

SHANNON L. SEAGONDOLLAR

Rates and Regulatory Affairs
Tel: 503.226.4211 x3589
Fax: 503.721.2516
Email: sls@nwnatural.com



June 18, 2015

VIA ELECTRONIC FILING

Public Utility Commission of Oregon
Attention: Filing Center
3930 Fairview Industrial Drive SE
Post Office Box 1088
Salem, OR 97308-1088

**Re: UM 1635–NWN’s Environmental Remediation Costs
Protective Order 13-030 – Updated Signatory Page**

Northwest Natural Gas Company, dba NW Natural encloses for filing in the above-captioned docket the updated signatory pages for Protective Order 13-030 to add Zach Kravitz and Shannon Seagondollar.

If you have any questions, please do not hesitate to contact me at 503.226.4211 ext. 3589.

Respectfully submitted,

/s/ Shannon L. Seagondollar

Shannon L. Seagondollar
Staff Assistant 3
NW Natural

APPENDIX B
Signatory Page for Confidential Information
DOCKET NO. UM 1635

I. Consent to be Bound:

This protective order governs the use of "Confidential Information" and "Highly Confidential Information" in these proceedings.

NW Natural (Party) agrees to be bound by the terms of this Highly Confidential protective order

Signature: [Handwritten Signature]
Printed Name: ZACH KRAVITZ
Date: 06/18/15

II. Persons Qualified under Paragraphs 4(a), (b), (d), and (e): Confidential Information

NW Natural (Party) identifies the following person(s) automatically qualified under paragraphs 4(a), (b), (d), and (e).

PRINTED NAME	DATE
Zach Kravitz	06/18/15

III. Persons Qualified pursuant to Paragraph (4)© and (f) and Paragraph 17: Confidential Information

I have read the Highly Confidential protective order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 17(e).

By: Signature: [Signature] Date: 06/18/15
 Printed Name: Jack Kravitz
 Address: 220 NW Second Ave, Portland OR
 Employer: NW Natural
 Job Title: Attorney
 Paragraph 17(e) information also provided.

By: Signature: [Signature] Date: 06/18/15
 Printed Name: Shannon Seagondollar
 Address: 220 NW Second Ave, Portland, OR
 Employer: NW Natural
 Job Title: Staff Assistant
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

APPENDIX C
Signatory Page for Highly Confidential Information
DOCKET NO. UM 1635

I. Consent to be Bound:

This Highly Confidential Protective Order governs the use of "Confidential Information" and "Highly Confidential Information" in these proceedings.

NW Natural (Party) agrees to be bound by the terms of this Highly Confidential protective order

Signature: [Signature]
Printed Name: Zach Kravitz
Date: 06/18/15

II. Persons Qualified under Paragraphs 5 and 17: Highly Confidential Information:

I have read the Highly Confidential Protective Order, and agree to be bound by the terms of the order, and will provide the information identified in paragraph 17.

I certify that:

- a. I will make copies only as needed for purposes of review and submission to the Commission
- b. I agree to keep the information in a secure manner as required by Paragraph 12.
- 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 I am associated with has a legitimate and non-competitive need for the Highly Confidential Information and not simply a general interest in the information.

Signature: [Signature] Date: 06/18/15
Printed Name: Zach Kravitz

By: Signature: [Signature] Date: 06/18/15
Printed Name: Zach Kravitz
Address: 220 NW Second Ave, Portland, OR
Employer: NW Natural
Job Title: Attorney

Paragraph 17(e) information also provided.

By: Signature: Shannon Seagondollar Date: 06/18/15
 Printed Name: Shannon Seagondollar
 Address: 220 NW Second Avenue, Portland, OR
 Employer: NW Natural
 Job Title: Staff Assistant
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.