

SIGNATORY PAGE
DOCKET NO. UP 324

I. Consent to be Bound:

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

Citizens Utility Board of Oregon (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: Sommer Tempert

Date: 6/22/15

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

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

PRINTED NAME	DATE
Sommer Tempert	6/22/15
Gabriel Walsh	6/22/15

SIGNATORY PAGE
DOCKET NO. UP 324

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: [Signature] Date: 6/22/2015
Printed Name: Nadine Hankan
Address: 605 W Broadway Ste 400 Portland, OR 97205
Employer: Citizens Utility Board of Oregon
Job Title: Utility Analyst
 Paragraph 10(e) information also provided.

By: Signature: [Signature] Date: 6/22/15
Printed Name: Lori Nymowitz
Address: 610 SW Broadway Ste 400 Portland OR 97205
Employer: Citizen's Utility Board of Oregon
Job Title: Reg. Admin. Ass't
 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.

SIGNATORY PAGE
DOCKET NO. UP 324

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:  Date: 6/22/2015
Printed Name: Jaime McGovern
Address: 610 SW Broadway, Portland OR
Employer: Citizens' Utility Board of Oregon
Job Title: Sr. Economist

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.

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

Paragraph 10(e) information also provided.