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**EXHIBIT B (EXPERT AGREEMENT)**

**AGREEMENT CONCERNING CONFIDENTIAL INFORMATION  
IN DOCKET NO. UE-991832  
BEFORE THE  
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

I, CHARLES EBERDT, as expert witness in this proceeding for THE ENERGY PROJECT (a party to this proceeding) hereby agree to comply with and be bound by the Protective Order entered by the Washington Utilities and Transportation Commission in Docket No. UE-991832 and acknowledge that I have reviewed the Protective Order and fully understand its terms and conditions.

Charles Eberdt  
Signature \_\_\_\_\_ Date \_\_\_\_\_

FAX NO. 860 586 150  
THE OPPORTUNITY COUNCIL  
Employer \_\_\_\_\_

314 E Holly St.  
Address \_\_\_\_\_

MANAGES THE ENERGY PROJECT  
Position and Responsibilities \_\_\_\_\_

Bellingham, WA 98225  
\_\_\_\_\_

\*\*\*

The following portion is to be completed by the responding party and filed with the Commission within 10 days of receipt; failure to do so will constitute a waiver and the above-named person will be deemed an expert having access to Confidential Information under the terms and conditions of the protective order.

\_\_\_\_\_ No objection.

\_\_\_\_\_ Objection. The responding party objects to the above-named expert having access to Confidential Information. The objecting party shall file a motion setting forth the basis for objection and asking exclusion of the expert from access to Confidential Information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
RECORDS MANAGEMENT  
00 JAN 27 PM 4:01  
STATE OF WASHINGTON  
UTILITIES AND TRANSPORTATION  
COMMISSION

RECEIVED  
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00 JAN 31 AM 9:22

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OF WASH.  
UTIL. AND TRANSP.  
COMMISSION

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JAN-27-2000 THU 10:40 AM W U T C  
Charles Eberdt  
Signature \_\_\_\_\_ Date \_\_\_\_\_

FAX NO. 360 586 1150 P. 08/08  
THE OPPORTUNITY COUNCIL  
Employer \_\_\_\_\_

314 E Holly St.  
Address \_\_\_\_\_

MANAGES THE ENERGY PROJECT  
Position and Responsibilities \_\_\_\_\_

Bellingham, WA 98225  
\_\_\_\_\_

IN DOCKET NO. UE-991832

ENFORCE THE

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Hard Copy**