

**QUALIFICATION OF OTHER PERSONS**  
PCN 5

**III. Persons Seeking Qualification under Paragraph 13:**

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

<b>Signature:</b>	<i>Irene Gilbert</i>	<b>Date:</b>	<i>2/1/2023</i>
<b>Printed Name:</b>	<i>Irene Gilbert</i>		
<b>Physical Address:</b>	<i>2310 Adams Ave. LaGrande, Oregon 97850</i>		
<b>Email Address:</b>	<i>ott.irene@frontier.com</i>		
<b>Employer:</b>	<i>Retired</i>		
<b>Associated Party:</b>	<i>Greg Larkin and STOP B<sub>2</sub>H</i>		
<b>Job Title:</b>	<i>Assistant (unpaid)</i>		
<b>If not employee of party, description of practice and clients:</b>	<p><i>I am not an employee of Mr. Larkin. I am Co-Chair of STOP B<sub>2</sub>H. I have agreed to help Mr. Larkin research, develop and submit issues in his behalf as requested and approved by him. The stress he is experiencing due to the demands of this proceeding resulted in his request for my assistance.</i></p>		

**CONSENT TO BE BOUND**  
PCN 5

**I. Consent to be Bound:**

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

Irene Gilbert (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: Irene Gilbert  
 Printed Name: Irene Gilbert  
 Date: 2/1/2023

**II. Persons Qualified under Paragraph 12:**

\_\_\_\_\_ (Party) identifies the following person(s) qualified under paragraph 12.

PRINTED NAME	DATE