=FAMILY	1	0	$752.46	$752.46	$.00	$752.46
TOTAL PACKAGE 036	6	0		$2508.20	$.00	$2508.20
TOTAL CURRENT PERIOD	6	0		$2508.20	$.00	$2508.20

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2508.20

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: JUNE 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	6-1-2007	7-1-2007	2 of 3

24002 79722 19 060107 00003009.84 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$250.82	$1003.28	$250.82	$1254.10
13=2 PTY	2	0	$501.64	$1003.28	$.00	$1003.28
14=FAMILY	1	0	$752.46	$752.46	$.00	$752.46
TOTAL PACKAGE 036	7	0		$2759.02	$250.82	$3009.84
TOTAL CURRENT PERIOD	7	0		$2759.02	$250.82	$3009.84

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3009.84

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: JULY 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	7-1-2007	8-1-2007	2 of 3

24002 79722 19 070107 00003745.59 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$250.82	$752.46	$735.74CR	$16.72
13=2 PTY	3	0	$501.64	$1504.92	$1471.49	$2976.41
14=FAMILY	1	0	$752.46	$752.46	$.00	$752.46
TOTAL PACKAGE 036	7	0		$3009.84	$735.75	$3745.59
TOTAL CURRENT PERIOD	7	0		$3009.84	$735.75	$3745.59

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3745.59

PLEASE KEEP THIS COPY FOR YOUR RECORDS

HMSA

Blue Cross Blue Shield of Hawaii

An independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: AUGUST 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	8-1-2007	9-1-2007	2 of 3

24002 79722 19 080107 00003009.84 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$250.82	$752.46	$.00	$752.46
13=2 PTY	3	0	$501.64	$1504.92	$.00	$1504.92
14=FAMILY	1	0	$752.46	$752.46	$.00	$752.46
TOTAL PACKAGE 036	7	0		$3009.84	$.00	$3009.84
TOTAL CURRENT PERIOD	7	0		$3009.84	$.00	$3009.84

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3009.84

PLEASE KEEP THIS COPY FOR YOUR RECORDS

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: SEPTEMBER 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	9-1-2007	10-1-2007	2 of 3

24002 79722 19 090107 00000250.82 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	2	0	$250.82	$501.64	$250.82CR	$250.82
13=2 PTY	3	0	$501.64	$1504.92	$.00	$1504.92
14=FAMILY	0	0	$.00	$.00	$1504.92CR	$1504.92CR
TOTAL PACKAGE 036	5	0		$2006.56	$1755.74CR	$250.82
TOTAL CURRENT PERIOD	5	0		$2006.56	$1755.74CR	$250.82

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $250.82

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HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: OCTOBER 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	10-1-2007	11-1-2007	2 of 3

24002 79722 19 100107 00002006.56 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	2	0	$250.82	$501.64	$.00	$501.64
13=2 PTY	3	0	$501.64	$1504.92	$.00	$1504.92
TOTAL PACKAGE 036	5	0		$2006.56	$.00	$2006.56
TOTAL CURRENT PERIOD	5	0		$2006.56	$.00	$2006.56

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2006.56

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HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: NOVEMBER 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	11-1-2007	12-1-2007	1 of 3

24002 79722 19 110107 00003193.78 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

10.23.07

SECTION 1

FOR BILLING ASSISTANCE ONLY, CALL SHAREN NAKATA IN MEMBERSHIP SERVICE AT (808)948-6258 ON OAHU OR (800)446-4440 ON NEIGHBOR ISLANDS.

PLEASE WRITE YOUR GROUP NUMBER ON YOUR CHECK

MAKE CHECK PAYABLE TO:
HAWAII MEDICAL SERVICE ASSOCIATION
P. O. BOX 29330
HONOLULU, HAWAII 96820-1730

SUMMARY OF THIS BILL

CURRENT BILLING PERIOD	AMOUNT
BASIC COVERAGE	$3193.78
GRAND TOTAL DUE:	$3193.78 ✓✓

609-470-00

IMPORTANT

1. HMSA WILL NOT REIMBURSE OR ALLOW CREDIT TO BE TAKEN FOR BACK-DATED CANCELLATIONS.
2. A MEMBER WITH A PAST DUE BALANCE WILL BE CANCELLED IF FULL PAYMENT (PAST DUE PLUS CURRENT DUE AMOUNTS) IS NOT RECEIVED BY THE DUE DATE SHOWN ABOVE.

THE PAYMENT OF DUES ASSURES MEMBERS OF HMSA'S BENEFIT COVERAGE AND SERVICE WHEN NEEDED. DELINQUENT PAYMENTS MAY RESULT IN THE DENIAL OF COVERAGE WHEN MEDICAL BILLS ARE PRESENTED. AMOUNTS SHOWN ON THIS STATEMENT MUST BE PAID BY THE DUE DATE INDICATED.

Please detach and return the bottom portion with payment -- DO NOT FOLD

CURRENT BILLING PERIOD	AMOUNT
BASIC COVERAGE	$3193.78
GRAND TOTAL DUE:	$3193.78

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

MAKE CHECK PAYABLE TO:
HAWAII MEDICAL SERVICE ASSOCIATION

AMOUNT PAID: _____

CHECK NUMBER: _____

24002 79722 19 110107 00003193.78 C

0000000000000000000011012007000031937800003193780797220019000000093303

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: DECEMBER 01, 2007

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	12-1-2007	1-1-2008	2 of 3

24002 79722 19 120107 00002508.20 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$250.82	$752.46	$.00	$752.46
13=2 PTY	2	0	$501.64	$1003.28	$.00	$1003.28
14=FAMILY	1	0	$752.46	$752.46	$.00	$752.46
TOTAL PACKAGE 036	6	0		$2508.20	$.00	$2508.20
TOTAL CURRENT PERIOD	6	0		$2508.20	$.00	$2508.20

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2508.20

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: JANUARY 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	1-1-2008	2-1-2008	2 of 3

24002 79722 19 010108 00002646.60 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$264.66	$793.98	$.00	$793.98
13=2 PTY	2	0	$529.32	$1058.64	$.00	$1058.64
14=FAMILY	1	0	$793.98	$793.98	$.00	$793.98
TOTAL PACKAGE 036	6	0		$2646.60	$.00	$2646.60
TOTAL CURRENT PERIOD	6	0		$2646.60	$.00	$2646.60

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE ..... $2646.60 ✓

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ATTACHMENT CA-IR-35a

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Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: FEBRUARY 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	2-1-2008	3-1-2008	2 of 3

24002 79722 19 020108 00002646.60 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$264.66	$793.98	$.00	$793.98
13=2 PTY	2	0	$529.32	$1058.64	$.00	$1058.64
14=FAMILY	1	0	$793.98	$793.98	$.00	$793.98
TOTAL PACKAGE 036	6	0		$2646.60	$.00	$2646.60
TOTAL CURRENT PERIOD	6	0		$2646.60	$.00	$2646.60

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2646.60

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: MARCH 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	3-1-2008	4-1-2008	2 of 3

24002 79722 19 030108 00002646.60 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$264.66	$793.98	$.00	$793.98
13=2 PTY	2	0	$529.32	$1058.64	$.00	$1058.64
14=FAMILY	1	0	$793.98	$793.98	$.00	$793.98
TOTAL PACKAGE 036	6	0		$2646.60	$.00	$2646.60
TOTAL CURRENT PERIOD	6	0		$2646.60	$.00	$2646.60

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2646.60

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

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PAYMENT IS DUE BY: APRIL 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	4-1-2008	5-1-2008	2 of 3

24002 79722 19 040108 00002646.60 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$264.66	$793.98	$.00	$793.98
13=2 PTY	2	0	$529.32	$1058.64	$.00	$1058.64
14=FAMILY	1	0	$793.98	$793.98	$.00	$793.98
TOTAL PACKAGE 036	6	0		$2646.60	$.00	$2646.60
TOTAL CURRENT PERIOD	6	0		$2646.60	$.00	$2646.60

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2646.60

ATTACHMENT CA-IR-35a

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PAYMENT IS DUE BY: MAY 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	5-1-2008	6-1-2008	2 of 3

24002 79722 19 050108 00002646.60 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$264.66	$793.98	$.00	$793.98
13=2 PTY	2	0	$529.32	$1058.64	$.00	$1058.64
14=FAMILY	1	0	$793.98	$793.98	$.00	$793.98
TOTAL PACKAGE 036	6	0		$2646.60	$.00	$2646.60
TOTAL CURRENT PERIOD	6	0		$2646.60	$.00	$2646.60

TOTAL PRIOR UNPAID BILLS $2646.60

TOTAL AMOUNT DUE $5293.20

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ATTACHMENT CA-IR-35a

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PAYMENT IS DUE BY: JUNE 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	6-1-2008	7-1-2008	2 of 3

24002 79722 19 060108 00002911.26 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$264.66	$793.98	$.00	$793.98
13=2 PTY	1	0	$529.32	$529.32	$.00	$529.32
14=FAMILY	2	0	$793.98	$1587.96	$.00	$1587.96
TOTAL PACKAGE 036	6	0		$2911.26	$.00	$2911.26
TOTAL CURRENT PERIOD	6	0		$2911.26	$.00	$2911.26

TOTAL PRIOR UNPAID BILLS $2646.60

TOTAL AMOUNT DUE $5557.86

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PAYMENT IS DUE BY: JULY 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	7-1-2008	8-1-2008	2 of 3

24002 79722 19 070108 00002911.26 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	3	0	$264.66	$793.98	$.00	$793.98
13=2 PTY	1	0	$529.32	$529.32	$.00	$529.32
14=FAMILY	2	0	$793.98	$1587.96	$.00	$1587.96
TOTAL PACKAGE 036	6	0		$2911.26	$.00	$2911.26
TOTAL CURRENT PERIOD	6	0		$2911.26	$.00	$2911.26

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2911.26

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PAYMENT IS DUE BY: AUGUST 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	8-1-2008	9-1-2008	2 of 3

24002 79722 19 080108 00005028.54 C

KALUA KAI WATER LLC
ATTN HUMAN RESOURCES
PO BOX 259
MAUNALOA HI 96770

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$264.66	$1058.64	$264.66	$1323.30
13=2 PTY	1	0	$529.32	$529.32	$.00	$529.32
14=FAMILY	3	0	$793.98	$2381.94	$793.98	$3175.92
TOTAL PACKAGE 036	8	0		$3969.90	$1058.64	$5028.54
TOTAL CURRENT PERIOD	8	0		$3969.90	$1058.64	$5028.54

TOTAL PRIOR UNPAID BILLS $2911.26

TOTAL AMOUNT DUE $7939.80

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PAYMENT IS DUE BY: SEPTEMBER 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	9-1-2008	10-1-2008	2 of 3

24002 79722 19 090108 00003969.90 C

KALUA KAI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$264.66	$1058.64	$.00	$1058.64
13=2 PTY	1	0	$529.32	$529.32	$.00	$529.32
14=FAMILY	3	0	$793.98	$2381.94	$.00	$2381.94
TOTAL PACKAGE 036	8	0		$3969.90	$.00	$3969.90
TOTAL CURRENT PERIOD	8	0		$3969.90	$.00	$3969.90

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3969.90

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ATTACHMENT CA-IR-35a

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Blue Cross Blue Shield of Hawaii

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PAYMENT IS DUE BY: OCTOBER 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	10-1-2008	11-1-2008	2 of 3

24002 79722 19 100108 00003969.90 C

KALUA KAI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$264.66	$1058.64	$.00	$1058.64
13=2 PTY	1	0	$529.32	$529.32	$.00	$529.32
14=FAMILY	3	0	$793.98	$2381.94	$.00	$2381.94
TOTAL PACKAGE 036	8	0		$3969.90	$.00	$3969.90
TOTAL CURRENT PERIOD	8	0		$3969.90	$.00	$3969.90

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3969.90

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ATTACHMENT CA-IR-35a

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Blue Cross Blue Shield of Hawaii

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PAYMENT IS DUE BY: NOVEMBER 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	11-1-2008	12-1-2008	2 of 3

24002 79722 19 110108 00001587.96 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$264.66	$1058.64	$.00	$1058.64
13=2 PTY	1	0	$529.32	$529.32	$.00	$529.32
14=FAMILY	2	0	$793.98	$1587.96	$1587.96CR	$.00
TOTAL PACKAGE 036	7	0		$3175.92	$1587.96CR	$1587.96
TOTAL CURRENT PERIOD	7	0		$3175.92	$1587.96CR	$1587.96

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $1587.96

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ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

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PAYMENT IS DUE BY: DECEMBER 01, 2008

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	12-1-2008	1-1-2009	2 of 3

24002 79722 19 120108 00003175.92 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$264.66	$1058.64	$.00	$1058.64
13=2 PTY	1	0	$529.32	$529.32	$.00	$529.32
14=FAMILY	2	0	$793.98	$1587.96	$.00	$1587.96
TOTAL PACKAGE 036	7	0		$3175.92	$.00	$3175.92
TOTAL CURRENT PERIOD	7	0		$3175.92	$.00	$3175.92

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3175.92

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYMENT IS DUE BY: JANUARY 01, 2009

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	1-1-2009	2-1-2009	2 of 3

24002 79722 19 010109 00003531.36 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
13=2 PTY	1	0	$588.56	$588.56	$.00	$588.56
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	7	0		$3531.36	$.00	$3531.36
TOTAL CURRENT PERIOD	7	0		$3531.36	$.00	$3531.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3531.36

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

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BILL DATE: 1-13-2009 PAYMENT IS DUE BY: 2-1-2009

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	2-1-2009	3-1-2009	2 of 3

24002 79722 19 020109 00003531.36 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
13=2 PTY	1	0	$588.56	$588.56	$.00	$588.56
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	7	0		$3531.36	$.00	$3531.36
TOTAL CURRENT PERIOD	7	0		$3531.36	$.00	$3531.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3531.36

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

BILL DATE: 2-13-2009 PAYMENT IS DUE BY: 3-1-200

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	3-1-2009	4-1-2009	2 of 3

24002 79722 19 030109 00003531.36 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
13=2 PTY	1	0	$588.56	$588.56	$.00	$588.56
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	7	0		$3531.36	$.00	$3531.36
TOTAL CURRENT PERIOD	7	0		$3531.36	$.00	$3531.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3531.36

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

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BILL DATE: 3-16-2009 PAYMENT IS DUE BY: 4-1-2009

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	4-1-2009	5-1-2009	2 of 3

24002 79722 19 040109 00003531.36 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
13=2 PTY	1	0	$588.56	$588.56	$.00	$588.56
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	7	0		$3531.36	$.00	$3531.36
TOTAL CURRENT PERIOD	7	0		$3531.36	$.00	$3531.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3531.36

PLEASE KEEP THIS COPY FOR YOUR RECORDS

HMSA

Blue Cross Blue Shield of Hawaii

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BILL DATE: 4-14-2009 PAYMENT DATE: 4-14-2009

ATTACHMENT CA-IR-352

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	5-1-2009	6-1-2009	2 of 3

24002 79722 19 050109 00003531.36 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
13=2 PTY	1	0	$588.56	$588.56	$.00	$588.56
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	7	0		$3531.36	$.00	$3531.36
TOTAL CURRENT PERIOD	7	0		$3531.36	$.00	$3531.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3531.36

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

BILL DATE: 5-14-2009 PAYMENT IS DUE BY: 6-1-2009

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	6-1-2009	7-1-2009	2 of 3

24002 79722 19 060109 00003531.36 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
13=2 PTY	1	0	$588.56	$588.56	$.00	$588.56
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	7	0		$3531.36	$.00	$3531.36
TOTAL CURRENT PERIOD	7	0		$3531.36	$.00	$3531.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3531.36

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

BILL DATE: 6-16-2009 PAYMENT IS DUE BY: 7-1-2009

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	7-1-2009	8-1-2009	2 of 3

24002 79722 19 070109 00003531.36 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
13=2 PTY	1	0	$588.56	$588.56	$.00	$588.56
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	7	0		$3531.36	$.00	$3531.36
TOTAL CURRENT PERIOD	7	0		$3531.36	$.00	$3531.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3531.36

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

BILL DATE: 7-14-2009 PAYMENT IS DUE BY: 8-1-2009

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	8-1-2009	9-1-2009	2 of 3

24002 79722 19 080109 00003531.36 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
13=2 PTY	1	0	$588.56	$588.56	$.00	$588.56
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	7	0		$3531.36	$.00	$3531.36
TOTAL CURRENT PERIOD	7	0		$3531.36	$.00	$3531.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3531.36

PLEASE KEEP THIS COPY FOR YOUR RECORDS

ATTACHMENT CA-IR-35a

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

BILL DATE: 8-14-2009 PAYMENT IS DUE BY: 9-1-2009

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	9-1-2009	10-1-2009	2 of 3

24002 79722 19 090109 00003531.36 C

KALUAKOI WATER LLC
STE 600
745 FORT STREET MALL
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
13=2 PTY	1	0	$588.56	$588.56	$.00	$588.56
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	7	0		$3531.36	$.00	$3531.36
TOTAL CURRENT PERIOD	7	0		$3531.36	$.00	$3531.36

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $3531.36

PLEASE KEEP THIS COPY FOR YOUR RECORDS

HMSA

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

BILL DATE: 9-15-2009 PAYMENT IS DUE BY: 10-1-200

ATTACHMENT GA-JR-35a

GROUP NUMBER	CURRENT BILLING PERIOD From	To	PAGE NUMBER
79722 1 9	10-1-2009	11-1-2009	2 of 3

24002 79722 19 100109 00002942.80 C

KALUAKOI WATER LLC
ATTN TANYA SING CHOW
119 MERCHANT ST STE 408
HONOLULU HI 96813

SECTION 2

SUMMARY OF PACKAGE 036
COVERAGE: HPH/DRUG/VISION

CONTRACTS	BILLED	PREPAID	MONTHLY RATE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
12=SINGLE	4	0	$294.28	$1177.12	$.00	$1177.12
14=FAMILY	2	0	$882.84	$1765.68	$.00	$1765.68
TOTAL PACKAGE 036	6	0		$2942.80	$.00	$2942.80
TOTAL CURRENT PERIOD	6	0		$2942.80	$.00	$2942.80

TOTAL PRIOR UNPAID BILLS ..... $.00

TOTAL AMOUNT DUE $2942.80

PLEASE KEEP THIS COPY FOR YOUR RECORDS

USABLE

07/06—06/07

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kaksakof Water	30008525	10/1/2003	7/1/2006

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[redacted]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue: Arkansas? O Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
2	Maximum: $300,000				[redacted]	
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary - Either 1, 1.5, 2, 2.5 or 3		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below; $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1	[redacted]	1.0				
2	[redacted]	2.0				

ROUNDING
- O None
- O Nearest $1,000
- ● Up $1,000
- O Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

O Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 198,000	$ 29.70
AD&D	7	$ 198,000	$ 7.92
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 37.62

Notes:

37.62

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are:
- ● Annual
- O Month
- O Week
- O Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)
1	ACUINO, CONRAD	M	[redacted]	1	
2	JUARIO, BERNARD	M		1	
3	KAMAKANA, MICHAEL	M		1	
4	KAMAKANA, REX	M		1	
5	KANSANA, PATRICK	M		1	
6	BROKATE, ROBERT	M		1	
7	HANCHETT, SIMEON	M		1	
8					

This Information Is Calculated For You

Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
		6,000		$ -	$4.20	$1.12		$0.00	$5.32
		5,000		$ -	$3.15	$0.84		$0.00	$3.99
		6,000		$ -	$4.20	$1.12		$0.00	$5.32
		8,000		$ -	$5.70	$1.52		$0.00	$7.22
		5,000		$ -	$3.15	$0.84		$0.00	$3.99
		7,000		$ -	$7.05	$1.88		$0.00	$8.93
		5,000		$ -	$2.25	$0.60		$0.00	$2.85
		-		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE *Print, Sign And Send To Usable Life With Your Premium*

Enter Name of Policyholder Below: Kaluakoi Water

Enter Your Policy No. Below: 30000528-LT

Enter Premium Due Date Below: 7/1/2008

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		
7	$ 16,280	Gross Premium	$ 81.40
		Charges	
		Credits	
		Premium Due	$ 81.40

604-925-10

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]			[redacted]	$11.31
2	JUARIO, BERNARD	M					$8.55
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$15.83
5	KANSANA, PATRICK	M					$8.40
6	BROKATE, ROBERT	M					$19.58
7	HANCHETT, SIMEON	M					$6.07
8							$0.00

08/04

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kaluakoi Water	30008525	10/1/2005	8/1/2006

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum		Dependent Life	Short Term Disability Maximum	
	Required			If STD Included, Maximum-Required	
2	$300,000				
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3	Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0			
2		2.0			

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ **Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This** Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 198,000	$ 29.70
AD&D	7	$ 198,000	$ 7.92
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 37.62

Notes: 37.62

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature: [signature]

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us !

Employees Ir

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)
1	AQUINO, CONRAD	M	[redacted]
2	JUARIO, BERNARD	M	
3	KAMAKANA, MICHAEL	M	
4	KAMAKANA, REX	M	
5	KANSANA, PATRICK	M	
6	BROKATE, ROBERT	M	
7	HANCHETT, SIMEON	M	
8			

08/06 LIFE WATER

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

6071 - 480

This Information Is Calculated For You

Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
$1.12		$0.00	$5.32
$0.84		$0.00	$3.99
$1.12		$0.00	$5.32
$1.52		$0.00	$7.22
$0.84		$0.00	$3.99
$1.88		$0.00	$8.93
$0.60		$0.00	$2.85
$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

08104

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To Usable Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kaluakoi Water	30008525-LT	8/1/2006

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.60

◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your MCP, Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Covered Salary ("Cap") $16,667

# of Lives	Total Monthly Covered Payroll (MCP)			Premium Due
7	$ 16,280	Gross Premium	$ 81.40	
		Charges		
		Credits		$ 81.40

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

◉ Annual ○ Month

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entri... Employees. Please Contact U...

...(week)

...ormation Is Calculated For You

Employee...

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or E... (Requ...	...l Monthly ...nings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]	[redacted]	$8.55
3	KAMAKANA, MICHAEL	M	[redacted]	[redacted]	$11.66
4	KAMAKANA, REX	M	[redacted]	[redacted]	$15.83
5	KANSANA, PATRICK	M	[redacted]	[redacted]	$8.40
6	BROKATE, ROBERT	M	[redacted]	[redacted]	$19.58
7	HANCHETT, SIMEON	M	[redacted]	[redacted]	$6.07
8				[redacted]	$0.00

8/06 LTDI WATER

PAYMENT REQUEST FORM

X	~~Waiola~~ HR

PAYEE: USABLE

Send to:

AMOUNT: ~~$267.14~~ ✓✓

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
09/06-$34.77; 10/06-$37.05; 11/06-$37.62; 12/06-$35.15;
01/07-$34.77; 02/07-$43.89; 03/07-$43.89

Special Instructions:

ACCOUNT NO:

PROJECT NO: **COST CODE:**

Requested by: Nani Luke **Date:** 03/15/07

Approved by: Dennis Ikeda **Date:** 03/15/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalushol Water	30009525	10/1/2006	9/1/2006

FRIENDLY ALERT! Over 60 Days Between Today And The Premium Due Date Shown. Be Sure Premium Due Date Is Correct. Your Premium May Be Overdue And Employee Ages May Be Incorrect

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Advances? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required!			Dependent Life	Short Term Disability Maximum If STD Included, Maximum Required!	
2	$300,000			Enter Benefit; i.e., $2,000, $2,500, Etc.		
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary—Either 1, 1.5, 2, 2.5 or 3			Enter "Flat" Amount Below: $40 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0	ROUNDING			
2		2.0	○ None			
			○ Nearest $1,000			
			● Up $1,000			
			○ Down $1,000			

Sept. 2006

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 183,000	$ 27.45
AD&D	6	$ 183,000	$ 7.32
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 34.77

Notes:

Guaranteed Issue $150,000

→ $34.77

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

This Information Is Calculated For You

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	45	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			48	$ 21,000		$ -	$3.15	$0.84		$0.00	$3.99
3	KAMAKANA, MICHAEL	M		1			35	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			27	$ 38,000		$ -	$5.70	$1.52		$0.00	$7.22
5	KANSANA, PATRICK	M		1			58	$ 21,000		$ -	$3.15	$0.84		$0.00	$3.99
6	BROKATE, ROBERT	M		1			58	$ 47,000		$ -	$7.05	$1.88		$0.00	$8.93
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To USable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalukiki Water	30008525	10/1/2006	10/1/2006

FRIENDLY ALERT! Over 60 Days Between Today And The Premium Due Date Shown. Be Sure Premium Due Date Is Correct. Your Premium May Be Overdue And Employee Ages May Be Incorrect

Contract Date	Today's Date
10/1/2003	[redacted]

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
2	Keyshare $300,000				$ STD Included, Maximum Required	
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below; $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- None
- Nearest $1,000
- Up $1,000
- Down $1,000

At 61	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? Yes / No

Control 2

CA.206

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

- Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	5	$ 195,000	$ 29.25
AD&D	5	$ 195,000	$ 7.80
Dependent Life	0	$ -	$ -
STD	0	$	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 37.05

Notes:

Guaranteed Issue $150,000

→ $37.05

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: Annual / Month / Week / Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entirre Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
							This Information Is Calculated For You				This Information Is Calculated For You				
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	48	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARSO, BERNARD	M		1			49	$ 21,000		$ -	$3.15	$0.84		$0.00	$3.99
3	KANAKANA, MICHAEL	M		1			36	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KANAKANA, REX	M		1			27	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	KANSANA, PATRICK	M		1			58	$ 21,000		$ -	$3.15	$0.84		$0.00	$3.99
6	BROKATE, ROBERT	M		1			58	$ 47,000		$ -	$7.05	$1.88		$0.00	$8.93
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalualoi Water	30008525	10/1/2006	11/1/2006

FRIENDLY ALERT! Over 60 Days Between Today And The Premium Due Date Shown. Be Sure Premium Due Date Is Correct. Your Premium May Be Overdue And Employee Ages May Be Incorrect

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required		Dependent Life	Short Term Disability Maximum (STD Included, Maximum-Required)	
2	$300,000				
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3	Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0			
2		2.0			

ROUNDING: ○ None ○ Nearest $1,000 ● Up $1,000 ○ Down $1,000

Nov. 2006

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	9	$ 198,000	$ 29.70
AD&D	6	$ 198,000	$ 7.92
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 37.62

Notes: Guaranteed Issue $150,000

→ $ 37.62

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

This Information Is Calculated For You

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	48	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			49	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			35	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			27	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	KANSANA, PATRICK	M		1			58	$ 21,000		$ -	$3.15	$0.84		$0.00	$3.99
6	BROKATE, ROBERT	M		1			58	$ 47,000		$ -	$7.05	$1.88		$0.00	$8.93
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kaluakoi Water	30009525	10/1/2006	12/1/2006

FRIENDLY ALERT! Over 60 Days Between Today And The Premium Due Date Shown. Be Sure Premium Due Date Is Correct. Your Premium May Be Overdue And Employee Ages May Be Incorrect

Contract Date	Today's Date
10/1/2003	[redacted]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? O Yes ● No

Control 2

Dec. 2006

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required		
2	$300,000		
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3	
1	[redacted]	1.0	
2	[redacted]	2.0	

ROUNDING
- O None
- O Nearest $1,000
- ● Up $1,000
- O Down $1,000

Dependent Life	Short Term Disability Maximum STD Rounded, Maximum Required	
Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

O Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 195,000	$ 27.75
AD&D	6	$ 195,000	$ 7.40
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 35.15

Notes:

Guaranteed Issue $150,000

→ $35.15

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual O Month O Week O Hour (40/Week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
							This Information Is Calculated For You				This Information Is Calculated For You				
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	48	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			43	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			35	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			28	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	KANSANA, PATRICK	M		1			58	$ 21,000		$ -	$3.15	$0.84		$0.00	$3.99
6	REYES, CLEMENT	M		1			31	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalualani Water	30009523	10/1/2006	1/1/2007

FRIENDLY ALERT! Over 60 Days Between Today And The Premium Due Date Shown. Be Sure Premium Due Date Is Correct. Your Premium May Be Overdue And Employee Ages May Be Incorrect.

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? O Yes ● No

Control 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required $300,000
2	

Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3
1		1.0
2		2.0

ROUNDING: O None; O Nearest $1,000; ● Up $1,000; O Down $1,000

Dependent Life	Short Term Disability Maximum If STD Selected, Maximum Required
Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200 / Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.

Jan. 2007

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

\# Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

O Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	5	$ 193,000	$ 27.45
AD&D	5	$ 193,000	$ 7.32
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 34.77

Notes:

Guaranteed Issue $150,000

→ $34.77

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual O Month O Week O Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
							This Information Is Calculated For You				This Information Is Calculated For You				
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	48	$ 25,000		$ -	$1.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			49	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			35	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKONA, REX	M		1			28	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	ROBELLO, JUSTIN	M		1			25	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
6	REYES, CLEMENT	M		1			31	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kaluakoi Water	30008525	10/1/2006	2/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Alumnas? ○ Yes ● No

Control: 2

Feb. 2007

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum (Required)		Dependent Life	Short Term Disability Maximum (If STD Included, Maximum--Required)	
2	$300,000				
Employee Class	Enter "FLAT" Amount; I.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3	Enter Benefit; I.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; I.e., 50%, 60%, Etc.
1		1.0			
2		2.0			

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below

Maximum LIFE/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 231,000	$ 34.65
AD&D	7	$ 231,000	$ 9.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 43.89

Notes:

Guaranteed Issue $150,000

→ $43.89

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	This Information Is Calculated For You: Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	This Information Is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	ACLINO, CONRAD	M	[redacted]	1		[redacted]	48	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			49	$ 24,000		$ -	$3.00	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			35	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			28	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	RUBELLO, JUSTIN	M		1			26	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
6	REYES, CLEMENT	M		1			31	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7	CZACKA, THOMAS	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kaluakol Water	30009525	10/1/2006	3/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum (Required)			Dependent Life	Short Term Disability Maximum (If STD Included, Maximum Required)	
2	$300,000					
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0	ROUNDING			
2		2.0	○ None			
			○ Nearest $1,000			
			● Up $1,000			
			○ Down $1,000			

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 231,000	$ 34.65
AD&D	7	$ 231,000	$ 9.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 43.89

Notes:

Guaranteed Issue $150,000

→ $43.89

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	48	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			49	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			35	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			25	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	ROBELLO, JUSTIN	M		1			26	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
6	REYES, CLEMENT	M		1			31	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7	CZACKA, THOMAS	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

This Information Is Calculated For You

This Information Is Calculated For You

PAYMENT REQUEST FORM

X	~~Waiola~~ HRL		

PAYEE: USABLE

Send to:

AMOUNT: $577.92 ✓

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
09/06-$75.34; 10/06-$80.34; 11/06-$81.64; 12/06-$75.81;
01/07-$75.21; 02/07-$94.79; 03/07-$94.79

Special Instructions:

ACCOUNT NO:

PROJECT NO: **COST CODE:**

Requested by: Nani Luke **Date:** 03/15/07

Approved by: Dennis Ikeda **Date:** 03/15/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kalaskol Water	30008525-LT	9/1/2006

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap") $19,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			Premium Due
5	$ 15,667	Gross Premium	$ 75.34	
		Charges		
		Credits		$ 75.34

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$8.55
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.66
4	KAMAKANA, REX	M	[redacted]		[redacted]	[redacted]	$15.83
5	KANSANA, PATRICK	M	[redacted]		[redacted]	[redacted]	$8.40
6	BROKATE, ROBERT	M	[redacted]		[redacted]	[redacted]	$19.58
7						$0.00	$0.00
8						$0.00	$0.00

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kalualoi Water

Enter Your Policy No. Below: 30008526-LT

Enter Premium Due Date Below: 10/1/2006

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.58

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $10,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
6	$ 16,567	Gross Premium	$ 30.34	Premium Due
		Charges		
		Credits		$ 30.34

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$8.55
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.66
4	KAMAKANA, REX	M	[redacted]		[redacted]	[redacted]	$20.83
5	KANSANA, PATRICK	M	[redacted]		[redacted]	[redacted]	$8.40
6	SROKATE, ROBERT	M	[redacted]		[redacted]	[redacted]	$19.58
7						$0.00	$0.00
8						$0.00	$0.00

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kaluakoi Water	30008525-LT	11/1/2006

Click Below On Your Monthly Benefit %

○ 50% ◉ 50% ○ 66 2/3% ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

○ $3,000 ○ $5,000 ○ $6,000 ○ $7,500 ◉ $10,000 ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap") $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
6	$ 16,327	Gross Premium	$ 81.64	Premium Due
		Charges		
		Credits		$ 81.64

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

◉ Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$9.85
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.66
4	KAMAKANA, REX	M	[redacted]		[redacted]	[redacted]	$20.83
5	KANSANA, PATRICK	M	[redacted]		[redacted]	[redacted]	$8.40
6	BROKATE, ROBERT	M	[redacted]		[redacted]	[redacted]	$19.58
7						$0.00	$0.00
8						$0.00	$0.00

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kahakai Water

Enter Your Policy No. Below: 30008525-LT

Enter Premium Due Date Below: 12/1/2006

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
6	$ 15,161	Gross Premium	$ 75.81	Premium Due
		Charges		
		Credits		$ 75.81

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 300 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This information is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$20.83
5	KANSANA, PATRICK	M					$8.40
6	REYES, CLEMENT	M					$13.75
7						$0.00	$0.00
8						$0.00	$0.00

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kamakoi Water

Enter Your Policy No. Below: 30008526-LT

Enter Premium Due Date Below: 1/1/2007

Click Below On Your Monthly Benefit %

- 50%
- 60%
- 66 2/3%
- Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- $3,000
- $5,000
- $6,000
- $7,500
- $10,000
- Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.36

- Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,957

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
6	$ 15,042	Gross Premium	$ 75.21	Premium Due
		Charges		
		Credits		$ 75.21

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- Annual
- Month
- Week
- Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$9.85
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.66
4	KAMAKANA, REX	M	[redacted]		[redacted]	[redacted]	$20.83
5	ROBELLO, JUSTIN	M	[redacted]		[redacted]	[redacted]	$7.80
6	REYES, CLEMENT	M	[redacted]		[redacted]	[redacted]	$13.75
7						$0.00	$0.00
8						$0.00	$0.00

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kauai Water

Enter Your Policy No. Below: 30008625-LT

Enter Premium Due Date Below: 2/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.58

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		
7	$ 18,953	Gross Premium Charges	$ 94.79
		Credits	
		Premium Due	$ 94.79

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$20.83
5	ROBELLO, JUSTIN	M					$7.80
6	REYES, CLEMENT	M					$13.75
7	OZACKA, THOMAS	M					$19.59
8						$0.00	$0.00

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kaluakoi Water	30008525-LT	3/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap") $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			Premium Due
7	$ 16,959	Gross Premium	$ 94.79	
		Charges		
		Credits		$ 94.79

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$20.83
5	ROBELLO, JUSTIN	M					$7.80
6	REYES, CLEMENT	M					$13.75
7	CZACKA, THOMAS	M					$19.59
8						$0.00	$0.00

PAYMENT REQUEST FORM

X ~~Waiola~~ MRL

PAYEE: USABLE

Send to:

AMOUNT: $43.89

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
04/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 03/30/07

Approved by: Dennis Ikeda

Date: 03/30/07

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kahuku Water	30008525	10/1/2006	4/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Contract Date	Today's Date
10/1/2003	3/28/2007

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required: $300,000			Dependent Life	Short Term Disability Maximum (If STD Includes, Maximum Required!)	
2						
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING: None; Nearest $1,000; Up $1,000; Down $1,000

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? Yes / No

Control: 2

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 231,000	$ 34.65
AD&D	7	$ 231,000	$ 9.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 43.89

Notes: Guaranteed Issue $150,000

$43.89

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Earnings Are: Annual; Month; Week; Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 60)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
							This Information Is Calculated For You				This Information Is Calculated For You				
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			49	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			35	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			28	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	ROBELLO, JUSTIN	M		1			26	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
6	REYES, CLEMENT	M		1			31	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7	CZADKA, THOMAS	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X ~~Waiola~~ ~~HR~~ MRL

PAYEE: USABLE

Send to:

AMOUNT: $94.79 / ✓

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
04/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke **Date:** 03/30/07

Approved by: Dennis Ikeda **Date:** 03/30/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kahuakoi Water	30008526-LT	4/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By *Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For* You Based Upon This Information.

Maximum Covered Salary ("Cap"): $18,867

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
7	$ 18,959	Gross Premium	$ 94.79	Premium Due
		Charges		
		Credits		$ 94.79

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$20.83
5	ROBELLO, JUSTIN	M					$7.80
6	REYES, CLEMENT	M					$13.75
7	CZACKA,THOMAS	M					$19.59
8						$0.00	$0.00

PAYMENT REQUEST FORM

X	Waiola MRL

PAYEE: USABLE

Send to:

AMOUNT: $43.89

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
05/07

Special Instructions:

ACCOUNT NO: 00-1630

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 05/01/07

Approved by: Dennis Ikeda

Date: 05/01/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kahuaiki Water	30008525	10/1/2006	5/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of *Benefits And Premiums, This Date Must Be Correct.*

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? O Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
	Required!				If STD Included, Maximum Required!	
2	$300,000					
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- O None
- O Nearest $1,000
- ● Up $1,000
- O Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

O **Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 231,000	$ 34.65
AD&D	7	$ 231,000	$ 9.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 43.89

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual O Month O Week O Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
							This Information Is Calculated For You				This Information Is Calculated For You				
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			49	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			36	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			28	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	ROBELLO, JUSTIN	M		1			26	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
6	REYES, CLEMENT	M		1			31	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7	CZAOKA, THOMAS	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X Walola MRL

PAYEE: USABLE

Send to:

AMOUNT: $94.79 ✓

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
05/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO: **COST CODE:**

Requested by: Nani Luke **Date:** 05/01/07

Approved by: Dennis Ikeda **Date:** 05/01/07

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kaluakoi Water

Enter Your Policy No. Below: 30006528-LT

Enter Premium Due Date Below: 5/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
7	$ 16,959	Gross Premium	$ 94.79	Premium Due
		Charges		
		Credits		$ 94.79

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$20.83
5	ROBELLO, JUSTIN	M					$7.80
6	REYES, CLEMENT	M					$13.75
7	CZACKA,THOMAS	M					$19.59
8						$0.00	$0.00

PAYMENT REQUEST FORM

PAYEE:	USABLE	**AMOUNT:**	$43.89
Send to:		**DUE DATE.**	this week check run
		Other:	

DESCRIPTION: Life Insurance Payment
Water Employees
06/07

Special Instructions:

ACCOUNT NO: 500-169

PROJECT NO: **COST CODE:**

Requested by: Nani Luke **Date:** 05/31/07

Approved by: Dennis Ikeda **Date:** 05/31/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USABle Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kaluakoi Water	30008525	10/1/2006	6/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required			Dependent Life	Short Term Disability Maximum (If STD, Include A Maximum--Required)	
2	$300,000					
Employee Class	Enter "FLAT" Amount; I.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3		Enter Benefit; I.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; I.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ **Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 231,000	$ 34.65
AD&D	7	$ 231,000	$ 9.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 43.89

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
							This Information Is Calculated For You				This Information Is Calculated For You				
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			49	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			36	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			28	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	ROBELLO, JUSTIN	M		1			26	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
6	REYES, CLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7	OZAOKA, THOMAS	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	~~Waiola~~ MRL		

PAYEE:	USABLE	**AMOUNT:**	$94.79 ✓✓
Send to:		**DUE DATE.**	this week check run
		Other:	

DESCRIPTION: LTD Payment
Water Employees
06/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO: **COST CODE:**

Requested by: Nani Luke **Date:** 05/31/07

Approved by: Dennis Ikeda **Date:** 05/31/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kahiakoi Water	30008525-LT	6/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
7	$ 16,959	Gross Premium	$ 94.79	Premium Due
		Charges		
		Credits		$ 94.79

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$9.85
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.66
4	KAMAKANA, REX	M	[redacted]		[redacted]	[redacted]	$20.83
5	ROBELLO, JUSTIN	M	[redacted]		[redacted]	[redacted]	$7.80
6	REYES, CLEMENT	M	[redacted]		[redacted]	[redacted]	$13.75
7	CZACKA,THOMAS	M	[redacted]		[redacted]	[redacted]	$19.59
8						$0.00	$0.00

USABLE

07/07—06/08

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $43.89 ✓ ✓

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
07/07

Special Instructions:

ACCOUNT NO: 500-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke **Date:** 06/29/07

Approved by: Dennis Ikeda **Date:** 06/29/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalualoi Water	30008525	10/1/2006	7/5/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[redacted]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? Yes / No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required:			Dependent Life	Short Term Disability Maximum If STD Issued, Maximum Required:	
2	$300,000			Enter Benefit; i.e., $2,000, $2,500, Etc.		
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3			Enter "Flat" Amount Below; $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING: None / Nearest $1,000 / Up $1,000 / Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 231,000	$ 34.65
AD&D	7	$ 231,000	$ 9.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 43.89

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: Annual / Month / Week / Hour (40/week)

Employees Information — This Information Is Calculated For You — This Information Is Calculated For You

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			49	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			36	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			26	$ 50,000		$ -	$7.50	$2.00		$0.00	$9.50
5	ROBELLO, JUSTIN	M		1			20	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
6	REYES, CLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7	CZACKA, THOMAS	M		1			62	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $94.79 /✓

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
07/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 06/29/07

Approved by: Dennis Ikeda

Date: 06/29/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kailuakoi Water

Enter Your Policy No. Below: 30008525 LT

Enter Premium Due Date Below: 7/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
7	$ 18,959	Gross Premium Charges	$ 94.79	Premium Due
		Credits		$ 94.79

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$20.83
5	ROBELLO, JUSTIN	M					$7.80
6	REYES, CLEMENT	M					$13.75
7	CZACKA,THOMAS	M					$19.59
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $25.27 / ✓

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
08/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke **Date:** 07/31/07

Approved by: Dennis Ikeda **Date:** 07/31/07

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kaluakoi Water	30009525	10/1/2006	8/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only:

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required		Dependent Life	Short Term Disability Maximum If STD Included, Maximum Required	
2	$300,000		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3			
1		1.0			
2		2.0			

ROUNDING: ○ None ○ Nearest $1,000 ● Up $1,000 ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ **Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	5	$ 133,000	$ 19.95
AD&D	5	$ 133,000	$ 5.32
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 25.27

Notes: Guaranteed Issue $150,000

$25.27

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information — This Information Is Calculated For You — This Information Is Calculated For You

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y,N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			49	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			36	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROSELLO, JUSTIN	M		1			26	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
5	REYES, CLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6								$ -		$ -	$0.00	$0.00		$0.00	$0.00
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

PAYMENT REQUEST FORM

[X] Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $54.37 / ✓

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
08/07

Special Instructions:

ACCOUNT NO: 000-163-60

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 07/31/07

Approved by: Dennis Ikeda

Date: 07/31/07

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kamakoi Water

Enter Your Policy No. Below: 360085525-1,T

Enter Premium Due Date Below: 8/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
5	$ 10,875	Gross Premium Charges	$ 54.37	Premium Due
		Credits		$ 54.37

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6						$0.00	$0.00
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $25.27 ✓✓

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
09/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke **Date:** 09/11/07

Approved by: Dennis Ikeda **Date:** 09/11/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Rehobot Water	30006525	10/1/2006	9/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
	Required				If STD Included, Maximum Required	
2	$300,000					
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary—Either 1, 1.5, 2, 2.5 or 3		Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0	ROUNDING			
2		2.0	○ None			
			○ Nearest $1,000			
			● Up $1,000			
			○ Down $1,000			

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	5	$ 135,000	$ 18.90
AD&D	5	$ 120,000	$ 5.32
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 25.27

Notes:

Guaranteed Issue $150,000

$25.27

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
								This Information Is Calculated For You			This Information Is Calculated For You				
1	[illegible], [illegible]	M	[redacted]	1		[redacted]	49	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	[illegible], [illegible]	M		1			49	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	[illegible], [illegible]	M		1			36	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	[illegible], [illegible]	M		1			20	$ 13,000		$ -	$2.60	$0.26		$0.00	$2.86
5	[illegible], [illegible]	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6								$ -		$ -	$0.00	$0.00		$0.00	$0.00
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $54.37 ✓ ✓

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
09/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 09/11/07

Approved by: Dennis Ikeda

Date: 09/11/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE. Print, Sign And Send To Unable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kailuakoi Water	30008526-LT	9/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap")

$16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
5	$ 10,875	Gross Premium	$ 54.37	Premium Due
		Charges		
		Credits		$ 54.37

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6						$0.00	$0.00
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

[X] Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $25.27 /✓

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
10/07

Special Instructions:

ACCOUNT NO: 800-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 09/27/07

Approved by: Dennis Ikeda

Date: 09/27/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalusini Wade	30006525	10/1/2006	10/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
	Required				If STD Included, Maximum Required	
2	$300,000					
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3		Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below

Premiums Due

	# Lives	Volume	Premium
Life	5	$ 133,000	$ 19.95
AD&D	5	$ 133,000	$ 5.32
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 25.27

Notes:

Guaranteed Issue $150,000

$25.27

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

This Information Is Calculated For You

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AGUINO, DONNAD	M	[redacted]	1		[redacted]	48	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			50	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	RAMAKANA, MICHAEL	M		1			35	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROBELLO, JUSTIN	M		1			26	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
5	REYES, GLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6								$ -		$ -	$0.00	$0.00		$0.00	$0.00
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited	

PAYEE: USABLE

Send to:

AMOUNT: $54.37 ✓✓

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
10/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 09/27/07

Approved by: Dennis Ikeda

Date: 09/27/07

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kaluakoi Water	30008526-LT	10/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap")

$16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
5	$ 10,875	Gross Premium	$ 54.37	Premium Due
		Charges		
		Credits		$ 54.37

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6						$0.00	$0.00
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $34.39

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
11/07

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 11/06/07

Approved by: Dennis Ikeda

Date: 11/06/07

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kahuiki Water	30008525	10/1/2007	11/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required		Dependent Life	Short Term Disability Maximum (If STD Included, Maximum--Required)	
2	$300,000		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3			
1	[illegible]	1.0			
2		2.0			

ROUNDING: ○ None ○ Nearest $1,000 ● Up $1,000 ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ **Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 181,000	$ 27.15
AD&D	6	$ 181,000	$ 7.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 34.39

Notes:

Guaranteed Issue $150,000

$34.39

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	This Information Is Calculated For You: Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	This Information Is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			60	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			36	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROBELLO, JUSTIN	M		1			26	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
5	REYES, CLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6	RACINE, MARSHALL	M		1			51	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

PAYMENT REQUEST FORM

X	*Moloka'i Properties Limited*	

PAYEE: USABLE

Send to:

AMOUNT: $73.96

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
11/07

Special Instructions:

ACCOUNT NO: 600-163-50

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 11/06/07

Approved by: Dennis Ikeda

Date: 11/06/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kailuakoi Water	300009526-LT	11/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $10,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
5	$ 14,792	Gross Premium	$ 73.96	Premium Due
		Charges		
		Credits		$ 73.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $34.39 ✓

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
12/07

Special Instructions:

ACCOUNT NO: 000-163-60 /

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 11/20/07

Approved by: Dennis Ikeda

Date: 11/20/07

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalualoi Water	30006525	10/1/2007	12/1/2007

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Advances? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum (Required)			Dependent Life	Short Term Disability Maximum (If STD Included, Maximum—Required)	
2	$300,000					
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary—Either 1, 1.5, 2, 2.5 or 3		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ **Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 181,000	$ 27.15
AD&D	6	$ 181,000	$ 7.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premiums Due This Month	$ 34.39

Notes:

Guaranteed Issue $150,000

934.39

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

This Information Is Calculated For You

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUAR/O, BERNARD	M		1			50	$ 26,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAHANA, MICHAEL	M		1			36	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROBBILO, Justin	M		1			26	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
5	REYES, CLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6	RADINE, MARSHAL	M		1			51	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

[X] *Moloka'i Properties Limited*

PAYEE: USABLE

Send to:

AMOUNT: $73.96

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
12/07

Special Instructions:

ACCOUNT NO: 000-163-80

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 11/20/07

Approved by: Dennis Ikeda

Date: 11/20/07

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kaluakoi Water

Enter Your Policy No. Below: 300085256-LT

Enter Premium Due Date Below: 12/1/2007

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
6	$ 14,782	Gross Premium	$ 73.96	Premium Due
		Charges		
		Credits		$ 73.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X *Moloka'i Properties Limited*

PAYEE: USABLE

Send to:

AMOUNT: $34.39 ✓

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
01/08

Special Instructions:

ACCOUNT NO:

PROJECT NO: **COST CODE:**

Requested by: Nani Luke **Date:** 12/26/07

Approved by: Dennis Ikeda **Date:** 12/26/07

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE Print, Sign And Send To USAble Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalaeloa Water	30008525	10/1/2007	1/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	12/28/2007

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? O Yes ● No

Control 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum (Required)			Dependent Life	Short Term Disability Maximum (If STD Included, Maximum Required)	
2	$300,000					
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below; $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- O None
- O Nearest $1,000
- ● Up $1,000
- O Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

- ● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below
- O Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 181,000	$ 27.15
AD&D	6	$ 181,000	$ 7.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 34.39

Notes:

Guarantee Issue $150,000

$34.39

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual O Month O Week O Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
							This Information Is Calculated For You				This Information Is Calculated For You				
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JIBARO, BERNARD	M		1			50	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAUAKAHI, MICHAEL	M		1			30	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROBELLO, JUSTIN	M		1			25	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
5	REYES, CLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6	RACINE, MARSHALL	M		1			62	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $73.96 ✓

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
01/08

Special Instructions:

ACCOUNT NO:

PROJECT NO: **COST CODE:**

Requested by: Nani Luke **Date:** 12/26/07

Approved by: Dennis Ikeda **Date:** 12/26/07

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kaluakoi Water

Enter Your Policy No. Below: 30000525-LT

Enter Premium Due Date Below: 1/1/2009

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $10,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		Gross Premium	$ 73.96	Premium Due
6	$ 14,792		Charges		
			Credits		$ 73.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$9.85
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.68
4	ROBELLO, JUSTIN	M	[redacted]		[redacted]	[redacted]	$7.80
5	REYES, CLEMENT	M	[redacted]		[redacted]	[redacted]	$13.75
6	RACINE, MARSHALL	M	[redacted]		[redacted]	[redacted]	$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $34.39

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
02/08

Special Instructions:
please give check to Nani

ACCOUNT NO:

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 01/31/08

Approved by: Dennis Ikeda

Date: 01/31/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalualoi Water	30009525	10/1/2007	2/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Data Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	55.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum (Required)		Dependent Life	Short Term Disability Maximum (If STD Include & Maximum - Required)	
2	$300,000				
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary- Either 1, 1.5, 2, 2.5 or 3	Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0			
2		2.0			

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ **Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This** Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 181,000	$ 27.15
AD&D	6	$ 181,000	$ 7.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 34.39

Notes:

Guaranteed Issue $150,000

$34.39

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Water

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUNIO, BERNARD	M		1			50	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			36	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROBELLO, JUSTIN	M		1			27	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
5	REYES, CLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6	[illegible]ACINE, MARSHALL	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $73.96

DUE DATE this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
02/08

Special Instructions:
please give check to Nani

ACCOUNT NO:

PROJECT NO: **COST CODE:**

Requested by: Nani Luke **Date:** 01/31/08

Approved by: Dennis Ikeda **Date:** 01/31/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kaluakoi Water

Enter Your Policy No. Below: 30006525-LT

Enter Premium Due Date Below: 2/1/2008

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.60

◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $10,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
6	$ 14,792	Gross Premium	$ 73.96	Premium Due
		Charges		
		Credits		$ 73.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

◉ Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $34.39 ✓

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
03/08

Special Instructions:

ACCOUNT NO:

PROJECT NO: **COST CODE:**

Requested by: Nani Luke **Date:** 02/29/08

Approved by: Dennis Ikeda **Date:** 02/29/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kahalus Water	30008525	10/1/2007	3/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
	Required				If STD Included, Maximum—Required	
2	$300,000					
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary—Either 1, 1.5, 2, 2.5 or 3		Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1	[illegible]	1.0				
2	[illegible]	2.0				

ROUNDING: ○ None ○ Nearest $1,000 ● Up $1,000 ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 181,000	$ 27.15
AD&D	6	$ 181,000	$ 7.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 34.39

Notes: Guaranteed Issue $150,000

$34.39

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

This Information Is Calculated For You

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	49	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			50	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			36	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROBELLO, JUSTIN	M		1			27	$ 19,000		$ -	$2.65	$0.76		$0.00	$3.61
5	REYES, CLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6	RACINE, MARSHALL	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

[X] *Moloka'i Properties Limited*

PAYEE: USABLE

Send to:

AMOUNT: $73.96 ✓

DUE DATE: this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
03/08

Special Instructions:

ACCOUNT NO:

PROJECT NO:

COST CODE:

Requested by: Nani Luke

Date: 02/29/08

Approved by: Dennis Ikeda

Date: 02/29/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kamakoi Water

Enter Your Policy No. Below: 30006525-LY

Enter Premium Due Date Below: 3/1/2005

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.60

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		
6	$ 14,792	Gross Premium	$ 73.96
		Charges	
		Credits	
		Premium Due	$ 73.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $34.39 ✓

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
04/08

Special Instructions:

ACCOUNT NO:

PROJECT NO:

COST CODE:

Requested by: ~~Nani Luke~~ E Hammond

Date: 04/23/08

Approved by: Dennis Ikeda

Date: 04/23/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalusiki Water	30006525	10/1/2007	4/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required		Dependent Life	Short Term Disability Maximum If STD Included, Maximum Required	
2	$300,000				
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3	Enter Benefit; i.e., $2,000, $2,500, Etc	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc
1		1.0			
2		2.0			

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

- ● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ **Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 181,000	$ 27.15
AD&D	6	$ 181,000	$ 7.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 34.39

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	This Information Is Calculated For You: Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note Benefit reduces 50% at spouse's age 65)	STD Benefit	This Information Is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, [illegible]	M	[redacted]	1		[redacted]	55	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
2	[illegible]	M		1			50	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, [illegible]	M		1			36	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROBELLO, [illegible]	M		1			27	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
5	REYES, [illegible]	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.40
6	RADINE, [illegible]	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $73.96

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
04/08

Special Instructions:

ACCOUNT NO:

PROJECT NO: **COST CODE:**

Requested by: Ehammond **Date:** 04/23/08

Approved by: Dennis Ikeda **Date:** 04/23/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To Usable Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kahuakoi Water	30006525-LT	4/1/2009

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.60

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		
6	$ 14,792	Gross Premium	$ 73.96
		Charges	
		Credits	
		Premium Due	$ 73.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $34.39 ✓

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
05/08
05/08 Life ins prem WTR

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 06/12/08

Approved by: Dennis Ikeda

Date: 06/12/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

ATTACHMENT CA-IR-35a

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalualus Water	30008525	10/1/2007	5/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? Yes / No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
2	Required: $300,000				If STD Included, Maximum Required	
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3		Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING: None / Nearest $1,000 / Up $1,000 / Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 181,000	$ 27.15
AD&D	6	$ 181,000	$ 7.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 34.39

Notes: Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: Annual / Month / Week / Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mmcdd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	This Information Is Calculated For You: Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note Benefit reduces 50% at spouse's age 65)	STD Benefit	This Information Is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	ADAMS, CONRAD	M	[redacted]	1		[redacted]	50	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JEAN D. BORNARD	M		1			50	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMANANA, MICHAEL	M		1			37	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROBELLO, JUSTIN	M		1			37	$ 19,000		$ -	$2.85	$0.76		$0.00	$3.61
5	REYES, CLEMENT	M		1			32	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6	RADINE, MARSHALL	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
7								$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

PAYMENT REQUEST FORM

[X] *Moloka'i Properties Limited*

PAYEE:	USABLE	***AMOUNT:***	$73.96 ✓
Send to:		***DUE DATE.***	this week check run
		Other:	

DESCRIPTION: LTD Payment
Water Employees
05/08
05/08 Hd Prem wtr

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO: ***COST CODE:***

Requested by: Ehammond ***Date:*** 06/12/08

Approved by: Dennis Ikeda ***Date:*** 06/12/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To Usable Life With Your Premium*

Enter Name of Policyholder Below: Kahuakoi Water

Enter Your Policy No. Below: 30000525-LT

Enter Premium Due Date Below: 5/1/2008

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
6	$ 14,792	Gross Premium	$ 73.96	Premium Due
		Charges		
		Credits		$ 73.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$9.85
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.66
4	ROBELLO, JUSTIN	M	[redacted]		[redacted]	[redacted]	$7.80
5	REYES, CLEMENT	M	[redacted]		[redacted]	[redacted]	$13.75
6	RACINE, MARSHALL	M	[redacted]		[redacted]	[redacted]	$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $34.39 ✓

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
06/08
06/06 Life ins. prem wtr

Special Instructions:

ACCOUNT NO: 000-163-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 06/12/08

Approved by: Dennis Ikeda

Date: 06/12/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

Sign And Send To Dennis Lee With Your Premium

Enter Your Initials Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Initials Here	3000000	10/1/2007	6/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Premium Adjustments Or Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	6/1/2008

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

Control: 2

State of Issue Arkansas? O Yes ● No

SCHEDULE OF BENEFITS

Select Number Of Lives (1-50)	Life and ADAD Insurance Checkbook Coverage $300,000			Dependent Life	Short Term Disability Maximum $100 Weekly Maximum Required
2					
ERS Payroll Code	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "FINDEP" Salary Either 1, 1.5, 2, 2.5 or 3	RECURRING	Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $100 / Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		3.0	O None		
2		2.0	O Flat Amt. $1,000		
			● Up $1,500		
			O Down $5,000		

Enter Your Life Rate Per $1,000 Below	Enter Your ADAD Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volume and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

O Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum LIFE/ADAD	Maximum STD
$300,000	$0

Note: The Number Of Lives, Volume And Premium Due Will Be Calculated Given The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 181,000	$ 27.15
ADAD	6	$ 181,000	$ 7.24
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 34.39

Notes:

Guaranteed Issue $150,000

I Hereby Certify, That The Above Figures Exhibit Changes In Accordance With The Terms Of The Group Contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: O Annual O Month O Week O Hour (40/week)

Employees Information

Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	This Information Is Calculated For You: Employee's Age On Contract's Anniversary	Life/ADAD Benefit	Dependent Life (State Benefit reduces 50% at spouse's age 65)	STD Benefit	This Information Is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly ADAD Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
[redacted]	M	[redacted]	1		[redacted]	40	$ 26,000		$	$4.20	$1.12		$0.00	$5.32
[redacted]	M		1			60	$ 34,000		$	$0.00	$0.96		$0.00	$0.96
[redacted]	M		1			32	$ 26,000		$	$4.20	$1.12		$0.00	$5.32
[redacted]	M		1			28	$ 19,000		$	$2.85	$0.76		$0.00	$3.61
[redacted]	M		1			33	$ 34,000		$	$5.10	$1.36		$0.00	$6.46
[redacted]	M		1			62	$ 46,000		$	$7.20	$1.92		$0.00	$9.12
							$ -		$	$0.00	$0.00		$0.00	$0.00
							$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $73.96 ✓

DUE DATE this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
06/08
06/08 LTD pay prev wtr

Special Instructions:

ACCOUNT NO: 500-163 150

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 06/12/08

Approved by: Dennis Ikeda

Date: 06/12/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kauiakoi Water

Enter Your Policy No. Below: 30008825-LT

Enter Premium Due Date Below: 8/1/2003

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.60

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
6	$ 14,792	Gross Premium	$ 73.96	Premium Due
		Charges		
		Credits		$ 73.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/Week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7						$0.00	$0.00
8						$0.00	$0.00

USABLE LIFE

07/01/08—09/30/09

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

CONFIDENTIAL
SUBJECT TO
PROTECTIVE ORDER

PAYEE: USABLE

Send to:

AMOUNT: $45.79

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
07/08

Special Instructions:

ACCOUNT NO: 100-485-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 07/25/08

Approved by: E Hammond

Date: 07/25/08

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To US/Life Life With Your Premium*

Enter Name or Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kahaikai Water	30006525	10/1/2007	7/1/2008

IMPORTANT: Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum		Dependent Life	Short Term Disability Maximum	
	Required			If STD Included, Maximum Required	
2	$300,000				
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3	Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0			
2		2.0			

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ **Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 241,000	$ 36.15
AD&D	7	$ 241,000	$ 9.64
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$
		Total Premium Due This Month	$ 45.79

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	This Information is Calculated For You: Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	This Information is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	60	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			50	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			37	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	ROBELLO, JUSTIN	M		1			27	$ 15,000		$ -	$2.85	$0.76		$0.00	$3.61
5	REYES, CLEMENT	M		1			33	$ 34,000		$ -	$6.10	$1.36		$0.00	$6.46
6	RACINE, MARCHAL	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
7	Kamakana, Tim	M		1			29	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $98.96

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
07/08

Special Instructions:

ACCOUNT NO: 100-480-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 07/25/08

Approved by: E Hammond

Date: 07/25/08

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kailuakoi Water

Enter Your Policy No. Below: 30008525-LT

Enter Premium Due Date Below: 7/1/2008

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
7	$ 19,792	Gross Premium	$ 98.96	Premium Due
		Charges		
		Credits		$ 98.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7	Kamakana, Rex	M					$25.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $45.79 ✓

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
08/08

Special Instructions:

ACCOUNT NO: ~~100~~ 609-485-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 08/19/08

Approved by: E Hammond

Date: 08/19/08

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To Unum Life With Your Premium*

Enter Name Of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalmazoo Water	2000K425	10/1/2000	8/1/2006

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefit And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2000	8/1/2006

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? O Yes ● No

Control: Z

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum
2	Required $300,000				U.S.T.D Included, Maximum Required
Employee Class	Enter "FLAT" Amount, I.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3		Enter Benefit, I.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, I.e., 50%, 60%, Etc.
1		1.5	ROUNDING			
2		2.0	O None			
			O Nearest $1,000			
			● Up $1,000			
			O Down $1,000			

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$2.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Categories Of The Census Below.

O Click Here, If You Are Calculating Your Volumes Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 241,000	$ 36.15
AD&D	7	$ 241,000	$ 9.64
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 45.79

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual O Month O Week O Hour (40/week)

Employees Information

	Employee Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Enter Main Choice Made Above)	Employee's Age On Contract's Anniversary	This Information Is Calculated For You: Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	This Information Is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	[redacted]	M	[redacted]	1		[redacted]	50	$ 20,000		$ -	$8.20	$1.12		$0.00	$9.32
2	[redacted]	M	[redacted]	1		[redacted]	50	$ 21,000		$ -	$8.60	$1.05		$0.00	$9.65
3	[redacted]	M	[redacted]	1		[redacted]	37	$ 27,000		$ -	$4.20	$1.12		$0.00	$5.32
4	[redacted]	M	[redacted]	1		[redacted]	27	$ 13,000		$ -	$2.85	$0.76		$0.00	$3.61
5	[redacted]	M	[redacted]	1		[redacted]	30	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6	[redacted]	M	[redacted]	1		[redacted]	32	$ 45,000		$ -	$7.20	$1.80		$0.00	$9.00
7	[redacted]	M	[redacted]	1		[redacted]	28	$ 50,000		$ -	$9.00	$2.40		$0.00	$11.40
8								$		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $98.96 ✓

DUE DATE: this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
08/08

Special Instructions:

ACCOUNT NO: ~~100~~ 609-480-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 08/19/08

Approved by: E Hammond

Date: 08/19/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To Usable Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Keluakoi Water	300085525-LT	8/1/2008

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
7	$ 19,792	Gross Premium	$ 98.96	Premium Due
		Charges		
		Credits		$ 98.96

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	ROBELLO, JUSTIN	M					$7.80
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7	Kamakana, Rex	M					$26.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $42.18

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
09/08

Special Instructions:

ACCOUNT NO: 609-485-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 09/16/08

Approved by: E Hammond

Date: 09/16/08

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalualo Water	30309525	10/1/2007	8/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
	Reduced				If STD Included, Maximum Required	
2	$300,000					
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3		Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- None
- Nearest $1,000
- Up $1,000
- Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

- Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You Calculations Are Based On Your Completion Of The Census Below.
- Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 222,000	$ 33.30
AD&D	6	$ 222,000	$ 8.88
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 42.58

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: Annual / Month / Week / Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	ACUINO, DONRAO	M	[redacted]	1		[redacted]	50	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUANJO, BERNARD	M		1			50	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAYANA, MICHAEL	M		1			37	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
4		M						$ -		$ -	$0.00	$0.00		$0.00	$0.00
5	REYES, GLYMONT	M		1			33	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
6	RADINE, MANSHANG	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
7	Kamaraka, Rio	M		1			29	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

This Information Is Calculated For You

This Information Is Calculated For You

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $91.16

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
09/08

Special Instructions:

ACCOUNT NO: 609-480-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 09/16/08

Approved by: E Hammond

Date: 09/16/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kaluakoi Water

Enter Your Policy No. Below: 30009525-LT

Enter Premium Due Date Below: 9/1/2009

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.60

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $18,257

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		Gross Premium	$ 91.16	Premium Due
8	$ 16,232		Charges		
			Credits		$ 91.16

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4							$0.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7	Kamakana, Rex	M					$25.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $42.18 ✓

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
10/08

Special Instructions:

ACCOUNT NO: 609-485-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 10/20/08

Approved by: E Hammond

Date: 10/20/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalusiol Water	30009525	10/1/2008	10/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum (Required)			Dependent Life	Short Term Disability Maximum (If STD Included, Maximum Required)	
2	$300,000					
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3		Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		1.5				
2		2.5				

ROUNDING
- None
- Nearest $1,000
- Up $1,000
- Down $1,000

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? Yes / No

Control: 2

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 222,000	$ 33.30
AD&D	6	$ 222,000	$ 8.88
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 42.18

Notes: Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: Annual / Month / Week / Hour (40/week)

Employees Information

This Information Is Calculated For You

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	[illegible]	M	[redacted]	1		[redacted]	50	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	[illegible]	M		1			51	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	[illegible]	M		1			37	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
4	[illegible]	M		1			29	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
5	[illegible]	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
6	[illegible]	M		1			33	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7		M						$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

[X] Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $91.16 ✓

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
10/08

Special Instructions:

ACCOUNT NO: 609-480-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 10/20/08

Approved by: E Hammond

Date: 10/20/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kaluakol Water

Enter Your Policy No. Below: 30006525-LT

Enter Premium Due Date Below: 10/1/2003

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.80

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $18,867

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		
5	$ 16,232	Gross Premium	$ 81.16
		Charges	
		Credits	
		Premium Due	$ 81.16

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.56
4	KAMAKANA, REX	M					$25.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited		

PAYEE: USABLE

Send to:

AMOUNT: $42.18

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
11/08

Special Instructions:

ACCOUNT NO: 609-485-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 12/09/08

Approved by: EHammond

Date: 12/09/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE Print, Sign And Send For USable Life With Your Premium

Enter Name Of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kanakaroa Water	3000/6525	10/1/2008	11/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

Control: 2

State of Issue Arkansas? Yes / No

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum (Required)			Dependent Life	Short Term Disability Maximum (If STD Selected, Maximum Required)	
2	$300,000					
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "BASIC" Salary-Either 1, 1.5, 2, 2.5 or 3		Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING: None / Nearest $1,000 / Up $1,000 / Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.13	$0.04		

Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below

Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Numbers of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 222,000	$ 33.36
AD&D	6	$ 222,000	$ 8.88
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 42.24

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: Annual / Month / Week / Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	This Information Is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	60	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	LUCIO, BERNARD	M		1			51	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			37	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			25	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
5	RACINE, MARSHALL	M		1			52	$ 45,000		$ -	$6.75	$1.80		$0.00	$8.55
6	REYES, CLEMENT	M		1			33	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7		M						$ -		$	$0.00	$0.00		$0.00	$0.00
8								$ -		$	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $91.16

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
11/08

Special Instructions:

ACCOUNT NO: 609-480-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 12/09/08

Approved by: E. Hammond

Date: 12/09/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kahiakoi Water

Enter Your Policy No. Below: 35005525-LT

Enter Premium Due Date Below: 11/1/2009

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.60

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. *Calculations Are Based On Your Completion Of The Census Below.*
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $18,857

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		
8	$ 18,232	Gross Premium Charges	$ 91.16
		Credits	
		Premium Due	$ 91.16

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$25.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $42.18

DUE DATE. this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
12/08

Special Instructions:

ACCOUNT NO: 609-485-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 12/09/08

Approved by: EHammond

Date: 12/09/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalsalvo Water	30000525	10/1/2008	12/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
2	Required $300,000				If STD Included, Maximum Required	
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3		Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	6	$ 222,000	$ 33.30
AD&D	6	$ 222,000	$ 8.88
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 42.18

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

This Information Is Calculated For You

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	ADUINO, CONRAD	M	[redacted]	1		[redacted]	50	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			51	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			37	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			30	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
5	RADINE, MARSHALL	M		1			52	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
6	REVES, CLEMENT	M		1			33	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7		M						$ -		$ -	$0.00	$0.00		$0.00	$0.00
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	Moloka'i Properties Limited

PAYEE: USABLE

Send to:

AMOUNT: $91.16

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
12/08

Special Instructions:

ACCOUNT NO: 609-480-00

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 12/09/08

Approved by: E Hammond

Date: 12/09/08

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kahuakoi Water

Enter Your Policy No. Below: 30000525-LT

Enter Premium Due Date Below: 12/1/2009

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $10,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)	Gross Premium	$ 91.16	Premium Due
#	$ 18,232	Charges		
		Credits		$ 91.16

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$25.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7						$0.00	$0.00
8						$0.00	$0.00

PAYMENT REQUEST FORM

X	*Water Companies*
	Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $47.88

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
1/09

ACCOUNT NO:

0.41	Wai	000-125-00	19.63
0.44	MPU	000-123-30	21.07
0.15	Mos	000-123-35	7.18

609-400-00

Special Instructions:

PROJECT NO:

COST CODE:

Requested by: Ehammond E Hammond **Date:** 02/02/09

Approved by: **Date:** 02/02/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalbaker Water	30008525	10/1/2008	1/1/2009

IMPORTANT: Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
	Required				* STD Maximum, Maximum - Required	
2	$300,000					
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3		Enter Benefit: i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings: i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ **Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 252,000	$ 37.80
AD&D	7	$ 252,000	$ 10.08
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 47.88

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	This Information Is Calculated For You: Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	This Information Is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	[illegible]	M	[redacted]	1		[redacted]	50	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	[illegible]	M		1			51	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	[illegible]	M		1			37	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	[illegible]	M		1			30	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
5	[illegible]	M		1			53	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
6	[illegible]	M		1			33	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7	[illegible]	F		1			30	$ 30,000		$ -	$4.50	$1.20		$0.00	$5.70
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	*Water Companies*
	Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $103.29

DUE DATE: this week check run

Other:

DESCRIPTION: LTD Payment

Water Employees

1/09

0.41	**Wai**	**000-125-00**	**42.35**
0.44	**MPU**	**000-123-30**	**45.45**
0.15	**Mos**	**000-123-35**	***15.49***

ACCOUNT NO: 609-480-00

Special Instructions:

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 02/02/09

Approved by: E Hammond

Date: 02/02/09

FOR ACCOUNTING USE ONLY **CHECK #** **DATE:**

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE *Print, Sign And Send To Usable Life With Your Premium*

Enter Name of Policyholder Below: Kalualoi Water

Enter Your Policy No. Below: 30006528-LT

Enter Premium Due Date Below: 1/1/2009

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.60

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		Gross Premium	Premium Due
7	$ 20,689	Charges	$ 103.29	
		Credits		$ 103.29

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employees Information

This information is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$25.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7	BICOY, MARIA	F					$12.13
8						$0.00	$0.00

MOS

PAYMENT REQUEST FORM

[X] Water Companies
[ ] Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $47.88 ✓

DUE DATE: this week check run

Other:

POSTED

DESCRIPTION: Life Insurance Payment
Water Employees
1-Feb

	0.41	Wai	000-125-00	19.63
	0.44	MPU	000-123-30	21.07
ACCOUNT NO:	0.15	Mos	000-123-35	7.18 ✓

Special Instructions:

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 03/13/09

Approved by: E Hammond

Date: 03/13/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name or Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kamakoi Water	30008525	10/1/2008	2/1/2009

IMPORTANT: Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum Required		Dependent Life	Short Term Disability Maximum (If STD Required, Maximum Required)	
2	$300,000				
Employee Class	Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary-Either 1, 1.5, 2, 2.5 or 3	Enter Benefit; i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		1.0			
2		2.0			

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ **Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 252,000	$ 37.80
AD&D	7	$ 252,000	$ 10.08
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 47.88

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40/Week)

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (Inventory) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	AQUINO, CONRAD	M	[redacted]	1		[redacted]	50	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BERNARD	M		1			51	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
3	KAMAKANA, MICHAEL	M		1			37	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
4	KAMAKANA, REX	M		1			30	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
5	RADINE, MARGARET	M		1			53	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
6	REYES, CLEMENT	M		1			33	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
7	BUDDY, MARIA	F		1			30	$ 30,000		$ -	$4.50	$1.20		$0.00	$5.70
8								$ -		$ -	$0.00	$0.00		$0.00	$0.00

This Information Is Calculated For You

This Information Is Calculated For You

ATTACHMENT CA-IR-35a

MUS

PAYMENT REQUEST FORM

X	Water Companies
	Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $103.29

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment

Water Employees

1-Feb

	0.41	Wai	000-125-00	42.35
	0.44	MPU	000-123-30	45.45
ACCOUNT NO:	0.15	Mos	000-123-35	15.49 ✓

Special Instructions:

PROJECT NO: **COST CODE:**

Requested by: Ehammond **Date:** 03/13/09

Approved by: E Hammond **Date:** 03/13/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kaluakoi Water

Enter Your Policy No. Below: 30008526-LT

Enter Premium Due Date Below: 2/1/2009

Click Below On Your Monthly Benefit %

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $18,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
7	$ 20,659	Gross Premium	$ 103.29	Premium Due
		Charges		
		Credits		$ 103.29

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$25.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7	BICOY, MARIA	F					$12.13
8						$0.00	$0.00

Mar

PAYMENT REQUEST FORM

X	Water Companies
	Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $47.88

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment

Water Employees

1-Mar

0.41	Wai	000-125-00	19.63
0.44	MPU	000-123-30	21.07
0.15	Mos	000-123-35	7.18 ✓

ACCOUNT NO:

Special Instructions:

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 03/13/09

Approved by: E Hammond

Date: 03/13/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Fallbrook Water	3000[redacted]	10/1/2008	3/1/2009

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[redacted]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? O Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum (Required)
2	$300,000

Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc	Enter "FACTOR" Salary-Either 1, 1.5, 2, 2.5 or 3
1		1.5
2		2.0

ROUNDING
- O None
- O Nearest $1,000
- ● Up $1,000
- O Down $1,000

Dependent Life	Short Term Disability Maximum (If STD Selected, Maximum Required)	
Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your #Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

O **Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.**

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 252,000	$ 37.80
AD&D	7	$ 252,000	$ 10.08
Dependent Life	0	$ -	$ -
STD	0	$	$ -
Additional Charges			$ -
Credits			$ -
Total Premiums Due This Month			$ 47.88

Notes:

Guaranteed Issue $150,000

I Hereby Certify That The Above Figures Exhibit Changes In Accordance With The Terms Of The Group Contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual O Month O Week O Hour (40/week)

Employees Information

Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
										This Information Is Calculated For You			This Information Is Calculated For You	
[redacted]	M	[redacted]	1		[redacted]	60	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
[redacted]	M		1			61	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
[redacted]	M		1			37	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
[redacted]	M		1			30	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
[redacted]	M		1			63	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
[redacted]	M		1			37	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
[redacted]	F		1			80	$ 20,000		$ -	$3.00	$1.20		$0.00	$5.20
							$ -		$ -	$0.00	$0.00		$0.00	$0.00

MOS

PAYMENT REQUEST FORM

[X] Water Companies
[ ] Do separate Checks

PAYEE: USABLE
Send to:

AMOUNT: $103.29
DUE DATE: this week check run
Other:

DESCRIPTION: LTD Payment
Water Employees
1-Mar

ACCOUNT NO:
0.41 Wai 000-125-00 42.35
0.44 MPU 000-123-30 45.45
0.15 Mos 000-123-35 15.49

Special Instructions:

PROJECT NO:
COST CODE:

Requested by: Ehammond
Date: 03/13/09
Approved by: E Hammond
Date: 03/13/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE. Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below: Kalualoi Water

Enter Your Policy No. Below: 300068526-LT

Enter Premium Due Date Below: 3/1/2009

Click Below On Your Monthly Benefit %

- 50%
- 60%
- 66 2/3%
- Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- $3,000
- $5,000
- $6,000
- $7,500
- $10,000
- Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD *Self-Reporting Form Is Provided For Your Use. Go To The Form By* Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $16,667

Note: *The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.*

# of Lives	Total Monthly Covered Payroll (MCP)		
7	$ 26,659	Gross Premium	$ 103.29
		Charges	
		Credits	
		Premium Due	$ 103.29

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- Annual
- Month
- Week
- Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$9.85
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.66
4	KAMAKANA, REX	M	[redacted]		[redacted]	[redacted]	$25.00
5	REYES, CLEMENT	M	[redacted]		[redacted]	[redacted]	$13.75
6	RACINE, MARSHALL	M	[redacted]		[redacted]	[redacted]	$19.59
7	BICOY, MARIA	F	[redacted]		[redacted]	[redacted]	$12.13
8						$0.00	$0.00

PAYMENT REQUEST FORM

[X] Water Companies
[ ] Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $47.88

DUE DATE: this week check run

Other:

POSTED

DESCRIPTION: Life Insurance Payment
Water Employees
1-Apr

0.41	Wai	100-485-00	19.63
0.44	MPU	100-485-00	21.07
0.15	Mos	100-485-00	7.18

Special Instructions:

ACCOUNT NO:

PROJECT NO: COST CODE:

Requested by: Ehammond Date: 05/29/09

Approved by: E Hammond Date: 05/29/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign, and Send To Unicare Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Rainbow Water	3000000	10/1/2000	6/1/2003

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment of Benefits and Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2000	[illegible]

At 65	At 70	At 75
35.0000000%	50.0000000%	50.0000000%

State of Issue Arkansas? O Yes ● No

Control: 2

SCHEDULE OF BENEFITS

Enter Number of Classes (1, 2, 3)	Life and AD&D Insurance Maximum Required			Dependent Life	Short Term Disability Maximum Not To Exceed Maximum Indicated
1	$300,000				
Employee Class	Enter "FLAT" Amount, e.g. $25,000, Etc.	Enter "TIMES" Salary, Enter 1, 1.5, 2, 2.5 or 3		Enter Benefit, i.e. $2,000, $3,000, Etc.	Enter "Flat" Amount Below $50 to $300 / Enter % Of Weekly Earnings, 50, 60%, 66%, Etc.
1		1.0			
2		2.0			

Rounding: O None; O Nearest $1,000; ● Up $1,000; O Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

● Click Here, If You Want Your Employees, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

O Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Allowed Life	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	Lives	Volume	Premium
Life	1	$ 252,000	$ 37.80
AD&D	1	$ 252,000	$ 10.08
Dependent Life	0	$	$
STD	0	$	$
Additional Charges			$
Credits			$
Total Premium Due This Month			$ 47.88

Notes: Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Also: ● Annual; O Month; O Week; O Hour (40/week)

Employees Information

Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter Y or N	Earnings Rounded Name Be Any Salary Based Including STD (Be Sure Enter Match Choice Made Above)	Employee's Age On Contract Anniversary	Life/AD&D Benefit	Dependent Life Note: Benefit Reduced 50% at Employee's age 65	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
ADAMS, DONALD	M	[redacted]	1		[redacted]	51	$ 24,000		$	$0.20	$0.12		$0.00	$0.32
BURNS, BERNARD	M		1			51	$ 24,000		$	$0.20	$0.12		$0.00	$0.32
FONTANA, MICHAEL	M		1			31	$ 30,000		$	$0.25	$0.15		$0.00	$0.40
ANDERSON, REX	M		1			50	$ 30,000		$	$0.25	$0.15		$0.00	$0.40
ADAMS, BARBARA	M		1			45	$ 48,000		$	$0.40	$0.24		$0.00	$0.64
BEYER, CLARENCE	M		1			53	$ 30,000		$	$0.25	$0.15		$0.00	$0.40
BOOY, MARK	F		1			30	$ 30,000		$	$0.25	$0.15		$0.00	$0.40
							$		$	$0.00	$0.00		$0.00	$0.00

This Information Is Calculated For You

This Information Is Calculated For You

ATTACHMENT CA-IR-35a

MW

PAYMENT REQUEST FORM

X	Water Companies
	Do separate Checks

PAYEE: USABLE

Send to:

POSTED

AMOUNT: $103.29

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment

Water Employees

1-Apr

0.41	Wai	100-480-00	42.35
0.44	MPU	100-480-00	45.45
0.15	Mos	100-480-00	15.49

ACCOUNT NO:

Special Instructions:

PROJECT NO: **COST CODE:**

Requested by: Ehammond **Date:** 05/29/09

Approved by: E Hammond **Date:** 05/29/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usahw Life With Your Premium

Enter Name of Policyholder Below: Kaluakoi Water

Enter Your Policy No. Below: 500005525-LT

Enter Premium Due Date Below: 4/1/2009

Click Below On Your Monthly Benefit %:

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit:

- ○ $2,500
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below: $0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap"): $15,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)		
7	$ 20,659	Gross Premium	$ 103.29
		Charges	
		Credits	
		Premium Due	$ 103.29

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$25.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7	SCOY, MARIA	F					$12.13
8						$0.00	$0.00

Mos

PAYMENT REQUEST FORM

[X] Water Companies
[ ] Do separate Checks

PAYEE: USABLE

Send to:

POSTED

AMOUNT: $47.88

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
1-May

0.41	Wai	100-485-00	19.63
0.44	MPU	100-485-00	21.07
0.15	Mos	100-485-00	7.18

ACCOUNT NO:

Special Instructions:

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 05/29/09

Approved by: E Hammond

Date: 05/29/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name or Policy Order Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Reliance, Water	20008525	10/1/2003	5/1/2003

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

SCHEDULE OF BENEFITS

Enter Number Of Lives (Lt)	Life and AD&D Insurance Maximum Required			Dependent Life	Short Term Disability Maximum	
7	$300,000				8 STD Included, Maximum Required	
Employee Class	Enter "FLAT" Amount (i.e., $25,000, Etc.	Enter "Factor" Salary—Enter 1, 1.5, 2, 2.5 or 3		Enter Benefit, i.e., $2,000, $3,000, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- ○ None
- ○ Nearest $1,000
- ● Up $1,000
- ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.10	$0.04		

● Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You, Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 252,000	$ 37.00
AD&D	7	$ 252,000	$ 10.00
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 47.00

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ● Annual ○ Month ○ Week ○ Hour (40 Week)

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	5/23/2003

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue, Arkansas? ○ Yes ● No

Control: 2

Employees Information

	Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required if Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	This Information Is Calculated For You: Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% of spouse's age 65)	STD Benefit	This Information Is Calculated For You: Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
1	MAXIMO, CONRAD	M	[redacted]	1		[redacted]	51	$ 25,000		$	$4.20	$1.12		$0.00	$5.32
2	JUARIO, BARNABE	M		1			51	$ 24,000		$	$3.00	$0.90		$0.00	$4.00
3	KAMAKAMI, MICHAEL	M		1			35	$ 25,000		$	$4.20	$1.12		$0.00	$5.32
4	KALLAKAMI, NEIL	M					30	$ 60,000		$	$3.00	$2.40		$0.00	$11.40
5	RAINS, MARSHALL	M					53	$ 45,000		$	$7.20	$1.92		$0.00	$6.12
6	REYES, DEBORAH	M		1			33	$ 34,000		$	$5.10	$1.20		$0.00	$6.90
7	SIDDY, KEIRIP	P					30	$ 30,000		$	$4.80	$1.20		$0.00	$6.70
8								$		$	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

MOS

PAYMENT REQUEST FORM

X	Water Companies
	Do separate Checks

PAYEE: USABLE

Send to:

POSTED

AMOUNT: $103.29

DUE DATE: this week check run

Other:

DESCRIPTION: LTD Payment

Water Employees

1-May

0.41	Wai	100-480-00	42.35
0.44	MPU	100-480-00	45.45
0.15	Mos	100-480-00	15.49

ACCOUNT NO:

Special Instructions:

PROJECT NO: COST CODE:

Requested by: EHammond Date: 05/29/09

Approved by: EHammond Date: 05/29/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kaluakai Water	30008525-LT	5/1/2008

Click Below On Your Monthly Benefit %

○ 50% ◉ 60% ○ 66 2/3%

○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

○ $3,000 ○ $5,000 ○ $6,000 ○ $7,500

◉ $10,000 ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Covered Salary ("Cap") $16,667

# of Lives	Total Monthly Covered Payroll (MCP)			Premium Due
7	$ 20,659	Gross Premium	$ 103.29	
		Charges		
		Credits		$ 103.29

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

◉ Annual ○ Month

○ Week ○ Hour (10/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$9.85
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.66
4	KAMAKANA, REX	M	[redacted]		[redacted]	[redacted]	$25.00
5	REYES, CLEMENT	M	[redacted]		[redacted]	[redacted]	$13.75
6	RACINE, MARSHALL	M	[redacted]		[redacted]	[redacted]	$19.59
7	BICOY, MARIA	F	[redacted]		[redacted]	[redacted]	$12.13
8						$0.00	$0.00

PAYMENT REQUEST FORM

[X] Water Companies
[ ] Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $47.88

DUE DATE: this week check run

Other:

POSTED

DESCRIPTION: Life Insurance Payment
Water Employees
1-Jun

0.41	Wai	100-485-00	19.63
0.44	MPU	100-485-00	21.07
0.15	Mos	100-485-00	7.18

ACCOUNT NO:

Special Instructions:

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 05/29/09

Approved by: E Hammond

Date: 05/29/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAble Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalusha Water	33008525	10/1/2008	6/1/2009

IMPORTANT: Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
	Required				If STD Included, Maximum Required	
2	$300,000					
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary—Either 1, 1.5, 2, 3 Or 5		Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below, $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		1.0				
2		2.0				

ROUNDING
- None
- Nearest $1,000
- Up $1,000
- Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.15	$0.04		

- Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You, Calculations Are Based On Your Completion Of The Census Below.
- Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 252,000	$ 37.80
AD&D	7	$ 252,000	$ 10.08
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 47.88

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Employee Age
- Annual
- Month
- Week
- Hour (40/week)

Home Office Use Only!

Contract Date	Today's Date
10/0/2008	0.0000000

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? Yes / No

Control: 2

Employees Information

This Information Is Calculated For You

This Information Is Calculated For You

Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
[illegible]	M	[redacted]			[redacted]	51	$ 25,000		$	$4.30	$1.12		$0.00	$5.82
[illegible]	M					51	$ 25,000		$	$3.60	$0.96		$0.00	$4.56
[illegible]	M					33	$ 25,000		$	$4.30	$1.12		$0.00	$5.82
[illegible]	M					30	$ 80,000		$	$9.00	$2.40		$0.00	$11.40
[illegible]	M					53	$ 46,000		$	$7.20	$1.92		$0.00	$9.12
[illegible]	M					34	$ 85,000		$	$5.40	$1.20		$0.00	$6.60
[illegible]	M					30	$ 80,000		$	$4.50	$1.20		$0.00	$5.70
							$		$	$0.00	$0.00		$0.00	$0.00

PAYMENT REQUEST FORM

X	Water Companies
	Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $103.29

DUE DATE: this week check run

Other:

POSTED

DESCRIPTION: LTD Payment

Water Employees

1-Jun

0.41	Wai	100-480-00	42.35
0.44	MPU	100-480-00	45.45
0.15	Mos	100-480-00	15.49 ✓

ACCOUNT NO:

Special Instructions:

PROJECT NO: COST CODE:

Requested by: Ehammond Date: 05/29/09

Approved by: E Hammond Date: 05/29/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kaluakoi Water	30008025-LT	8/1/2000

Click Below On Your Monthly Benefit %

○ 50% ◉ 60% ○ 66 2/3%

○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

○ $3,000 ○ $5,000 ○ $6,000 ○ $7,500

◉ $10,000 ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap")

$16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			Premium Due
7	$ 20,659	Gross Premium	$ 103.29	
		Charges		
		Credits		$ 103.29

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

◉ Annual ○ Month

○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.66
4	KAMAKANA, REX	M					$25.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7	BICOY, MARIA	F					$12.13
8						$0.00	$0.00

MLS

PAYMENT REQUEST FORM

POSTED

[X] Water Companies
[ ] Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $47.88

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment water July 09
Water Employees
1-Jul

0.41	Wai	100-485-00	19.63
0.44	MPU	100-485-00	21.07
0.15	Mos	100-485-00	7.18 ✓

ACCOUNT NO:

Special Instructions:

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 07/15/09

Approved by: E Hammond

Date: 07/15/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To USAMs Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kalinskol Water	30000525	10/1/2008	7/1/2009

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ◉ No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (Y/N)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
2	$300,000			Enter Benefit; i.e., $2,000, $2,500, Etc.		
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary—Either 1, 1.5, 2, 2.5 or 3			Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings; i.e., 50%, 60%, Etc.
1		1.0	WAIVING: ○ None			
2		2.0	○ Nearest $1,000			
			◉ Up $1,000			
			○ Down $1,000			

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.11	$0.04		

◉ Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You, Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes, Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use, Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 252,000	$ 37.80
AD&D	7	$ 252,000	$ 10.08
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 47.88

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ◉ Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

This Information Is Calculated For You

Employee's Name (Last)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
AQUINO, LONRAC	M	[redacted]	1		[redacted]	51	$ 26,000		$ -	$4.20	$1.12		$0.00	$5.32
AJARIO, BERNARD	M		1			51	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
KAMAKANA, MICHAEL	M		1			38	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
KAMAKANA, BILA	M		1			30	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
RACINE, MARSHALL	M		1			53	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
REYES, CLEMENT	M		1			34	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
BICOY, MARIA	F		1			30	$ 30,000		$ -	$4.50	$1.20		$0.00	$5.70
							$ -		$ -	$0.00	$0.00		$0.00	$0.00

MGS

PAYMENT REQUEST FORM

X	Water Companies
	Do separate Checks

POSTED

PAYEE: USABLE

Send to:

AMOUNT: $103.29

DUE DATE. this week check run

Other:

DESCRIPTION: LTD Payment wtr July 09

Water Employees

1-Jul

0.41	Wai	100-480-00	42.35
0.44	MPU	100-480-00	45.45
0.15	Mos	100-480-00	15.49 ✓

ACCOUNT NO:

PROJECT NO:

COST CODE:

Special Instructions:

Requested by: Ehammond

Date: 07/15/09

Approved by: E Hammond

Date: 07/15/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

GROUP LONG TERM DISABILITY INSURANCE

REPORT OF PREMIUMS DUE *Print, Sign And Send To Usable Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kaluakoi Water	30008525 LT	7/1/2009

Click Below On Your Monthly Benefit

- ○ 50%
- ◉ 60%
- ○ 66 2/3%
- ○ Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- ○ $3,000
- ○ $5,000
- ○ $6,000
- ○ $7,500
- ◉ $10,000
- ○ Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

- ◉ Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- ○ Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Covered Salary ("Cap") $16,667

# of Lives	Total Monthly Covered Payroll (MCP)			Premium Due
7	$ 20,669	Gross Premium	$ 103.29	
		Charges		
		Credits		$ 103.29

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- ◉ Annual
- ○ Month
- ○ Week
- ○ Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M	[redacted]		[redacted]	[redacted]	$9.85
3	KAMAKANA, MICHAEL	M	[redacted]		[redacted]	[redacted]	$11.66
4	KAMAKANA, REX	M	[redacted]		[redacted]	[redacted]	$25.00
5	REYES, CLEMENT	M	[redacted]		[redacted]	[redacted]	$13.75
6	RACINE, MARSHALL	M	[redacted]		[redacted]	[redacted]	$19.59
7	BICOY, MARIA	F	[redacted]		[redacted]	[redacted]	$12.13
8						$0.00	$0.00

MCS

PAYMENT REQUEST FORM

X	Water Companies
	Do separate Checks

PAYEE: USABLE

Send to:

AMOUNT: $47.88

DUE DATE: this week check run

Other:

POSTED

DESCRIPTION: Life Insurance Payment

Water Employees

1-Aug

0.41	Wai	100-485-00	19.63
0.44	MPU	100-485-00	21.07
0.15	Mos	100-485-00	7.18

ACCOUNT NO:

Special Instructions:

PROJECT NO:

COST CODE:

Requested by: Ehammond

Date: 08/25/09

Approved by: E Hammond

Date: 08/25/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE Print, Sign And Send To USAble Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
Kanakai Water	30068525	10/1/2003	6/1/2009

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid, To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	

At 65	At 70	At 75
35.000000%	50.000000%	60.000000%

State of Issue Arkansas? ○ Yes ◉ No

Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10)	Life and AD&D Insurance Maximum			Dependent Life	Short Term Disability Maximum	
2	$300,000					
Employee Class	Enter "FLAT" Amount, i.e., $25,000, Etc.	Enter "TIMES" Salary--Enter 1, 1.5, 2, 2.5 or 3	ROUNDING	Enter Benefit, i.e., $2,000, $2,500, Etc.	Enter "Flat" Amount Below: $50 to $200	Enter % Of Weekly Earnings, i.e., 50%, 60%, Etc.
1		1.5	○ None			
2		2.0	○ Nearest $1,000			
			◉ Up $1,000			
			○ Down $1,000			

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.12	$0.04		

◉ Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

No Limits	
$300,000	$0

Note: The Number of Lives, Volumes and Premiums Due Will Be Calculated From The Census Information Completed By You Below.

Premiums Due

	# Lives	Volume	Premium
Life	7	$ 252,000	$ 37.00
AD&D	7	$ 252,000	$ 10.08
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
		Additional Charges	$ -
		Credits	$ -
		Total Premium Due This Month	$ 47.08

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ◉ Annual ○ Month ○ Week ○ Hour (40/week)

Employees Information

Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (YES)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
						This Information Is Calculated For You				This Information Is Calculated For You				
ACUINO, CONRAD	M	[redacted]	1		[redacted]	51	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
JUASIO, BERNARD	M		1			51	$ 24,000		$ -	$3.60	$0.96		$0.00	$4.56
KAMAKANA, MICHAEL	M		1			38	$ 28,000		$ -	$4.20	$1.12		$0.00	$5.32
KAMAKANA, NEX	M		1			30	$ 60,000		$ -	$9.00	$2.40		$0.00	$11.40
RACINE, MARSHALL	M		1			53	$ 48,000		$ -	$7.20	$1.92		$0.00	$9.12
REYES, CLEMENT	M		1			34	$ 34,000		$ -	$5.10	$1.36		$0.00	$6.46
SPOY, MARIA	F		1			30	$ 30,000		$ -	$4.50	$1.20		$0.00	$5.70
							$ -		$ -	$0.00	$0.00		$0.00	$0.00

ATTACHMENT CA-IR-35a

MOS

PAYMENT REQUEST FORM

[X] Water Companies
[ ] Do separate Checks

PAYEE: USABLE

Send to:

POSTED

AMOUNT: $103.29

DUE DATE this week check run

Other:

DESCRIPTION: LTD Payment
Water Employees
1-Aug

0.41	Wai	100-480-00	42.35
0.44	MPU	100-480-00	45.45
0.15	Mos	100-480-00	15.49

ACCOUNT NO:

Special Instructions:

PROJECT NO: **COST CODE:**

Requested by: Ehammond **Date:** 08/25/09

Approved by: E Hammond **Date:** 08/25/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE Print, Sign And Send To Usable Life With Your Premium

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kalaiakoi Water	30008525-LT	8/1/2009

Click Below On Your Monthly Benefit

- 50%
- 60%
- 55.2%
- Other Enter Amount Below

Click Below On Your Maximum Monthly Benefit

- $3,000
- $5,000
- $6,000
- $4,000
- $10,000
- Other Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

- Click Here, if You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Covered Salary ("Cap")

$16,667

# of Lives	Total Monthly Covered Payroll (MCP)			
7	$ 20,659	Gross Premium	$ 103.29	Premium Due
		Charges		
		Credits		$ 103.29

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- Annual
- Month
- Week
- Half Of Week

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3	KAMAKANA, MICHAEL	M					$11.86
4	KAMAKANA, REX	M					$25.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7	BICOY, MARIA	F					$12.13
8						$0.00	$0.00

MB

PAYMENT REQUEST FORM

[X] Water Companies
[ ] Do separate Checks

POSTED

PAYEE: USABLE

AMOUNT: $42.88

Send to:

DUE DATE: this week check run

Other:

DESCRIPTION: Life Insurance Payment
Water Employees
1-Sep
0.41 Wai 100-485-00 17.58
0.44 MPU 100-485-00 18.87
0.15 Mos 100-485-00 6.43 ✓

Special Instructions:

ACCOUNT NO:

PROJECT NO:

COST CODE:

Requested by: Ehammond EH

Date: 08/31/09

Approved by:

Date: 08/31/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

ATTACHMENT CA-IR-35a

GROUP INSURANCE REPORT

REPORT OF PREMIUMS DUE *Print, Sign And Send To [illegible] Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Contract Anniversary	Enter Premium Due Date Below
[illegible] Properties Limited	39906525	10/1/2006	8/1/2008

IMPORTANT! Please Be Sure To Tell Us For Which Month Premiums Are Being Paid. To Avoid Possible Adjustment Of Benefits And Premiums, This Date Must Be Correct.

Home Office Use Only!

Contract Date	Today's Date
10/1/2003	[illegible]

At 65	At 70	At 75
35.000000%	50.000000%	50.000000%

State of Issue Arkansas? ○ Yes ◉ No — Control: 2

SCHEDULE OF BENEFITS

Enter Number Of Classes (1-10): 2

Employee Class	Life and AD&D Insurance Maximum $300,000 — Enter "FLAT" Amount; i.e., $25,000, Etc.	Enter "TIMES" Salary--Either 1, 1.5, 2, 2.5 or 3	Dependent Life — Enter Benefit; i.e., $2,000, $2,500, Etc.	Short Term Disability Maximum — Enter "Flat" Amount Below: $40 to $200	Enter % Of Weekly Earnings; i.e., 60%, 66%, Etc.
1		1.0			
2		2.0			

Rounding: ○ None ○ Nearest $1,000 ◉ Up $1,000 ○ Down $1,000

Enter Your Life Rate Per $1,000 Below	Enter Your AD&D Rate Per $1,000 Below	Enter Your Dependent Life Rate Per $1,000 Below	Enter Your STD Rate Per $10 Weekly Benefit Below
$0.10	$0.04		

◉ Click Here, If You Want Your # Lives, Volumes and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.

○ Click Here, If You Are Calculating Your Volumes. Your Premium Will Be Calculated For You. A Self Reporting Form Is Provided For Your Use. Go To The Form By Clicking On: "Self Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Note: The Number of Lives, Volumes and Premium Due Will Be Calculated From The Census Information Completed By You Below.

Maximum Life/AD&D	Maximum STD
$300,000	$0

Premiums Due

	# Lives	Volume	Premium
Life	5	$ 257,400	$ 38.55
AD&D	5	$ 257,400	$ 10.26
Dependent Life	0	$ -	$ -
STD	0	$ -	$ -
Additional Charges			$ -
Credits			$ -
Total Premium Due This Month			$ 48.81

Notes:

Guaranteed Issue $150,000

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract.

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

Earnings Are: ◉ Annual ○ Month ○ Week ○ Hour (40/Week)

Employees Information

This Information Is Calculated For You

Employee's Name (Last, First)	Gender (Required)	Birthdate (mm/dd/yy) (Required)	Employee's Class (Required)	Dependent Life? Enter (Y/N)	Earnings Required If Benefits Are Salary Based Including STD (Be Sure Entries Match Choice Made Above!)	Employee's Age On Contract's Anniversary	Life/AD&D Benefit	Dependent Life (Note: Benefit reduces 50% at spouse's age 65)	STD Benefit	Employee's Monthly Life Premium	Employee's Monthly AD&D Premium	Employee's Monthly Dependent Life Premium	Employee's Monthly STD Premium	Employee's Total Monthly Premium
[illegible]	F	[redacted]	1		[redacted]	55	$ 85,000		$ -	$9.75	$2.60		$0.00	$12.35
[illegible]	M		1			45	$ 34,000		$ -	$5.10	$1.30		$0.00	$6.40
[illegible]	M		1			45	$ -		$ -	$0.00	$0.00		$0.00	$0.00
[illegible]	M		1			49	$ 125,000		$ -	$16.75	$5.00		$0.00	$21.75
[illegible]	F		1			29	$ 35,000		$ -	$4.80	$1.30		$0.00	$6.27

[illegible] Terminated Nov 2006 [illegible]

[illegible] Terminated [illegible] 2006

Mos

ATTACHMENT CA-IR-35a

PAYMENT REQUEST FORM

X	*Water Companies*
	Do separate Checks

POSTED

PAYEE: USABLE

Send to:

AMOUNT: $91.64

DUE DATE this week check run

Other:

DESCRIPTION: LTD Payment

Water Employees

1-Sep

0.41	Wai	100-480-00	37.57
0.44	MPU	100-480-00	40.32
0.15	Mos	100-480-00	13.75 ✓

ACCOUNT NO:

Special Instructions:

PROJECT NO: *COST CODE:*

Requested by: Ehammond EA *Date:* 08/31/09

Approved by: *Date:* 08/31/09

FOR ACCOUNTING USE ONLY CHECK # DATE:

GROUP LONG TERM DISABILITY INSURANCE

ATTACHMENT CA-IR-35a

REPORT OF PREMIUMS DUE *Print, Sign And Send To Usable Life With Your Premium*

Enter Name of Policyholder Below	Enter Your Policy No. Below	Enter Premium Due Date Below
Kauai Water	30008525-LT	9/1/2009

Click Below On Your Monthly Benefit:

- 50%
- 60%
- 66 2/3%
- Other, Enter Amount Below

Click Below On Your Maximum Monthly Benefit:

- $1,000
- $5,000
- $6,000
- $7,500
- $10,000
- Other, Enter Amount Below

Enter Your LTD Rate Per $100 MCP Below

$0.50

- Click Here, If You Want Your MCP, # Lives and Premium Calculated For You. Calculations Are Based On Your Completion Of The Census Below.
- Click Here, If You Are Calculating Your MCP. Your Premium Will Be Calculated For You. An LTD Self-Reporting Form Is Provided For Your Use. Go To The Form By Clicking On Tab, "LTD Self-Reporting Form." Your Premium Will Be Calculated For You Based Upon This Information.

Maximum Covered Salary ("Cap")

$16,667

Note: The Number of Lives, Your Monthly Covered Payroll and Premium Due Will Be Calculated From The Census Information Completed By You Below.

# of Lives	Total Monthly Covered Payroll (MCP)			
6	$ 16,328	Gross Premium	$ 91.64	Premium Due
		Charges		
		Credits		$ 91.64

I hereby certify that the above figures exhibit changes in accordance with the terms of the group contract

Signature:

Important Note: Save Your Information For Use In Subsequent Months. You May Complete Up To 500 Entries. If You Have Additional Employees, Please Contact Us For Help.

- Annual
- Month
- Week
- Hour (40/week)

Employees Information

This Information Is Calculated For You

Click on button below to terminate coverage	Name (Last, First)	Gender (Required)	Age or Birthdate (Required)	Social Security Number (Optional)	Earnings (Please Be Sure Your Entries Match Choice Made Above!)	Covered Monthly Earnings	Monthly Premium
1	AQUINO, CONRAD	M	[redacted]		[redacted]	[redacted]	$11.31
2	JUARIO, BERNARD	M					$9.85
3							$0.00
4	KAMAKANA, REX	M					$25.00
5	REYES, CLEMENT	M					$13.75
6	RACINE, MARSHALL	M					$19.59
7	BICOY, MARIA	F					$12.13
8						$0.00	$0.00

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-36 **Ref: MPU 10.2, WP MPU 10.2, MPU-T-100.**

a. Please provide an updated workpaper MPU 10.2 that provides the actual electric and fuel consumed and/or delivered through the most recent billed in the Company's possession.

RESPONSE: See Attachment CA-IR-36a (Part A) for copies of the Company's electric invoices and Attachment CA-IR-36a (Part B) for copies of the fuel invoices.

b. Please explain why the electricity related to Puunana Pole 11 should be attributed to MPU and solely to MPU.

RESPONSE: The Pu'u Nana pump is used solely at the water treatment plant and solely by MPU.

c. Please identify the electricity rate schedule that is applicable to the Puunana Pole 11 account.

RESPONSE: As shown on the copy of the latest billing for this location, the Puunana pole account is under the "J General Service Demand" rate schedule.

d. Please explain why the electricity related to Palaau should be attributed to MPU and solely to MPU.

RESPONSE: The Palaau pump is used for recirculating water and is solely used by MPU.

SPONSOR: Robert O'Brien

ATTACHMENT
CA-IR-36a (Part A)

Molokai Public Utilities, Inc.
Test Year Ending June 30, 2010

ATTACHMENT CA-IR-36a (Part A)

Workpaper MPU 10.2

ELECTRIC CHARGES

		[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	[11]	[12]	[13]	[14]	[15]	[16]	[17]
		Mahana 500 HP pump				Puunana				Palaau				Mahana 200 HP pump		TOTAL		
Line #	Description	# of Days	KWH Usage	Total Charge	Charge Per KWH	# of Days	KWH Usage	Total Charge	Charge Per KWH	# of Days	KWH Usage	Total Charge	Charge Per KWH	KWH Usage	Total Charge	KWH Usage	Total Charge	Charge Per KWH
	LARGE POWER RATE					PUUNANA-Pole 11 (previously charged to MPL)				PALAAU (previously charged to MPL)								
1	7/26/06	30	79,200	$ 19,508	0.246310										$ 169	79,200	$ 19,677	0.248450
2	8/25/06	30	79,200	19,500	0.246210										169	79,200	19,669	0.248350
3	9/25/06	31	79,200	19,467	0.245800										170	79,200	19,637	0.247940
4	10/25/06	30	61,600	14,946	0.242630										169	61,600	15,115	0.245370
5	11/24/06	30	47,200	11,373	0.240950										169	47,200	11,542	0.244530
6	12/26/06	32	62,400	14,085	0.225720										170	62,400	14,255	0.228450
7	1/24/07	29	61,600	13,089	0.212480										169	61,600	13,258	0.215230
8	2/23/07	30	68,000	14,445	0.212430										169	68,000	14,614	0.214910
9	3/24/07	29	65,600	13,681	0.208550										170	65,600	13,851	0.211140
10	4/25/07	32	80,800	16,848	0.208510										169	80,800	17,017	0.210610
11	5/24/07	29	77,600	16,563	0.213440										169	77,600	16,732	0.215620
12	6/25/07	32	68,000	14,757	0.217010										38	68,000	14,795	0.217580
13	Total 6-30-07		830,400	$ 188,262	0.226710									-	$ 1,900	830,400	$ 190,162	0.229000
																-	-	
14	7/25/07	30	37,600	8,765	0.233110										38	37,600	8,803	0.234130
15	8/24/07	30	81,600	19,538	0.239440										38	81,600	19,576	0.239900
16	9/25/07	32	83,200	20,301	0.244000										38	83,200	20,339	0.244460
17	10/25/07	30	82,400	19,461	0.236180										38	82,400	19,499	0.236640
18	11/26/07	32	74,400	17,847	0.239880										38	74,400	17,885	0.240390
19	12/26/07	30	44,800	11,736	0.261960										38	44,800	11,774	0.262820
20	1/25/08	30	49,600	13,702	0.276250										41	49,600	13,743	0.277070
21	2/26/08	32	74,400	20,651	0.277560										41	74,400	20,691	0.278110
22	3/26/08	29	73,600	20,376	0.276850										41	73,600	20,417	0.277400
23	4/24/08	29	60,000	16,950	0.282490										41	60,000	16,990	0.283170
24	5/27/08	33	59,200	17,655	0.298230										41	59,200	17,696	0.298910
25	6/25/08	29	48,000	15,141	0.315450										41	48,000	15,182	0.316290
26	Total 6-30-08		768,800	$ 202,123	0.262910									-	$ 473	768,800	$ 202,596	0.263520
27	7/25/08	30	50,400	17,398	0.345210										41	50,400	17,439	0.346010
28	8/26/08	32	61,600	22,872	0.371310										41	61,600	22,913	0.371970
29	9/25/08	30	37,600	14,784	0.393200										41	37,600	14,825	0.394280
30	10/27/08	32	40,000	14,564	0.364090	30	10,320	5,444	0.527540						41	50,320	20,048	0.398420
31	11/25/08	29	31,200	10,648	0.341270	31	7,660	3,550	0.463450	29	3,985	2,005	0.503200		41	42,845	16,244	0.379120
32	12/26/08	31	23,200	7,248	0.312400	30	6,020	2,692	0.447120	31	2,121	1,005	0.473600		41	31,341	10,985	0.350490
33	1/27/09	32	28,800	7,947	0.275940	33	5,200	2,189	0.420960	32	4,560	1,982	0.434650		41	38,560	12,159	0.315320
34	2/24/09	28	25,600	6,404	0.250160	28	5,520	2,154	0.390220	28	3,225	1,319	0.408990		41	34,345	9,918	0.288770
35	3/25/09	29	31,200	6,875	0.220350	29	7,540	2,576	0.341640	29	3,327	1,277	0.383830		41	42,067	10,769	0.255990
36	4/24/09	30	35,200	7,034	0.199830	30	8,160	2,630	0.322300	30	3,096	1,136	0.366930		41	46,456	10,841	0.233350
37	5/23/09	29	33,600	6,379	0.189850	29	7,700	2,391	0.310520	29	3,141	1,116	0.355300		41	44,441	9,927	0.223370
38	6/25/09	33	48,000	8,774	0.182790	33	8,660	2,615	0.301960	33	3,580	1,267	0.353910		41	60,240	12,697	0.210770
																	-	
39	Total 6-30-09		446,400	$ 130,927	0.293300		66,780	$ 26,241	0.392940		27,035	$ 11,107	0.410830	-	$ 488	540,215	$ 168,763	0.312400
	7/27/09	32	42,400	$ 7,882		30	9,040	$ 2,716	0.300440	32	3,244	$ 1,155	0.356040		41	54,684	11,794	0.215670
																-	-	#DIV/0!
																-	-	#DIV/0!
			42,400	$ 7,882	0.185900		9,040	$ 2,716	0.300440		3,244	$ 1,155	0.356040	-	$ 41	54,684	$ 11,794	0.215670
	Pro Forma 6-30-09																	
40	Sum 12 months 6-30-09		650,000		0.312400		80,000		0.447120		36,000		0.473600					
41	Pro Forma Expense			$ 203,060				$ 35,770				$ 17,050			$ 489			
	Pro Forma for TY																	
42	Usage and Rate		600,000		0.312400		70,000		0.447120		25,000		0.473600					
43	Expense			$ 187,440				$ 31,298				$ 11,840			$ 489			

ATTACHMENT
CA-IR-36a (Part B)

Molokai Public Utilities, Inc.
Test Year Ending June 30, 2010

ATTACHMENT CA-IR-36a (Part B)

Fuel Costs for Pumping at Well # 17

Workpaper MPU 10.2

Line #	[1] Description	[2] Fuel Gallons Delivered	[3] Total Invoice Cost	[4] Cost Per Gallon	[5] Change in Cost Per Gallon	[6] # of Days Between Fuel Delivery	[7] Gallons Used Per Day	[8] Water Pumped Thousand Gallons	[9] Water Pumped Month	[10] Gallon of Fuel Per (000) gal Water Pumped	[11] Cost Per (000) gallons Water Pumped	[12] (000) Gallons Billed To Customers
				[2]/[1]	[3] Diff Prior Delivery Cost	[1] Days from Last Delivery	[2]/[6]			[2]/[8]	[3]/[8]	
1	7/12/06	3,954	11,211	$ 2.835								
2	7/18/06	3,954	11,211	$ 2.835	-	6	659	20,651	Jul-06			
3	8/3/06	3,946	11,495	$ 2.913	0.078	16	247					
4	8/10/06	3,952	11,415	$ 2.888	(0.025)	7	565					
5	8/22/06	3,946	11,398	$ 2.888	0.000	12	329					
6	8/29/06	3,948	11,403	$ 2.888	(0.000)	7	564	41,050	Aug-06			
7	9/12/06	3,950	11,409	$ 2.888	0.000	14	282					
8	9/22/06	3,949	11,406	$ 2.888	(0.000)	10	395					
9	9/29/06	3,954	11,421	$ 2.888	0.000	7	565	34,054	Sep-06			
10	10/10/06	3,954	11,421	$ 2.888	-	11	359					
11	10/25/06	3,957	10,935	$ 2.763	(0.125)	15	264	34,110	Oct-06			
12	11/1/06	3,954	10,927	$ 2.764	0.000	7	565					
13	11/16/06	3,956	10,932	$ 2.763	(0.000)	15	264	20,531	Nov-06			
14	12/4/06	3,962	10,949	$ 2.764	0.000	18	220					
15	12/18/06	3,965	10,957	$ 2.763	(0.000)	14	283					
16	1/3/07	3,969	10,968	$ 2.763	(0.000)	16	248	28,457	Dec-06			
17	1/11/07	3,958	10,938	$ 2.764	0.000	8	495					
18	1/24/07	3,956	10,932	$ 2.763	(0.000)	13	304	26,676	Jan-07			
19	2/13/07	3,969	10,964	$ 2.762	(0.001)	20	198					
20	2/21/07	3,966	10,956	$ 2.762	0.000	8	496					
21	2/27/07	3,960	10,939	$ 2.762	(0.000)	6	660	31,914	Feb-07			
22	3/12/07	3,956	10,928	$ 2.762	0.000	13	304					
23	3/20/07	3,958	10,934	$ 2.763	0.000	8	495					
24	4/4/07	3,958	10,934	$ 2.763	-	15	264	25,313	Mar-07			
25	4/15/07	3,962	10,945	$ 2.762	(0.000)	11	360					
26	4/20/07	3,958	10,934	$ 2.763	0.000	5	792					
27	5/2/07	3,963	11,695	$ 2.951	0.189	12	330	31,258	Apr-07			
28	5/10/07	3,958	11,680	$ 2.951	(0.000)	8	495					
29	5/18/07	3,962	11,692	$ 2.951	0.000	8	495					
30	6/4/07	3,958	12,350	$ 3.120	0.169	17	233	30,272	May-07			
31	6/11/07	3,954	11,792	$ 2.982	(0.138)	7	565					
								26,621	Jun-07			
32	12 mos end 6/07	122,666	$ 348,071					350,907		0.35	$ 0.99	
33	7/23/07	3,953	11,828	$ 2.992	0.010	42	94					
34	7/30/07	3,954	11,831	$ 2.992	0.000	7	565	17,915	Jul-07			11,501
35	8/7/07	3,951	11,822	$ 2.992	(0.000)	8	494					
36	8/16/07	3,947	12,016	$ 3.044	0.052	9	439					
37	8/27/07	3,951	12,028	$ 3.044	(0.000)	11	359	39,372	Aug-07			23,323
38	9/7/07	3,957	12,046	$ 3.044	(0.000)	11	360					
39	9/17/07	3,952	12,031	$ 3.044	0.000	10	395					
40	9/27/07	2,553	7,905	$ 3.096	0.052	10	255	39,030	Sep-07			20,833
41	10/8/07	3,948	12,224	$ 3.096	(0.000)	11	359					
42	10/15/07	3,952	12,566	$ 3.180	0.083	7	565					
43	10/25/07	3,962	12,598	$ 3.180	0.000	10	396	34,486	Oct-07			23,441
44	11/5/07	3,965	12,607	$ 3.180	(0.000)	11	360					
45	11/14/07	3,956	13,221	$ 3.342	0.162	9	440					
46	12/11/07	3,969	13,984	$ 3.523	0.181	27	147	34,986	Nov-07			18,398
47	12/27/07	3,967	13,977	$ 3.523	0.000	16	248					
48								19,799	Dec-07			11,019
49	6 mos end 12/07	57,937	$ 182,584					185,588		0.31	$ 0.98	108,515
50	1/7/08	3,969	13,984	$ 3.523	(0.000)	11	361					

Molokai Public Utilities, Inc.
Test Year Ending June 30, 2010

ATTACHMENT CA-IR-36a (Part B)

Fuel Costs for Pumping at Well # 17

Workpaper MPU 10.2

Line #	[1] Description	[2] Fuel Gallons Delivered	[3] Total Invoice Cost	[4] Cost Per Gallon	[5] Change in Cost Per Gallon	[6] # of Days Between Fuel Delivery	[7] Gallons Used Per Day	[8] Water Pumped Thousand Gallons	[9] Water Pumped Month	[10] Gallon of Fuel Per (000) gal Water Pumped	[11] Cost Per (000) gallons Water Pumped	[12] (000) Gallons Billed To Customers
				[2]/[1]	[3] Diff Prior Delivery Cost	[1] Days from Last Delivery	[2]/[6]			[2]/[8]	[3]/[8]	
51	1/17/08	3,974	14,002	$ 3.523	0.000	10	397					
52	1/25/08	3,980	14,023	$ 3.523	(0.000)	8	498	30,800	Jan-08			12,646
53	2/5/08	3,965	14,078	$ 3.551	0.027	11	360					
54	2/22/08	3,870	13,636	$ 3.523	(0.027)	17	228					
55	3/4/08	3,965	13,970	$ 3.523	(0.000)	11	360	30,910	Feb-08			14,485
56	3/13/08	3,957	13,942	$ 3.523	0.000	9	440					
57	3/27/08	3,957	14,890	$ 3.763	0.240	14	283	34,344	Mar-08			20,238
58	4/4/08	3,971	14,943	$ 3.763	0.000	8	496					
59	4/18/08	3,961	14,905	$ 3.763	(0.000)	14	283					
60	5/1/08	3,961	16,143	$ 4.075	0.312	13	305	33,367	Apr-08			15,789
61	5/13/08	3,961	16,143	$ 4.075	-	12	330					
62	6/3/08	3,961	17,835	$ 4.503	0.427	21	189	25,554	May-08			11,796
63	6/13/08	3,961	17,835	$ 4.503	-	10	396					
64	7/7/08	3,951	18,942	$ 4.794	0.292	24	165	23,137	Jun-08			15,335
65												
66	6 mos end 6/08	59,364	229,271					178,112		0.33	$ 1.29	90,289
67	7/17/08	3949	19,421	$ 4.918	0.124	10	395					
68	8/5/08	3951	19,354	$ 4.898	(0.020)	19	208	23,329	Jul-08			12,929
69	9/2/08	3952	18,741	$ 4.742	(0.156)	28	141	24,674	Aug-08			12,874
70	9/9/08	3958	17,533	$ 4.430	(0.312)	7	565					
71	10/2/08	3945	17,475	$ 4.430	(0.000)	23	172	23,236	Sep-08			17,927
72	10/14/08	3962	16,725	$ 4.221	(0.208)	12	330					
73	11/5/08	3957	16,681	$ 4.216	(0.006)	22	180	17,629	Oct-08			11,691
74	12/4/08	3965	13,787	$ 3.477	(0.738)	29	137	18,725	Nov-08			11,005
75	1/5/09	3977	11,030	$ 2.773	(0.704)	32	124	12,022	Dec-08			6,120
76	2/9/09	3900	9,113	$ 2.337	(0.437)	35	111	11,545	Jan-09			
77	3/3/09	3977	9,141	$ 2.298	(0.038)	22	181	10,688	Feb-09			T
78	3/17/09	3981	8,639	$ 2.170	(0.128)	14	284					O
79	4/7/09	3972	8,619	$ 2.170	(0.000)	21	189	21,079	Mar-09			
80	5/5/09	3964	8,313	$ 2.097	(0.073)	28	142	14,651	Apr-09			C
81	6/2/09	3951	9,204	$ 2.330	0.232	28	141	13,514	May-09			O
82	6/11/09	3953	9,655	$ 2.442	0.113	9	439					M
83	7/1/09	3952	10,626	$ 2.739	0.297	20	198	25,225	Jun-09			E
84												
85	6 mos end 12/08	67,266	$ 131,733					216,317		0.31	$ 0.61	26,816
86	7/21/09	3953	10,808	$ 2.734								
87	8/4/09	3949	10,071	$ 2.550				20,598				
88								17,543				
								16,591				

ATTACHMENT
CA-IR-37a

MPU

Attachment CA-IR-37a

Mahana Pump Monthly Useage in K gallons

Date	Beginning	Ending	Useage
Jan-2006	1098753	1132994	34241
Feb-2006	1132994	1155503	22509
Mar-2006	1155503	1163430	7927
Apr-2006	1163430	1174745	11315
May-2006	1174745	1190355	15610
Jun-2006	1190355	1219729	29374
Jul-2006	219729	250692	30963
Aug-2006	250692	280726	30034
Sep-2006	280726	308361	27635
Oct-2006	308361	331783	23422
Nov-2006	331783	350775	18992
Dec-2006	350775	372139	21364
Jan-2007	372139	400405	28266
Feb-2007	400405	425414	25009
Mar-2007	425414	451708	26294
Apr-2007	451708	481887	30179
May-2007	481887	514770	32883
Jun-2007	514770	536121	21351
Jul-2007	536121	553855	17734
Aug-2007	553855	587260	33405
Sep-2007	587260	615469	28209
Oct-2007	615469	652084	36615
Nov-2007	652084	675716	23632
Dec-2007	675716	695180	19464
Jan-2008	695180	716911	21731
Feb-2008	716911	744015	27104
Mar-2008	744015	776362	32347
Apr-2008	776362	798437	22075
May-2008	798437	819308	20871
Jun-2008	819308	837939	18631
Jul-2008	837939	859326	21387
Aug-2008	859326	881196	21870
Sep-2008	881196	895369	14173
Oct-2008	895369	910626	15257
Nov-2008	910626	921622	10996
Dec-2008	921622	932689	11067
Jan-2009	932689	941508	8819
Feb-2009	941508	951570	10062
Mar-2009	951570	965097	13527
Apr-2009	965097	976442	11345
May-2009	976442	990457	14015
Jun-2009	990457	1006288	15831
Jul-2009	1006288	1022475	16187
Aug-2009	1022475	1038413	15938

MOLOKAI PUBLIC UTILITIES, INC.'S RESPONSES TO THE DIVISION OF CONSUMER ADVOCACY'S SECOND SUBMISSION OF INFORMATION REQUESTS

DOCKET NO. 2009-0048

CA-IR-37 **Ref: MPU 10.2, WP MPU 10.2, MPU-T-100.**

a. Please provide the gallons of water pumped by the Mahana 500 HP pump on a monthly basis for each of the years 2006 through 2009 year-to-date.

RESPONSE: See Attachment CA-IR-37a.

b. The Company, on page 23 of MPU-T-100, indicates that it "used historic energy usage and costs to develop the pro forma amounts for the" test year. In looking at workpaper MPU 10.2, however, the projected 600,000 KWH usage is a hard input (i.e., a number entered into the cell and not the result of a formula). This is also true for the estimate for the year ended 6-30-09. Please provide the formula used to determine the 12 months activity for both the years ended 6-30-09 and 6-30-10.

RESPONSE: There was no formula used for the estimates for the years ended 6-30-09 or 6-30-10. The estimate was made to recognize the decrease in usage projected in water use by customers from the year ended 6-30-08 through and including the test year ended 6-30-10.

c. Please discuss whether the Company takes advantage of either energy efficiency or pricing options (e.g., Rider M) to

CA-IR-37 (cont.)

minimize its electricity expenses. If not, please explain why not.

RESPONSE: The Company's usage at its pumping locations is not eligible for Schedule M or other energy efficiency pricing options.

SPONSOR: Robert O'Brien

CERTIFICATE OF SERVICE

I (we) hereby certify that copies of the foregoing document were duly served on the following parties, by having said copies delivered as set forth below:

MS. CATHERINE P. AWAKUNI
Executive Director
Department of Commerce and Consumer Affairs
Division of Consumer Advocacy
335 Merchant Street, Suite 326
Honolulu, Hawaii 96813

MARGERY S. BRONSTER, ESQ.
JEANNETTE H. CASTAGNETTI, ESQ.
Bronster Hoshibata
2300 Pauahi Tower
1003 Bishop Street
Honolulu, HI 96813

Attorneys for the COUNTY OF MAUI

WILLIAM W. MILKS, ESQ.
Law Offices of William W. Milks
ASB Tower, Suite 977
1001 Bishop Street
Honolulu, HI 96813

Attorney for WEST MOLOKAI ASSOCIATION

ANDREW V. BEAMAN, ESQ.
Chun Kerr Dodd Beaman & Wong, LLLP
Topa Financial Center, Fort Street Tower
745 Fort Street, 9th Floor
Honolulu, HI 96813

Attorney for MOLOKAI PROPERTIES LIMITED

DATED: Honolulu, Hawai'i, November 23, 2009.

MICHAEL H. LAU, ESQ.
YVONNE Y. IZU, ESQ.

Morihara Lau & Fong LLP
Attorneys for MOLOKAI PUBLIC UTILITIES, INC.