

**BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON**

Docket No. UE 435

In the Matter of)	
)	
PORTLAND GENERAL ELECTRIC COMPANY)	NOTICE OF APPEARANCE AND MOTION TO APPEAR PRO HAC VICE OF
Request for a General Rate Revision)	CHARGEPOINT, INC
)	

ChargePoint, Inc. (ChargePoint) respectfully files this combined Notice of Appearance and Motion to Appear Pro Hac Vice.

Anderson Beals of the law firm Sherman Sherman Johnnie & Hoyt LLP respectfully enters his appearance as counsel to ChargePoint in this proceeding. ChargePoint requests that Mr. Beals be added to the service list for this proceeding (electronic service preferred):

Anderson Beals
Sherman Sherman Johnnie & Hoyt LLP
693 Chemeketa St. NE
Salem, Oregon 97301
anderson@shermlaw.com
503-364-2281

Pursuant to OAR § 860-001-0320 and UTCR 3.170, ChargePoint further moves the Public Utility Commission of Oregon (Commission) to admit Scott F. Dunbar to appear *pro hac vice* on behalf of ChargePoint. In support of this motion, please find attached:

- A statement of Scott F. Dunbar;
- A certificate of compliance for *pro hac vice* admission for Scott F. Dunbar;
- A certificate of good standing from the Supreme Court of Colorado confirming that Scott F. Dunbar is admitted to practice law in Colorado and is in good standing; and

- A certificate of liability insurance confirming that Scott F. Dunbar's law firm, Keyes & Fox LLP, retains the required insurance coverage.

ChargePoint requests that Mr. Dunbar be added to the service list for this proceeding (electronic service preferred):

Scott F. Dunbar
Keyes & Fox LLP
1580 Lincoln St., Suite 1105
Denver, Colorado 80203
sdunbar@keyesfox.com
949-525-6016

Mal Skowron should remain on the service list for ChargePoint.

Respectfully submitted on May 1, 2024,

BY: /s/ Anderson Beals
Anderson Beals
OSB No. 202824)
Sherman Sherman Johnnie & Hoyt LLP
693 Chemeketa St. NE
Salem, Oregon 97301
anderson@shermlaw.com
503-364-2281

Statement of Scott F. Dunbar

I have associated with Anderson Beals, an attorney licensed to practice law and in good standing in the State of Oregon (OSB No. 202824), who will participate meaningfully in the matter.

I have attached the required Certificate of Compliance for *Pro Hac Vice* Admission, a Certificate of Good Standing from the Colorado Supreme Court, and a Certificate of Liability Insurance. I respectfully request that the Commission allow me to appear *pro hac vice* in this matter.

Dated May 1, 2024,

/s/ Scott F. Dunbar

Scott F. Dunbar

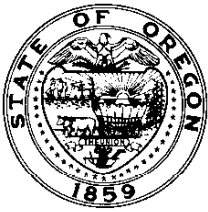
Keyes & Fox LLP

1580 Lincoln St., Suite 1105

Denver, Colorado 80203

sdunbar@keyesfox.com

949-525-6016



Oregon

Kate Brown, Governor

OFFICE OF ADMINISTRATIVE HEARINGS

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

In re: Scott F. Dunbar) **Certificate of Compliance**
Name of Out-of-State Attorney) **For Pro Hac Vice Admission**

I, Scott F. Dunbar (print), am an attorney in the State of Colorado, 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: I/M/O Portland General Electric Company Request for a General Rate Revision
Case No.: UE 435 **Agency Name** Public Utility Commission

I certify that (check all that apply):

- I am an attorney in good standing in the State of Colorado, 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 Anderson Beals, OSB No. 202824, 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 2nd day of May, 2024.

X SDunbar
(Applicant Signature)
Mailing Address: 1580 Lincoln St., Suite 1105
Denver, CO 80203

Colorado Bar No.: 44521
(Home Jurisdiction)
Phone: 949-525-6016
FAX: _____
Email: sdunbar@keyesfox.com

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


Dated this _____ day of _____, 20____.

Signature

Printed Name

Printed Title

SUPREME COURT



State of Colorado,

STATE OF COLORADO, ss:

I, Cheryl Stevens, Clerk of the Supreme Court of the State of Colorado, do hereby certify that

Scott French Dunbar

has been duly licensed and admitted to practice as an

ATTORNEY AND COUNSELOR AT LAW

within this State; and that his/her name appears upon the Roll of Attorneys

and Counselors at Law in my office of date the 29th

day of May A.D. 2012 and that at the date

hereof the said Scott French Dunbar is in good standing

at this Bar.



IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the Seal of said Supreme Court, at Denver, in said State, this

25th day of April A.D. 2024

Cheryl Stevens

Clerk

By

Handwritten signature of Kristie Miller in cursive.

Deputy Clerk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/26/2024

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 certification does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ahern Insurance Brokerage 1615 Murray Canyon Rd Ste 1050 San Diego, CA 92108 Susan Kilano	858-514-7112 CONTACT NAME: Susan Kilano PHONE (A/C, No, Ext): 858-514-7112 FAX (A/C, No): 858-571-9010 E-MAIL ADDRESS: skilano@acrisure.com														
INSURED Keyes & Fox, LLP 1580 Lincoln St. Ste 1105 Denver, CO 80203	<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 : Aspen American Insurance Comp</td> <td></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 : Aspen American Insurance Comp		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
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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 - COMPI/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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? (Mandatory in NH) <input type="checkbox"/> Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Claims Made Lawyers Professional Liability			LPP003959-04	07/01/2023	07/01/2024	PER CLAIM 1,000,000 AGGREGATE 2,000,000

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

DEDUCTIBLE: \$25,000 Per Claim
RETROACTIVE DATE: 07/01/2008

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF INSURANCE	<p style="text-align: center;">EVIDENC</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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