BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON

In the Matter of

PORTLAND GENERAL ELECTRIC COMPANY,

Request for a General Rate Revision.

Docket No. UE 435

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, 2024.

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 the states of Washington and Nevada.

In support of this motion, attached is the Affidavit of Justina A. Caviglia, including a copy of the Certificates of Good Standing from Washington and 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, 2024.

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

Exhibit 1

Exhibit 1

BEFORE THE PUBLIC UTILITY COMMISSION OF OREGON

In the Matter of		Docket No. UE 435					
PORTLAND GENERAL E COMPANY, Request for a General Rate		AFFIDAVIT OF JUSTINA A. CAVIGLIA					
STATE OF NEVADA)						
COUNTY OF WASHOE) ss.)						

- 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 Washington and the State Bar of Nevada. My Washington State Bar No. is 52402 and my Nevada State Bar No. is 9999. I am not subject to any pending disciplinary proceedings in Washington, Nevada or in any other jurisdiction. I have attached a Certificate of Good Standing from the State Bar of Washington and 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 435, 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 435.
- 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, 2025.

JUSTINA A. CAVIGLIA

STATE OF NEVADA) ss. COUNTY OF WASHOE)

SUBSCRIBED and SWORN to before me by Justina A. Caviglia on this 15th day of March, 2025.

Roni L. Shaffer
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 99-36517-2 - Expires May 5, 2027

NOTARY PUBLIC

Attachment A

Attachment A

IN THE SUPREME COURT OF THE STATE OF WASHINGTON

3
\G

I, Sarah R. Pendleton, Deputy Clerk of the Supreme Court of the State of Washington, hereby certify

JUSTINA ALYCE CAVIGLIA

was regularly admitted to practice as an Attorney and Counselor at Law in the Supreme Court and all the Courts of the State of Washington on August 24, 2017, and is now and has continuously since that date been an attorney in good standing, and has a current status of active.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Court on the 14th day of March, 2024.

Sarah R. Pendleton Supreme Court Deputy Clerk Washington State Supreme Court

STATE BAR OF NEVADA

CERTIFICATE OF STANDING

Issue Date:

3/13/2024

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 memberservices@nvbar.org.

Mary Jorgensen Member Services Director

No.2024 -10540637

verify by email at memberservices@nvbar.org

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 Pro Hac Vice Admission			
I. Justina A. Ca	viglia	(nrint na	me), am an attorney in the State ofWA & NV			
and I intend to se		(print nai S 9.241 an	d UTCR 3.170 in the following Oregon court action o			
proceeding:						
Case N	ame: Portland General Electric Co. Request for a	a General R	ate Revision			
Counts	Oregon Public Utility Commission		Case No.: UE 435			
Court.			Case No.;			
I certify that (chec						
certificate iss	ued by the licensing authority in that state.		ngton, as evidenced by the attached good standing			
🔲 I am sub		any jurisdi jurisdictio	ction; or n, the nature and status of which are described in an			
attachment to I intend to as	o this certificate. sociate in the above-referenced action or proceedir	ng with Br	andon J. Mark			
041613	, an active member in good standing of the Oreg	on State Ba	ar, who will participate meaningfully in the matter.			
I will comply disciplinary rules	with applicable statutes, laws, and procedural rule of the Oregon State Bar; and submit to the jurisdic	es of the Station of the	ate of Oregon; be familiar with and comply with Oregon courts and Oregon State Bar with respect to			
acts and omission	s occurring during my pro hac vice admission.					
	nw practice activities in Oregon are covered by pro- onal Liability Fund plan, as evidenced by the attac		ability insurance substantially equivalent to the Oregon cate of insurance coverage.			
I agree, as a c	continuing obligation of pro hac vice admission, to	notify the	trial court promptly of any changes in my insurance			
	dmission or disciplinary status in any other jurisdic		o hac vice in the above-referenced matter when such an			
order is granted. I	n the event pro hac vice admission is revoked for a	any reason,	I will promptly notify the Oregon State Bar.			
Supreme Court, I	0 to the Oregon State Bar as payment of the <i>pro ha</i> acknowledge that this fee is for a period of twelve	<i>ic vice</i> fee e months fro	established by ORS 9.241 and the rules of the Oregon m the date of the Acknowledgment of Receipt issued			
below, and that an	additional fee of \$500 will be required in order fo					
every twelve-mon	ath period thereafter.					
Dated this 15th	day of March , 20	o <u>24</u> .				
v / //		NT	0000			
Amplifort	Garatura	Neva	2007			
(Applicant S		~	e Jurisdiction)			
Mailing Address	ss: Justina A. Caviglia		: 775-789-6559			
	50 W. Liberty Street, Suite 750	FAX:	775-348-7250			
	Reno, Nevada 89502	Eman	: jcaviglia@parsonsbehle.com			
	Acknowledgme	nt of R	eceipt			
	or of Regulatory Services of the Oregon State Bar, I ackr liance for Pro Hac Vice Admission and attachments, and					
	oceeding. The fee is for a period of twelve months from					
Dated this	day of, 20 _					
SEE MATER	RIALS ATTACHED:					
		Troy W	ood, Regulatory Counsel			

Attachment C

Attachment C



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2023

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).

	is certificate does not confer rights t							equire an endorsement.	A SIG	atement on
	DUCER			7-385-6800	CONTA	CT.	erchert			
Edg	ewood Partners Insurance Cente	er								
Lem	me, a division of EPIC				(A/C, No, Ext): 84 / -385 - 6800 (A/C, No):					
	West Campbell				ADDRE	ADDRESS: psgcerts@lemme.com				
	Floor				INSURER(S) AFFORDING COVERAGE NAIC #					
Arl	ington Heights, IL 60005				INSURER A: Indian Harbor Insurance Company & Various					
INSURED			INSURER B:							
Par	sons Behle & Latimer				INSURER C:					
201 South Main St.			INSURER D:							
	te 1800				INSURER E :					
	t Lake City, UT 84111				INSURER F:					
		TIEI	ATE	NUMBER: 69149124	INSURE	Kr.		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES		-		VE BEE	N ISSUED TO			E POL	ICV PERIOD
IN CI	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	T TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
LIIK	COMMERCIAL GENERAL LIABILITY	INSD	VVVD	TOLIOT NOMBER		JIMM/DD/1111/	(IIIII)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$	
	CEANIO-MADE COCOR							Trumbas (as seemisme)	\$	
									\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC						Í		\$	
	OTHER:							COMPUSED AND ELLING	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							TO REMARKS SO DESERVING BUILDING BUILDING SAFERING	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED?	N/A								
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below Professional Liability			LPN 9040963 03		04/24/23	04/24/24	E.L. DISEASE - POLICY LIMIT Each Claim	\$ 5.000	0,000
A	Professional Hability			LPN 9040903 03		04/24/23	04/24/24	1		
						1		Aggregate	10,00	00,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
Po1	icy Retention: \$250,000 Each	Clai	m. Ś	3250,000 Aggregate	\$50.00	00 Mainten	ance			
	201 11000110110111		, т	,	, ,					
CEI	RTIFICATE HOLDER				CANO	CELLATION				
State Bar of Oregon				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 Herbert						