

ATTACHMENT B
CONSENT TO BE BOUND – HIGHLY CONFIDENTIAL INFORMATION
DOCKET UG 462

I. Consent to be Bound – Highly Confidential Information:

The Modified Protective Order and this Attachment B govern the use of Highly Confidential Information in the Proceeding as defined in Paragraph 1.

The Oregon Citizens' Utility Board (Party) agrees to be bound by the terms of the Modified Protective Order and certifies that it has an interest that is not adequately represented by other parties to the Proceeding.

Signature: /s/Michael Goetz

Printed Name: Michael Goetz

Date: 6/2/23

II. Persons Qualified under Paragraph 9:

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

I certify that:

1. I will access and store the Highly Confidential Information in accordance with the terms of this Modified Protective Order and may only make copies of such Highly Confidential Information as specifically provided in this Modified Protective Order.
2. I agree to keep the information in a secure manner as required by Paragraphs 12 and 13 and to destroy it at the conclusion of this proceeding as required by Paragraph 16.
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.

By: Signature: /s/Sharif Morton Date: 6/2/23

Printed Name: Sharif Morton

Address: 610 SW Broadway, Suite 400. Portland, OR 97205

Employer: The Oregon Citizens' Utility Board

Job Title: Office Manager

By: Signature: /s/Alyssa Forest Date: 6/2/23
Printed Name: Alyssa Forest
Address: 610 SW Broadway, Suite 400. Portland, OR 97205
Employer: The Oregon Citizens' Utility Board
Job Title: Legal Extern

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____

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Address: _____

Employer: _____

Job Title: _____

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Printed Name: _____

Address: _____

Employer: _____

Job Title: _____

By: Signature: _____ Date: _____

Printed Name: _____

Address: _____

Employer: _____

Job Title: _____

By: Signature: _____ Date: _____

Printed Name: _____

Address: _____

Employer: _____

Job Title: _____