Citizens' Utility Ratepayer Board ansas Corporation Commission

Board Members:

Gene Merry, Chair Randy Brown, Vice-Chair Carol I. Faucher, Member Laura L. McClure, Member A.W. Dirks, Member



/S/ Susan K. Duffy David Springe, Consumer Counsel 1500 S.W. Arrowhead Road Topeka, Kansas 66604-4027 Phone: (785) 271-3200 Fax: (785) 271-3116 http://curb.kansas.gov

December 1, 2008

STATE CORPORATION COMMISSION

DEC 0 1 2008 Susan Enletter

Ms. Susan K. Duffy **Executive Director** Kansas Corporation Commission 1500 S.W. Arrowhead Road Topeka, KS 66604

Re: 09-SWBT-434-PDR

Dear Ms. Duffy:

Please find enclosed Nondisclosure Certificates signed by C. Steven Rarrick and Michael D. Lura on behalf of the Citizens' Utility Ratepayer Board in the above-captioned matter.

Sincerely,

Office Manager

APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE
I, C. Steven Rarrick (name), have been presented a copy of the
Protective Order issued in Docket No.09-SWBT-434-PDR on the 26th day of November
2008.
I have requested review of confidential information produced in the above-mentioned
docket on behalf of Citizens' Utility Ratepayer Goard,
I hereby certify that I have read the above-mentioned Protective Order and agree to abid
by its terms and conditions.
Dated this 1st day of December, 2008.
C. Steven Rarrick Printed name and title Signature Signature LUKB Party/Employer 1500 SW ARRWHEAD Rd., Topeka, KS Woldowy Address (City, State and ZIP)
(785) 291-3200
Telephone
(785) 271-3116

Facsimile

APPENDIX A

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

NONDISCLOSURE CERTIFICATE

Protec	tive Order issued in	Docket No.09-SV	VBT-434-PD	R on the <u>29</u> da	y of N	<u>ov</u> ,
2008.						
	I have requested re	eview of confident	ial informatio	on produced in the	e above-1	nentioned
docket	t on behalf of	ORB		(party).		
	I hereby certify that	at I have read the a	above-mention	ned Protective Or	der and a	ngree to abide
by its	terms and condition	s.				
	Dated this	day of \	000	, 2008.		
	Printed name and	_				
	Printed name and	D LURA title				
	Printed name and	title				
	Printed name and Signature	title				
	Signature S C L F Party/Employer	D. L				
	Signature S C L F Party/Employer	RY WILLS				
	Signature Sclf Party/Employer 180 CHC/ Address (City, Sta	RY WILLS				
	Signature Sclf Party/Employer 180 CHC/ Address (City, Sta	RY WILLS te and ZIP)				