



May 27, 2020

VIA ELECTRONIC FILING

PUC Filing Center Public Utility Commission of Oregon P.O. Box 1088 Salem, OR 97308-1088

Re: UE 374 - In the Matter of PACIFICORP, dba PACIFIC POWER, Request for a General Rate Revision.

Attached for filing in the above-referenced docket are the signatory pages of Katherine McDowell and Adam Lowney for Modified Protective No. Order 20-131.

Please contact this office with any questions.

Wendy Mc Andoo

Sincerely,

Wendy McIndoo Office Manager

Attachment

APPENDIX B

Signatory Page for Highly Protected Information Docket No. UE 374

Persons Qualified pursuant to Paragraph 13, Highly Protected Information:

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

I certify that:

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.

The party I am associated with has a legitimate need for the Highly Protected Information for this proceeding and not simply a general interest in the information.

| By: | Signature: | | _Date: | 4/30/2020 |
|-----|---------------|---------------------------------------|--------|-----------|
| • | Printed Name: | Katherine McDowell | _ | |
| | Address: | 419 SW 11th, #400, Portland, OR 97205 | _ | |
| | Employer: | McDowell Rackner Gibson PC | _ | |
| | Job Title: | Attorney | _ | |
| Ву: | Signature: | | _Date: | |
| | Printed Name: | e . | _ | |
| | Address: | | _ | |
| | Employer: | | _ | |
| | Job Title: | | _ | |
| Ву: | Signature: | | _Date: | |
| | Printed Name: | | _ | |
| | Address: | | _ | |
| | Employer: | | _ | |
| | Job Title: | | _ | |

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| By: | Signature: | we sory | Date: | 0/3/20 |
|-----|---------------|------------------------|-------|----------------|
| | Printed Name: | | | , , |
| | Address: | 419 SWILL Ave, Ste 400 | | |
| | Employer: | MRG | _ | |
| | Job Title: | Attorney | | |
| By: | Signature: | | Date: | |
| | Printed Name: | | - | |
| | Address: | | | |
| | Employer: | 1 | | |
| | Job Title: | | | |
| By: | Signature: | | Date: | (- |
| | Printed Name: | | | |
| | Address: | | | |
| | Employer: | | | |
| | Job Title: | | | |