
BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON

In the Matter of _____

PORTLAND GENERAL ELECTRIC
COMPANY,

Request for a General Rate Revision

Docket No. UE 394

**MOTION FOR ADMISSION *PRO HAC*
VICE OF VICKI M. BALDWIN**

Brandon J. Mark, an attorney licensed to practice law in the State of Oregon, hereby moves the Public Utility Commission (“Commission”) to permit Vicki M. Baldwin, Esq., to appear and participate as counsel for Walmart Inc. (“Walmart”) in the above-captioned matter. The reasons therefor are set forth in the attached Memorandum in Support.

DATED this 27th day of July, 2021.

/s/ Brandon J. Mark

Brandon J. Mark, OSB #041613
PARSONS BEHLE & LATIMER
201 South Main Street, Suite 1800
Salt Lake City, Utah 84111
bmark@parsonsbehle.com
801-532-1234

MEMORANDUM IN SUPPORT

Brandon J. Mark, an attorney licensed to practice law in the State of Oregon, hereby moves the Commission to permit Vicki M. Baldwin to appear and participate as counsel for Walmart before this Commission in all proceedings in this matter. Vicki M. Baldwin is a licensed attorney in good standing in Utah and Nevada. Copies of Certificates of Good Standing from each jurisdiction in which Ms. Baldwin is licensed and a certificate of Liability Insurance verifying that Ms. Baldwin is insured are attached.

WHEREFORE, I respectfully request that the Commission enter an order granting this Motion for Admission *Pro Hac Vice*.

DATED this 27th day of July, 2021.

/s/ Brandon J. Mark

Brandon J. Mark, OSB #041613
PARSONS BEHLE & LATIMER
201 South Main Street, Suite 1800
Salt Lake City, Utah 84111
bmark@parsonsbehle.com
801-532-1234

ATTACHMENTS

In re: Vicki M. Baldwin
Name of Out-of-State Attorney)

**Certificate of Compliance
For Pro Hac Vice Admission**

I, Vicki M. Baldwin (print name), am an attorney in the State of Utah & Nevada 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: In the matter of Portland General Electric Compay, Request for a General Rate Revision

Court: Public Utility Commision of Oregon **Case No.:** UE 394

I certify that (check all that apply):

- I am an attorney in good standing in the State of Utah and Nevada, 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 Brandon J. Mark, OSB No. 041613, 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 27th day of July, 2021.


(Applicant Signature)

Utah Bar No.: 8532
(Home Jurisdiction)

Mailing Address: Parsons Behle & Latimer
201 South Main Street, Suite 1800
Salt Lake City, UT 84111

Phone: 801-532-1234
FAX: 801-536-6111
Email: vbaldwin@parsonsbehle.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:

Troy Wood, Regulatory Counsel

CERTIFICATE OF GOOD STANDING

This document expires 60 days from the date of issuance


Issued on 7/1/2021

To Whom it May Concern:

Re: CERTIFICATE OF GOOD STANDING for Vicki M Baldwin

This is to certify that Vicki M Baldwin, Utah State Bar No. 8532 was admitted to practice law in Utah on 10/19/1999.

Vicki M Baldwin is currently an ACTIVE member of the Utah State Bar in good standing. "Good standing" is defined as a lawyer who is current in the payment of all Bar licensing fees, has met mandatory continuing legal education requirements, if applicable, and is not disbarred, presently on probation, suspended, or has not resigned with discipline pending, from the practice of law in this state.



Elizabeth A. Wright

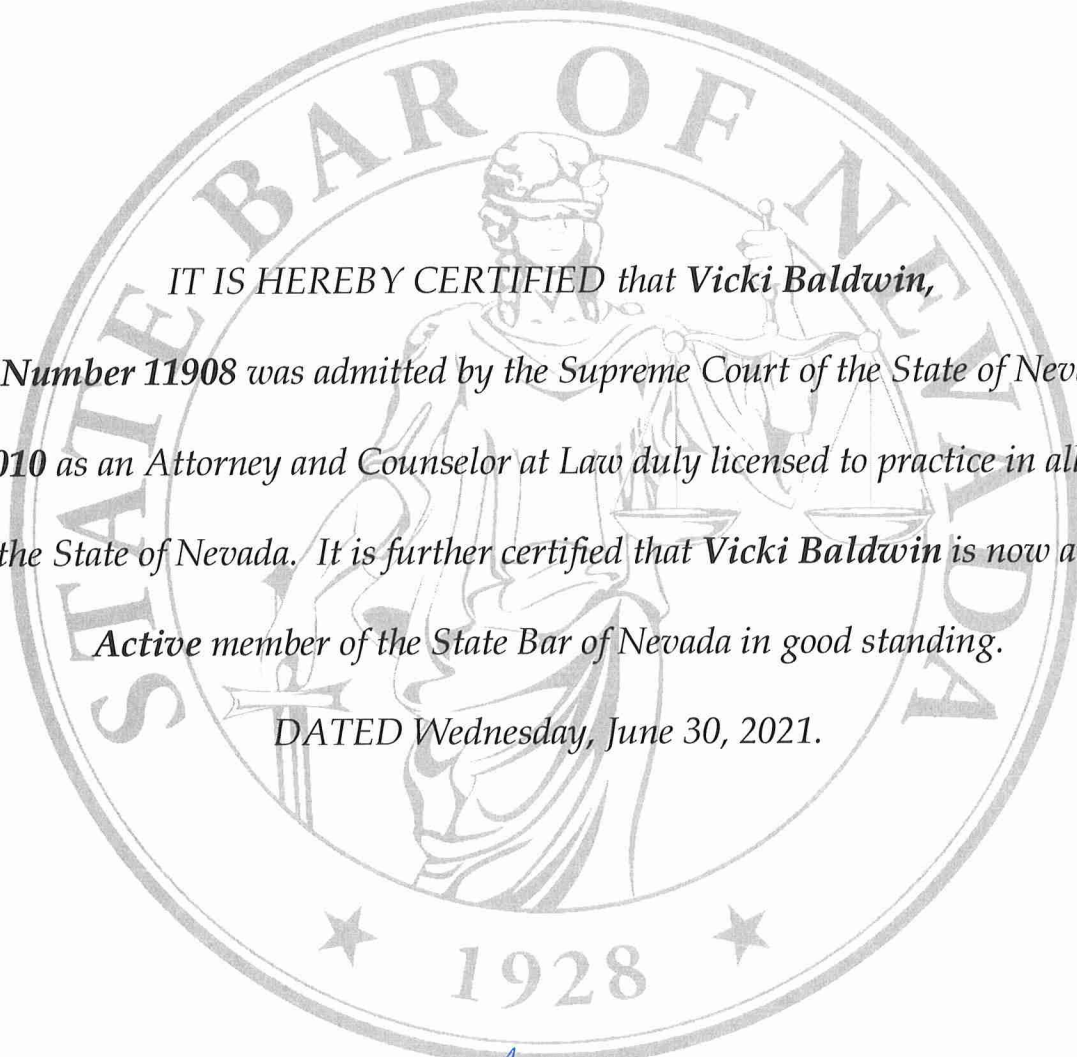
Elizabeth A. Wright
General Counsel
Utah State Bar

No.2021 -959231

verify by email at cogsrequest@utahbar.org

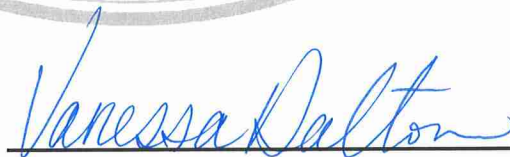
State Bar of Nevada

Certificate of Good Standing



IT IS HEREBY CERTIFIED that **Vicki Baldwin**,
Bar Number 11908 was admitted by the Supreme Court of the State of Nevada on
10/07/2010 as an Attorney and Counselor at Law duly licensed to practice in all courts of
the State of Nevada. It is further certified that **Vicki Baldwin** is now an
Active member of the State Bar of Nevada in good standing.

DATED Wednesday, June 30, 2021.



Vanessa Dalton
Member Services Administrator
State Bar of Nevada



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2021

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 Edgewood Partners Insurance Center Lemme, a division of EPIC 111 West Campbell 4th Floor Arlington Heights, IL 60005	1-847-385-6800	CONTACT NAME: Rob Herchert PHONE (A/C, No, Ext): 847-385-6800 E-MAIL ADDRESS: psgcerts@lemme.com FAX (A/C, No):																					
INSURED Parsons Behle & Latimer 201 South Main St. Suite 1800 Salt Lake City, UT 84111	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Indian Harbor Insurance Company & Various</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Indian Harbor Insurance Company & Various		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																							
INSURER F:																							

COVERAGES **CERTIFICATE NUMBER: 61985609** **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 <input type="checkbox"/> 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 <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) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			LPN 9040963 01	04/24/21	04/24/22	Each Claim 3,000,000 Aggregate 3,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

Parties at Interest	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 