

APPENDIX B

CONSENT TO BE BOUND AND SIGNATORY PAGE  
FOR HIGHLY PROTECTED INFORMATION

DOCKET NO. UM 1934

I. Consent to be Bound  
OR CUB

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

Signature: Bob Jenks Date: 10/23/2018

Printed Name: Bob Jenks

II. 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: Bob Jenks Date: 10/23/2018

Printed Name: Bob Jenks

Address: 610 SW Broadway, Suite 400

Employer: OR CUB

Job Title: Executive Director

By: Signature: William Gehrke Date: 10/23/2018

Printed Name: William Gehrke

Address: 610 SW Broadway, Suite 400

Employer: OR CUB

Job Title: Economist

By: Signature: Mike Goetz Date: 10/23/2018

Printed Name: Mike Goetz

Address: 610 SW Broadway, Suite 400

Employer: OR CUB

Job Title: Staff Attorney

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By: Signature: SE Bender Date: 10/23/2018

Printed Name: Susan E Bender

Address: 610 SW Broadway, Suite 400

Employer: OR CUB

Job Title: Office Manager

By: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

By: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_