May 5, 2022

#### **VIA ELECTRONIC FILING**

NW Natural®

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

Re: UG 435 – NW Natural's Request for a General Rate Revision Signatory Pages to Modified Protective Order No. 21-465

Attached for filing in the above-referenced docket are Northwest Natural Gas Company's, dba NW Natural, signatory pages to Modified Protective Order No. 21-465 for Melinda Rogers, Kevin McVay and Cory Beck. If you have any questions, please let me know.

Sincerely,

**NW NATURAL** 

/s/ Erica Lee-Pella

Erica Lee-Pella Rates & Regulatory Specialist

**Enclosures** 

# APPENDIX C CONSENT TO BE BOUND – HIGHLY CONFIDENTIAL INFORMATION DOCKET UG 435

			e Bound – Highly Confidential Information ve Order and this Appendix C govern the use i.		
N	JW ]	Natural	(Party) parage to be bound by	y the terms of the	
			(Party) agrees to be bound by rder and certifies that it has an interest in UG ed by other parties to the proceeding.	435 that is not	
Signature:			Tric W. Nelsen		
Printed Name:			Eric W. Nelsen		
Da	ate:		May 5, 2022		
II.		Persons Qual	lified under Paragraph 27:		
Ιh	ave	read the Modifi	ed Protective Order and agree to be bound b	y its terms.	
Ιc	ertif	y that:			
	the Commissi Confidential Ir		rd copies only as needed for purposes of review and submission to on and will not make or distribute electronic copies of Highly aformation and will not transmit electronically documents that reveal of Highly Confidential Information.		
	2.		o the information in a secure manner as requi		
	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.		which I am associated has a legitimate and r Confidential Information and not simply a gen		
Ву:	S	ignature:		Date:	
	Printed Name:				
	Α	ddress:			
	Employer:				
	, I	ob Title:			

Ву:	Signature:	Date:
	Printed Name:	
	Address:	
	Employer:	
	Job Title:	
Ву:	Signature:	Date:
	Printed Name:	
	Address:	
	Employer:	
	Job Title:	
Ву:	Signature:	Date:
	Printed Name:	
	Address:	
	Employer:	
	Job Title:	
Ву:	Signature:	Date:
	Printed Name:	
	Address:	
	Employer:	
	Job Title:	

## APPENDIX D QUALIFICATION OF OTHER PERSONS TO RECEIVE HIGHLY CONFIDENTIAL INFORMATION

DOCKET NO. UG 435

## I. Persons Seeking Qualification to receive Highly Confidential Information under Paragraph 28:

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

#### I certify that:

- 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 32 and to destroy it at the conclusion of this proceeding as required by Paragraph 35.
- 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):

### ORDER NO. 21-465

By: Signature: Mclade & Roger Date: May 4, 2022

Printed Name: Melinda Rogers

Address: 250 SW Taylor Street, Portland, OR 97204

Employer: NW Natural

Job Title: VP, Chief HR & Diversity Officer

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

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- 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.
- I require access to the following specific Highly Confidential Information (describe with particularity) for the following reason(s) (attach pages if necessary):

Docket UG 435 - Modified Protective Order

APPENDIX D Page 1 of 2

ORDER NO. 21-465

Signature: By:

Date: 5/

Printed Name: Kevin S. m'c/a

Address:

250 SW Taylor Street, Portland, OR 97204

Employer:

NW Natural

Job Title:

Revenue Réquirements Analytics Consollant

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):

Printed Name: CORY BECK

Address: 250 SW Taylor Street, Portland, OR 97204

Employer: NW Natural

Job Title: SR. MANAGER GOMMUNICATIONS

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