

APPENDIX A

Signatory Page for Parties and Persons Qualified to Access Highly Confidential Information Under Paragraph 10

I. Consent to be Bound

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

Citizens Utility Board (Party) agrees to be bound by the terms of this Modified Protective Order.

Signature: Michael Goetz

Printed: Michael Goetz

Date: 4/10/2017

II. Persons Qualified Pursuant to Paragraph 10.

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

I certify that:

- a. I will make hard copies only as needed for purposes of review and submission to the Commission and will not make or distribute electronic copies of Highly Confidential Information and will not transmit electronically documents that reveal the substance of Highly Confidential Information.
- b. I agree to keep the information in a secure manner as required by Paragraph 7 and to destroy it at the conclusion of this proceeding as required by Paragraph 17.
- c. 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.
- d. The party with which I am associated has a legitimate and non-competitive need for the Highly Confidential Information and not simply a general interest in the information.

By: Signature: Sarah Ryan-Knox Date: 4/10/17  
 Printed Name: Sarah Ryan-Knox  
 Address: 610 SW Broadway, Ste. 400, Portland, OR 97205  
 Employer: Citizens Utility Board  
 Job Title: Paralegal

By: Signature: [Signature] Date: 4/10/17  
Printed Name: Michael Gretz  
Address: 610 SW Broadway, Suite 400 Portland, OR 97205  
Employer: Oregon Citizens Utility Board  
Job Title: Staff Attorney

By: Signature: [Signature] Date: 4/10/17  
Printed Name: Bob Jenks  
Address: 610 SW Broadway, Suite 400, Portland, OR 97205  
Employer: Oregon CUR  
Job Title: Executive Director

By: Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_

By: Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_

By: Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_