## **SIGNATORY PAGE** DOCKET NO. UG 287

## I. Consent to be Bound:

This general protective order governs the use of Confidential Information in these						
proceedings.						
citizens, utility,						
Board of ORegon (ChB) (Party) agrees to be boungeneral protective order and certifies that it has an interest in the same of the control of t	and by the terms of the					
adequately represented by other parties to the proceedings.						
Signature:						
Printed Name:  Date:  Signature:  50  SOMMUR Temput  5(4) 15						
Date: 5/4/15						
II. Persons Qualified under Paragraphs 3(a) through 3(d):						
CI.D						
(1 arty) identifies the following person(s)						
automatically qualified under paragraphs 2(a) through (d)						
automatically qualified under paragraphs 3(a) through (d).						
PRINTED NAME	DATE					
	DATE 5/4/15					
PRINTED NAME	DATE 5/4/15					
PRINTED NAME	DATE 5/4/15					
PRINTED NAME	DATE 5/4/15					
PRINTED NAME	DATE 5/4/15					
PRINTED NAME	DATE 5/4/15					
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PRINTED NAME	DATE 5/4/15					
PRINTED NAME	DATE 5/4/15					
PRINTED NAME	DATE 5/4/15					

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## III. Persons Qualified under Paragraph 3(e):

	provide the info	rmation identified in paragr	aph 10.	y the terms of the order, and	
By:	Signature:	M		Date: 5/11/15  Ste 400 Portland OR	
	Printed Name:	Lori Hymo	witz		
	Address:	610 5W Broad	lway.	5te 400 Portland OR	97209
	Employer:	CUB			
	Job Title:	Reg. Adm.	n. As	15.4	
	Paragraph 1	10(e) information also provi	ded.		
Ву:	Signature:			Date:	
	Printed Name:				
	Address:				
	Employer:	Topic .			
	Job Title:				
	Paragraph 1	0(e) information also provi	ded.	el .	
Ву:	Signature:	· ·		Date:	
	Printed Name:	<del>Laboratoria</del>			
	Address:	1 <del>0. 10. 10.</del>			
	Employer:			9.44	
	Job Title:				
	Paragraph 1	0(e) information also provi	ded.		
Ву:	Signature:		-	Date:	
	Printed Name:				
	Address:				
	Employer:				
	Job Title:			<u></u>	
	Paragraph 1	0(e) information also provi	ded.		