SIGNATORY PAGE DOCKET NO. UP 324

I. Consent to be Bound:

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

Citizens utilit	y Bould of Ore (Party) agrees to be b	oound by the terms of the
	order and certifies that it has an interest intended by other parties to the proceedings.	n these proceedings that is not
Signature:	withing Bunks On	1357W
Printed Name:	sommer Templet	rate old december.
Date:	umis	49
		d government
II. Persons Qu	ualified under Paragraphs 3(a) throug	h 3(d):
<u>al</u> B	(Party) identifies the	following person(s)
automatically quali	ified under paragraphs 3(a) through (d).	1 5 No. 20 10 10 10 10 10 10 10 10 10 10 10 10 10
	PRINTED NAME	DATE
Sommer To Gabriel 1	emput	0/2215
6abrill 1	valsh	6122115
		30 Million 1
	Laborate real res	am i naka 80 kalgiriga sa P. j

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I have read the general protective order, agree to be bound by the terms of the order, and

III. Persons Qualified under Paragraph 3(e):

will]	provide the infor	mation identified in paragraph 10.
By:	Signature: Printed Name:	Nadne Hanhan Date: U12212015
	Address:	6/05 MB nadway Ste. 400 Portland, OR 97205
	Employer:	Citizens'Utility Board or Oregon
	Job Title:	Utility Analyst
		0(e) information also provided.
By:		Date: 6/22/18 Lor: Hymow, t Z 6105W Broadway Ste 400 Por Mandok 9726 Citizen's Vtility Board of Oregon Reg. Admin. Assit
	Printed Name:	1 1051) C. T. I Sheller Polandok972
	Address:	CION Bradway sre 400 10
	Employer:	Contents Other 150 and or or eyou
	Job Title:	reg. Itamin. Itss
	☐ Paragraph I	0(e) information also provided.
By:	Signature:	Date:
,	Printed Name:	
	Address:	
	Employer:	
	Job Title:	
	Paragraph 1	0(e) information also provided.
By:	Signature:	Date:
	Printed Name:	
	Address:	
	Employer:	
	Job Title:	
	Paragraph 1	N(e) information also provided

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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:	dent	Date: 6/22/2015
	Printed Name:	Jaime McGovern	
	Address:	610 SW Broadway,	Portland OR
	Employer:	CHIZENS whiling Board	d of open
	Job Title:	Sr. tconomist	
	☐ Paragraph 1	10(e) information also provided.	
Ву:	Signature:		Date:
	Printed Name:		
	Address:		
	Employer:		
	Job Title:		
	Paragraph	10(e) information also provided.	
Ву:	Signature:		Date:
	Printed Name:		
	Address:		
	Employer:		
	Job Title:		
	Paragraph 1	10(e) information also provided.	
Ву:	Signature:		Date:
	Printed Name:		
	Address:		
	Employer:		
	Job Title:		<u> </u>