Davison Van Cleve PC

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March 9, 2018

Via Electronic Filing

Public Utility Commission of Oregon Attn: Filing Center 201 High St. SE, Suite 100 Salem OR 97301

Re: In the Matter of PACIFICORP, dba PACIFIC POWER

Request for Proposals of an Independent Evaluator to Oversee the Request for

Proposal Process **Docket No. UM 1845**

Dear Filing Center:

Enclosed for filing in the above-referenced docket, please find the modified Highly Confidential Protective Order Signatory Pages for Tyler C. Pepple, Riley G. Peck, Jesse O. Gorsuch, Rainbow Wainright and Bradley G. Mullins on behalf of the Industrial Customers of Northwest Utilities.

Thank you for your assistance. If you have any questions, please do not hesitate to call.

Sincerely,

/s/ Haley M. Thomas Haley M. Thomas

Enclosure

UM 1845

I. Persons Qualified pursuant to Paragraph 13: Highly Protected Information

I have read the Modified Protective Order and agree to be bound by the terms of the order. I certify that:

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.

The party I am associated with has a legitimate and non-competitive need for the Highly Protected Information for this proceeding and not simply a general interest in the information.

Ву:	Signature:	Date	3/9/18
	Printed Name:		
	Address:	333 SW Taylor C+ Suite 400	
	Employer:	Durisan Van Clave P.C. (:	[CNU)
	Job Title:	Attorney	
Ву:	Signature:	The Date	3/9/18
	Printed Name:	999 SW Fight Street	Piley Pech
	Address:	777 Sw Taylor Street, Sig	Le 400
	Employer:		can)
	Job Title:	Attorney	11
Ву:	Signature:	Date	3/9/18
	Printed Name:	Jesse Gorsuch	
	Address:	333 SW Taylor Site 400	
	Employer:	Derikan Ven Clerk	
	Job Title:	Parleyal	

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By:	Signature:	Kainlow Warright Date:	3/9/18
	Printed Name	: Rainbow Mainright	
	Address:	333 SW Taylor St. Suite 400	
	Employer:	Davison Van Cleve P.C.	
	Job Title:	Office Manager	20.0
By:	Signature:	On O S Date:	3 9/18
	Printed Name	BOND MULLINS	
	Address:	333 SW TAYLOR ST, STE 400	
	Employer:	SELF EMPLOYED	
	Job Title:	CONSULTANT	
Ву:	Signature:	Date:	
	Printed Name		
	Address:		
	Employer:	\$ TO THE STATE OF	
	Job Title:		