



January 29, 2019

## **VIA ELECTRONIC MAIL**

Attention: Filing Center
Public Utility Commission of Oregon
201 High Street SE, Suite 100
P.O. Box 1088
Salem, Oregon 97308-1088

Re: UP 384 - In the Matter of SUNRIVER WATER, LLC and NW NATURAL WATER OF OREGON, Joint Application for Approval of the Sale of Sunriver Water, LLC.

Attention Filing Center:

Attached for filing in the above referenced docket is an electronic copy of NW Natural Water of Oregon, LLC's signatory page to Modified Protective Order No. 18-487 for Shoshana Baird.

Please contact this office with any questions.

Wendy Mc Andoo

Sincerely,

Wendy McIndoo Office Manager

## **UP 384**

## Persons Qualified Pursuant to Paragraph 13: Highly Protected Information

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

I certify that: 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.

The party I am associated with has a legitimate and non-competitive need for the Highly Protected Information for this proceeding and not simply a general interest in the information.

| By: | Signature: Stroken Squad                                  | Date: 1/29/2019 |
|-----|-----------------------------------------------------------|-----------------|
|     | Printed Name: Shoshana Baird                              |                 |
|     | Address: 419 SW 11th Ave. Ste. 400, Portland OR 97205     |                 |
|     | Employer: McDowell Rackner Gibson PC                      |                 |
|     | Job Title: Counsel of Record for NW Natural Water of Oreg | on LLC          |
| Ву: | Signature:                                                | Date:           |
|     | Printed Name:                                             |                 |
|     | Address:                                                  |                 |
|     | Employer:                                                 |                 |
|     | Job Title:                                                |                 |
| Ву: | Signature:                                                | Date:           |
|     | Printed Name:                                             |                 |
|     | Address:                                                  |                 |
|     | Employer:                                                 |                 |
|     | Job Title:                                                |                 |
|     |                                                           |                 |