

**BEFORE THE PUBLIC UTILITY COMMISSION  
OF OREGON**

**LC 62**

In the Matter of  
PACIFICORP, dba PACIFIC POWER  
2015 Integrated Resource Plan

Notice of Replacement Signatory  
Pages of Renewable Northwest

Renewable Northwest respectfully requests that, for Protective Order No. 14-416 covering Docket No. LC 62, the Public Utility Commission of Oregon replace the Signatory Page previously filed by Renewable Northwest with the Signatory Pages attached to this filing.

RESPECTFULLY SUBMITTED this 14<sup>th</sup> day of October, 2015.

*/s/ Dina Dubson Kelley*

Dina Dubson Kelley  
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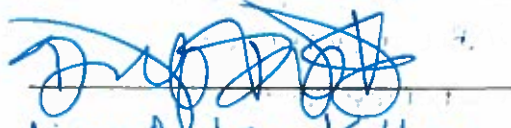
SIGNATORY PAGE  
DOCKET NO. LC 62

**I. Consent to be Bound:**

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

Renewable Northwest (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:



Printed Name:

Nina Dubson Kelley

Date:

10/14/15

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

Renewable Northwest (Party) identifies the following person(s) automatically qualified under paragraphs 3(a) through (d).

PRINTED NAME	DATE
<u>Nina Dubson Kelley</u>	<u>10/14/15</u>

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: M. O'Brien Date: 10/14/15  
Printed Name: MICHAEL O'BRIEN  
Address: 421 SW 6TH AVE, SUITE 1125, PORTLAND, OR 97204  
Employer: RENEWABLE NORTHWEST  
Job Title: ENERGY POLICY ANALYST

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.