



# STATE TAX COMMISSION OF MISSOURI

P.O. BOX 146  
 JEFFERSON CITY, MO 65102-0146  
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 (573) 751-2414

## SCHEDULE 1

**TAX YEAR:** **2014**

### Company Organization - General Information

|                      |                        |
|----------------------|------------------------|
| <b>Company Name:</b> | <b>Account Number:</b> |
|                      |                        |

#### A. Check the reports being submitted with this rendition, or list date to be submitted:

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | 1. Federal Communications Commission Annual Report    | <input type="checkbox"/> | 5. Annual Report to Stockholders - <b>Parent Company</b>                     |
| <input type="checkbox"/> | 2. Federal Energy Regulatory Commission Annual Report | <input type="checkbox"/> | 6. Securities and Exchange Commission: Form 10 K - <b>Parent Company</b>     |
| <input type="checkbox"/> | 3. Surface Transportation Board Annual Report         | <input type="checkbox"/> | 7. Annual Report to Stockholders - <b>Subsidiary Company</b>                 |
| <input type="checkbox"/> | 4. Missouri Public Service Commission                 | <input type="checkbox"/> | 8. Securities and Exchange Commission: Form 10 K - <b>Subsidiary Company</b> |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>List Report Number(s) and Date(s) to be Submitted:</b> |  |  |  |  |
|---|--|--|--|--|

#### B. Give brief description of development of operation and any reasons for growth or decline:

*(Attach additional sheets if needed)*

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#### C. Report details of any change in ownership including mergers/acquisitions that occurred during the reporting year (including dates, considerations, terms and all pertinent data):

*(Attach additional sheets if needed)*

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|  |
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#### D. State the True Value in Money of the Taxpayer's Property:

|  |   |
|--|---|
| <b>True Value in Money: System Wide (OPTIONAL)</b> | <b>True Value in Money: Missouri (OPTIONAL)</b> |
|  |   |

|  |  |         |
|--|--|---------|
| Being duly sworn, upon her/his oath says she/he is the |  | [title] |
|--|--|---------|

of the company and that the foregoing is the full, true and correct summary to the best of her / his belief.

|                   |
|-------------------|
| <b>Signature:</b> |
|-------------------|

#### E. Notary Information:

|  |   |               |                                       |              |
|--|---|---------------|---------------------------------------|--------------|
| <b>Notary Public Embosser Seal</b>           | <b>State of:</b>                        |               | <b>County (or City of St. Louis):</b> |              |
|  | <b>Subscribed and sworn to me, this</b> |               |                                       |              |
|  |   | <b>day of</b> |                                       | <b>month</b> |
|  | <b>in the year</b>                      |               |                                       |              |
|  | <b>Notary Public Signature:</b>         |               |                                       |              |
| <b>My Commission Expires:</b>                |   |               |                                       |              |
| <b>Use rubber stamp in clear area below:</b> |   |               |                                       |              |