

EXHIBIT A

NONDISCLOSURE AGREEMENT

I hereby certify that I am familiar with the terms and conditions of the Protective Order entered by the Commission in the above-captioned docket and agree to be bound by the terms and conditions thereof.

I further agree the information requested shall be used only for the valid purposes of these proceedings as provided in said Order.

DATED this ____ day of _____, 2019

Signature: _____

Name:
(Printed/typed) _____

Address,
Phone, and
Email _____

Representing: _____

Title: _____