APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I, <u>David W. Nickel</u>, have been presented a copy of the Protective Order issued in Docket No. <u>25-ATMG-133-TAR</u> on the <u>29th</u> day of <u>August</u>, 2024.

I have requested review of confidential information produced in the abovementioned 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 29th day of August, 2024.

David W. Nickel/Consumer Counsel #11170

Kaving W. Signature

Printed name and title

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

APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I, <u>Todd E. Love</u>, have been presented a copy of the Protective Order issued in Docket No. <u>25-ATMG-133-TAR</u> on the <u>29th</u> day of <u>August</u>, 2024.

I have requested review of confidential information produced in the abovementioned 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 <u>29th</u> day of <u>August</u>, 2024.

Todd E. Love/Attorney #13445 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

todd.love@ks.gov Email

APPENDIX A

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. <u>25-ATMG-133-TAR</u> on the <u>29th</u> day of <u>August</u>, 2024.

I have requested review of confidential information produced in the abovementioned 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 <u>29th</u> day of <u>August</u>, 2024.

Joseph R. Astrab/Attorney #26414 Printed name and title ignature Citizens' Utility Ratepayer Board Party/Employer 1500 SW Arrowhead Road, Topeka, KS 66604 Address (City, State and Zip) 785-271-3200 Telephone

joseph.astrab@ks.gov_____ Email

APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I, Josh Frantz, have been presented a copy of the Protective Order issued in Docket No. <u>25-ATMG-133-TAR</u> on the <u>29th</u> day of <u>August</u>, 2024.

I have requested review of confidential information produced in the abovementioned 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 29th day of August, 2024.

Josh Frantz/Senior Regulatory Analyst ______ Printed name and title

Signature

<u>Citizens' Utility Ratepayer Board</u> Party/Employer

1500 SW Arrowhead Road, Topeka, KS 66604 Address (City, State and Zip)

785-271-3200 Telephone

josh.frantz@ks.gov Email

APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I, <u>Patrick Orr</u>, have been presented a copy of the Protective Order issued in Docket No. <u>25-ATMG-133-TAR</u> on the <u>29th</u> day of <u>August</u>, 2024.

I have requested review of confidential information produced in the abovementioned 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 29th day of August, 2024.

Patrick Orr/Regulatory Analyst ______ Printed name and title

Martique

Signature

Citizens' Utility Ratepayer Board Party/Employer

1500 SW Arrowhead Road, Topeka, KS 66604 Address (City, State and Zip)

<u>785-271-3200</u> Telephone

<u>patrick.orr@ks.gov</u>_____ Email

APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I, <u>Audrey Benham</u>, have been presented a copy of the Protective Order issued in Docket No. <u>25-ATMG-133-TAR</u> on the <u>29th</u> day of <u>August</u> 2024.

I have requested review of confidential information produced in the abovementioned 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 29th day of August 2024.

Audrey Benham/Regulatory Accountant Printed name and title

uder Barham Signature

<u>Citizens' Utility Ratepayer Board</u> Party/Employer

1500 SW Arrowhead Road, Topeka, KS 66604 Address (City, State and Zip)

785-271-3200 Telephone

audrey.benham@ks.gov Email

APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I, <u>Shonda Rabb</u>, have been presented a copy of the Protective Order issued in Docket No. 25-ATMG-133-TAR on the <u>29th</u> day of <u>August</u>, 2024.

I have requested review of confidential information produced in the abovementioned 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 29th day of August, 2024.

Shonda Rabb/Public Service Administrator	
Printed name and title	
Sionda Ralls	
Signature	
Citizens' Utility Ratepayer Board	
Party/Employer	

1500 SW Arrowhead Road, Topeka, KS 66604 Address (City, State and Zip)

785-271-3200 Telephone

<u>shonda.rabb@ks.gov</u> Email

APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I. Della Smith, have been presented a copy of the Protective Order issued in Docket No. <u>25-ATMG-133-TAR</u> on the <u>29th</u> day of <u>August</u>, 2024.

I have requested review of confidential information produced in the abovementioned 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 29th day of August, 2024.

Della Smith/Administrative Specialist Printed name and title

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Signature

Citizens' Utility Ratepayer Board Party/Employer

1500 SW Arrowhead Road, Topeka, KS 66604 Address (City, State and Zip)

785-271-3200 Telephone

della.smith@ks.gov E-mail