


CABLE HUSTON LLP

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March 20, 2014

VIA ELECTRONIC FILING & U.S. MAIL

Oregon Public Utility Commission
Attn: Filing Center
3930 Fairview Industrial Drive SE
PO Box 1088
Salem, OR 97308

Re: In the Matter of NORTHWEST NATURAL GAS COMPANY, dba NW Natural
Investigation of Interstate Storage and Optimization Sharing
Docket No. UM-1654

Dear Filing Center:

Enclosed please find the original and two (2) copies of the NORTHWEST INDUSTRIAL GAS USERS' SIGNATORY PAGES to the March 11, 2014 Modified Protective Order 14-078 in the above-referenced docket.

Thank you for your assistance with this filing. Should you have any questions, please feel free to contact me.

Very truly yours,



Chad M. Stokes

CMS:sk
Enclosures

CERTIFICATE OF SERVICE

I CERTIFY that I have on this day served the foregoing document upon all parties of record in this proceeding via electronic mail and/or by mailing a copy properly addressed with first class postage prepaid.

Citizens Utility Board

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Dated in Portland, Oregon, this 20th day of March, 2014.



Chad M. Stokes, OSB No. 004007
Tommy A. Brooks, OSB No. 076071
Cable Huston Benedict Haagenen & Lloyd
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Of Attorneys for the
Northwest Industrial Gas Users

APPENDIX B
DOCKET UM 1654

Signatory Page for Confidential Information

I. Consent to be Bound

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

Northwest Industrial Gas Users (Party) agrees to be bound by its terms of this Modified Protective Order.

By: Signature: Edward A Finklea
Printed Name: Edward A. Finklea
Date: 3-18-2014

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

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

| PRINTED NAME | DATE |
|-------------------|---------|
| CHAD M. STOKES | 3-18-14 |
| TOMMY A. BROOKS | 3-18-14 |
| EDWARD A. FINKLEA | 3-18-14 |
| | |
| | |
| | |

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).

APPENDIX C
DOCKET UM 1654

Signatory Page for Highly Confidential Information

I. Consent to be Bound

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

NWIGU (Party) agrees to be bound by its terms of this Modified Protective Order.

Signature: Edward A Finklea

Printed: Edward A. Finklea

Date: 3-18-2014

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: Edward A Finklea Date: 3-18-2014
 Printed Name: Edward A. Finklea
 Address: 325 Fifth Street, Lakewood, CO 80134
 Employer: None
 Job Title: Executive Director of Northwest Industrial Gas Users
 Paragraph 17(e) information also provided.

By: Signature: [Signature] Date: 3/19/2014
Printed Name: Tommy A. Brooks
Address: 1001 SW 5th Ave, Ste 2000, Portland, OR 97204
Employer: CABLE HUSTON
Job Title: PARTNER
 Paragraph 17(e) information also provided.

By: Signature: [Signature] Date: 3/19/2014
Printed Name: Chad Stokes
Address: 1001 SW 5th Ave suite 2000 PDX, OR 97204
Employer: Cable Huston
Job Title: Partner
 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.