ELLEN F. ROSENBLUM Attorney General



FREDERICK M. BOSS Deputy Attorney General

DEPARTMENT OF JUSTICE GENERAL COUNSEL DIVISION

October 1, 2015

Attention: Filing Center Public Utility Commission of Oregon 201 High Street, Suite 100 P.O. Box 1088 Salem, OR 97308-1088

Re: In the Matter of the PUBLIC UTILITY COMMISSION OF OREGON Investigation of Fuel Switching and Cross Fuel Energy Efficiency Issues OPUC Docket No.: UM 1565 DOJ File No.: 330-030-GN0019-12

Filing Center:

Enclosed pursuant to Order No. 12-170, please find the Protective Order signatory page on behalf of the Oregon Department of Energy's ("ODOE") in the above-captioned matter.

The following individuals qualifying under Paragraph 3(e) and Paragraph 10 of the Protective Order are:

Warren Cook, ODOE. Roger Kainu, ODOE. Jess Kincaid, ODOE Wendy Simons, ODOE.

Sincerely,

Renee M France Senior Assistant Attorney General Natural Resources Section

Enclosures RMF:jrs/#6823128

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).

mons Date: 7/23/15 By: Signature: Simons Printed Name: 625 Marion St NE, Salem OR 97301 Address: Dregon Department of Evergy Employer: Everav Palley Analyst Job Title: □Paragraph 17(e) information also provided. Date: 9/1/15 Signature: By: NKAINU KOGEN Printed Name: 625 MARION ST. N.E. SALEM OR OREGON DEPT OF ENERGY Address: Employer: ENERGY ANALYST Job Title: □Paragraph 17(e) information also provided. Date: 9/3/15Signature: By: Printed Name: JESS KINCAID Address: 125 MARION ST NO SALEM 97301 Employer: OR. DEPT OF ENERGY Job Title: <u>Service Polic-(ANALYSE</u> DParagraph 17(e) information also provided. 4 Jack Date: 9/8/15 By: Signature: Printed Name: WARKEN COOK 625 MARION ST NE Address: OR DEPT OF ENERGY Employer: MGR ENERGY EFFICELY ', CONSERVATION Job Title: □Paragraph 17(e) information also provided. Signature: Date: By: Printed Name: Address: Employer: Job Title: □Paragraph 17(e) information also provided. _____ Date: By: Signature: Printed Name: Address: Employer: Job Title: □Paragraph 17(e) information also provided. APPENDIX B