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**BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON**

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In the Matter of

PORTLAND GENERAL ELECTRIC  
COMPANY,

Request for a General Rate Revision.

Docket No. UE 416

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

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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 15<sup>th</sup> 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 15<sup>th</sup> day of March, 2023.

PARSONS BEHLE & LATIMER

/s/ Brandon J. Mark

Brandon J. Mark, Oregon Bar No. 041613  
201 South Main Street, Suite 1800  
Salt Lake City, UT 84111  
Telephone: 801-532-1234  
Email: bmark@parsonsbehle.com

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**BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON**

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In the Matter of

PORTLAND GENERAL ELECTRIC  
COMPANY,

Request for a General Rate Revision.

Docket No. UE 416

**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. UE 416, 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. UE 416.

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.

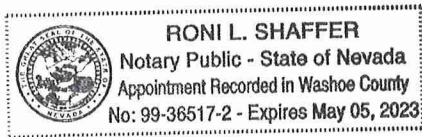
5. I agree to notify this Commission of any changes in my insurance or status, as required by UTCR 31.70(1)(f).

DATED this 15<sup>th</sup> day of March, 2023.

  
\_\_\_\_\_  
JUSTINA 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.



  
\_\_\_\_\_  
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  
**Nevada Bar Number:** 9999  
**License Type:** ATTORNEY  
**License Status:** Active  
**Admit/Certification Date:** 10/17/2006

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](http://www.nvbar.org)

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 [memberservices@nvbar.org](mailto:memberservices@nvbar.org).

Mary Jorgensen  
Member Services Director

No.2023 -10467541

verify by email at [memberservices@nvbar.org](mailto:memberservices@nvbar.org)

Attachment B

Attachment B

In re: Justina A. Caviglia  
Name of Out-of-State Attorney

Certificate of Compliance  
For Pro Hac Vice Admission

I, Justina A. Caviglia (print name), am an attorney in the State of 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:

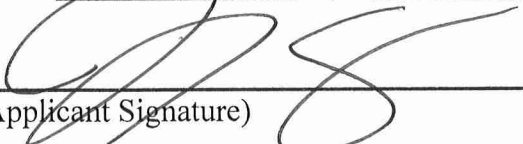
Case Name: Portland General Electric Co. Request for General Rate Revision

Court: Oregon Public Utility Commission Case No.: UE 416

I certify that (check all that apply):

- I am an attorney in good standing in the State of 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 15<sup>th</sup> day of March, 2023.

X   
(Applicant Signature)

Nevada Bar No.: 9999  
(Home Jurisdiction)

Mailing Address: Justina A. Caviglia  
50 W. Liberty Street, Suite 750  
Reno, Nevada 89502

Phone: 775-789-6559  
FAX: 775-348-7250  
Email: jcaviglia@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



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 lieu of such endorsement(s).

<b>PRODUCER</b> Edgewood Partners Insurance Center Lemme, a division of EPIC 111 West Campbell 4th Floor Arlington Heights, IL 60005	1-847-385-6800 <b>CONTACT NAME:</b> Rob Herchert <b>PHONE (A/C, No, Ext):</b> 847-385-6800 <b>E-MAIL ADDRESS:</b> psgcerts@lemme.com <b>FAX (A/C, No):</b>														
<b>INSURED</b> Parsons Behle & Latimer  201 South Main St. Suite 1800 Salt Lake City, UT 84111	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Indian Harbor Insurance Company &amp; Various</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: Indian Harbor Insurance Company & Various		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: 65198872


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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Professional Liability</b>			LPN 9040963 02	04/24/22	04/24/23	Each Claim 1,000,000 Aggregate 1,000,000

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 

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