

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.

Northwest Industrial Group (Party) agrees to be bound by the terms of this Modified Protective Order.

Signature: [Handwritten Signature]

Printed: Chad Stokes

Date: 4/11/17


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: [Handwritten Signature] Date: 4/11/17  
 Printed Name: Chad Stokes  
 Address: 1001 SW 5th Ave  
 Employer: Cable Horizon  
 Job Title: Attorney

By: Signature:  Date: 4/11/17  
Printed Name: TOMMY A. BROOKS  
Address: 1001 SW 5th Ave, Portland OR 97204  
Employer: CABLE HUSTON LLP  
Job Title: PARTNER

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: \_\_\_\_\_

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

By: Signature: Edward A. Finklea Date: 4-11-17  
Printed Name: Edward Finklea  
Address: 345 Grandview Dr. Ashland OR 97520  
Employer: N/A  
Associated Party: Northwest Industrial Gas Users  
Job Title: Executive Director

If not an employee of a party, describe practice and clients: