

Confidentiality Agreement Certification

I hereby certify that I have read the “CONFIDENTIALITY AGREEMENT FOR MEMBERS OF THE CRITICAL INFRASTRUCTURE PROTECTION WORKING GROUP (ERCOT CIPWG)” (Confidentiality Agreement) and understand its requirements. I further certify that I am authorized by my employer to serve as a Member of the ERCOT CIPWG during closed sessions and will abide by and comply with the requirements of the Confidentiality Agreement. This certification will remain in effect until I provide notice to ERCOT that I should no longer receive Confidential Information.

[Signature]

[Printed Name]

[Title]

[Date]

STATE OF _____ §

COUNTY OF _____ §

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that s/he signed the certification in the capacity designated, if any, and further states that s/he has read the certification and the statements therein contained are true and correct.

[seal]

Notary Public