

UG 246 – CERTIFICATE OF SERVICE

I hereby certify that, on this 4th day of September, 2013, I served the foregoing **SIGNATORY PAGES OF THE CITIZENS' UTILITY BOARD OF OREGON** in docket UG 246 upon each party listed in the UG 246 PUC Service List by email and, where paper service is not waived, by U.S. mail, postage prepaid, and upon the Commission by email and by sending one original and one copy by U.S. mail, postage prepaid, to the Commission's Salem offices.

(W denotes waiver of paper service)

(C denotes service of Confidential material authorized)

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Respectfully submitted,

A handwritten signature in black ink, appearing to read "Sommer Templet". The signature is fluid and cursive, with the first name "Sommer" being more prominent than the last name "Templet".

Sommer Templet, OSB #105260
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SIGNATORY PAGE
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I. Consent to be Bound:

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

Citizens' Utility Board of Oregon (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:

Sommer Tempert

Printed Name:

Sommer Tempert

Date:

9-4-2013

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

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

PRINTED NAME	DATE
<u>G. Caterina McCracken</u>	<u>9/4/13</u>
<u>Sommer Tempert</u>	<u>9/4/13</u>
<u>William Mosley</u>	<u>9/4/13</u>

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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: [Signature] Date: 9/4/2013
Printed Name: Nadine Hanhan
Address: 610 SW Broadway, Suite 400 Portland, OR 97205
Employer: Citizens' Utility Board of Oregon
Job Title: Utility Analyst
☐ Paragraph 10(e) information also provided.

By: Signature: [Signature] Date: 9/4/2013
Printed Name: Bob Tenes
Address: 610 SW Broadway, Ste. 400, Portland, OR 97239
Employer: CUB
Job Title: Executive Director
☐ 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.