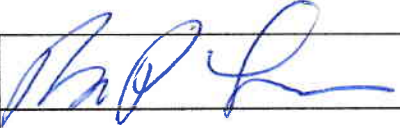




**QUALIFICATION OF OTHER PERSONS**  
UW 195

**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>		<b>Date:</b>	4/10/2023
<b>Printed Name:</b>	BRIAN PATRICK LAUTERBACH		
<b>Physical Address:</b>	67894 E HWY 26 USPS BOX 541 WELCHES, OR 97067		
<b>Email Address:</b>	mrmrszero@gmail.com		
<b>Employer:</b>			
<b>Associated Party:</b>	SALMON VALLEY WATER		
<b>Job Title:</b>			
<b>If not employee of party, description of practice and clients:</b>	PETITIONER CUSTOMER OF SALMON VALLEY WATER		