



CARLA M. BUTLER

November 15, 2012

Oregon Public Utility Commission
Filing Center
550 Capitol St., NE, Suite 215
P.O. Box 2148
Salem, OR 97308-2148

RE: UM 1481 – Oregon Universal Service Fund

Dear:

Enclosed for filing please find CenturyLink's signatory pages for General Protective Order No. 11-074, executed by Ron Trullinger, Kevin MacWilliams, Philip Grate, Kenneth Buchan, John Felz and Michael Mohr. Mr. Felz's and Mr. Mohr's signatory page is a copy; the original will be forwarded to the Commission when received by me.

If you have any questions or concerns regarding these responses, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Carla M. Butler".

Carla M. Butler
Paralegal

Enclosures
cc: Service List

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Portland, OR 97205
Tel. 503.242.5420
Fax. 503.242.8589
carla.butler@centurylink.com

SIGNATORY PAGE
UM 1481

III. Persons Qualified under Paragraph 3(e):

I have read the general protective order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 10.

By: Signature: Ron L Trullinger Date: 11/12/12
 Printed Name: Ron L Trullinger
 Address: 310 SW Park, 11th FLR, Portland, OR 97205
 Employer: Century Link
 Job Title: Director Regulatory Affairs - Oregon
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
 Printed Name: _____
 Address: _____
 Employer: _____
 Job Title: _____
 Paragraph 10(e) information also provided.

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UM 1481

III. Persons Qualified under Paragraph 3(e):

I have read the general protective order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 10.

By: Signature: Kevin F. MacWilliams Date: 11/12/2012
Printed Name: KEVIN F. MACWILLIAMS
Address: 120 LENORA ST., 10TH FLOOR
Employer: CENTURY LINK
Job Title: LEAD ANALYST

Paragraph 10(e) information also provided.

By: Signature: Philip E. Grate Date: 11/12/2012
Printed Name: PHILIP E. GRATE
Address: 35821 SE 49TH ST
Employer: QWEST CORPORATION d/b/a CENTURY LINK
Job Title: DIRECTOR REGULATORY FINANCE

Paragraph 10(e) information also provided.

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

Paragraph 10(e) information also provided.

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

Paragraph 10(e) information also provided.

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III. Persons Qualified under Paragraph 3(e):

I have read the general protective order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 10.

By: Signature: Kenneth W. Buchan Date: 11/12/12
Printed Name: KENNETH W. BUCHAN
Address: 100 CENTURYLINK DRIVE, MONROE, LA 71203
Employer: CENTURYLINK
Job Title: MANAGER - REGULATORY FINANCE
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 10(e) information also provided.

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III. Persons Qualified under Paragraph 3(e):

I have read the general protective order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 10.

By: Signature: John M. Delz Date: 11/12/2012
Printed Name: JOHN M. DELZ
Address: 5454 W 110TH ST. OVERLAND PARK, KS 66211
Employer: CENTURYLINK
Job Title: DIRECTOR - STATE REGULATORY OPERATIONS
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 10(e) information also provided.

By: Signature: _____ Date: _____
Printed Name: _____
Address: _____
Employer: _____
Job Title: _____
 Paragraph 10(e) information also provided.

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I have read the general protective order, agree to be bound by the terms of the order, and will provide the information identified in paragraph 10.

By: Signature: [Signature] Date: 11/12/12
Printed Name: MICHAEL L MOHR
Address: 5454 WEST 110TH OVERLAND PARK, KS
Employer: CENTURY LINK
Job Title: MANAGER

Paragraph 10(e) information also provided.

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

Paragraph 10(e) information also provided.

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

Paragraph 10(e) information also provided.

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

Paragraph 10(e) information also provided.

CERTIFICATE OF SERVICE

UM 1481

I hereby certify that on the 15th day of November 2012, I served the foregoing **CENTURYLINK'S SIGNATORY PAGES TO GENERAL PROTECTIVE ORDER NO. 11/074** for the above entitled docket on the following persons via e-mail transmission only.

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DATED this 15th day of November, 2012.

CENTURYLINK



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* Denotes Signed Protective Order No. 11-074
(w) Waive Paper Service