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 certify that I am eligible to receive confidential information under the terms of paragraph 3 of the protective order. _____ Name (print or type) _____ Title _____ Representing _____ _____ Business Address _____ Date: Month, Day, Year _____ Signature

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