

**APPENDIX C**  
**CONSENT TO BE BOUND – HIGHLY CONFIDENTIAL INFORMATION**  
DOCKET UG 435

**I. Consent to be Bound – Highly Confidential Information:**

The Modified Protective Order and this Appendix C govern the use of Highly Confidential Information in UG 435.

Oregon Citizens' Utility Board (Party) agrees to be bound by the terms of the Modified Protective Order and certifies that it has an interest in UG 435 that is not adequately represented by other parties to the proceeding.

Signature: /s/Michael Goetz

Printed Name: Michael Goetz

Date: 1/20/22

**II. Persons Qualified under Paragraph 27:**

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

I certify that:

1. 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.
2. I agree to keep the information in a secure manner as required by Paragraph 32 and to destroy it at the conclusion of this proceeding as required by Paragraph 35.
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/Jennifer Hill-Hart Date: 1/20/22

Printed Name: Jennifer Hill-Hart

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

Employer: Oregon Citizens' Utility Board

Job Title: Policy Manager

By: Signature: /s/Kate Ayres Date: 1/20/22  
Printed Name: Kate Ayres  
Address: 610 SW Broadway, Suite 400. Portland, OR 97205  
Employer: Oregon Citizens' Utility Board  
Job Title: Policy Advocate

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: \_\_\_\_\_