



Michael Best & Friedrich LLP
Attorneys at Law
Eric J. Callisto
T 608.283.4437
E ejcallisto@michaelbest.com

August 3, 2018

Public Utility Commission of Oregon
Attn: Filing Center
P.O. Box 1088
Salem, OR 97308-1088

Re: Docket No. UG 347 – Certificate of Compliance for *Pro Hac Vice* Admission

Dear Filing Center:

Attached are the following in connection with my application for *pro hac vice* admission before the Public Utility Commission of Oregon, consistent with OAR 860-001-0320:

1. Motion to Admit Counsel *Pro Hac Vice* by my *pro hac vice* sponsor, Attorney Christopher E. Hawk of the law firm of Gordon Rees Scully Mansukhani, LLP, OSB No. 061635;
2. Affidavit of Eric J. Callisto in Support of Motion to Admit Counsel *Pro Hac Vice*;
3. Signed Certificate of Compliance for *Pro Hac Vice* Admission (Exhibit A to the Affidavit);
4. Certificate of Good Standing, dated July 9, 2018, from the Wisconsin Supreme Court (Exhibit B to the Affidavit); and
5. A Certificate of Liability Insurance covering my practice of law and providing professional liability insurance, including policy terms and deductible amounts (Exhibit C to the Affidavit).

Please let me know if you need originals of any of the above.

Please add my *pro hac vice* sponsor, Attorney Christopher E. Hawk, to the service list for this docket. His email address is chawk@grsm.com.

Sincerely,

MICHAEL BEST & FRIEDRICH LLP

A handwritten signature in blue ink, appearing to read 'Eric J. Callisto', written over a light blue horizontal line.

Eric J. Callisto

Attachments

211302-0006\23880418.2

BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON

UG 347

In the Matter of

CASCADE NATURAL GAS
CORPORATION,

Request for a General Rate Revision.

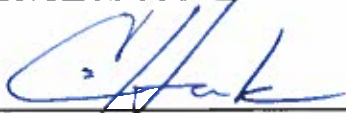
**MOTION TO ADMIT COUNSEL
*PRO HAC VICE***

Pursuant to OAR 860-001-0320 and UTCR 3.170, intervenor Hermiston Generating Company, L.P. moves the Public Utility Commission of Oregon for an order allowing Wisconsin attorney Eric J. Callisto to appear *pro hac vice* in the above-captioned case. This Motion is supported by the attached Affidavit of Mr. Callisto as well as the Certificate of Compliance for *Pro Hac Vice* Admission, Certificate of Good Standing, and Certificate of Liability Insurance attached to such Affidavit as Exhibits A, B and C, respectively.

DATED this 3rd day of August, 2018.

GORDON REES SCULLY MANSUKHANI, LLP

By: _____


CHRISTOPHER E. HAWK
Gordon Rees Scully Mansukhani, LLP
121 SW Morrison Street, Suite 1575
Portland, OR 97204
Telephone: (503) 227-8269
Facsimile: (503) 616-3600
Email: chawk@grsm.com
OSB No. 061635

**BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON**

UG 347

In the Matter of

CASCADE NATURAL GAS
CORPORATION,

Request for a General Rate Revision.

**AFFIDAVIT OF ERIC J. CALLISTO
IN SUPPORT OF MOTION TO
ADMIT COUNSEL *PRO HAC VICE***

STATE OF WISCONSIN)
) ss.
COUNTY OF DANE)

I, Eric J. Callisto, being first duly sworn on oath, depose and state as follows:

1. Attached to this Affidavit as Exhibit A is my signed Certificate of Compliance for *Pro Hac Vice* Admission before the Public Utility Commission of Oregon.

2. I am admitted to practice law in the state of Wisconsin and am an attorney in good standing in that jurisdiction. Attached to this Affidavit as Exhibit B is a true and correct copy of a Certificate of Good Standing from the Wisconsin Supreme Court showing that I am an attorney in good standing in Wisconsin. I am not subject to any pending disciplinary proceedings in Wisconsin.

3. In this matter, I will associate with Christopher E. Hawk, Oregon State Bar No. 061635, who, to the best of my knowledge, is an active member in good standing of the Oregon State Bar. I am currently employed as Lead Counsel for intervenor Hermiston Generating Company, L.P. in this proceeding.

4. I will comply with all applicable statutes, laws and procedural rules of the state of Oregon; will be familiar with and comply with the Oregon Rules of Professional Conduct; and

will submit to the jurisdiction of the Oregon courts and the Oregon State Bar Association with respect to acts and omissions occurring during my admission in this proceeding.

5. As an attorney not residing or practicing in Oregon, I am exempt from the Oregon State Bar Professional Liability Fund Plan requirement.

6. Attached to this Affidavit as Exhibit C is a Certificate of Liability Insurance covering my practice of law, which certificate includes policy terms and deductible amounts.

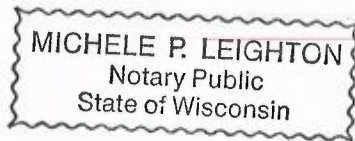
7. I agree, as a continuing obligation under UTCR 3.170(1)(f), to notify the Public Utility Commission of Oregon promptly of any changes in my status.

I declare under penalty of perjury under the laws of the state of Wisconsin that the foregoing is true and correct based on my information and belief.

SIGNED this 3rd day of August, 2018, in Madison, Wisconsin.

ERIC J. CALLISTO

SUBSCRIBED AND SWORN to before me this 3rd day of August, 2018.



Michele P. Leighton
Notary Public, State of Wisconsin
My Commission Expires June 22, 2022

EXHIBIT A

In re: Eric J. Callisto
Name of Out-of-State Attorney

Certificate of Compliance
For Pro Hac Vice Admission

I, Eric J. Callisto (print name), am an attorney in the State of Wisconsin
and I intend to seek *pro hac vice* admission in accordance with ORS 9.241 and UTCR 3.170 in the following Oregon court action or proceeding:


Case Name: Cascade Natural Gas Request for a Generate Rate Revision

Court: Oregon Public Utility Commission Case No.: UG-347

I certify that (check all that apply):

- I am an attorney in good standing in the State of Wisconsin, as evidenced by the attached good standing certificate issued by the licensing authority in that state.
 - I am not subject to any pending disciplinary proceedings in any jurisdiction; or
 - I am subject to pending disciplinary proceedings in another jurisdiction, the nature and status of which are described in an attachment to this certificate.
- I intend to associate in the above-referenced action or proceeding with Christopher E. Hawk, OSB No. 061635, an active member in good standing of the Oregon State Bar, who will participate meaningfully in the matter.
- I will comply with applicable statutes, laws, and procedural rules of the State of Oregon; be familiar with and comply with disciplinary rules of the Oregon State Bar; and submit to the jurisdiction of the Oregon courts and Oregon State Bar with respect to acts and omissions occurring during my *pro hac vice* admission.
- My private law practice activities in Oregon are covered by professional liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan, as evidenced by the attached certificate of insurance coverage.
- I agree, as a continuing obligation of *pro hac vice* admission, to notify the trial court promptly of any changes in my insurance coverage, or my admission or disciplinary status in any other jurisdiction.
- I will provide to the Oregon State Bar a copy of the order admitting me *pro hac vice* in the above-referenced matter when such an order is granted. In the event *pro hac vice* admission is revoked for any reason, I will promptly notify the Oregon State Bar.
- I submit \$500 to the Oregon State Bar as payment of the *pro hac vice* fee established by ORS 9.241 and the rules of the Oregon Supreme Court. I acknowledge that this fee is for a period of twelve months from the date of the Acknowledgment of Receipt issued below, and that an additional fee of \$500 will be required in order for me to continue my *pro hac vice* admission in the matter for every twelve-month period thereafter.

Dated this 3rd day of August, 20 18.

X 
(Applicant Signature)

Wisconsin Bar No.: 1023016
(Home Jurisdiction)

Mailing Address: 1 S. Pinckney St., Suite 700
P.O. Box 1806
Madison, WI 53701-1806

Phone: 608-283-4437
FAX: 608-283-2275
Email: ejcallisto@michaelbest.com

Acknowledgment of Receipt

As Director of Regulatory Services of the Oregon State Bar, I acknowledge receipt from the above-named out-of-state attorney of the Certificate of Compliance for Pro Hac Vice Admission and attachments, and the \$500 fee for pro hac vice appearance in the above-referenced Oregon action or proceeding. The fee is for a period of twelve months from the date of this acknowledgment.

Dated this _____ day of _____, 20 ____.

SEE MATERIALS ATTACHED:

Dawn Evans, Director of Regulatory Services

EXHIBIT B



Sheila T. Reiff
Clerk

WISCONSIN SUPREME COURT

OFFICE OF THE CLERK

110 E. Main Street, Suite 215

P.O. Box 1688

Madison, WI 53701-1688

Telephone: 608-266-1880

TTY: 800-947-3529

Fax: 608-267-0640

<http://www.wicourts.gov>

CERTIFICATE OF GOOD STANDING

I, Sheila T. Reiff, Clerk of the Supreme Court of Wisconsin certify that the records of this office show that:

ERIC J. CALLISTO

was admitted to practice as an attorney within this state on June 21, 1994 and is presently in good standing in this court.

Dated: July 9, 2018

A handwritten signature in cursive script, appearing to read "Sheila T. Reiff".

SHEILA T. REIFF
Clerk of Supreme Court

EXHIBIT C



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/30/2017

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Thompson Flanagan & Company 626 W. Jackson Blvd. 5th Floor Chicago, IL 60661	CONTACT NAME: Douglas T. Thompson PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: dthompson@thompsonflanagan.com
	INSURER(S) AFFORDING COVERAGE _____ NAIC # _____
INSURED Michael Best & Friedrich, LLP 100 East Wisconsin Avenue Milwaukee, WI 53202-4108	INSURER A : Lloyds of London
	INSURER B : Scottsdale Insurance Company
	INSURER C : _____
	INSURER D : _____
	INSURER E : _____
	INSURER F : _____

COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

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 REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____ PER STATUTE _____ OTH-ER _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
A	Professional Liab.			BINDER	09/01/2017	09/01/2018	
B	Professional Liab.			BINDER	09/01/2017	09/01/2018	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Total Limits: \$60,000,000/\$60,000,000

Deductible: \$1,000,000 Per Claim / \$1,500,000 Aggregate / \$150,000 Thereafter

Includes One Round the Clock Reinstatement

CERTIFICATE HOLDER _____ **CANCELLATION** _____

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Proof of Coverage

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Thompson Flanagan & Company		NAMED INSURED Michael Best & Friedrich, LLP 100 East Wisconsin Avenue Milwaukee, WI 53202-4108	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages:
Insurer C: Aspen Specialty Insurance Company - Binder
Insurer D: Evanston Insurance Company (Markel) - Binder
Insurer E: Scottsdale Insurance Company - Binder
Insurer F: Columbia Casualty Company (CNA) - Binder
Insurer G: Endurance American Specialty Insurance Company - Binder