



NW Natural

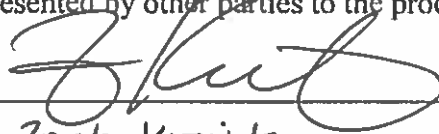
CONSENT TO BE BOUND
DOCKET NO. UM 1720

I. Consent to be Bound:

This modified protective order governs the use of Protected Information and Highly Protected Information in this proceeding.

NW Natural (Party) agrees to be bound by the terms of the modified 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:

03-14-2016

II. Persons Qualified under Paragraph 17:

NW Natural (Party) identifies the following person(s) qualified under paragraph 17.

PRINTED NAME	DATE
Zach Kravitz	03-14-16

QUALIFICATION OF OTHER PERSONS
DOCKET NO. UM 1720

III. Persons Seeking Qualification under Paragraph 18:

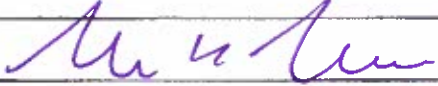
I have read the modified protective order, agree to be bound by the terms of the order, and provide the following information.

Signature:	<i>Shannon Seagondollar</i>	Date: 03/14/2016
Printed Name:	Shannon Seagondollar	
Physical Address:	220 NW 2nd Avenue Portland, OR	
Email Address:	SLS@NWNatural.com	
Employer:	NW Natural	
Associated Party:		
Job Title:	Staff Assistant 3	
If Not employee of party, description of practice and clients:		

QUALIFICATION OF OTHER PERSONS
DOCKET NO. UM 1720

III. Persons Seeking Qualification under Paragraph 18:

I have read the modified protective order, agree to be bound by the terms of the order, and provide the following information.

Signature:		Date: 03/14/16
Printed Name:	Mark Thompson	
Physical Address:	220 NW 2nd Avenue Portland OR	
Email Address:	Mark.Thompson@NWNatural.com	
Employer:	NW Natural	
Associated Party:		
Job Title:	Sr. Director, Rates & Regulatory	
If Not employee of party, description of practice and clients:		

Signatory Page for Highly Protected Information
DOCKET NO. UM 1720

I. Consent to be Bound

This Modified Protective Order governs the use of "Protected Information" and "Highly Confidential Information" in this proceeding.

NW Natural (Party) agrees to be bound by its terms of this Modified Protective Order.

Signature: [Signature]

Printed: Zach Kravitz

Date: 03/15/2016

II. Persons Qualified pursuant to Paragraph 20: Highly Protected Information:

I have read the Modified Protective Order and agree to be bound by the terms of the order.

I certify that:

I understand that ORS 756.990(2) allows the Commission to impose monetary sanctions if a party subject to the jurisdiction of the Commission violates an order of the Commission.

The party I am associated with has a legitimate and non-competitive need for the Highly Confidential Information for this proceeding and not simply a general interest in the information.

By: Signature: [Signature] Date: 03/15/2016

Printed Name: Zach Kravitz

Address: 250 NW 2nd Avenue, PORTLAND, OR

Employer: NW Natural

Job Title: Attorney

By: Signature: _____ Date: _____

Printed Name: _____

Address: _____

Employer: _____

Job Title: _____

By: Signature: _____ Date: _____

Printed Name: _____

Address: _____

Employer: _____

Job Title: _____