

**STATE OF MISSOURI
PUBLIC SERVICE COMMISSION**

NONDISCLOSURE AGREEMENT

I, _____, have
been presented a copy of this Protective Order issued in Case No. _____ on
the _____ day of _____, _____.

I have requested review of the confidential information produced in Case
No. _____ on behalf of _____
_____.

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

Dated this _____ day of _____, _____.

Signature and Title

Employer

Party

Address

Telephone

E-mail