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Applying Counsel:

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Attorneys for Intervenor
Oregon Irrigation Pumpers Association, Inc.

BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON

In the Matter of IDAHO POWER)	UE 233
COMPANY)	
)	MOTION FOR ADMISSION <i>PRO HAC</i>
Request for General Rate Revision)	<i>VICE OF ERIC L. OLSEN</i>
<hr/>		

COMES NOW JOSHUA D. JOHNSON, a member of the bar of this Court, on behalf of the Oregon Irrigation Pumpers Association, Inc. ("OIPA"), and, pursuant to U.T.C.A. 3.170 and in accordance with O.R.P.C. 5.5, hereby petitions the Oregon Public Utilities Commission for the admission *pro hac vice* of: Eric L. Olsen of Racine, Olson, Nye, Budge & Bailey, Chartered, P.O. Box 1391, Pocatello, Idaho 83204-1391, Telephone: (208)232-6101, Facsimile: (208)232-6109, E-mail: elo@racinelaw.net, to represent OIPA in the above-captioned case.

In support of this Motion, I, Joshua D. Johnson vouch for the good and moral character and veracity of Mr. Olsen, and I certify that I am a member in good standing of the Bar of the State of Oregon; that I shall be fully prepared to represent OIPA at any time and in any capacity; and that Mr. Olsen is admitted, practicing, and in good standing in Idaho.

Mr. Olsen certifies that he is an active member in good standing with the bar of the state of Idaho; that he maintains the regular practice of law at the Pocatello, Idaho office of Racine Olson Nye Budge & Bailey Chartered; that he is neither a resident of the state of Oregon nor licensed to practice law in Oregon; and that he has not previously been admitted *pro hac vice* in the state of Oregon.

The undersigned counsel certify that a copy of this Motion has been served on all other parties to the above-captioned matter and that a copy of this Motion along with a Certificate of Insurance for Mr. Olsen has been provided to the Oregon State Bar.

I, Joshua D. Johnson, certify after reasonable investigation that the above information is true to the best of my knowledge.

WHEREFORE, the movant respectfully requests that the Court admit Eric L. Olsen, *pro hac vice* to assist in the representation of the OIPA in the above-referenced case.

DATED this 4th day of November, 2011.

RACINE, OLSON, NYE, BUDGE &
BAILEY, CHARTERED

By: 

JOSHUA D. JOHNSON (OSB No. 106893)

By: 

ERIC L. OLSEN (ISB No. 4811)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 4th day of November, 2011, I served a true and correct copy of the above and foregoing document to the following person(s) as follows:

LISA D. NORDSTROM	<input type="checkbox"/>	U. S. Mail
CHRISTA BEARRY		Postage Prepaid
IDAHO POWER COMPANY	<input type="checkbox"/>	Hand Delivery
PO BOX 70	<input checked="" type="checkbox"/>	Electronic Mail
BOISE, IDAHO 83707-0070	<input type="checkbox"/>	Facsimile
lnordstrom@idahopower.com		
cbearry@idahopower.com		

LISA F RACKNER	<input type="checkbox"/>	U. S. Mail
MCDOWELL RACKNER & GIBSON PC		Postage Prepaid
419 SW 11 TH AVE., SUITE 400	<input type="checkbox"/>	Hand Delivery
PORTLAND, OR 97205	<input checked="" type="checkbox"/>	Electronic Mail
lisa@mcd-law.com	<input type="checkbox"/>	Facsimile

STEPHANIE S. ANDRUS	<input type="checkbox"/>	U. S. Mail
ASSISTANT ATTORNEY GENERAL		Postage Prepaid
PUC STAFF-DEPARTMENT OF	<input type="checkbox"/>	Hand Delivery
JUSTICE	<input checked="" type="checkbox"/>	Electronic Mail
BUSINESS ACTIVITIES SECTION	<input type="checkbox"/>	Facsimile
1162 COURT ST NE		
SALEM, OR 97301-4096		
stephanie.andrus@state.or.us		

GORDON FEIGHNER	<input type="checkbox"/>	U. S. Mail
ROBERT JENKS		Postage Prepaid
G. CATRIONA MCCrackEN	<input type="checkbox"/>	Hand Delivery
CITIZEN'S UTILITY BOARD OF	<input checked="" type="checkbox"/>	Electronic Mail
OREGON	<input type="checkbox"/>	Facsimile
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 Hand Delivery
 Electronic Mail
 Facsimile



JOSHUA D. JOHNSON

CERTIFICATE
OF
GOOD STANDING

Eric Lynn Olsen

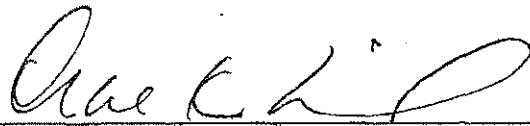
This is to certify that Eric Lynn Olsen is an Active Member in good standing of the Idaho State Bar.

Mr. Olsen was admitted to the Idaho State Bar by Examination on September 23, 1993 and has been an Active member since admission.

Mr. Olsen has never been disbarred or suspended from the practice of law in the state of Idaho.

November 1, 2011

Date



Diane K. Minnich, Executive Director

IDAHO STATE BAR
P. O. Box 895
Boise, Idaho 83701
(208) 334-4500
Fax: (208) 334-4515

Declarations

Professional Liability Insurance Policy

Lawyers

This is a claims-made Policy. Please review your Policy carefully.

The Policy is limited to liability for only those claims that are first made against the Insured during the policy period.

Insured by the Stock Company below and hereinafter called the company.



Chicago Insurance Company

MASTER POLICY NUMBER: LWC - 8001101
CERTIFICATE NUMBER: LWB - 2100368

Item 1. Named Insured and Address (number, Street, Town or City, County, State, Zip Code) Racine, Olson, Nye, Budge & Bailey, Chartered 201 E. Center Street Pocatello ID 83201	Producer Name Swett and Crawford		
	Item 2. Policy Period		
	From (Mo.-Day-Yr.) 04/16/2011	To (Mo.-Day-Yr.) 04/16/2012	12:01 A.M. Standard Time at the address of the Named Insured as stated herein.
Item 3. Form of Named Insured's Business			
Insured is: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			

Item 4. Limit of Liability

\$ 7,000,000 Each Claim

\$ 7,000,000 Aggregate

a. Are included within the limits of liability.

b. Claim expenses are payable in addition to the limits of liability.

Item 5. Deductible
\$ 50,000 Per Claim

a. The deductible amount specified above applies only to damages.

b. The deductible amount specified above applies to both damages and claim expenses.

Item 6. Premium

Class: 81400 No. of Lawyers: 31 \$ 83,802.00

Total Premium \$ 83,802.00

Item 7. Forms Attached at Issue
See Forms Endorsement XSE-1001 (01/96) (Ed. 01/98)

By acceptance of this policy the Insured agrees that the statements in the Declarations and the Application and any attachments hereto are the Insured's agreements and representations and that this policy embodies all agreements existing between the Insured and the Company or any of its representatives relating to this insurance.

Do Not Write in This Box	Remark	Countersigned at	Issue Date
		Authorized Representative <i>Anderson</i>	Countersign Date