8300 Greensboro Dr. Suite 1200 McLean, VA 22102 (703) 584-8678 WWW.FCCLAW.COM Brooks E. Harlow (703) 584-8680 direct (206) 650-8206 mobile bharlow@fcclaw.com



August 5, 2014

VIA ELECTRONIC FILING

Annette Taylor, Secretary Attn: Filing Center Public Utility Commission of Oregon 3930 Fairview Industrial Drive SE P.O. Box 1088 Salem, OR 97308-1088

> Re: In the Matter of Investigation into the Oregon Telephone Assistance Program and Lifeline Marketing Practices OPUC Docket UM-1684

Dear Ms. Taylor:

Enclosed for filing, with the Commission are:

- 1. Motions by Budget PrePay, Inc. for Admission *Pro Hac Vice* of Todd B. Lantor and Marc A. Paul.
- 2. Affidavits for Todd B. Lantor and Marc A. Paul
- 3. Certificates of Compliance for *Pro Hac Vice* Admission for Todd B. Lantor and Marc A. Paul
- 4. Certificates of Good Standing from the District of Columbia Court of Appeals for Todd B. Lantor and Marc A. Paul
- 5. Certificate of Liability Insurance

If you have any questions, please feel free to contact me.

Sincerely,

Brooks E. Harlow

Brooks E. Harlow

cc: ALJ Patrick Power
All Parties

Enclosures

UM-1684

INVESTIGATION INTO THE OREGON	MOTION BY BUDGET PRE	PAY, INC.
TELEPHONE ASSISTANCE PROGRAM	FOR ADMISSION PRO HAG	C VICE OF
AND LIFELINE MARKETING PRACTICES	TODD B. LANTOR	

In accordance with OAR 860-001-0320 and UTCR 3.170(1), Budget PrePay, Inc. ("Budget PrePay") hereby moves the Public Utility Commission of Oregon to admit Todd B. Lantor to appear *pro hac vice* on behalf of Budget PrePay in the above captioned proceeding. Mr. Lantor has associated with Brooks E. Harlow, an attorney licensed to practice law and in good standing in the State of Oregon (Oregon Bar No. 030420), as co-counsel for this proceeding.

Attached hereto are (1) Affidavit of Todd B. Lantor, (2) certificate of compliance for pro hac vice admission for Mr. Lantor, (3) certificate of the clerk of the District of Columbia Court of Appeals indicating that Mr. Lantor is admitted to practice law in the District of Columbia and is an active member in good standing, and (4) certificate of professional liability insurance providing liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan.

Wherefore, Budget PrePay respectfully requests that the Commission grant admission *pro hac vice* to Todd B. Lantor for this proceeding.

Respectfully submitted,

Budget PrePay, Inc.

By Counsel:
LUKAS, NACE, GUTIERREZ & SACHS, LLP
8300 Greensboro Drive, Suite 1200
McLean, Virginia 22102
(703) 584-8678
bharlow@fcclaw.com
tlantor@fcclaw.com

By:

Brooks E. Harlow (OSB # 030420)

Brooks E. Horlow

Todd B. Lantor

August 5, 2014

UM-1684

)	
INVESTIGATION INTO THE OREGON)	AFFIDAVIT OF TODD LANTOR
TELEPHONE ASSISTANCE PROGRAM)	PRO HAC VICE
AND LIFELINE MARKETING PRACTICES)	
)	

AFFIDAVIT IN SUPPORT OF REQUEST TO APPEAR PRO HAC VICE

Fairfax County)	
)	SS
Commonwealth of Virginia)	

I, Todd B. Lantor, duly sworn according to law, depose and say:

- 1. I am an attorney in good standing admitted to practice in the District of Columbia. I have attached a certificate of good standing as Attachment 1. My office address is 8300 Greensboro Drive, Suite 1200, McLean, VA 22102 and my office phone number is (703) 584-8671. I am not admitted to practice in Oregon.
- 2. I am associated in this matter with Oregon counsel of record, Brooks Harlow, Esq, who is an active member in good standing of the Oregon State Bar. In accordance with UTCR 3.170, Brooks Harlow will participate meaningfully in Docket No. UM-1684. The address for Oregon counsel is 8300 Greensboro Drive, Suite 1200, McLean, VA 22102 and the phone number is (703) 584-8678.
 - 3. Budget PrePay, Inc. has requested my representation in this matter.
- 4. I am outside counsel for Budget PrePay, Inc. in relation to multiple state and federal Eligible Telecommunications Carrier ("ETC") applications filed by Budget PrePay, Inc., as well as Universal Service fund and ETC policy matters.
- 5. I am not now the subject of any pending disciplinary proceedings in any jurisdiction, nor have I been disciplined previously in any jurisdiction.
- 6. I will comply with applicable statutes, laws, and procedural rules of the State of Oregon. I will be familiar with and comply with the disciplinary rules of the Oregon State Bar. I will submit to the jurisdiction of the Oregon courts and the Oregon State Bar with response to acts and omissions occurring during my *pro hac vice* admission under UTCR 3.170.

7. I have attached, as Attachment 2, a certificate of insurance covering my activities in Oregon and providing professional liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan. Although my name does not appear on the attached certificate of insurance, I am an employee of Lukas, Nace, Gutierrez & Sachs, LLP and am covered by the firm's policy set forth on the attached. I agree, as a continuing obligation under UTCR 3.170, to notify the Oregon Public Utility Commission promptly of any changes in my insurance or status.

By: Todd B. Lantor

Hould B. Jak

Sworn and subscribed before me this 5th day of August, 2014.

Donna Linthicum, Notary Publi

My Commission expires

CERTIFICATE OF SERVICE

I hereby certify that on the 5th day of August 2014, a true and correct copy of the

foregoing MOTION FOR ADMISSION PRO HAC VICE of Budget PrePay, Inc., was served,

via electronic mail, to the following:

G. Catriona McCracken Citizen's Utility Board of Oregon 610 SW Broadway, Ste 400 Portland OR 97205 catriona@oregoncub.org

Jon Cray Citizen's Utility Board of Oregon 610 SW Broadway, Ste 400 Portland OR 97205 jon.cray@state.or.us

Kay Marinos Citizen's Utility Board of Oregon 610 SW Broadway, Ste 400 Portland OR 97205 kay.marinos@state.or.us

Johanna Riemenschneider PUC Staff - Department Of Justice Business Activities Section 1162 Court St NE Salem OR 97301-4796 johanna.riemenschneider@doj.state.or.us

Robert Jenks
Citizens' Utility Board of Oregon
610 SW Broadway, Suite 400
Portland OR 97205
bob@oregoncub.org

David Collier
AT&T Services, Inc.
645 E Plumb LNM RN C-142
PO Box 11010
Reno NV 89502
David.collier@att.com

Cynthia Manheim AT&T PO Box 97061 Redmond WA 98052 Cm9268@att.com

Sharon L. Mullin AT&T Services, Inc. 2003 Point Bluff Austin TX 78746-6236 slmullin@att.com

Alan Galloway
Davis Wright Tremaine
Suite 2400
1300 SW Fifth Avenue
Portland, Oregon 97201-5610
alangalloway@dwt.com

Mark Trinchero
Davis Wright Tremaine
Suite 2400
1300 SW Fifth Avenue
Portland, Oregon 97201-5610
Marktrinchero@dwt.com

Teri Ohta 12920 SE 38th Street Bellevue WA 98006 <u>Teri.ohta@t-mobile.com</u>

Donna L. Brown

In re: Todd B. Lantor) Certificate of Compliance
Name of Out-of-State Attorney) For <i>Pro Hac Vice</i> Admission
I, Todd B. Lantor and I intend to seek <i>pro hac vice</i> admission in accordance with ORS proceeding:	_(print name), am an attorney in the State of Washington, D.C. S 9.241 and UTCR 3.170 in the following Oregon court action or
Case Name: Investigation into the Oregon Telephone A	
Court: Public Utility Commission of Oregon	Case No.: UM-1684
I am an attorney in good standing in the State of Certificate issued by the licensing authority in that state. I am not subject to any pending disciplinary proceedings in I am subject to pending disciplinary proceedings in another attachment to this certificate. I intend to associate in the above-referenced action or proceeding in an active member in good standing of the Oregod I will comply with applicable statutes, laws, and procedural rule disciplinary rules of the Oregon State Bar; and submit to the jurisdict acts and omissions occurring during my pro hac vice admission. My private law practice activities in Oregon are covered by profestate Bar Professional Liability Fund plan, as evidenced by the attact I agree, as a continuing obligation of pro hac vice admission, to coverage, or my admission or disciplinary status in any other jurisdic I will provide to the Oregon State Bar a copy of the order admitted order is granted. In the event pro hac vice admission is revoked for an I submit \$500 to the Oregon State Bar as payment of the pro hac Supreme Court. I acknowledge that this fee is for a period of twelve to below, and that an additional fee of \$500 will be required in order for every twelve-month period thereafter.	any jurisdiction; or jurisdiction, the nature and status of which are described in an g with Brooks E. Harlow OSB No. on State Bar, who will participate meaningfully in the matter. It is of the State of Oregon; be familiar with and comply with the state of Oregon courts and Oregon State Bar with respect to ressional liability insurance substantially equivalent to the Oregon and certificate of insurance coverage. In one of the trial court promptly of any changes in my insurance extinction. The state of the above-referenced matter when such an any reason, I will promptly notify the Oregon State Bar. It is wice fee established by ORS 9.241 and the rules of the Oregon months from the date of the Acknowledgment of Receipt issued.
Dated this 5th day of August , 20	. 14 .
(Applicant Signature) Mailing Address: Lukas, Nace, Gutierrez & Sachs LLP 8300 Greensboro Drive, Suite 1200 McLean, Virginia 22102	Washington, D.C. (Home Jurisdiction) Phone: 703-584-8678 FAX: 703-584-8694 Email: tlantor@fcclaw.com
Acknowledgme	ent of Receipt
As Regulatory Services Counsel of the Oregon State Bar, I acknown Certificate of Compliance for Pro Hac Vice Admission and attachments, and Oregon action or proceeding. The fee is for a period of twelve months from the service of the service of twelve months from the service of the service	vledge receipt from the above-named out-of-state attorney of the the \$500 fee for pro hac vice appearance in the above-referenced
Dated this day of, 20	
SEE MATERIALS ATTACHED:	

Regulatory Services Counsel



District of Columbia Court of Appeals Committee on Admissions 430 F Street, N.W. — Room 123 Washington, B. C. 20001 202/879-2710

I, JULIO A. CASTILLO, Clerk of the District of Columbia Court of Appeals, do hereby certify that

TODD B. LANTOR

was on NOVEMBER 6, 1998 duly qualified and admitted as an attorney and counselor entitled to practice before this Court and is, on the date indicated below, an active member in good standing of this Bar.

g, fyskje, jegene i Listina

In Testimony Whereof, I have hereunto subscribed my name and affixed the seal of this Court at the City of Washington, D.C., on July 22, 2014

JULIO A. CASTILLO Clerk of the Court

By:

Deputy Clerk

LUKANAC-01

DGARCIA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/28/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

R300 GreensBord Drive Suitine 980 McLean, VA 22102 McLean, VA		DUCER				NAME:			FAX		
MISURED LUKAS, NACE, Gutterrez & Sachs, LLP 8300 Groensboro Drive Suite 1200 McLean, VA 22102 COVERAGES CERTIFICATE NUMBER: INSURER 8: INSURER 9: INSUR	830) Greensboro Drive				I E-INIWIL		27-2277	(Ã/Ĉ, N	_{s):} (703)	827-2279
INSURED SURVEY SET THE POLICY SEASON NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MAKE PROVINGE FOR THE POLICY PERIOD MINICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER POLICY PERIOD MINICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER POLICY PERIOD MINICATED. NOTWITHSTANDING ANY PERTIAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY POLICY PERIOD MINICATED. AND COMMENT OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY POLICY PERIOD MINICATED. LIMITS COMMENCAL REPORT AND COMMENT OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY POLICY PERIOD MINICATED. LIMITS COMMENCAL REPORT AND COMMENT OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY POLICY PERIOD. LIMITS COMMENCAL REPORT OF SUCH PROPERTY OF SUCH PERIOD. LIMITS COMMENCAL REPORT OF SUCH PERIOD. SUCH PROPERTY OF SUCH PERIOD. SU						AUURE	1116	TIDEDIÊL ACEO	PRINC COVERACE		NAIC #
INSURER B: LIKKER, Nace, Gutlerrer & Sachs, LLP 3300 Greensbord Drive Suite 1200 McLean, VA 22102 MSURER B: INSURER C: I											NAIC#
Lukas, Naco, Gutierrez & Sachs, LLP 3800 Greensboro Drive Suite 1200 McLean, A 22102 MSWERR 0: INSURER 0: INSURER 0: INSURER F: INSURER C: INSURER F: INSURER C: INSURER F: INSURER C: INSURER F: INSURER F: INSURER C: INSU	INCI	PEN						ne muemm	ity, iiic.		
8300 Greensboro Drive Suite 1200 McLean, VA 22102 MSURER E: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION N	11450		obo								
Suite 1200 McLean, VA 22102 MSURER E: INSURER F: INSUR			iciis,	LLP							
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MODICATED. MOTIVATHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACTOR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MODICATED. MOTIVATHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACTOR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SHOWN AND CONDITIONS OF SUCH PROJUCTS. LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTRACTOR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCTS OF SUCH PROJUCTS. LIMITS SHOWN MAY HAVE BEEN REDUCTS OF SUCH PROJUCTS. THE TERMS. TYPE OF INSURANCE AND INJURY. COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY AUTOMOBILE LUBBILITY AUTOMOBILE LUB						INSURE	RD:				
COVERAGES CERTIFICATE NUMBER: THIS IT O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR CITY THE RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERITAIN. THE INSURANCE AFFONDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS, CLUSIONS AND CONDITIONS OF SUCH THE POLICY PERIOD BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS, CLUSIONS AND CONDITIONS OF SUCH THE POLICY PROBLEMS. INSURING TYPE OF REJURANCE COMMERCIA, GENERAL LIBRILITY COMMERCIA, GENERAL LIBRILITY ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS OF SUCH THE POLICY PROBLEMS. AUTOMOBILE LIBRILITY ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS OF SUCH THE POLICY PROBLEMS. AUTOMOBILE LIBRILITY ANY AUTO ALL OWNED SCHEDULED AUTOS OF SUCH THE POLICY PROBLEMS. AUTOMOBILE LIBRILITY ANY AUTO ALL OWNED AUTOS AUTOS ON THE PROBLEM SECRET OF SUCH THE PROBLEMS. AUTOMOBILE LIBRILITY ANY AUTO ALL OWNED AUTOS ON THE PROBLEM SECRET OF SUCH THE POLICY PROBLEMS. AUTOMOBILE LIBRILITY ANY AUTO ALL OWNED AUTOS ON THE PROBLEM SECRET OF SUCH THE PROBLEMS. AUTOMOBILE LIBRILITY ANY AUTO ALL OWNED AUTOS ON THE PROBLEMS OF SUCH THE PROBLEMS. AUTOMOBILE LIBRILITY ANY AUTO SUCH THE POLICY PROBLEMS. BOOILY INJURY (Per person) S BOOILY INJURY (Per person) S BOOILY INJURY (Per person) S BOOILY INJURY (Per accident) S BOOILY INJURY (PER ACCIDENT S BOOILY INJURY (P		McLean, VA 22102				INSURE	RE:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUEED BY PAID LOCED BY PAI						INSURE	RF:				
INDICATED. NOTWITISTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERBIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LUBILITY											
COMMERCIAL GENERAL LIABILITY	IN C	DICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY	PER	IREM TAIN	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAI THE POLIC	CT OR OTHER	R DOCUMENT WITH RES BED HEREIN IS SUBJECT	PECT TO	WHICH THIS
COMMERCIAL GENERAL LIABILITY CIAIMS-MADE	INSR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF	POLICY EXP	LIF	AITS	
CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CRINEL AGGREGATE LIMIT APPLIES PER: POLICY PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ OTHER AUTOMBLE LABILITY ANY AUTO ALL OWNED AUTOS BEDDILY NULIPY (Per person) \$ BEDDILY NULIPY (Per	LIK		INSD	WVD	T OLIOT NOMBLIX		(INNOCONTITY)	THUMBOOKETTE			
MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ POLICY FRO LOC OTHER: AUTOMOBILE LIMBILITY ANY AUTO ALTOS AUTOS		CLAIMS MADE OCCUR							DAMAGE TO RENTED		
PERSONAL ADVINUALY S GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMPIDE AGG S OTHER: AUTOMOBILE LIABILITY ANY AUTO ALLOWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS PROPERTY DAMAGE (Per accident) S EACH OCCURRENCE S AGREGATE S AGREGATE S WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTHERIEX EXCUTIVE OF (Mandatory in NH) If yet, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		CENTING-WINDE COOK									
GENIL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMPINED SPONT LOC OTHER: AUTOMOBILE LIABILITY											
POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS ALL OWNED AUTOS AUTO											
OTHER: AUTOMOBILE LIABILITY ANY AUTO ALLOWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTONOBLE LIABILITY AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY BEODILY INJURY (Per person) \$ BEODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ PR											
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED ALL OWNED ALL OWNED ALL OWNED AUTOS A		POLICY JECT LOC							PRODUCTS - COMP/OP AG	_	
ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS HIRED AUTOS HIRED AUTOS AUTOS HIRED AUTOS HIRED AUTOS EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS LIABILITY AUTO PRESENTATION STATUTE OTH STATUTE O		The second secon							COMPINED ONICLE LINET		
ALL OWNED AUTOS AU		AUTOMOBILE LIABILITY							(Ea accident)	\$	
AUTOS AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS SOCIET INSOME PROPERTY DAMAGE SECURITY SECURITY DAMAGE SECURITY DA									BODILY INJURY (Per person) \$	
HIRED AUTOS		AUTOS AUTOS							BODILY INJURY (Per accided	ıt) \$	
UMBRELLA LIAB CCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPRIETOR/PARTINEREXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Professional Liab. 001846700 12/01/2013 12/01/2014 Per Claim/Aggregate 5,000,00		NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Professional Liab. DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		7,0100							y ar doubtarny	\$	
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached If more space is required) AGGREGATE \$ \$ AGGREGATE \$ \$ WORKERS COMPENSATION \$ \$ STATUTE ERH ERH STATUTE ERH ERH STATUTE ERH ERH EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached If more space is required)		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	-	
DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET CRIPPARTNERIZECUTIVE OFFI- OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **ROCKCOMPENSATION** **STATUTE OTH- STATUTE ER **STATUTE E										_	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) If yes, describe under DESCRIPTION OF OPERATIONS below A Professional Liab. 001846700 12/01/2013 12/01/2014 Per Claim/Aggregate 5,000,00 DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									AGGREGATE		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									PER OTH-		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Professional Liab. 001846700 12/01/2013 12/01/2014 Per Claim/Aggregate 5,000,00 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		AND EMPLOYERS' LIABILITY Y/N								+	
If yes, describe under DESCRIPTION OF OPERATIONS below A Professional Liab. 001846700 12/01/2013 12/01/2014 Per Claim/Aggregate 5,000,00 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		OFFICER/MEMBER EXCLUDED?	N/A						101		
A Professional Liab. 001846700 12/01/2013 12/01/2014 Per Claim/Aggregate 5,000,00 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached If more space is required)		If yes, describe under									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached If more space is required)	_	DÉSCRIPTION OF OPERATIONS below		-							
	Α	Professional Liab.			001846700		12/01/2013	12/01/2014	Per Claim/Aggregate		5,000,000
CERTIFICATE HOLDER CANCELLATION	DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	 D 101, Additional Remarks Schedu	le, may b	e attached If mor	e space ls requii	red)		
	CEF	RTIFICATE HOLDER				CANC	ELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		EVIDENCE OF COVERAGE				THE	EXPIRATION	N DATE TH	IEREOF, NOTICE WILL		
						AUTHO	RIZED REPRESE	NTATIVE			
AUTHORIZED REPRESENTATIVE						Th	nkuse				
AUTHODIZED DEBDECENTATIVE								HIMINE			
						\ <i>\</i> \ <i>\</i> \ <i>\</i> \	n-Krusl				

UM-1684

)	
INVESTIGATION INTO THE OREGON)	MOTION BY BUDGET PREPAY, INC.
TELEPHONE ASSISTANCE PROGRAM)	FOR ADMISSION PRO HAC VICE OF
AND LIFELINE MARKETING PRACTICES)	MARC A. PAUL
)	

In accordance with OAR 860-001-0320 and UTCR 3.170(1), Budget PrePay, Inc. ("Budget PrePay") hereby moves the Public Utility Commission of Oregon to admit Marc A. Paul to appear *pro hac vice* on behalf of Budget PrePay in the above captioned proceeding. Mr. Paul has associated with Brooks E. Harlow, an attorney licensed to practice law and in good standing in the State of Oregon (Oregon Bar No. 030420), as co-counsel for this proceeding.

Attached hereto are (1) Affidavit of Marc A. Paul, (2) certificate of compliance for *pro hac vice* admission for Mr. Paul, (3) certificate of the clerk of the District of Columbia Court of Appeals indicating that Mr. Paul is admitted to practice law in the District of Columbia and is an active member in good standing, and (4) certificate of professional liability insurance providing liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan.

Wherefore, Budget PrePay respectfully requests that the Commission grant admission pro hac vice to Marc A. Paul for this proceeding.

Respectfully submitted,

Budget PrePay, Inc.

By Counsel:
LUKAS, NACE, GUTIERREZ & SACHS, LLP
8300 Greensboro Drive, Suite 1200
McLean, Virginia 22102
(703) 584-8678
bharlow@fcclaw.com
mpaul@fcclaw.com

By:

Brooks E. Harlow (OSB # 030420)

Brooks E. Harlow

Marc A. Paul

August 5, 2014

UM-1684

INVESTIGATION INTO THE OREGON TELEPHONE ASSISTANCE PROGRAM AND LIFELINE MARKETING PRACTICES)))	AFFIDAVIT OF MARC PAUL PRO HAC VICE
)	

AFFIDAVIT IN SUPPORT OF REQUEST TO APPEAR PRO HAC VICE

Fairfax County)	
)	SS
Commonwealth of Virginia)	

- I, Marc A. Paul, duly sworn according to law, depose and say:
- 1. I am an attorney in good standing admitted to practice in the District of Columbia. I have attached a certificate of good standing as Attachment 1. My office address is 8300 Greensboro Drive, Suite 1200, McLean, VA 22102 and my office phone number is (703) 584-8679. I am not admitted to practice in Oregon.
- 2. I am associated in this matter with Oregon counsel of record, Brooks Harlow, Esq, who is an active member in good standing of the Oregon State Bar. In accordance with UTCR 3.170, Brooks Harlow will participate meaningfully in Docket No. UM-1684. The address for Oregon counsel is 8300 Greensboro Drive, Suite 1200, McLean, VA 22102 and the phone number is (703) 584-8678.
 - 3. Budget PrePay, Inc. has requested my representation in this matter.
- 4. I am outside counsel for Budget PrePay, Inc. in relation to multiple state and federal Eligible Telecommunications Carrier ("ETC") applications filed by Budget PrePay, Inc., as well as Universal Service fund and ETC policy matters.
- 5. I am not now the subject of any pending disciplinary proceedings in any jurisdiction nor have I been disciplined previously in any jurisdiction.
- 6. I will comply with applicable statutes, laws, and procedural rules of the State of Oregon. I will be familiar with and comply with the disciplinary rules of the Oregon State Bar. I will submit to the jurisdiction of the Oregon courts and the Oregon State Bar with response to acts and omissions occurring during my *pro hac vice* admission under UTCR 3.170.

7. I have attached, as Attachment 2, a certificate of insurance covering my activities in Oregon and providing professional liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan. Although my name does not appear on the attached certificate of insurance, I am an employee of Lukas, Nace, Gutierrez & Sachs, LLP and am covered by the firm's policy set forth on the attached. I agree, as a continuing obligation under UTCR 3.170, to notify the Oregon Public Utility Commission promptly of any changes in my insurance or status.

By: Marc A. Paul

Sworn and subscribed before me this 5th day of August, 2014.

THEALTH OF VIR

Donna Linthicum, Notary Publicum, L.

My Commission expires

CERTIFICATE OF SERVICE

I hereby certify that on the 5th day of August 2014, a true and correct copy of the

foregoing MOTION FOR ADMISSION PRO HAC VICE of Budget PrePay, Inc., was served,

via electronic mail, to the following:

G. Catriona McCracken Citizen's Utility Board of Oregon 610 SW Broadway, Ste 400 Portland OR 97205 catriona@oregoncub.org

Jon Cray Citizen's Utility Board of Oregon 610 SW Broadway, Ste 400 Portland OR 97205 jon.cray@state.or.us

Kay Marinos Citizen's Utility Board of Oregon 610 SW Broadway, Ste 400 Portland OR 97205 kay.marinos@state.or.us

Johanna Riemenschneider
PUC Staff - Department Of Justice
Business Activities Section
1162 Court St NE
Salem OR 97301-4796
johanna.riemenschneider@doj.state.or.us

Robert Jenks Citizens' Utility Board of Oregon 610 SW Broadway, Suite 400 Portland OR 97205 bob@oregoncub.org

David Collier
AT&T Services, Inc.
645 E Plumb LNM RN C-142
PO Box 11010
Reno NV 89502
David.collier@att.com

Cynthia Manheim AT&T PO Box 97061 Redmond WA 98052 Cm9268@att.com

Sharon L. Mullin AT&T Services, Inc. 2003 Point Bluff Austin TX 78746-6236 slmullin@att.com

Alan Galloway
Davis Wright Tremaine
Suite 2400
1300 SW Fifth Avenue
Portland, Oregon 97201-5610
alangalloway@dwt.com

Mark Trinchero
Davis Wright Tremaine
Suite 2400
1300 SW Fifth Avenue
Portland, Oregon 97201-5610
Marktrinchero@dwt.com

Teri Ohta 12920 SE 38th Street Bellevue WA 98006 Teri.ohta@t-mobile.com

Donna L. Brown

I More A. Doul) Contificate of Commission of
In re: Marc A. Paul Name of Out-of-State Attorney	Certificate of ComplianceFor <i>Pro Hac Vice</i> Admission
I, Marc A. Paul and I intend to seek <i>pro hac vice</i> admission in accordance with OR proceeding:	(print name), am an attorney in the State of Washington D.C. S 9.241 and UTCR 3.170 in the following Oregon court action or
Case Name: Investigation into the Oregon Telephone A	ssistance Program and Lifeline Marketing Practices
Court: Public Utility Commission of Oregon	Case No.: UM1684
I will comply with applicable statutes, laws, and procedural rule disciplinary rules of the Oregon State Bar; and submit to the jurisdicacts and omissions occurring during my pro hac vice admission.	any jurisdiction; or jurisdiction, the nature and status of which are described in an ang with Brooks Harlow , OSB No. on State Bar, who will participate meaningfully in the matter. So of the State of Oregon; be familiar with and comply with tion of the Oregon courts and Oregon State Bar with respect to fessional liability insurance substantially equivalent to the Oregon hed certificate of insurance coverage. The original court promptly of any changes in my insurance ection. The property of the description of the Oregon State Bar. The original promptly notify the Oregon State Bar. The original court promptly noti
Dated this 5th day of August 20	14
(Amiliant Signatura)	Washington D.C. Bar No.: 447925
(Applicant Signature) Mailing Address: Lukas, Nace, Gutierrez & Sachs LLP 8300 Greensboro Drive, Suite 1200 McLean, Virginia 22102	(Home Jurisdiction) Phone: 703-584-8678 FAX: 703-584-8694 Email: mpaul@fcclaw.com
Acknowledgme	ent of Receipt
As Regulatory Services Counsel of the Oregon State Bar, I acknown Certificate of Compliance for Pro Hac Vice Admission and attachments, and Oregon action or proceeding. The fee is for a period of twelve months from	wledge receipt from the above-named out-of-state attorney of the 1 the \$500 fee for pro hac vice appearance in the above-referenced
Dated this day of, 20	·
SEE MATERIALS ATTACHED:	

Regulatory Services Counsel



Pistrict of Columbia Court of Appeals Committee on Admissions 430 F Street, N.W. — Room 123 Washington, P. C. 20001 202/879-2710

I, JULIO A. CASTILLO, Clerk of the District of Columbia Court of Appeals, do hereby certify that

MARC A. PAUL

was on **SEPTEMBER 8, 1995** duly qualified and admitted as an attorney and counselor entitled to practice before this Court and is, on the date indicated below, an active member in good standing of this Bar.

In Testimony Whereof, I have hereunto subscribed my name and affixed the seal of this Court at the City of Washington, D.C., on July 22, 2014

JULIO A. CASTILLO Clerk of the Court

By:

LUKANAC-01

DGARCIA



CERTIFICATE OF LIABILITY INSURANCE

7/28/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Am	DUCER es & Gough			PHONE (A/C, No, Ext): (703) 8	R27-2277	FAX (A/C, No): (703)	827-2279
	0 Greensboro Drive te 980			I E-MAIL	J-1-641	(A/C, No): (103)	ULI-LLIJ
	een, VA 22102			ADDRESS:			
						RDING COVERAGE	NAIC#
13.101	IDED			INSURER A : Ironsh	ore indemn	ity, inc.	
INSU	JRED			INSURER B :			
	Lukas, Nace, Gutierrez & Sa 8300 Greensboro Drive	icns, LLI	,	INSURER C :			
	Suite 1200			INSURER D :			
	McLean, VA 22102			INSURER E :			
				INSURER F:			
CO	VERAGES CEF	RTIFICAT	E NUMBER:			REVISION NUMBER:	
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUIREN PERTAIN	MENT, TERM OR CONDITION, THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPECT TO BED HEREIN IS SUBJECT TO ALL	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY	11100				EACH OCCURRENCE \$	
	CLAIMS-MADE OCCUR	1 1				DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
						MED EXP (Any one person) \$	
		1 1				PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG \$	
	10000000000000000000000000000000000000					PRODUCTS - COMP/OP AGG \$	
_	OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT &	
						(Ea accident) BODILY INJURY (Per person) \$	
	ANY AUTO ALL OWNED SCHEDULED						
	AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
	HIRED AUTOS AUTOS					(Per accident)	
						\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE		3			AGGREGATE \$	
	DED RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
Α	Professional Liab.		001846700	12/01/2013	12/01/2014	Per Claim/Aggregate	5,000,000
_							
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•					
CEI	RTIFICATE HOLDER			CANCELLATION	1		
	EVIDENCE OF COVERAGE			SHOULD ANY OF	THE ABOVE D	DESCRIBED POLICIES BE CANCEL IEREOF, NOTICE WILL BE DE CY PROVISIONS.	
				AUTHORIZED REPRESE	ENTATIVE		
				Dankuse			