SIGNATORY PAGE DOCKET NO. UE 298

I. Consent to be Bound:

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

amoquatory ropros	ented by other parties to the proceedings.	PV231W sterling
Signature:	aup of head falligh inter	
Printed Name:	Sommer Templet	
Date:	Uhrlis	

automatically qualified under paragraphs 3(a) through (d).

(Party) identifies the following person(s)

PRINTED NAME	DATE
Sommer Templet	w122115
Sommer Temput Gabriel waish	122115 122115
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SIGNATORY PAGE DOCKET NO. UE 298

III. Persons Qualified under Paragraph 3(e):

☐ Paragraph 10(e) information also provided.

		ral protective order, agree to be bound by the term rmation identified in paragraph 10.	s of the order, and
By:	Signature:		(0/22/2015
	Printed Name:		
	Address:	610 SVI Broadway ste 400 Botland, of 177	
	Job Title:	Utility Analyst	
	☐ Paragraph 1	10(e) information also provided.	
Ву:	Signature:	/ V	6/22/15
	Printed Name:	LOCI Hymowit ?	te 400, Partand or
	Address:		
	Employer:	Chrens' Utility board of	
	Job Title:	Regulatory Admin. 455	
	Paragraph 1	10(e) information also provided.	
By:	Signature:	Date:	
•	Printed Name:		10 ₁₁
	Address:		
	Employer:		
	Job Title:		
	☐ Paragraph 1	10(e) information also provided.	
Ву:	Signature:	Date:	
•	Printed Name:		
	Address:		
	Employer:		
	Job Title:		
			

SIGNATORY PAGE DOCKET NO. UE 298

III. Persons Qualified under Paragraph 3(e):

			rder, agree to be bound by ied in paragraph 10.	the term	is of the or	rder, and
By:	Signature:	Am	<u> </u>	Date:	6/22	10015
•	Printed Name:	Dime	mogovela	_		
	Address:	6 10 Sti	Broadway	Pok	STLAN	DO
	Employer:	CHIZC	UTILAY 30	100 c	Soa	SPON
	Job Title:	Sr E	conomist			O
	Paragraph 1	10(e) information	on also provided.			
By:	Signature:			Date:		
	Printed Name:					
	Address:					
	Employer:					
	Job Title:					
	Paragraph 1	10(e) information	on also provided.			
By:	Signature:			Date: _		
	Printed Name:					-
	Address:					
	Employer:					
	Job Title:					
	Paragraph 1	0(e) information	on also provided.			
By:	Signature:			Date:		
	Printed Name:					
	Address:					
	Employer:					
	Job Title:					
	Paragraph 1	0(e) information	on also provided.			