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February 9, 2023

VIA ELECTRONIC FILING

NW Natural®

Public Utility Commission of Oregon Attn: Filing Center 201 High Street SE, Suite 100 Post Office Box 1088 Salem, Oregon 97308-1088

Re: LC 79 – NW Natural's 2022 Integrated Resource Plan – Signatory Page to Modified Protective Order No. 22-444

Attached for filing in the above-referenced docket is Northwest Natural Gas Company's, dba NW Natural, signatory page to Modified Protective Order No. 22-444 for Radiah Gaines.

If you have any questions, please contact me at erica.lee-pella@nwnatural.com or (503) 610-7330.

Sincerely,

NW Natural

/s/ Erica Lee-Pella

Erica Lee-Pella Rates & Regulatory Specialist

Enclosure

ATTACHMENT B CONSENT TO BE BOUND – HIGHLY CONFIDENTIAL INFORMATION DOCKET LC 79

			e Bound – Highly Confidential Informat ve Order and this Attachment B govern the			
			(Party) agrees to be bound by the terms of the Order and certifies that it has an interest in LC 79 that is not ted by other parties to the proceeding.			
Się	gnati	ure:	Tic W. Nelsen			
Printed Name:		l Name:	Eric W. Nelsen			
Date:			February 9, 2023			
II.		Persons Qua	lified under Paragraph 9:			
Ιh	ave	read the Modifi	ed Protective Order and agree to be bour	nd by its terms.		
Ιc	ertify	/ that:				
	1.	I will make hard copies only as needed for purposes of review and submission to the Commission and will not make or distribute electronic copies of Highly Confidential Information and will not transmit electronically documents that reveal the substance of Highly Confidential Information.				
	2.		o the information in a secure manner as r it at the conclusion of this proceeding as			
	3.	I understand that ORS 756.990(2) allows the Commission to impose monetary sanctions if a party subject to the jurisdiction of the Commission violates an order of the Commission.				
	4.		which I am associated has a legitimate a Confidential Information and not simply a			
By: S	Signa	ature:	Date:			
	Р	rinted Name: _				
	Α	ddress:				
	Ε	mployer:				
	Je	ob Title				

By: Signature:	Date:	
Printed Name:	_	
Address:	_	
Employer:	_	
Job Title:	_	
By: Signature:	Date:	
Printed Name:	_	
Address:		
Employer:	_	
Job Title:	_	
By: Signature:	Date:	
Printed Name:	_	
Address:	_	
Employer:	_	
Job Title:	_	
By: Signature:	Date:	
Printed Name:	_	
Address:	_	
Employer:	_	
Job Title:	_	

ATTACHMENT C QUALIFICATION OF OTHER PERSONS TO RECEIVE HIGHLY CONFIDENTIAL INFORMATION

DOCKET NO. LC 79

I. Persons Seeking Qualification to receive Highly Confidential Information under Paragraph 10:

I have read the Modified Protective Order and agree to be bound by its terms.

I certify that:

- 1. I will make hard copies only as needed for purposes of review and submission to the Commission and will not make or distribute electronic copies of Highly Confidential Information and will not transmit electronically documents that reveal the substance of Highly Confidential Information.
- 2. I agree to keep the information in a secure manner as required by Paragraph 13 ℓ and to destroy it at the conclusion of this proceeding as required by Paragraph 16. ℓ
- 3. I understand that ORS 756.990(2) allows the Commission to impose monetary sanctions if a party subject to the jurisdiction of the Commission violates an order of the Commission.
- 4. The party with which I am associated has a legitimate and non-competitive need for the Highly Confidential Information and not simply a general interest in the information.
- 5. I require access to the following specific Highly Confidential Information (describe with particularity) for the following reason(s) (attach pages if necessary):

By: Signature:	adul Ser	Date: <u> </u>
Printed Nam	e: <u>Radiah Gaines</u>	5
Address:	250 SW Taylor Street, Portland, OR 97204	27
Employer: _	Robert Half	
Job Title:	Staff Assistant - Rates & Regulatory	<u>o</u> :

If not an employee of a party, describe practice and clients:

Contractor for NW Natural. Staff Assistant for Rates & Regulatory Affairs.