STATE OF MISSOURI PUBLIC SERVICE COMMISSION

NONDISCLOSURE AGREEMENT For Case No.

I, _____, have reviewed the Commission's Rule at

4 CSR 240-2.135 on the _____ day of _____, 20___.

I have requested review of the confidential information produced in Case

No. ______ on behalf of ______.

I hereby certify that I have read and agree to abide by the Commission's

Rule at 4 CSR 240-2.135.

Dated this _____ day of _____, 20___.

Alm R. Ptet

Signature & Title Applied Economics Clinic

Employer

Party

Address

Telephone