



250 SW Taylor Street
Portland, OR 97204

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nwnatural.com

July 3, 2024

VIA ELECTRONIC FILING

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

**Re: UG 490 - NW Natural's Request for a General Rate Revision
Signatory Pages to Modified Protective Order No. 23-480**

Attached for filing in the above-referenced docket are Northwest Natural Gas Company's, dba NW Natural, signatory pages to Modified Protective Order No. 23-480 for Lora Bourdo, Madison Pulliam, Robert Wyman, and Natasha Siores.

If you have any questions, please let me know.

Sincerely,

NW NATURAL

/s/ Erica Lee-Pella

Erica Lee-Pella
Rates & Regulatory Specialist

Enclosures

**APPENDIX C
CONSENT TO BE BOUND – HIGHLY CONFIDENTIAL INFORMATION
DOCKET UG 490**

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 490.

NW Natural _____ (Party) agrees to be bound by the terms of the Modified Protective Order and certifies that it has an interest in UG 490 that is not adequately represented by other parties to the proceeding.

Signature: Eric W. Nelsen

Printed Name: Eric W. Nelsen

Date: July 3, 2024

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 agree to keep the information in a secure manner as required by Paragraph 30-32 and to destroy it at the conclusion of this proceeding as required by Paragraph 33.
2. 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.
3. 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: _____

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 D
QUALIFICATION OF OTHER PERSONS TO RECEIVE HIGHLY CONFIDENTIAL
INFORMATION
DOCKET NO. UG 490**

I. Persons Seeking Qualification to receive Highly Confidential Information under Paragraph 28:

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

1. I agree to keep the information in a secure manner as required by Paragraph 30-32 and to destroy it at the conclusion of this proceeding as required by Paragraph 33.
2. 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.
3. 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.
4. I require access to the following specific Highly Confidential Information (describe with particularity) for the following reason(s) (attach pages if necessary):

By: Signature: Lora Bourdo Date: 7/2/24

Printed Name: Lora Bourdo

Address: 250 SW Taylor Street, Portland, OR 97204

Employer: NW Natural

Job Title: Senior Rates and Regulatory Analyst

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

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3. 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.
4. I require access to the following specific Highly Confidential Information (describe with particularity) for the following reason(s) (attach pages if necessary):

By: Signature: Madison Pulliam Date: 7/2/2024

Printed Name: Madison Pulliam

Address: 250 SW Taylor Street, Portland, OR 97204

Employer: NW Natural

Job Title: Rates & Regulatory Analyst

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

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3. 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.
4. 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: July 2, 2024

Printed Name: Robert Wyman
Address: 250 SW Taylor Street, Portland, OR 97204
NW Natural
Employer: _____
Job Title: Rates & Regulatory Economist

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

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2. 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.
3. 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.
4. 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: 7/2/2024

Printed Name: Natasha Soares
Address: 250 SW Taylor Street, Portland, OR 97204
Employer: NW Natural
Job Title: Senior Manager, Regulatory Affairs

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