APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

I, <u>Joseph R. Astrab</u>, have been presented a copy of the Protective Order issued in Docket No. <u>25-EKCE-357-ACA</u> on the <u>10th</u> day of <u>April</u>, 2025.

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>10th</u> day of <u>April</u>, 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

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-357-ACA</u> on the <u>10th</u> day of <u>April</u>, 2025.

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>10th</u> day of <u>April</u>, 2025.

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, <u>Josh Frantz</u>, have been presented a copy of the Protective Order issued in Docket No. <u>25-EKCE-357-ACA</u> on the <u>10th</u> day of <u>April</u>, 2025.

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 10th day of April, 2025.

John Frank 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

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-357-ACA on the <u>10th</u> day of <u>April</u>, 2025.

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 10th day of April, 2025.

Patrick Orr/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

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-357-ACA</u> on the <u>10th</u> day of <u>April</u>, 2025.

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>10th</u> day of <u>April</u>, 2025.

Audrey Benham/Regulatory Accountant Printed name and title

audy Bucham 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

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. <u>25-EKCE-357-ACA</u> on the <u>10th</u> day of <u>April</u>, 2025.

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>10th</u> day of <u>April</u>, 2025.

	Shonda Rabb/Public Service Administrator
<	Printed name and title
	Srondy Kalls
```	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

shonda.rabb@ks.gov_____ Email

#### APPENDIX A

### 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-357-ACA</u> on the <u>10th</u> day of <u>April</u>, 2025.

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.

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Dated this <u>10th</u> day of <u>April</u>, 2025.

Della Smith/Administrative Specialist Printed name and title

ella-

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

della.smith@ks.gov_____ E-mail