#### BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON

In the Matter of

Rulemaking Regarding Direct Access Including 2021 HB 2021 Requirements.

Docket No. AR 651

MOTION FOR ADMISSION OF PRO HAC VICE OF JUSTINA A. CAVIGLIA

Brandon J. Mark, an attorney licensed to practice law in the State of Oregon, hereby moves the Public Utility Commission ("Commission") to permit Justina A. Caviglia, 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 15th day of March, 2023.

PARSONS BEHLE & LATIMER

/s/ Brandon J. Mark

Brandon J. Mark, OR Bar No. 041613 201 South Main Street, Suite 1800 Salt Lake City, UT 84111 Telephone: 801-532-1234

Email: bmark@parsonsbehle.com

MEMORANDUM IN SUPPORT

Brandon J. Mark, an attorney licensed to practice law in the State of Oregon, hereby

moves the Commission to permit Justina A. Caviglia to appear and participate as counsel for

Walmart before this Commission in all proceedings in this matter. Justina A. Caviglia is a

licensed attorney in good standing in Nevada.

In support of this motion, attached is the Affidavit of Justina A. Caviglia, including a copy

of the Certificate of Good Standing from Nevada in which Ms. Caviglia is licensed and a certificate

of Liability Insurance verifying that Ms. Caviglia is insured.

WHEREFORE, I respectfully request that the Commission enter an order granting this

Motion for Admission Pro Hac Vice.

DATED this 15th day of March, 2023.

PARSONS BEHLE & LATIMER

/s/ Brandon J. Mark

Brandon J. Mark, OR Bar No. 041613 201 South Main Street, Suite 1800

Salt Lake City, UT 84111 Telephone: 801-532-1234

Email: bmark@parsonsbehle.com

### BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON

In the Matter of

Rulemaking Regarding Direct Access Including 2021 HB 2021 Requirements.

Docket No. AR 651

AFFIDAVIT OF JUSTINA A. CAVIGLIA

STATE OF NEVADA	)
	) ss.
COUNTY OF WASHOE	)

I, JUSTINA A. CAVIGLIA, being first duly sworn, depose and say:

- 1. My name is Justina A. Caviglia. I am an active member in good standing of the State Bar of Nevada, and my Nevada State Bar No. is 9999. I am not subject to any pending disciplinary proceedings in Nevada or in any other jurisdiction. I have attached a Certificate of Good Standing from the State Bar of Nevada as Attachment A.
- 2. If granted permission to practice before the Oregon Public Utility Commission ("Commission") in Docket No. AR 651, I will associate in this matter with Brandon J. Mark, Oregon State Bar No. 041613. Mr. Mark, a shareholder at Parsons Behle & Latimer, and an active member of the Oregon State Bar, will participate meaningfully in Docket No. AR 651.
- 3. I will comply with all applicable statutes, laws, and procedural rules of the State of Oregon; be familiar with and comply with the 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. I have attached my Certificate of Compliance for *Pro Hac Vice* Admission as Attachment B.

- 4. Included as Attachment C to this Affidavit is a copy of Parson Behle & Latimer's Certificate of Liability Insurance, which identifies me among the attorneys covered under such plan in Oregon.
- 5. I agree to notify this Commission of any changes in my insurance or status, as required by UTCR 31.70(1)(f).

DATED this 15th day of March, 2023

IVSTINA A. CAVIGLIA

STATE OF NEVADA ) ss.

COUNTY OF WASHOE

SUBSCRIBED and SWORN to before me by Justina A. Caviglia on this 15<sup>th</sup> day of March, 2023.

RONI L. SHAFFER

Notary Public - State of Nevada

Appointment Recorded in Washoe County

No: 99-36517-2 - Expires May 05, 2023

NOTARY PUBLIC

My Commission Expires: May 5, 2023

# Attachment A

Attachment A

### STATE BAR OF NEVADA

#### **CERTIFICATE OF STANDING**

**Issue Date:** 

2/28/2023

**Attorney Name:** 

Justina A. Caviglia

Neveda Bar Number:

9999

License Type:

**ATTORNEY** 

**License Status:** 

Active

Admit/Certification Date: 10/17/2006

To Whom It May Concern:

The State Bar of Nevada records indicate that the attorney named above was admitted or certified to practice in the State of Nevada and is in good standing as of the issue date.

If the attorney's License Type is NMATTORNEY (non-member attorney), they were certified to practice pursuant to Nevada Supreme Court Rule 49.1 'Limited practice certification for certain attorneys'. Refer to License Status for the subsection.

This certification expires 30 days from the issue date unless sooner revoked or rendered invalid by operation of rule or law.

Questions may be directed to <a href="memberservices@nvbar.org">memberservices@nvbar.org</a>.

Mary Jorgensen

Member Services Director

No.2023 -10467541

verify by email at <a href="mailto:memberservices@nvbar.org">memberservices@nvbar.org</a>



3100 W. Charleston Blvd. Suite 100 Las Vegas, NV 89102 phone 702.382.2200 toll free 800.254.2797 fax 702.382.2075

9456 Double R Blvd., Ste. B Reno, NV 89521-5977 phone 775.329.4100 fax 775.329.0522

www.nvbar.org

# Attachment B

Attachment B

	)
In re: Justina A. Caviglia	) Certificate of Compliance
Name of Out-of-State Attorney	) For <i>Pro Hac Vice</i> Admission
<sub>I.</sub> Justina A. Caviglia	_(print name), am an attorney in the State of Nevada
and I intend to seek <i>pro hac vice</i> admission in accordance with OR proceeding:	S 9.241 and UTCR 3.170 in the following Oregon court action o
Case Name: Direct Access Rulemaking (	HB 2021 et al.)
Court: Oregon Public Utility Commissio	n Case No.: AR 651
I certify that (check all that apply):	
I am an attorney in good standing in the State of Nevada certificate issued by the licensing authority in that state.  I am not subject to any pending disciplinary proceedings in	any jurisdiction; <b>or</b> jurisdiction, the nature and status of which are described in an
I will comply with applicable statutes, laws, and procedural rule disciplinary rules of the Oregon State Bar; and submit to the jurisdic acts and omissions occurring during my pro hac vice admission.  My private law practice activities in Oregon are covered by prosented Bar Professional Liability Fund plan, as evidenced by the attac 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 admit order is granted. In the event pro hac vice admission is revoked for a suppose 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 below, and that an additional fee of \$500 will be required in order for every twelve-month period thereafter.	on State Bar, who will participate meaningfully in the matter. es 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.  notify the trial court promptly of any changes in my insurance ection.  ting me pro hac vice in the above-referenced matter when such an any reason, I will promptly notify the Oregon State Bar.  The vice fee established by ORS 9.241 and the rules of the Oregon months from the date of the Acknowledgment of Receipt issued or me to continue my pro hac vice admission in the matter for
X	Nevada Bar No.: 9999
(Applicant Signature)  Mailing Address: Justina A. Caviglia  50 W. Liberty Street, Suite 750  Reno, Nevada 89502	(Home Jurisdiction)  Phone: 775-789-6559  FAX: 775-348-7250  Email: jcaviglia@parsonsbehle.com
Acknowledgme	nt of Receipt
As Director of Regulatory Services of the Oregon State Bar, I ack 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	
Dated this day of, 20	
☐ SEE MATERIALS ATTACHED:	Troy Wood, Regulatory Counsel

# Attachment C

Attachment C



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/25/2022

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 liquid for use participate does not confer rights to the certificate holder in liquid for use participate.

this certificate does not confer rights to the				rsement(s)				
PRODUCER 1-847-385-6800 CONTACT NAME: Rob Herchert								
Edgewood Partners Insurance Center			PHONE (A/C, No, Ext): 847-385-6800 FAX (A/C, No):					
Lemme, a division of EPIC			E-MAIL ADDRESS: psgcerts@lemme.com					
111 West Campbell			ADDRESS:				NAIC #	
4th Floor Arlington Heights, IL 60005				INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Indian Harbor Insurance Company & Various				
INSURED				3:		ounpang u		
Parsons Behle & Latimer								
	INSURER C:							
201 South Main St. Suite 1800								
Salt Lake City, UT 84111	INSURER E :							
	REVISION NUMBER:							
		NUMBER: 65198872	/E REEN	SSLIED TO			HE POLICY PERIOD	
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 INS	DL SUBR D WVD	POLICY NUMBER	(M	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	
OTHER:							\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO						BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY							\$	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
ACTOS CIVET							\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION\$							\$	
WORKERS COMPENSATION						PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  Y / N						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	A						\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A Professional Liability	1	LPN 9040963 02	0.	4/24/22	04/24/23	Each Claim	1,000,000	
				180		Aggregate	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CERTIFICATE HOLDER			CANCE	LLATION				
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							
,			Robert Hendert					