

January 28, 2015

### VIA ELECTRONIC FILING AND OVERNIGHT DELIVERY

Public Utility Commission of Oregon 3930 Fairview Industrial Dr. S.E. Salem, OR 97302-1166

Attn: Filing Center

RE: Docket LC 62—PacifiCorp's Signatory Pages

PacifiCorp d/b/a Pacific Power encloses for filing an original and two copies of its Signatory Pages to Protective Order No. 14-416.

If you have questions about this filing, please contact Natasha Siores, Director, Regulatory Affairs & Revenue Requirement, at (503) 813-6583.

Sincerely,

R. Bryce Dalley

Vice President, Regulation

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Enclosure

cc: Service List—LC 62

#### CERTIFICATE OF SERVICE

I certify that I served a true and correct copy of PacifiCorp's Signatory Pages to Protective Order 14-416 on the parties listed below via electronic mail and/or Overnight Delivery in compliance with OAR 860-001-0180

### Oregon Docket LC 62

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Dated this 28<sup>th</sup> of January, 2015

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Amy Eissler

Coordinator, Regulatory Operations

# SIGNATORY PAGE DOCKET NO. LC 62

## I. Consent to be Bound:

This general protect proceedings.	tive order governs the use of Confidential Info	ormation in these
	(Party) agrees to be bound order and certifies that it has an interest in the anted by other parties to the proceedings.	by the terms of the se proceedings that is not
Signature:	Distr. T. ritural	
Printed Name: Date:	1 28 2015	
II. Persons Qu	nalified under Paragraphs 3(a) through 3(d	•
automatically quali	fied under paragraphs 3(a) through (d).	wing person(s)
<b>3</b> 1	and a man programme to (iii) tand a gar (iii).	
	PRINTED NAME	DATE
		DATE

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### SIGNATORY PAGE DOCKET NO. LC 62

## 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:	Mul Ill Date: 1-28-15	
	Printed Name:	Michael Liberwall	
	Address:	825 NE Multional Suite 600	
	Employer:	Pacificorp	
	Job Title:	Pacificorp Administrative Service Coordinator	
	Paragraph 1	0(e) information also provided.	
Ву:	Signature:	Date:	
	Printed Name:	· <u></u>	
	Address:		
	Employer:		
	Job Title:		
	Paragraph 1	0(e) information also provided.	
Ву:	Signature:	Date:	
	Printed Name:	·	
	Address:		
	Employer:		
	Job Title:	<u> </u>	
	Paragraph 1	0(e) information also provided.	
Ву:	Signature:	Date:	
	Printed Name:		
	Address:		
	Employer:		
	Job Title:		
	Paragraph 10	O(e) information also provided.	