



RICHARDSON ADAMS, PLLC
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28 April 2015

VIA ELECTRONIC FILING

Public Utility Commission of Oregon
Filing Center
3930 Fairview Industrial Park
Salem, OR 97302

Re: **Docket No. UM 1662**
Protective Agreement – Order No. 15-108

We are enclosing Signatory Pages in the above Docket and Protective Agreement for Gregory M. Adams and Kevin C. Higgins, for Noble Americas Energy Solutions LLC.

Please advise if there are any questions. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Nina Curtis".

Nina Curtis
Administrative Assistant to Greg Adams
Richardson Adams, PLLC

Enc.

SIGNATORY PAGE
DOCKET NO. UM 1662

I. Consent to be Bound:

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

Noble Americas Energy Solutions LLC (Party) agrees to be bound by the terms of the general protective order and certifies that it has an interest in these proceedings that is not adequately represented by other parties to the proceedings.

Signature: [Handwritten Signature]
Printed Name: Gregory M. Adams
Date: 4-22-15

II. Persons Qualified under Paragraphs 3(a) through 3(d):

Noble Americas Energy Solutions LLC (Party) identifies the following person(s) automatically qualified under paragraphs 3(a) through (d).

PRINTED NAME	DATE
Peter J. Richardson	4-22-15
Gregory M. Adams	4-22-15

SIGNATORY PAGE
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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: [Handwritten Signature] Date: 4-22-15
 Printed Name: KEVIN C. HIGGINS
 Address: 215 S. STATE ST., SUITE 200, SALT LAKE CITY, UT 84111
 Employer: ENERGY STRATEGIES
 Job Title: PRINCIPAL
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 10(e) information also provided.