APPENDIX A UM 1897

Signatory Page for Parties and Persons Qualified to Access Highly Confidential Information Under Paragraph 10

I. Consent to be Bound

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This Modified Protective Order governs the use of "Highly Confidential Information" in
this proceeding.
sorthwest Industrial Gas Ujers
(Party) agrees to be bound by the terms of this Modifie
Protective Order. M. 133
Signature:
Printed: Tomm A. BROOKS
Date: 16/20/17

II. Persons Qualified Pursuant to Paragraph 10.

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

I certify that:

- a. 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.
- b. I agree to keep the information in a secure manner as required by Paragraph 7 and to destroy it at the conclusion of this proceeding as required by Paragraph 17.
- 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 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.

order no. 17 362

Ву:	Signature: JIR	_Date:	10/20/17
	Printed Name: Tony A. Brooks		
	Address: 1001 Sw 5th Ave, 2000, Porland, OR	972	04
	Employer: Cable Huston		
	Job Title: Partner		
Ву:	Signature: MAT Printed Name: Chil Stoke Address: (W) 5w 5h Ar, 2000 Pr Employer: Cable Huston Job Title: Perture	_Date:_	10/24/2017
Ву:	Signature: Printed Name:		***************************************
	Address:		
	Employer:	***************************************	·
	Job Title:		
Ву:	Signature: Printed Name: Address:	-	
	Employer:		i.
	Job Title:	***********	
Ву:	Signature:	_Date:_	- Milayita PA fanora
	Printed Name:		
	Address:	**************************************	
	Employer:		
	Job Title:	and the same of th	