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-EKCE-169-TAR</u> on the <u>5th</u> day of <u>November</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 5th day of November, 2024.

David W. Nickel/Consumer Counsel #11170 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

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-EKCE-169-TAR</u> on the <u>5th</u> day of <u>November</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 5^{th} day of November, 2024.

Todd E. Love/Attorney #13445 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

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-EKCE-169-TAR</u> on the <u>5th</u> day of <u>November</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 5^{th} day of November, 2024.

Joseph R. Astrab/Attorney #26414 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

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-EKCE-169-TAR</u> on the <u>5th</u> day of <u>November</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 5th day of November, 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)

<u>785-271-3200</u> 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. 25-EKCE-169-TAR on the 5th day of <u>November</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 5th day of November, 2024.

Patrick Orr/Regulatory Analyst Printed name and title

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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

patrick.orr@ks.gov_____ 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-EKCE-169-TAR</u> on the <u>5th</u> day of <u>November</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 5th day of November, 2024.

<u>Ander Burham</u> Signature

Citizens' Utility Ratepayer Board_____ Party/Employer

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

785-271-3200 Telephone

<u>audrey.benham@ks.gov</u> Email

APPENDIX A

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-EKCE-169-TAR on the 5th day of November, 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 5th day of November, 2024.

Shonda Rabb/Public Service	Administrator
Printed name and title	
Xamda-Kalph	
Signature	
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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 OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I, <u>Della Smith</u>, have been presented a copy of the Protective Order issued in Docket No. <u>25-EKCE-169-TAR</u> on the <u>5th</u> day of <u>November</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 5th day of November, 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)

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

della.smith@ks.gov E-mail