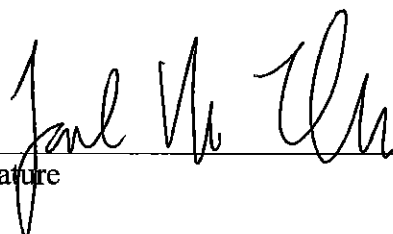


**CONFIDENTIAL INFORMATION CERTIFICATE**

**IN DOCKET NO. 17-035-61**

I have reviewed the Public Service Commission of Utah Rule 746-1-603 with respect to the review and use of confidential information and agree to comply with the terms and conditions of said rule in Docket No. 17-035-61.

  
\_\_\_\_\_  
Signature

Jacob M. Thomas  
\_\_\_\_\_  
Name (Type of Print)

GDS Associates, Inc.  
\_\_\_\_\_  
Employer or Firm

1850 Parkway Place, Suite 800 Marietta, GA 30067  
\_\_\_\_\_  
Business Address

Office of Consumer Services  
\_\_\_\_\_  
Party Represented

3-13-18  
\_\_\_\_\_  
Date Signed