

Brian A. Faria (OSB No. 185592)
SAWTOOTH LAW OFFICES PLLC
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Brian@sawtoothlaw.com

Applying Counsel:

Eric L. Olsen (ISB No. 4811)
ECHO HAWK & OLSEN PLLC
505 Pershing Ave, Ste 100
Pocatello, ID 83201
Telephone: (208) 478-1624
FAX: (208) 478-1670
elo@echohawk.com

Attorneys for Intervenor
Oregon Irrigation Pumpers Association, Inc.

**BEFORE THE PUBLIC UTILITIES COMMISSION
OF OREGON**

In The Matter Of

IDAHO POWER COMPANY'S

Request for a General Rate Revision.

UE 426

**MOTION FOR ADMISSION *PRO
HAC VICE* OF ERIC L. OLSEN**

COMES NOW BRIAN A. FARIA, 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 Echo Hawk & Olsen, PLLC, 505 Pershing Ave, Ste 100, Pocatello, Idaho 83201, Telephone (208) 478-1624, Facsimile (208) 478-1670, Email: elo@echohawk.com, to represent OIPA in the above-captioned case.

In support of this Motion, I, Brian A. Faria vouch for the good and moral character and veracity of Mr. Olsen, and I certified 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 Echo Hawk & Olsen, PLLC; that he is neither a resident of the state of Oregon nor licensed to practice law in Oregon; and that he has previously been admitted *pro hac vice* in the state of Oregon before the Public Utility Commission of Oregon in Docket No. UE 233 *In the Matter of Idaho Power Company Request for General Rate Revision*.

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, Brian A. Faria, certify after reasonable investigation that the above information is true to the best of my knowledge.

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

DATED this 23rd day of April, 2024, by:

/s/ Brian A. Faria
BRIAN A. FARIA (OSB No. 185592)

/s/ Eric L. Olsen
ERIC L. OLSEN (ISB No. 4811)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 23rd day of April, 2024, I served a true and correct copy of the above and foregoing document to the following persons as follows:

STEPHANIE S ANDRUS—CONFIDENTIAL	<input checked="" type="checkbox"/>	U.S. Mail
Oregon Department of Justice	<input type="checkbox"/>	Hand Delivered
BUSINESS ACTIVITIES SECTION	<input type="checkbox"/>	Overnight Mail
1162 COURT ST NE	<input type="checkbox"/>	Telecopy (Fax)
SALEM, OR 97301-4096	<input type="checkbox"/>	Electronic Mail (Email)

KATE AYRES	<input checked="" type="checkbox"/>	U.S. Mail
COMMUNITY ENERY PROJECT	<input type="checkbox"/>	Hand Delivered
106 TALENT AVE STE 6	<input type="checkbox"/>	Overnight Mail
TALENT, OR 97540	<input type="checkbox"/>	Telecopy (Fax)
	<input type="checkbox"/>	Electronic Mail (Email)

ADAM LOWNEY—CONFIDENTIAL	<input checked="" type="checkbox"/>	U.S. Mail
MCDOWELL RACKNER & GIBSON PC	<input type="checkbox"/>	Hand Delivered
419 SW 11 TH AVE, STE 400	<input type="checkbox"/>	Overnight Mail
PORTLAND, OR 97205	<input type="checkbox"/>	Telecopy (Fax)
	<input type="checkbox"/>	Electronic Mail (Email)

TONIA L MORO—CONFIDENTIAL	<input checked="" type="checkbox"/>	U.S. Mail
ATTORNEY AT LAW PC	<input type="checkbox"/>	Hand Delivered
106 TALENT AVE STE 6	<input type="checkbox"/>	Overnight Mail
TALENT, OR 97540	<input type="checkbox"/>	Telecopy (Fax)
	<input type="checkbox"/>	Electronic Mail (Email)

MATTHEW MULDOON—CONFIDENTIAL	<input checked="" type="checkbox"/>	U.S. Mail
PUBLIC UTILITY COMMISSION OF	<input type="checkbox"/>	Hand Delivered
OREGON	<input type="checkbox"/>	Overnight Mail
PO BOX 1088	<input type="checkbox"/>	Telecopy (Fax)
SALEM, OR 97308-1088	<input type="checkbox"/>	Electronic Mail (Email)

DRU NAKAYA—CONFIDENTIAL	<input checked="" type="checkbox"/>	U.S. Mail
SIMPLOT	<input type="checkbox"/>	Hand Delivered
1099 FRONT STREET	<input type="checkbox"/>	Overnight Mail
BOISE, ID 83702	<input type="checkbox"/>	Telecopy (Fax)
	<input type="checkbox"/>	Electronic Mail (Email)

LISA D NORDSTROM—CONFIDENTIAL U.S. Mail
IDAHO POWER COMPANY Hand Delivered
PO BOX 70 Overnight Mail
BOISE, ID 83707-0070 Telecopy (Fax)
 Electronic Mail (Email)

Share OREGON CITIZENS' UTILITY BOARD U.S. Mail
OREGON CITIZENS' UTILITY BOARD Hand Delivered
610 SW BROADWAY, STE 400 Overnight Mail
PORTLAND, OR 97205 Telecopy (Fax)
 Electronic Mail (Email)

JOCELYN C PEASE – CONFIDENTIAL U.S. Mail
MCDOWELL RACKNER & GIBSON PC Hand Delivered
419 SW 11TH AVE STE 400 Overnight Mail
PORTLAND, OR 97205 Telecopy (Fax)
 Electronic Mail (Email)

PETER J RICHARDSON—CONFIDENTIAL U.S. Mail
RICARDSON ADAMS PLLC Hand Delivered
515 N 27TH ST Overnight Mail
BOISE, ID 83702 Telecopy (Fax)
 Electronic Mail (Email)

RYAN TRAN—CONFIDENTIAL U.S. Mail
CITIZENS UTILITY BOARD Hand Delivered
610 SW BROADWAY, STE 400 Overnight Mail
PORTLAND, OR 97205 Telecopy (Fax)
 Electronic Mail (Email)

CLAIRE VALENTINE-FOSSUM –
CONFIDENTIAL U.S. Mail
OREGON CITIZENS' UTILITY BOARD Hand Delivered
610 SW BROADWAY, STE 400 Overnight Mail
PORTLAND, OR 97205 Telecopy (Fax)
 Electronic Mail (Email)

SIRAAT YOUNAS—CONFIDENTIAL U.S. Mail
COMMUNITY ENERGY PROJECT Hand Delivered
2705 E BURNSIDE STE 112 Overnight Mail
PORTLAND, OR 97214 Telecopy (Fax)
 Electronic Mail (Email)

BRENT STANGER, PRES—CONFIDENTIAL U.S. Mail
OREGON IRRIGATION PUMPERS Hand Delivered
ASSOCIATION, INC. Overnight Mail
PO BOX 667 Telecopy (Fax)
ONTARIO, OR 97914 Electronic Mail (Email)
brents@grant4dfarms.com

LANCE KAUFMAN, PH.D - CONFIDENTIAL U.S. Mail
2623 NW BLUEBELL PLACE Hand Delivered
CORVALLIS, OR 97330 Overnight Mail
lance@aegisinsight.com Telecopy (Fax)
 Electronic Mail (Email)

/s/ Brian A. Faria

BRIAN A. FARIA
SAWTOOTH LAW OFFICES, PLLC



Oregon

Kate Brown, Governor

OFFICE OF ADMINISTRATIVE HEARINGS

PO Box 14020
Salem, OR 97309
(503) 947-1918
FAX (503) 947-1920

In re: Eric L. Olsen) **Certificate of Compliance**
Name of Out-of-State Attorney) **For Pro Hac Vice Admission**

I, Eric L. Olsen (print), am an attorney in the State of Idaho, and I intend to seek *pro hac vice* admission in accordance with ORS 9.241, OAR 137-003-0550 and UTCR 3.170 in the following Office of Administrative Hearings proceeding:

Case Name: IDAHO POWER COMPANY'S Request for a General Rate Revision
Case No.: UE 426 **Agency Name** Public Utilities Commission of Oregon

I certify that (check all that apply):

- I am an attorney in good standing in the State of Idaho, 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 proceeding with Brian A. Faria, OSB No. 185592, 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 promptly notify the Agency and the Office of Administrative Hearings 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 this matter when such an order is granted. In the event *pro hac vice* admission is revoked, I will promptly notify the Oregon State Bar.
- I acknowledge this application is for a period of twelve months from the date of the approval and new application must be submitted to continue my *pro hac vice* admission in the matter for every twelve-month period thereafter.

Dated this 21st day of April, 2024.

X 
(Applicant Signature)

Mailing Address: 505 Pershing Ave, Ste 100
Pocatello, ID 83201

Idaho Bar No.: 4811
(Home Jurisdiction)
Phone: (208) 478-1624
FAX: (208) 478-1670
Email: elo@echohawk.com

APPLICATION APPROVAL STATUS: **APPROVED** **NOT APPROVED**

Dated this _____ day of _____, 20____.

Signature

Printed Name

Printed Title

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 as defined by Idaho Bar Commission Rule (I.B.C.R.) 301(i).

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

April 17, 2024

Date



Diane K. Minnich, Executive Director

I.B.C.R. 301. Definitions.

- (i) **Good Standing.** The standing of a member of the Bar who is in compliance with the licensing requirements of Rule 302 and whose right to practice law is not currently limited under I.B.C.R. Section V [Rules for Review of Professional Conduct] by order of the Supreme Court.

To request a discipline report, please contact the Bar Counsel's Office at the address below.

IDAHO STATE BAR
P. O. Box 895
Boise, Idaho 83701
(208) 334-4500
Fax: (208) 334-2764

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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Moreton & Company - Idaho P.O. Box 191030 Boise, ID 83719 208 321-9300	CONTACT NAME: Vicki Goicoechea PHONE (A/C, No, Ext): 208 321-9300 FAX (A/C, No): 208-321-0101 E-MAIL ADDRESS: vicki@moreton.com														
INSURED Echo Hawk Legal Services, PLLC Echo Hawk & Olsen, PLLC 505 Pershing Ave. Suite #100 Pocatello, ID 83205-6119	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Arch Insurance Company</td> <td style="text-align: center;">11150</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Arch Insurance Company	11150	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 INSR	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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Lawyers Prof. Liability			11LPL12892804	11/01/2023	11/01/2024	\$1,000,000 per claim \$1,000,000 aggregate \$15,000 deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Law Firm

CERTIFICATE HOLDER Oregon State Bar 16037 SW Upper Boones Ferry Road Tigard, OR 97224	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 
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