

APPENDIX B
Signatory Page for Confidential Information
DOCKET NO. UM 1635

I. Consent to be Bound:

This protective order governs the use of "Confidential Information" and "Highly Confidential Information" in these proceedings.

Citizens' Utility board of mem (Party) agrees to be bound by the terms of this Highly Confidential protective order

Signature:

Printed Name:

Date:

S
SOMMER TEMPLET
5/11/15

II. Persons Qualified under Paragraphs 4(a), (b), (d), and (e): Confidential Information

CUB (Party) identifies the following person(s) automatically qualified under paragraphs 4(a), (b), (d), and (e).

PRINTED NAME	DATE
Gabriel Wain	5/11/15

III. Persons Qualified pursuant to Paragraph (4)© and (f) and Paragraph 17: Confidential Information

I have read the Highly Confidential protective order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 17(e).

By: Signature: [Signature] Date: 5/11/15
 Printed Name: Car. Hymowitz
 Address: 610 SW Broadway Ste 400 Portland OR 97205
 Employer: CUB
 Job Title: Reg. Admin. Ass't
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

APPENDIX C
Signatory Page for Highly Confidential Information
DOCKET NO. UM 1635

I. Consent to be Bound:

This Highly Confidential Protective Order governs the use of "Confidential Information" and "Highly Confidential Information" in these proceedings.

Citizens' Utility Board of Oregon (Party) agrees to be bound by the terms of this Highly Confidential protective order

Signature: [Signature]
Printed Name: Sommer Tempert
Date: 5/11/15

II. Persons Qualified under Paragraphs 5 and 17: Highly Confidential Information:

I have read the Highly Confidential Protective Order, and agree to be bound by the terms of the order, and will provide the information identified in paragraph 17.

I certify that:

- a. I will make copies only as needed for purposes of review and submission to the Commission
- b. I agree to keep the information in a secure manner as required by Paragraph 12.
- c. 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.
- d. The party I am associated with has a legitimate and non-competitive need for the Highly Confidential Information and not simply a general interest in the information.

Signature: [Signature] Date: 5/11/15
Printed Name: Sommer Tempert

By: Signature: [Signature] Date: 5/11/15
Printed Name: Gabriel S. Walsh
Address: 1010 SW Broadway, Ste. 400, Portland, OR 97205
Employer: CUB
Job Title: Law Clerk

Paragraph 17(e) information also provided.

By: Signature: [Signature] Date: 5/11/15
 Printed Name: Lori Hymowitz
 Address: 610 SW Broadway Ste 400 Portland OR 97205
 Employer: CUB
 Job Title: Reg. Admin. Ass't
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 17(e) information also provided.