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April 28, 2015

VIA ELECTRONIC FILING

Public Utility Commission of Oregon
Attn: PUC Filing Center
3930 Fairview Industrial Drive SE
Post Office Box 1088
Salem, OR 97308-1088

**Re: UM 1633 – Investigation into Treatment of Pension Costs in Utility Rates
Protective Order – 13-013 – Signatory page**

Northwest Natural Gas Company, dba NWN Natural (“NW Natural” or the “Company”), encloses for filing in the above-referenced docket is NW Natural’s signatory page to Protective Order No. 13-013.

Please contact me if you have any questions at 503.226.4211 ext. 3589.

Respectfully submitted,

/s/ Shannon L. Seagondollar

Shannon L. Seagondollar
Staff Assistant 3, Rates and Regulation
NW Natural

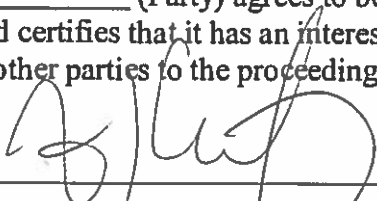
SIGNATORY PAGE
DOCKET NO. UM 1633

I. Consent to be Bound:

This general protective order governs the use of Confidential Information in these proceedings.

NW Natural (Party) agrees to be bound by the terms of the general protective order and certifies that it has an interest in these proceedings that is not adequately represented by other parties to the proceedings.

Signature:



Printed Name:

Zach Kravitz

Date:

04/28/15

II. Persons Qualified under Paragraphs 3(a) through 3(d):

NW Natural (Party) identifies the following person(s) automatically qualified under paragraphs 3(a) through (d).

PRINTED NAME	DATE
Zach Kravitz	04/28/15

SIGNATORY PAGE
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III. Persons Qualified under Paragraph 3(e):

I have read the general protective order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 10.

By: Signature: Shannon Seagondollar Date: 04/28/15
Printed Name: Shannon Seagondollar
Address: 220 NW 2nd Ave Portland OR
Employer: NW Natural
Job Title: Staff Assistant 3

Paragraph 10(e) information also provided.

By: Signature: Kyle Walker Date: 4/28/15
Printed Name: Kyle Walker, CPA
Address: 220 NW 2nd Ave Portland, OR
Employer: NW Natural
Job Title: Rates/Regulatory Analyst

Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____

Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____

Paragraph 10(e) information also provided.