



COLE ALBEE
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March 18, 2024

VIA E-MAIL TO

Public Utility Commission of Oregon
Filing Center
201 High Street SE, Suite 100
Salem, Oregon 97301-3398

Re: Docket UE 434 - In the Matter of PacifiCorp, d/b/a Pacific Power, 2025 Transition Adjustment Mechanism

Attached, please find the Signatory Pages to Modified Protective Order No. 24-033. The following are seeking qualification under Paragraph 12:

Katherine McDowell Adam Lowney Skylar Sumner

Please contact this office with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Cole Albee".

Cole Albee
Paralegal
McDowell Rackner Gibson PC

CONSENT TO BE BOUND AND SIGNATORY PAGE

DOCKET NO. UE 434

I. Consent to be Bound:

PacifiCorp d/b/a Pacific Power (Party) agrees to be bound by the terms of this Modified Protective Order.

Signature: Katherine McDowell

Printed Name: Katherine McDowell

Date: March 18, 2024

II. 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 and non-competitive need for the Highly Confidential Information for this proceeding and not simply a general interest in the information.

By: Signature: Katherine McDowell Date: March 18, 2024

Printed Name: Katherine McDowell

Address: 419 SW 11th Ave #400, Portland, OR 97205

Employer: McDowell Rackner Gibson PC

Job Title: Attorney

By: Signature: Adam Lowney Date: March 18, 2024

Printed Name: Adam Lowney

Address: 419 SW 11th Ave #400, Portland, OR 97205

Employer: McDowell Rackner Gibson PC

Job Title: Attorney

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By: Signature: Skylar Sumner Date: March 18, 2024

Printed Name: Skylar Sumner

Address: 419 SW 11th Ave., #400, Portland, OR 97205

Employer: McDowell Rackner Gibson PC

Job Title: Attorney

By: Signature: Date:

Printed Name:

Address:

Employer:

Job Title: