

**BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON**

UM 1610

In the Matter of

PUBLIC UTILITY COMMISSION OF
OREGON

Staff Investigation Into Qualifying Facility
Contracting and Pricing.

Notice of Replacement Signatory
Pages of Renewable Northwest

Renewable Northwest respectfully requests that, for Protective Order No. 12-461 covering Docket No. UM 1610, the Public Utility Commission of Oregon replace the Signatory Page previously filed by Renewable Northwest with the Signatory Pages attached to this filing.

RESPECTFULLY SUBMITTED this 14th day of October, 2015.

/s/ Dina Dubson Kelley

Dina Dubson Kelley
Chief Counsel
Renewable Northwest
421 SW Sixth Ave, Suite 1125
Portland, OR 97204
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SIGNATORY PAGE
DOCKET NO. UM 1610

I. Consent to be Bound:

This general protective order governs the use of Confidential Information in these proceedings.

Renewable Northwest (Party) agrees to be bound by the terms of the general protective order and certifies that it has an interest in these proceedings that is not adequately represented by other parties to the proceedings.

Signature: [Handwritten Signature]
Printed Name: Dina Dubson Kelley
Date: 10/14/15

II. Persons Qualified under Paragraphs 3(a) through 3(d):

Renewable Northwest (Party) identifies the following person(s) automatically qualified under paragraphs 3(a) through (d).

PRINTED NAME	DATE
<u>Dina Dubson Kelley</u>	<u>10/14/15</u>

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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: M. O'Brien Date: 10/14/15
Printed Name: MICHAEL O'BRIEN
Address: 421 SW 6TH AVE, SUITE 1125, PORTLAND, OR 97204
Employer: RENEWABLE NORTHWEST
Job Title: ENERGY POLICY ANALYST.
 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.