

DOCKET NO. 25-EPDE-245-ACA

APPENDIX A

THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

**NONDISCLOSURE CERTIFICATE**

I, David W. Nickel, have been presented a copy of the Protective Order issued in Docket No. 25-EPDE-245-ACA on the 24<sup>th</sup> day of December, 2024.

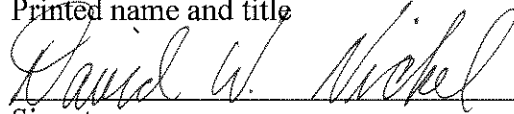
I have requested review of confidential information produced in the above-mentioned docket on behalf of the Citizens' Utility Ratepayer Board.

I hereby certify that I have read the above-mentioned Protective Order and agree to abide by its terms and conditions.

Dated this 24<sup>th</sup> day of December, 2024.

David W. Nickel/Consumer Counsel #11170

Printed name and title



Signature

Citizens' Utility Ratepayer Board

Party/Employer

1500 SW Arrowhead Road, Topeka, KS 66604

Address (City, State and Zip)

785-271-3200

Telephone

david.nickel@ks.gov

E-mail

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THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

**NONDISCLOSURE CERTIFICATE**

I, Todd E. Love, have been presented a copy of the Protective Order issued in Docket No. 25-EPDE-245-ACA on the 24<sup>th</sup> day of December, 2024.

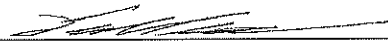
I have requested review of confidential information produced in the above-mentioned docket on behalf of the Citizens' Utility Ratepayer Board.

I hereby certify that I have read the above-mentioned Protective Order and agree to abide by its terms and conditions.

Dated this 24<sup>th</sup> day of December, 2024.

Todd E. Love/Attorney #13445

Printed name and title

  
\_\_\_\_\_  
Signature

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APPENDIX A

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

**NONDISCLOSURE CERTIFICATE**

I, Joseph R. Astrab, have been presented a copy of the Protective Order issued in Docket No. 25-EPDE-245-ACA on the 24<sup>th</sup> day of December, 2024.

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I hereby certify that I have read the above-mentioned Protective Order and agree to abide by its terms and conditions.

Dated this 24<sup>th</sup> day of December, 2024.

Joseph R. Astrab/Attorney #26414

Printed name and title



Signature

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THE STATE CORPORATION COMMISSION  
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I, Josh Frantz, have been presented a copy of the Protective Order issued in Docket No. 25-EPDE-245-ACA on the 24<sup>th</sup> day of December, 2024.

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Dated this 24<sup>th</sup> day of December, 2024.

Josh Frantz/Senior Regulatory Analyst

Printed name and title



Signature

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THE STATE CORPORATION COMMISSION  
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I, Patrick Orr, have been presented a copy of the Protective Order issued in Docket No. 25-EPDE-245-ACA on the 24<sup>th</sup> day of December, 2024.

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I hereby certify that I have read the above-mentioned Protective Order and agree to abide by its terms and conditions.

Dated this 24<sup>th</sup> day of December, 2024.

Patrick Orr/Regulatory Analyst

Printed name and title



Signature

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THE STATE CORPORATION COMMISSION  
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I, Audrey Benham, have been presented a copy of the Protective Order issued in Docket No. 25-EPDE-245-ACA on the 24<sup>th</sup> day of December, 2024.

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I hereby certify that I have read the above-mentioned Protective Order and agree to abide by its terms and conditions.

Dated this 24<sup>th</sup> day of December, 2024.

Audrey Benham/Regulatory Accountant

Printed name and title

Audrey Benham

Signature

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**NONDISCLOSURE CERTIFICATE**

I, Shonda Rabb, have been presented a copy of the Protective Order issued in Docket No. 25-EPDE-245-ACA on the 24<sup>th</sup> day of December, 2024.

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I hereby certify that I have read the above-mentioned Protective Order and agree to abide by its terms and conditions.

Dated this 24<sup>th</sup> day of December, 2024.

Shonda Rabb/Public Service Administrator

Printed name and title

  
Signature

Citizens' Utility Ratepayer Board

Party/Employer

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THE STATE CORPORATION COMMISSION  
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**NONDISCLOSURE CERTIFICATE**

I, Della Smith, have been presented a copy of the Protective Order issued in Docket No. 25-EPDE-245-ACA on the 24<sup>th</sup> day of December, 2024.

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I hereby certify that I have read the above-mentioned Protective Order and agree to abide by its terms and conditions.

Dated this 24<sup>th</sup> day of December, 2024.

Della Smith/Administrative Specialist

Printed name and title



Signature

Citizens' Utility Ratepayer Board

Party/Employer

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