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November 14, 2022

#### **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 Pages to Modified Protective Order No. 22-444

Attached for filing in the above-referenced docket are Northwest Natural Gas Company's, dba NW Natural, signatory pages to General Protective Order No. 22-444 for Eric Nelsen, Anne-Marie Puustinen, Erica Lee-Pella, Haixiao Huang, Matthew Doyle, Melissa Martin, and Sebastian Weber.

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

**Enclosures** 

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

	The M		e Bound – Highly Confidential Informat ve Order and this Attachment B govern the	
adequately represented by o			(Party) agrees to be bour rder and certifies that it has an interest in ed by other parties to the proceeding.	
9	Signat	ure:	Cric W. Nelsen	
F	Printed	d Name:	Eric W. Nelsen	
	Date:		November 14, 2022	
ı	l.	Persons Qua	lified under Paragraph 9:	
I	have	read the Modifi	ed Protective Order and agree to be bou	nd by its terms.
I	certify	y that:		
	1.	the Commission Confidential In	rd copies only as needed for purposes of on and will not make or distribute electron formation and will not transmit electronica of Highly Confidential Information.	nic copies of Highly
	2.		o the information in a secure manner as r it at the conclusion of this proceeding as	
	3.		nat ORS 756.990(2) allows the Commiss party subject to the jurisdiction of the Com ssion.	
	4.		which I am associated has a legitimate a Confidential Information and not simply a	
Ву	: Signa	ature: Tic	W. Nelsen	Date: <u>November 14, 2</u> 022
	Р	rinted Name: _	Eric W. Nelsen	
	Α	ddress:	250 SW Taylor Street, Portland, OR 972	204
	E	mployer:	NW Natural	
	L	oh Title:	Senior Regulatory Attorney	

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.

- 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 and to destroy it at the conclusion of this proceeding as required by Paragraph 16.
- 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):

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

## ATTACHMENT C QUALIFICATION OF OTHER PERSONS TO RECEIVE HIGHLY CONFIDENTIAL INFORMATION

DOCKET NO. LC 79

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- 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:	Erin telle	ate:	11/14/2022	
Printed Name:	Erica Lee-Pella			
Address:	250 SW Taylor Street, Portland, OR 97204			
Employer:	NW Natural			
loh Title:	Rates and Regulatory Specialist			

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

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- 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:	aixiao Huang	Date: 11/14/2022
Printed Name:	Haixiao Huang	_
Address:	250 SW Taylor Street, Portland, OR 97204	+
Employer:	NW Natural	_
Job Title:	Economics Analyst	<u>.</u>

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

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- 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:	Matthew Doyle	Date: 11/14/2022
Printed Name:	Matthew Doyle	_
Address:	250 SW Taylor Street, Portland, OR 9720-	4
Employer:	NW Natural	_
Job Title:	Economics Consultant	_
If not an emplo	yee of a party, describe practice and clients:	

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- 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:	Melissa Martin	Date:	11/14/22	
Printed Name	e:Melissa Martin	_		
Address:	250 SW Taylor Street, Portland, OR 97204	ŀ		
Employer:	NW Natural	_		
Job Title:	Project Management Specialist	-		
		-		

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- 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:	Sebastian Weber	Date:	11/14/2022
Printed Name	Sebastian Weber	-	
Address:	250 SW Taylor Street, Portland, OR 97204	•	
Employer:	NW Natural	_	
Job Title:	Economics Analyst	-	
If not an empl	oyee of a party, describe practice and clients:		