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**VIA ELECTRONIC FILING**

December 14, 2020

Public Utility Commission of Oregon  
Attn: Filing Center  
201 High Street SE Suite 100  
Post Office Box 1088  
Salem, Oregon 97308-1088

**Re: UW 184: Application of Salmon Valley Water Company for a General Rate Revision  
General Protective Order No. 20-453 Signatures**

Attached for filing in docket UW 184 is NW Natural's Consent to be Bound and signed Appendix C for Tim Smith and Michael Bowman for General Protective Order No. 20-453. If you have any questions, please let me know.

Sincerely,

NW NATURAL

*/s/ Erica Lee-Pella*

Erica Lee-Pella  
Rates & Regulatory Specialist

Enclosure

**CONSENT TO BE BOUND**  
UW 184

**I. Consent to be Bound:**

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

NW Natural (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: *Eric W. Nelsen*

Printed Name: Eric Nelsen

Date: December 14, 2020

**II. Persons Qualified under Paragraph 12:**

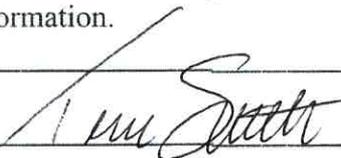
NW Natural (Party) identifies the following person(s) qualified under paragraph 12.

PRINTED NAME	DATE
Eric Nelsen	12/14/2020
Roselene Chand	12/14/2020
Jeremy Aird	12/14/2020
Erica Lee-Pella	12/14/2020
Kevin McVay	12/14/2020
Anne-Marie Puustinen	12/14/2020

**QUALIFICATION OF OTHER PERSONS**  
UW 184

**III. Persons Seeking Qualification under Paragraph 13:**

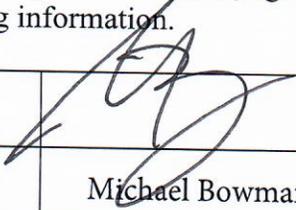
I have read the general protective order, agree to be bound by the terms of the order, and provide the following information.

<b>Signature:</b>		<b>Date:</b>	12/14/2020
<b>Printed Name:</b>	Tim Smith		
<b>Physical Address:</b>	57850 W Cascade Rd. Sunriver, OR 97707		
<b>Email Address:</b>	tsmith@sunriverutilities.com		
<b>Employer:</b>	NW Natural Water of Oregon		
<b>Associated Party:</b>	Sunriver Water LLC		
<b>Job Title:</b>	General Manager		
<b>If not employee of party, description of practice and clients:</b>			

QUALIFICATION OF OTHER PERSONS  
UW 184

III. Persons Seeking Qualification under Paragraph 13:

I have read the general protective order, agree to be bound by the terms of the order, and provide the following information.

<b>Signature:</b>		<b>Date:</b> 12/11/20
<b>Printed Name:</b>	Michael Bowman	
<b>Physical Address:</b>	24525 E Welches Rd. Welches, OR 97067	
<b>Email Address:</b>	michael@thesvwa.com SalmonValleyWater.COM	
<b>Employer:</b>	Salmon Valley Water	
<b>Associated Party:</b>	Salmon Valley Water	
<b>Job Title:</b>	General Manager	
<b>If not employee of party, description of practice and clients:</b>		