


APPENDIX B
Signatory Page for Confidential Information
 DOCKET NO. UM 1565

I. Consent to be Bound

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

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

By: Signature: 
 Printed Name: Summer Tempert
 Date: 5/15/12

II. Persons Qualified pursuant to Paragraphs 4(a), (b), (d), and (e): Confidential Information

CUB (Party) identifies the following person(s) automatically qualified under paragraph 4(a), (b), (d), and (e).

PRINTED NAME	DATE
G. Cathrina McCracken	5/15/12
Ray Myers	5/15/12
Sommer Tempert	5/15/12

III. Persons Qualified pursuant to Paragraph (4)(c) and (f) and Paragraph 17:
Confidential Information

I have read the Modified Protective Order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 17(e).

By: Signature: [Signature] Date: 15 May 2012
Printed Name: Gordon Feigner
Address: 1010 SW Broadway, Ste. 400, Portland, OR 97205
Employer: Citizens' Utility Board of Oregon
Job Title: SR. Utility Analyst
 Paragraph 17(e) information also provided.

By: Signature: [Signature] Date: May 15 2012
Printed Name: Bob Jenks
Address: 1010 SW Broadway, Ste. 400, Portland, OR 97205
Employer: Citizens' Utility Board of Oregon
Job Title: Executive Director
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 17(e) information also provided.

APPENDIX C
Signatory Page for Highly Confidential Information
DOCKET NO. UM 1565

I. Consent to be Bound

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

Citizens' Utility Board (Party) agrees to be bound by its terms of this Modified Protective Order. *of Oregon*

Signature: *Sommer Tempert*

Printed: Sommer Tempert

Date: 5/15/12


II. Persons Qualified pursuant to Paragraph 5 and Paragraph 17: Highly Confidential Information

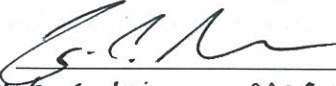
I have read the Modified Protective Order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 17.

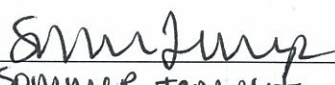
I certify that:

- a. I will make copies only as needed for purposes of review and submission to the Commission.
- b. I agree to keep the information in a secure manner as required by paragraph 12.
- 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 I am associated with has a legitimate and non-competitive need for the Highly Confidential Information and not simply a general interest in the information.

By: Signature: *Gordon Feigman* Date: 15 May 2012
 Printed Name: Gordon Feigman
 Address: 1610 SW Broadway, Ste 400, Portland, OR 97205
 Employer: Citizens' Utility Board of Oregon
 Job Title: Sr. Utility Analyst
 Paragraph 17(e) information also provided.

By: Signature:  Date: 5-15-12
 Printed Name: Bob Jenks
 Address: 1610 SW Broadway, Ste. 400, Portland, OR 97205
 Employer: CUB
 Job Title: Executive Director
 Paragraph 17(e) information also provided.

By: Signature:  Date: 5-15-2012
 Printed Name: G. Cateiona McCracken
 Address: 1610 SW Broadway, Ste. 400, Portland, OR 97205
 Employer: CUB
 Job Title: General Counsel/Regulatory Program Director
 Paragraph 17(e) information also provided.

By: Signature:  Date: _____
 Printed Name: Sommer Tempert
 Address: 1610 SW Broadway, Ste. 400, Portland, OR 97205
 Employer: CUB
 Job Title: Staff Attorney
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

UM 1565 – CERTIFICATE OF SERVICE

I hereby certify that, on this 16th day of May, 2012, I served the foregoing **PROTECTIVE ORDER SIGNATORY PAGES OF THE CITIZENS' UTILITY BOARD OF OREGON** in docket UM 1565 upon each party listed in the UM 1565 PUC Service List by email and, where paper service is not waived, by U.S. mail, postage prepaid, and upon the Commission by email and by sending one original and one copy by U.S. mail, postage prepaid, to the Commission's Salem offices.

(W denotes waiver of paper service)

(C denotes service of Confidential material authorized)

- | | |
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Respectfully submitted,



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