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April 8, 2015

VIA ELECTRONIC FILING

Public Utility Commission of Oregon
3930 Fairview Industrial Drive SE
Post Office Box 1088
Salem, Oregon 97308-1088

Attn: Filing Center

**Re: UM 1717 – Application for Prudence Review of Costs of Post-Carry Wells
Protective Order – 15-081 – Signatory Page**

Enclosed for filing in the above-referenced docket is NW Natural's signatory page to Protective Order No. 15-081. Please contact me if you have any questions at 503.226.4211 ext. 3589.

Sincerely,

/s/ Shannon L. Seagondollar

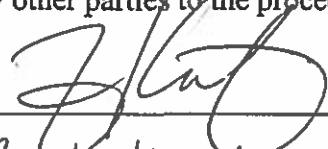
Shannon L. Seagondollar

SIGNATORY PAGE
DOCKET NO. UM 1717

I. Consent to be Bound:

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

NW Natural (Party) agrees to be bound by the terms of the general protective order and certifies that it has an interest in these proceedings that is not adequately represented by other parties to the proceedings.

Signature: 

Printed Name: Zach Kravitz

Date: 04/08/15

II. Persons Qualified under Paragraphs 3(a) through 3(d):

NW Natural (Party) identifies the following person(s) automatically qualified under paragraphs 3(a) through (d).

PRINTED NAME	DATE

SIGNATORY PAGE
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III. Persons Qualified under Paragraph 3(e):

I have read the general protective order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 10.

By: Signature: [Signature] Date: 04/08/15
Printed Name: Mark Thompson
Address: 220 NW 2nd Ave Portland, OR 97209
Employer: NW Natural
Job Title: Manager, Rates & Regulation
 Paragraph 10(e) information also provided.

By: Signature: [Signature] Date: 04/08/15
Printed Name: Shannon L Seagondollar
Address: 220 NW 2nd Ave Portland, OR 97209
Employer: NW Natural
Job Title: Staff Assistant 3
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 10(e) information also provided.