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January 16, 2020

VIA ELECTRONIC FILING

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

**Re: UG 388 – Application of NW Natural for a General Rate Revision
Signatures for Highly Confidential Information – Modified Protective Order
No. 19-450**

Attached for filing are Northwest Natural Gas Company's, dba NW Natural, signatures to Appendix A and B for highly protected information in docket UG 388 for Modified Protective Order No. 19-450.

If you have any questions, please do not hesitate to contact me at 503-226-4211 ext. 3589.

Sincerely,

/s/ Erica Lee-Pella

Erica Lee-Pella
Rates & Regulatory Specialist
NW Natural

APPENDIX A

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

I. Consent to be Bound

This Modified Protective Order governs the use of "Highly Confidential Information" in this proceeding.

NW Natural (Party) agrees to be bound by the terms of this Modified Protective Order.

Signature: 

Printed: Eric W. Nelsen


Date: 1/16/2020

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.

By: Signature:  Date: 1/16/2020
 Printed Name: Eric N. Nelsen
 Address: 220 NW 2nd Ave., Portland, OR 97209
 Employer: NW Natural
 Job Title: Senior Regulatory Attorney

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: _____

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


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

APPENDIX B**Signatory Page for Other Persons Seeking Qualification to Access Highly Confidential Information Under Paragraph 11****I. Persons Seeking Qualification Pursuant to Paragraph 11.**

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.
- b. I agree to keep the information in a secure manner as required by Paragraph 7 and 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.
- e. I require access to the following specific Highly Confidential Information (describe with particularity) for the following reason(s) (attach pages if necessary):

By: Signature:  Date: 11/16/2020
 Printed Name: Erica Lee-Pella
 Address: 220 NW 2nd Ave., Portland, OR 97209
 Employer: NW Natural
 Associated Party: NW Natural
 Job Title: Rates & Regulatory Specialist

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

APPENDIX B

Signatory Page for Other Persons Seeking Qualification to Access Highly Confidential Information Under Paragraph 11

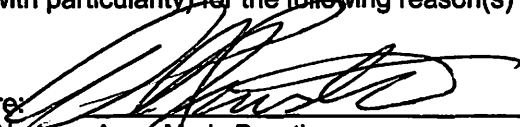
I. Persons Seeking Qualification Pursuant to Paragraph 11.

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.
- b. I agree to keep the information in a secure manner as required by Paragraph 7 and 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.
- e. I require access to the following specific Highly Confidential Information (describe with particularity) for the following reason(s) (attach pages if necessary):

By:

Signature:  _____
 Printed Name: Anne-Marie Puustinen
 Address: 220 NW 2nd Ave., Portland, OR 97209
 Employer: NW Natural
 Associated Party: NW Natural
 Job Title: Regulatory Paralegal

Date: 1/16/20

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