



825 NE Multnomah, Suite 2000
Portland, Oregon 97232

April 30, 2018

VIA ELECTRONIC FILING

Public Utility Commission of Oregon
201 High Street SE, Suite 100
Salem, OR 97301-3398

Attn: Filing Center

RE: UM 1845—PacifiCorp's Signatory Pages

PacifiCorp d/b/a Pacific Power encloses for filing the attached Signatory Pages to Modified Protective Order No. 18-080 (Order).

The following are seeking qualification under Paragraph 13 of the Order:

Ryan Flynn

Scott Bolton

If you have questions about this filing, please contact me at (503) 813-6583.

Sincerely,

A handwritten signature in black ink, appearing to read "Natasha Siores".

Natasha Siores
Manager, Regulatory Affairs

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.

By: Signature:  Date: 4/26/18

Printed Name: SCOTT BOLTON

Address: 875 NE MULTNOMAH ST, SUITE 2000, PORTLAND OR 97232

Employer: PAULFI CORP

Job Title: SVP, EXTERNAL AFFAIRS / CUSTOMER SOLUTIONS

By: Signature: _____ Date: _____

Printed Name: _____

Address: _____

Employer: _____

Job Title: _____

By: Signature: _____ Date: _____

Printed Name: _____

Address: _____

Employer: _____

Job Title: _____

UM 1845

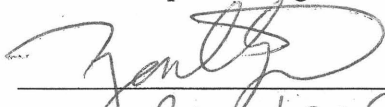
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By: Signature:  Date: 4/27/18
 Printed Name: RYAN LEIS FLYNN
 Address: 825 NE MULTNOMAH ST., STE 2000, PORTLAND, OR 97232
 Employer: Pacific Power
 Job Title: VP & General Counsel

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____