

DOCKET NO. 25-ATMG-399-TAR

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. 25-ATMG-399-TAR on the 15th day of May, 2025.

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 15th day of May, 2025.

Joseph R. Astrab/Consumer Counsel #26414

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

joseph.astrab@ks.gov

Email

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I, Todd E. Love, have been presented a copy of the Protective Order issued in Docket No. 25-ATMG-399-TAR on the 15th day of May, 2025.

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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 15th day of May, 2025.

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

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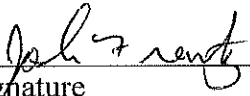
I, Josh Frantz, have been presented a copy of the Protective Order issued in Docket No. 25-ATMG-399-TAR on the 15th day of May, 2025.

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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 15th day of May, 2025.

Josh Frantz/Senior Regulatory Analyst
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

josh.frantz@ks.gov
Email

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I, Patrick Orr, have been presented a copy of the Protective Order issued in Docket No. 25-ATMG-399-TAR on the 15th day of May, 2025.

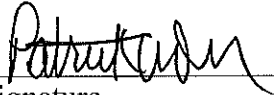
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I hereby certify that I have read the above-mentioned Protective Order and agree to abide by its terms and conditions.

Dated this 15th day of May, 2025.

Patrick Orr/Regulatory Analyst

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

patrick.orr@ks.gov

Email

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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-ATMG-399-TAR on the 15th day of May, 2025.

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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 15th day of May, 2025.

Audrey Benham/Regulatory Accountant

Printed name and title

Audrey Benham

Signature

Citizens' Utility Ratepayer Board

Party/Employer

1500 SW Arrowhead Road, Topeka, KS 66604

Address (City, State and Zip)

785-271-3200

Telephone

audrey.benham@ks.gov

Email

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APPENDIX A

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I, Shonda Rabb, have been presented a copy of the Protective Order issued in
Docket No. 25-ATMG-399-TAR on the 15th day of May, 2025.

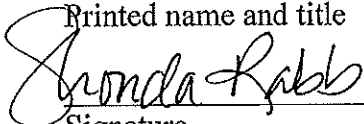
I have requested review of confidential information produced in the above-
mentioned docket on behalf of the Citizens' Utility Ratepayer Board.

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

Dated this 15th day of May, 2025.

Shonda Rabb/Public Service Administrator

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

shonda.rabb@ks.gov

Email

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THE STATE CORPORATION COMMISSION
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I, Della Smith, have been presented a copy of the Protective Order issued in Docket No. 25-ATMG-399-TAR on the 15th day of May, 2025.

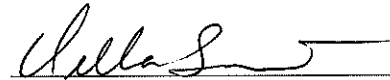
I have requested review of confidential information produced in the above-mentioned docket on behalf of the Citizens' Utility Ratepayer Board.

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

Dated this 15th day of May, 2025.

Della Smith/Administrative Specialist

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

della.smith@ks.gov

E-mail